

# No Escape?

**An Investigation into London's  
Service Provision for Women Involved  
in the Commercial Sex Industry.**

**Julie Bindel – POPPY Project**

# No Escape?

## An Investigation into London's Service Provision for Women Involved in the Commercial Sex Industry

Julie Bindel –POPPY project

POPPY Project  
Eaves Housing for Women  
Second Floor, Lincoln House  
1-3 Brixton Road, London SW9 6DE  
United Kingdom

Telephone:	0207 735 2062
Fax:	0207 820 8907
Email:	poppy@eaveshousing.co.uk
Website:	www.eaves4women.co.uk
Charity Number:	275048

**© Poppy Project 2006. Permission granted to reproduce for personal and education use only. Commercial copying and lending is prohibited.**

**The information in this publication is correct to the best of our knowledge.**

# Contents

- The POPPY Project..... 4**
- Acknowledgments..... 4**
- 1. Introduction..... 5**
  - Terminology ..... 6
  - Definitions ..... 7
  - A Note on Community Responses ..... 7
  - Aims..... 7
- 2. Methodology ..... 9**
  - Literature Review ..... 9
  - Desk-Based Research ..... 9
  - Questionnaires ..... 9
  - Limits on Data Collection ..... 10
  - Interviews..... 11
- 3. Gaps in Service Provision..... 12**
  - Policy and Procedures ..... 12
  - Harm Reduction and Elimination..... 12
  - Barriers to service use ..... 13
  - Multi-agency Working..... 13
  - Primary Prevention..... 13
  - Housing..... 14
  - Employment Services ..... 15
  - Development of Exit Strategies ..... 15
  - Ugly Mugs/Safety Schemes ..... 15
  - A Note on Young People and Children ..... 16
- 4. New Initiatives – What is Missing in the UK? ..... 17**
  - Legislation and Policy ..... 17
  - Tackling Demand ..... 18
  - Protocols ..... 19
  - Re-education Programmes ..... 20
  - Swedish Model..... 20
  - Data from Questionnaire Responses ..... 21
  - Identification of women in the sex industry..... 34
- 5. Conclusions ..... 36**
- 6. Recommendations..... 37**
  - Housing and Temporary Accommodation ..... 38
  - Awareness Raising and Public Education..... 38
- 7. Bibliography..... 40**
- 8. Appendix A:..... 42**
  - Organisations in London in Contact with Women in Prostitution..... 42
- 9. Appendix B: Examples of Good Practice ..... 59**
  - Glasgow: Routes Out of Prostitution ..... 59
  - Supporting People ..... 59
  - Maze Marigold Project ..... 60
- 10. Appendix C: Survey Responses..... 61**

## **The POPPY Project**

The POPPY Project (POPPY), managed by Eaves, is a pan-London research and development project focusing on prostitution and the trafficking of women and children into the UK. A main focus of POPPY is developing services to enable women to exit prostitution and trafficking. POPPY is the only UK organisation to provide accommodation and support services for women who have been trafficked into the United Kingdom for sexual exploitation.

## **Acknowledgments**

The author would like to thank those organisations and individuals who completed the questionnaire, provided information, and gave interviews. Thank you also to members of the POPPY Project for their assistance and support.

# 1. Introduction

Prostitution is a dangerous and unhealthy business. Women in the sex industry routinely suffer from a range of physical and mental health problems<sup>1</sup>. It is thought that the majority of women in street prostitution are addicted to illegal drugs and/ or alcohol<sup>2</sup>. A recent comparative study on violence undertaken in three UK cities with 115 women in outdoor and indoor prostitution (Church, Henderson, Barnard & Hart, 2001) found that women working outdoors became involved in the sex industry at a younger age and experienced significantly more violence and abuse than those working indoors (81 percent compared to 41 percent). However, in excess of a third of women working from brothels and flats experience violence, highlighting the considerable levels of danger involved. A study in Chicago (Raphael & Shapiro, 2004) found that fifty percent of women working as escorts reported being raped by customers, and over fifty percent of 'exotic dancers' were threatened with a weapon<sup>3</sup>.

The needs of women in the sex industry are complex and varied. Jan Macleod of the Routes Out of Prostitution Partnership in Glasgow believes that:

*When working with women in prostitution, service providers need to be expert in dealing with poverty, ill health, domestic violence, child care, sexual abuse, rape, mental health, then, and only then, can you start dealing with the prostitution (2004).*

Many service providers argue that the UK Government is not doing enough to assist women in prostitution in substantive and appropriate ways. For example, there is well documented evidence that sex and drug markets are intrinsically linked, particularly in the case of street prostitution (Hunter and May 2004). In order to develop and provide long-term, holistic, exit services, a significant number of instantly available, single sex drug treatment places need to be established with central Government funding.

Within projects in London there is also a lack of focus on primary prevention strategies, often due to lack of funding and resources. Research shows that putting resources into preventing domestic violence, for example, would be far more cost effective than dealing with the aftermath<sup>4</sup>.

There are a number of identified voluntary sector/charitable organisations working with women in prostitution in London, as well as those that are funded directly by the NHS. Primary Care Trusts provide additional health care facilities, focusing primarily on HIV and STI prevention and treatment. Services targeting women in prostitution vary considerably, ranging from basic harm reduction, (i.e. the provision of condoms and clean injecting needles); on-site counselling and advice; full health services; and safety plans and exit strategies.

---

<sup>1</sup> See for example Melissa Farley, "Bad for the Body, Bad for the Heart": Prostitution Harms Women Even if Legalized or Decriminalized, *Violence Against Women* 2004 10: 1087-1125, and A Critical Examination of Responses to Prostitution in Four Countries: Victoria, Australia; Ireland; the Netherlands; and Sweden, Julie Bindel and Liz Kelly, Child and Woman Abuse Studies Unit, London Metropolitan University, 2003

<sup>2</sup> Tiggy May, Mainliners, Hester, *Paying the Price*, Matthews, etc

<sup>3</sup> Raphael, J. and Shapiro, D.L., *Violence in Indoor and Outdoor Prostitution*, *Violence Against Women*, Vol. 10 No. 2, February 2004, p 126-139

<sup>4</sup> In September 2004, Sylvia Walby of the University of Leeds estimated the total cost of domestic violence to services (Criminal Justice System, health, social services, housing, civil legal amounts to £3.1 billion every year, while the loss to the economy is £2.7 billion. This amounts to over £5.7 billion a year.

Services targeted towards women in off street prostitution usually differ from those targeted towards women on the street. Whereas drop-in facilities for women in street prostitution do exist, support workers and volunteers will more often provide outreach, although providing support to women in brothels may feel uncomfortable for her and the support workers.

In order to visit indoor establishments providing sexual services and gain access to the women, a relationship of trust needs to be established between support workers and brothel owners, projects that define 'management' as 'pimps' may find this difficult. Services need to be set up that make it possible to offer information and support to women working off street without it being necessary to collude with abusers and exploiters. There is an argument against providing support on-site. As one project worker said:

*I am against going to the place where the woman is being abused to offer support. It is just not the right dynamic. How is she going to feel like she can talk openly and freely with punters on site, and the 'manager' no doubt keeping tabs on what she is saying? If management has agreed to allow support workers into the brothel, it must be to get free condoms, not because he or she wants the truth to come out about what is going on<sup>5</sup>.*

Not all project workers agree however. For example, support workers at the Praed Street project argue that it is essential to see women on site, otherwise they may not access any services, particularly foreign nationals who may well be trafficked<sup>6</sup>.

This survey highlights areas of good practice in existing service provision, as well as any gaps and inadequacies. Information was collated on existing services at localised and cross-borough level. Building on the information gathered, recommendations will be made that will hopefully encourage the further development of co-ordinated strategies, services and campaigns in partnership and consultation with agencies working with women in the sex industry.

Women in prostitution experience many forms of social exclusion. One aim of the survey is to identify ways in projects are working to change this, and any gaps in this area. It will also examine the extent of exiting work by projects, and suggest ways forward for those who do not focus on assisting women to leave prostitution.

## **Terminology**

'Women<sup>7</sup> involved in prostitution' will be used to describe in the sex industry. The term 'sex worker' is used widely among a number of individuals and projects, primarily because it is considered less stigmatising than 'prostitute' and because some believe that prostitution can be viewed as 'labour'. Interestingly, very few women in the sex industry use the term 'sex worker' to describe themselves. The use of these terms can serve to dignify and de-stigmatise the sex industry and the users/exploiters, rather than the women. Use of such language can undermine efforts to locate prostitution as a form of sexual violence.

---

<sup>5</sup> Fiona Broadfoot, NIA Project worker, in conversation with the author, March 2005

<sup>6</sup> Project worker in conversation with the author, January 2005

<sup>7</sup> It is recognised that both under aged boys and men are also abused through prostitution. However, the focus of this survey is on women only.

## Definitions

The following definition of prostitution is used in this report:

*Prostitution is a sexual act (to include phone sex, cybersex, pornography / modelling, lap dancing / stripping, peep shows) undertaken for the purpose of material gain (money, drugs, food, accommodation etc).*

## A Note on Community Responses

Community attitudes towards prostitution need to be taken into consideration when establishing services for women involved. There is evidence that tenants often believe that providing such services in residential areas can attract prostitution to an area, or increase the numbers involved<sup>8</sup>. In a report in a local paper, residents from Edgbaston, Birmingham, renowned for its problems with street prostitution, one resident argued that:

*The word resident has become a dirty word because people only talk about the harm to the prostitutes, not the residents. 'There is very little emphasis on exit strategies for these girls to start a new life. Such a centre will give the vice trade more credibility'<sup>9</sup>.*

An Edgbaston councillor said she believed that: "This type of centre will only serve to keep women in prostitution and attract more into the city."

Similar attitudes abound elsewhere. The recent lottery grant of £360,000 to the UK Network of Sex Work Projects was reported in some tabloid newspapers negatively, with suggestions that women in prostitution do not deserve support and advocacy. In order to overcome this prejudice, support workers and advocates for women in the sex industry need to develop public education and awareness tools for use within communities. One good example of this work within communities is the Maze Marigold Project, which sees public and community education as an important part of its remit.

## Aims

This short study seeks to address the needs of women involved in the commercial sex industry. In order to do so, a survey of more than two hundred projects was conducted that identified existing services for women in the sex industry in London, and sought to gather information on the exact nature of services provided. Any perceived gaps in service provision, either identified by project workers or clients, are noted in the conclusion and recommendations.

The survey is intended to be a springboard to establish a working group which would develop a good practice manual for organisations and individuals that provide services to women in prostitution. The aim of this would be to ensure that the diverse needs of women in the sex industry, with respect to health services and exiting, are identified and met<sup>10</sup>.

---

<sup>8</sup> Poppy Brady, 'Vice Girl Help Fury', Birmingham Evening Mail, January 16, 2003

<sup>9</sup> Birmingham Post, 10<sup>th</sup> June, 2004

<sup>10</sup> For example housing; childcare; alcohol and drug treatment; counselling; health screening; employment skills; and peer support.

Improved and appropriately targeted services would increase safety for those currently involved in the sex industry, and enable increasing numbers of women to exit. It is hoped that this survey will be useful to organisations that deal with women in prostitution, as well as referral services, in providing an overview of existing services and identifying gaps<sup>11</sup>.

---

<sup>11</sup> There is evidence that many of the organizations in London dealing with prostitution are not fully aware of the range of services available across the city

## 2. Methodology

This survey was conducted using a multi-methodological strategy, which included:

- Literature review
- Desk based research
- Questionnaire
- Interviews

### Literature Review

A literature search was conducted to examine issues and information regarding support of women in the sex industry, and effective and ineffective practice.

### Desk-Based Research

A proportion of the data was gathered using desk-based research. Using Lexis Nexis and other websites, academic journals such as Feminist Review, Violence against Women, and Gender, Work and Organisation were accessed, as well as newspaper features and articles on the topic. Newspaper reports and other materials were examined for information on smaller charities and informal services, such as religious groups<sup>12</sup>, offering support to groups which might include women in prostitution.

### Questionnaires

Surveys were distributed to projects within London that work, either occasionally or centrally, with women in prostitution. Additionally, advice agencies; agencies providing drugs services; sexual health clinics and outreach services; community youth projects; Women's Aid projects; and any services targeting women in need of support were approached<sup>13</sup>. Housing projects and hostels were not targeted<sup>14</sup>, or projects with a remit for working on asylum or immigration issues<sup>15</sup>.

The questionnaire was distributed to two hundred and six organisations (see Appendix), which included substance misuse services, sexual health agencies, Citizen Advice Bureau's and Domestic Violence projects, with the purpose of gaining a broad, systematic view of London's service provision.

Additionally, a series of interviews were conducted with selected organisations and individuals in order to highlight specific concerns in more detail.

Organisations, both voluntary and statutory, were selected through existing networks and on-line directories.<sup>16</sup> Whilst every effort was made to ensure all relevant organisations were identified, this list is not fully inclusive.

---

<sup>12</sup> For example, the Salvation Army which occasionally attends Lincolns Inn Fields to provide food and blankets to homeless people.

<sup>13</sup> Women in prostitution face additional problems and issues, such as housing problems, health issues and domestic violence for example. Therefore, they may access support from generic women's agencies as well as those dealing specifically with prostitution

<sup>14</sup> The Lillith project, a London agency which assists organisations providing direct services to women experiencing violence, had recently conducted a survey on housing for women

<sup>15</sup> These organisations would mainly come into contact with women trafficked into prostitution

<sup>16</sup> Websites: Homeless London, a website for advisors and homeless people [www.homelesslondon.org.uk](http://www.homelesslondon.org.uk) and the London Drug and Alcohol Network [www.ldan.org.uk](http://www.ldan.org.uk)

Project staff were asked to respond within three weeks of receiving the questionnaire. If they had not done so by the deadline, a reminder was sent in the form of a letter offering an extended deadline. Finally, follow-up telephone calls were made to agencies that still had not responded within six weeks.

The following information was sought:

- **Client Demographics**

In this section information was sought regarding basic demographics of clients, such as gender, ethnicity, disability and age.

- **Methods of Identification**

Organisations were asked how service users were identified as being involved in the sex industry, and whether agencies were able to track their specific needs.

- **Black and Minority Ethnic Women**

This section explored whether agencies were able to track the profiles and specific needs of black and minority ethnic women, as well as policy and practice regarding referrals to specialist agencies.

- **Multi-Agency Working**

This section explored the referral systems of organisations. A number of organisations have identified problems with securing places in drug rehabilitation programmes, for example, whilst others have had positive experiences with external support agencies.

- **Exiting Services**

Agencies/organisations were asked if they include specific work on exiting prostitution within the general remit and, if so, the nature and extent of the work<sup>17</sup>.

## **Limits on Data Collection**

Only twenty-eight responses to the questionnaire were returned. The questionnaire required respondents to provide statistical information, and answer a number of open questions. This evidently required a substantial amount of time to complete, which was given as the main reason (by those who had not responded when contacted), for the low number of returns.

- **Language**

There is evidence that the language used in the survey (see above section on Terminology) may have alienated organisations that favour terms such as 'sex work'. Tactically, it would have been better to use neutral language, such as 'women involved in prostitution', or 'those involved in the sex industry'.

- **Confidentiality**

Concerns were expressed by a number of organisations regarding confidentiality, despite being assured that all information gathered would be presented anonymously. Additionally, some organisations worried that their client group may be

---

<sup>17</sup> Additionally, agencies were asked to write a 'wish list' for services to support women wanting to exit.

harmed, or become mistrustful of the projects if there were to be a breach of confidentiality.

- **Incomplete Data**

A number of organisations were unable to provide accurate statistical information as systems are not in place to collate and disseminate it. Information was scant, mainly because of the low questionnaire return, limited time and resources of project staff, and lack of monitoring and evaluation within organisations.

### **Interviews**

In order to supplement the information provided on questionnaires, four semi-structured interviews were conducted with the following: Diana Martin, Lambeth TRUST; Fiona Broadfoot, NIA Project, Hackney; Claire Turner, Tower Hamlets Addaction; and Cath Benson, Beresford Project, Greenwich.

### 3. Gaps in Service Provision

The survey identified gaps in service provision in a number of areas:

- Dedicated exiting services
- Outreach, for those working on and off-street
- Safe temporary and long term accommodation
- Single-sex rehabilitation programmes
- Outreach counselling services
- Mental health services/counselling
- Education programmes
- Peer support
- Community safety strategies<sup>18</sup>.

#### Policy and Procedures

Organisations were asked to outline policies and procedures in working with women in prostitution. In total, twenty-three organisations provided information.

One of the main findings of this survey is that none of the organisations polled have developed specific policies and procedures regarding prostitution and related issues.

Policies and procedures should be accessible to all staff and service users and focus on the following: the development and delivery of services to women in the sex industry; the identification of current provision and assessment of clients' experiences; continual improvement in service provision, and the evaluation of service user experiences.

#### Harm Reduction and Elimination

All respondents identified harm reduction, such as safer sex and drug use, "Ugly Mug" schemes<sup>19</sup> and safer working conditions as the main aim of their organisation.

Whilst work on harm reduction is crucial in terms of protecting women whilst working, it can mean that women's involvement in prostitution is seen as relatively harmless, as long as the women are not attacked, or contract an STI. A disproportionate focus on harm reduction can also result in exiting work being deprioritised.

Effective harm reduction should operate in a context where harm elimination is the ultimate goal. There is evidence that the promised government funding towards exit strategies does not always materialise in those countries where brothel prostitution is legalised and street prostitution tolerated.

---

<sup>18</sup> Many of these gaps could be filled if more funding was available to develop services additional to STI/HIV prevention. However, additional training for staff on dealing with wider issues of prostitution should be available for project workers dealing primarily with HIV prevention.

<sup>19</sup> Ugly Mug, or Dodgy Punter schemes are set up to enable women in prostitution to identify violent and abusive customers, by circulating description to each other, sister projects and the police.

Recent research into legislation and policy on prostitution in Victoria, Australia, Ireland, The Netherlands and Sweden found that:

*...the much promised funding for projects to assist women out of prostitution, and prevent more from entering, never translated into action. It would seem that once prostitution is legalised governments want to pretend the problem has gone away, so stop even trying to help the women (Bindel and Kelly, 2003).*

However, most health-funded projects in the UK prioritise harm reduction over exiting strategies. The reasons for this are varied. For example, project funding is usually conditional on delivering specific services.

### **Barriers to service use**

Women in prostitution experience barriers to service provision in a number of ways. These barriers appear to be partly due to stigmatisation – women in prostitution are unlikely to approach services which they feel judge and stigmatise them. As one project worker stated: “Although all services have policies around being non-judgemental this is not always the case”<sup>20</sup>. Additionally, some women, particularly in street prostitution, lead extremely chaotic lives, and therefore find it difficult to keep appointments, or simply to face up to discussing problems with professionals.

### **Multi-agency Working**

The survey found that no single agency is able to respond to all the relevant issues when working with women in prostitution. Service providers need to be able to work in partnership in order to respond to the multitude of issues the women have. There is an urgent need for collaboration between mental health and healthcare services, social services, women's refuges, antenatal care and childcare support, education, training and employment services, parenting support, housing and welfare benefits advice.

The high levels of associated mental and physical health problems, alongside histories of physical and sexual abuse experienced by women in prostitution mean that a coordinated and planned approach to treatment across a number of services is the most effective response. One way to approach this is to give Drug Action Teams (DATS) and other health-focused projects access to specialist training and additional resources for dealing with the range of issues experienced.

### **Primary Prevention**

There are very few prevention initiatives aimed at girls and young women at risk of sexual exploitation in London, or elsewhere in the UK. However, there are models of good practice. Barnardo's have established prostitution projects in Middlesbrough, Wolverhampton, Glasgow, Birmingham, London, Bristol, Liverpool, Kirklees and Southampton. Additional support is needed to complement the existing projects, as well as the development of strong links with referral agencies.

---

<sup>20</sup>Quote from organisation in response to question 4 in Section 4 regarding problems experienced when making referrals

Health services and welfare services should be enabled to formulate multi-agency strategies and initiatives to address both prevention of and involvement in prostitution.

## Housing

The survey identified an urgent need for safe houses in London for women wishing to exit prostitution. Eighty one percent of respondents to this question and all interviewees specified this need, particularly in relation to women wishing to exit or leave violent pimps. In terms of emergency, short term housing or respite care, this should include twenty four hour staffing and the provision of counselling, health care, and access to education.

Respondents also identified a need for transitional housing for women needing safe and affordable accommodation on a short-term rental. One interviewee stated that it would be very beneficial to have a safe house in each borough that also has longer stay beds with links to rehabilitation and longer- term accommodation.<sup>21</sup>

Respondents expressed concern that availability of hostels and refuges is not only limited but usually unable to deal adequately with the difficulties involved in exiting prostitution. Three of the interviewees illustrated this point and suggested that Homeless Persons Units need specialist workers for vulnerable women and more awareness of where to house women appropriately<sup>22</sup>. It was also argued, by two of the respondents, that the policy of not providing accommodation to women currently abusing substances needs to be revised.<sup>23</sup> The exclusion of drug using women from safe temporary accommodation is one example of how many women fall outside mainstream support systems. As one project worker commented:

*The women who secure tenancies can find that their homes are taken over by one or many men, who may then sell drugs or allow the property to become an "open house." If the woman flees from the tenancy she will rarely feel safe enough to report the reality to the housing provider. This means that rent arrears accrue due to non-payment of housing benefit and the woman is either excluded from the council and registered social landlords for this, or because she has been branded a "nuisance" tenant.<sup>24</sup>*

Homelessness and chaotic lifestyles, combined with criminalisation, often leads women to seek 'refuge' in squats or crack houses, thereby adding to their vulnerability. As one interviewee stated, "There is an enormous amount that can be done, but until appropriate accommodation is sorted, it's very hard"<sup>25</sup>.

---

<sup>21</sup> Interview with Claire Turner, Tower Hamlets Addaction, 28/05/04

<sup>22</sup> Interview with Claire Turner, Tower Hamlets Addaction, 28/05/04

<sup>23</sup> Interview with Cath Benson, Beresford Project, 27/05/04

<sup>24</sup> Potteries Housing Association, 2001

<sup>25</sup> Interview with Claire Turner, Tower Hamlets Addaction, 28/05/04

## **Employment Services**

Respondents to the survey shared a common focus on employability skills, which include computer/CV/cover letter assistance; identifying skills and strengths; career decision making; interview skills and practice; and job information. The provision of appropriate educational and vocational skills can enable women to enter or return to mainstream work.

One good practice model of assisting women into employment is Streetreach, a Doncaster-based project established in 1990 to help women out of prostitution. Streetreach works in partnership with the police, the local authority and drugs rehabilitation organisations. Staff work in partnership with a recruitment company which makes available to Streetreach service users an employment advisor who gives practical advice on assisting hard to reach groups into employment. As the project manager stated:

*The hardest thing is ridding yourself of the label, not just of being a drug user but of being a prostitute. Tell someone you're a user, and they tell you how well you've done to beat the addiction, but it's not the same for prostitution.<sup>26</sup>*

## **Development of Exit Strategies**

Assisting women in prostitution to exit is difficult and complex work, requiring a multitude of skills and resources. Primary prevention is often overlooked, and there is little work with vulnerable girls and young women, for example those in or leaving care.

The survey showed that there is a lack of emphasis on exiting work in many of the health funded projects. Additionally, there needs to be an increase in services addressing outreach support and mental health needs of women in prostitution, and for fast and efficient referral services. Women attempting to exit require assistance with a number of problems and issues, for example, safe housing, child care support, drug and alcohol rehabilitation and programmes and training and employment. There are no services for women in London that can provide all of the above.

One significant point made by a number of respondents to the survey was the importance of timing and immediate access to services. This is critical because women need to reach a point where they are ready and able to accept the support available. If service users feel pressurised to do so before they are ready, they may be reluctant to access that support in the future.

## **Ugly Mugs/Safety Schemes**

Some services in London are involved in 'Ugly Mug' schemes. Initiatives that seek to identify dangerous customers to women in prostitution can offer some protection to women in prostitution. This approach encourages police and social services to work with projects and their clients in reducing the risk of serious assault and murder.

---

<sup>26</sup> Trudy Hannington quoted in Salman, S. 'From Working Girl to Job Seeker' The Guardian, 17/03/04

It should be noted, however, that such schemes can only reduce, rather than eliminate harm, and can be seen as a way to maintain women in the sex industry, as opposed to assisting their exit from it. As is argued in the response to Paying the Price:

*(Ugly Mug schemes) ...are a good example of harm limitation. However, it does place the onus and responsibility on to the women to protect themselves and 'size up' potentially dangerous customers. Murders of women in prostitution make up the largest group of unsolved crimes (of murder) in England and Wales. The police should not be leaving voluntary organisations to compile Ugly Mug data-bases, but should take on the responsibility and share intelligence with those supporting women in prostitution. In turn, police officers should become more pro-active in detecting and arresting these men rather than putting the onus on the women to avoid them.*

### **A Note on Young People and Children**

This survey focused on adult women in prostitution. However, many of the respondents and interviewees expressed concerns regarding the lack of services available specifically for children and young people.

One interviewee argued that "almost all" children in residential care are targeted for prostitution, and yet there are no national initiatives that focus on prevention.

Work of the Local Area Child Protection Committees focuses primarily on the needs of the children, and tends to deprioritise primary prevention and the prosecution of abusers.

Young people abused through prostitution have multiple needs, such as medical assistance and intervention; education and job training; assistance in improving relationships with families; drug and alcohol counselling and rehabilitation; and long-term, on-going support. The survey found that organisations such as Barnardo's and the NSPCC are providing direct services for children and young people involved in prostitution, as well as public education and awareness, but that there are no dedicated projects dealing with child sexual exploitation. The survey also highlighted the complex set of problems and issues associated with child sexual exploitation, and the need for specialist services to deal with them. Under official governmental guidance issued in 2000, local authorities should have "proper prevention, protection and reintegration strategies" to help children abused in the sex industry. While such sentiments are welcomed by those working on the ground in this field, it is generally felt that the kind of complex and comprehensive support needed is not always available.

## 4. New Initiatives – What is Missing in the UK?

### Legislation and Policy

Although prostitution is often described as ‘the oldest profession’ and ‘inevitable’ there are those who challenge such assumptions<sup>27</sup>. These beliefs can seek to stifle debate and provide excuses for doing nothing to challenge the institution of prostitution. Belief in such clichés can lead those responsible for policing the sex industry to accept the situation as currently is, as has happened in the Netherlands, Germany and some states in Australia<sup>28</sup>. Brothel legalisation and ‘zoning’ (that is establishing a ‘managed area for women to sell sex during certain hours without the risk of either the women or customers being arrested) are initiatives often offered as a solution to the multitude of problems relating to prostitution.

Similarly, piecemeal initiatives and inadequate legislation make it difficult to support women. Recent research on prostitution regimes in four countries found that when police are not given specific guidelines, and/or are not operating in line with a clear regulatory framework, it is detrimental to the women. Additionally, a flexible approach by police, such as choosing not to arrest the women who are not committing public order offences, is an option that might lead to women in prostitution seeing experienced officers as a potential source of support and advice.

It is, for example, possible to develop forms of decriminalisation at a policy level without changes in statute law, such as with respect to children in England and Wales, with the policy response directing police and other agencies to respond to them as ‘children in need’ and to target exploiters and customers through the criminal law. Whilst it is not possible to transfer this model to adult prostitution (and certainly not where there is no ‘kerb crawling’ legislation) there are possibilities which have not been systematically explored. For example, if law enforcement focussed on a proactive approach to identifying crimes against women in prostitution (Bindel and Kelly, 2004).

Although there is disagreement between those working on issues involving the sex industry as to the viability of legalised brothels and zoning, there is a consensus<sup>29</sup> amongst projects of the importance of minimising risk and providing exit routes out of prostitution<sup>30</sup>.

There is no conclusive evidence that tolerance zones would assist in supporting and helping women exit prostitution and there is no consensus as to whether tolerance zones would improve or make worse the overall safety of women involved in prostitution or of the communities in which they operate.

Prostitution is a complex social inclusion and equality issue. The multiple issues involved include: health, social justice, poverty, re-offending, deprivation, sexual abuse, drug misuse etc. and the support needed by those involved in this industry has to be addressed.

---

<sup>27</sup> Bindel, Kelly, 2003, Raymond, etc

<sup>28</sup> See Bindel & Kelly, Prostitution in Four Countries, 2003

<sup>29</sup> See the UK Network of Sex Work Project

<sup>30</sup> Several studies, for example Farley, 1998, show that the majority of women in the sex industry wish to exit

There is a requirement for multi-agency working to provide a range of social and medical services e.g. general health checks, access to accommodation, methadone and counselling services. It is also necessary to ensure availability of provisions to undertake preventative work and to assist those who are currently involved to exit. This can be achieved without the creation of tolerance zones.

Legalising prostitution has, in countries such as Germany, The Netherlands and some states in Australia, resulted in a lack of support for women, as a result of prostitution being 'de-problematized' by removing it from the criminal justice system.

*Sex in the City* outlined the extent and geographical range of London's commercial sex industry and support services available to women involved. The study found that sexual health outreach provision is only available in eighteen of the thirty three London boroughs, with a number of the others being inadequately resourced. The boroughs of Barking and Dagenham, Brent, Bromley, Ealing, Hammersmith and Fulham, Harrow, Havering, Hillingdon, Hounslow, Kingston upon Thames, Merton, Redbridge, Richmond upon Thames, Sutton and Waltham Forest offer no outreach support. A lack of any services will negatively impact on the women.<sup>31</sup>

In addition to increased provision across London, there is a need for more services specialising in assisting women to exit, running alongside and complimentary to harm minimisation / reduction. Housing has been identified in a number of studies<sup>32</sup> as a crucial component to women leaving and remaining out of prostitution. Currently these women have only one specialist housing option in London if they wish to exit<sup>33</sup>.

Although harm reduction is necessary, strategies that are operating in isolation around working safely function to support the abusers. Whilst harm reduction is important it is also essential to recognise that it is an interim measure. Prominence should be given to strategies based on prevention and intervention to ensure that women are not placed in positions of vulnerability. Sexual health outreach projects in London are predominantly based on harm minimisation/reduction. There is a lack of strategies, resources and safe housing in place to assist women who wish to leave prostitution.

## **Tackling Demand**

As with all forms of male violence towards women and children, raising the issue of the perpetrators is often met with resistance. However, a failure to focus on this issue can result in governments, policy makers and service providers failing to tackle the root cause of the problem. None of the projects in London are involved in initiatives to tackle demand.

---

<sup>31</sup> Dickson, S. *Sex in the City: Mapping Commercial Sex Across London*, The POPPY Project, 2004

<sup>32</sup> Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder, Melissa Farley, Isin Baral, Merab Kiremire and Ufuk Sezgin, *Feminism & Psychology*, 1998, Volume 8 (4): 405-426.

<sup>33</sup> St Mungos operate a 15 bed hostel for women working in the sex industry in Lambeth. Women must have a working connection to Lambeth. The service offers support with resettlement, mental health issues and substance misuse.

## Protocols

The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (known as the 'Palermo Protocol'), Supplementing the United Nations Convention against Transnational Organised Crime, to which the UK is a signatory, came into force in 2000.

The significant features of the Protocol are:

- trafficked persons are not viewed as criminals, but as victims of a crime
- all victims of trafficking are protected, not just those who can prove force
- the consent of the victim of trafficking is irrelevant
- the exploitation of prostitution and trafficking cannot be separated
- the key element is the exploitative purpose for trafficking a person
- an internationally accepted definition of trafficking and a set of prosecution, protection and prevention mechanisms exist on which to base national legislation
- and a call for countries to take appropriate measures for the discouragement of demand that creates exploitation of women and children.

According to Article 9.5 of the Protocol:

*All States Parties shall adopt or strengthen legislative or other measures, such as educational, social or cultural measures, including through bilateral and multilateral cooperation, to discourage the demand that fosters all forms of exploitation of persons, especially women and children that leads to trafficking.*

The UK government signed, although has yet to ratify the convention, and therefore has a responsibility to implement some form of initiative to tackle demand. There have been recent moves within government to address this issue, although it would seem it would be applied only to those purchasing sexual services from trafficked women and/or underage girls. MP Harriet Harman, Solicitor General, commented in the Guardian newspaper (9<sup>th</sup> February 2005) that:

*The people who purchase their services would not regard themselves as criminals, but they are the demand side of terrible criminal exploitation. ...When a place is raided, you don't necessarily just grab the pimp. You grab the user, if there is a girl crying who can't speak English. It's too easy to turn a blind eye to the demand side. I don't think we can, and we are not.*

Tackling demand, if done effectively would impact on the number of customers accessing sexual services in both street areas and brothels, which would in turn impact on the women. Therefore, alongside any initiative to reduce demand there needs to be additional resources available for women to exit prostitution.

## **Re-education Programmes**

One initiative to tackle demand is to provide educational courses, linked to the criminal justice system, for men buying or attempting to buy sexual services. The Kerb Crawler Re-education Programme, based on a model running in California since 1994, was piloted in West Yorkshire in 1999. The aims of the one-day course were to: provide offenders with an opportunity to learn about the realities of prostitution; through publicity generated by the course raise awareness amongst the general public about demand for sexual services; and, through revenue from the fees paid by those attending the course, fund support services for women in prostitution. Moves are currently underway to pilot the course in a London borough.

## **Swedish Model**

The Swedish government is the first in the world to criminalise the buying or attempted buying of sexual services, alongside decriminalising the selling. This is a model that other countries, such as Finland, are considering adopting. The UK consultation document, 'Paying the Price' (1999), highlights the legislation as one option in reducing the scale of the problem. Critics point to the relatively low conviction rate of buyers since the legislation. However, almost eighty percent of the Swedish public support the law, and its introduction has enabled the Swedish government to frame debate on prostitution in the context of equality and violence against women.

The legislation has had a notable effect on trafficking; one police inspector from northern Sweden suggests that the Swedish law has a dampening effect on trans-border prostitution. If it wasn't for the law, he claims, Sweden would have had similar problems as northern Norway and Finland<sup>34</sup>.

Between 1998 and 2001, 14 investigations of trafficking in women were completed. In six of these convictions have been achieved to date. According to Kajsa Wahlberg, who is the National Rapporteur on Trafficking at the National Swedish Police, the number of trafficked women to Sweden has declined since the law was implemented. Traffickers are choosing other destination countries where their business is more profitable and not hampered by similar laws. Wahlberg and her European colleagues are convinced that the law functions as a deterrent.

In Norway and Finland, discussions are currently under way to enact similar legislation. In 2002, at the Annual General Meeting of the European Women's Lobby, a resolution was passed requiring its 3500 member organizations to lobby their governments to adopt a similar law while ensuring that it does not criminalise the women and girls in prostitution.

---

<sup>34</sup> In conversation with the author, December 2004

## Data from Questionnaire Responses

The following charts are made up from data collated and analysed from the 28 responses received, as well as additional information available from documentation provided either by project workers, or from documents such as annual reports.

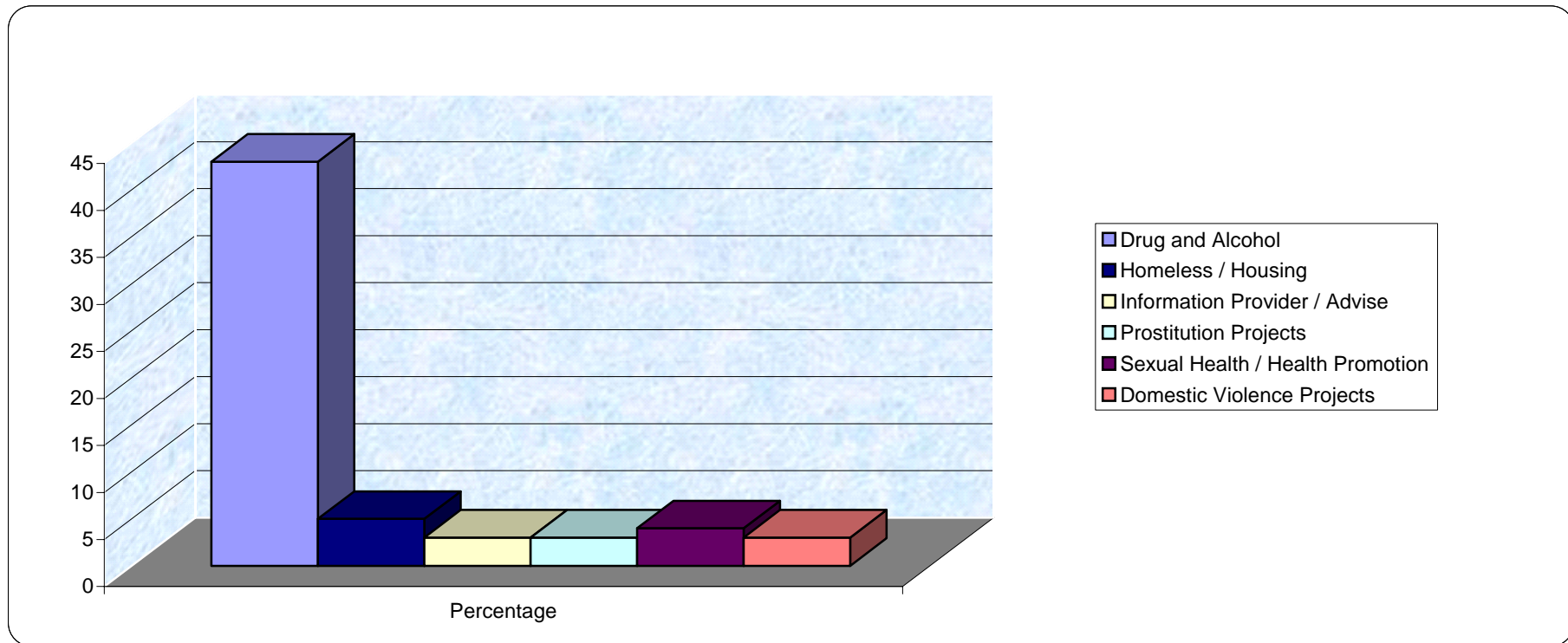
### Tables A1 – A3: Responses to the Survey

**Table A1: Borough Response**

Borough	Number
Barking and Dagenham	
Barnet	1
Bexley	
Brent	1
Bromley	1
Camden	3
City of London	1
Croydon	1
Ealing	1
Enfield	
Greenwich	3
Hackney	2
Hammersmith and Fulham	
Haringey	1
Harrow	
Havering	
Hillingdon	
Hounslow	
Islington	3
Kensington and Chelsea	
Kingston Upon Thames	1
Lambeth	
Lewisham	
Merton	
Newham	1
Redbridge	
Richmond Upon Thames	
Southwark	
Sutton	1
Tower Hamlets	1
Waltham Forest	1
Wandsworth	
Westminster	5

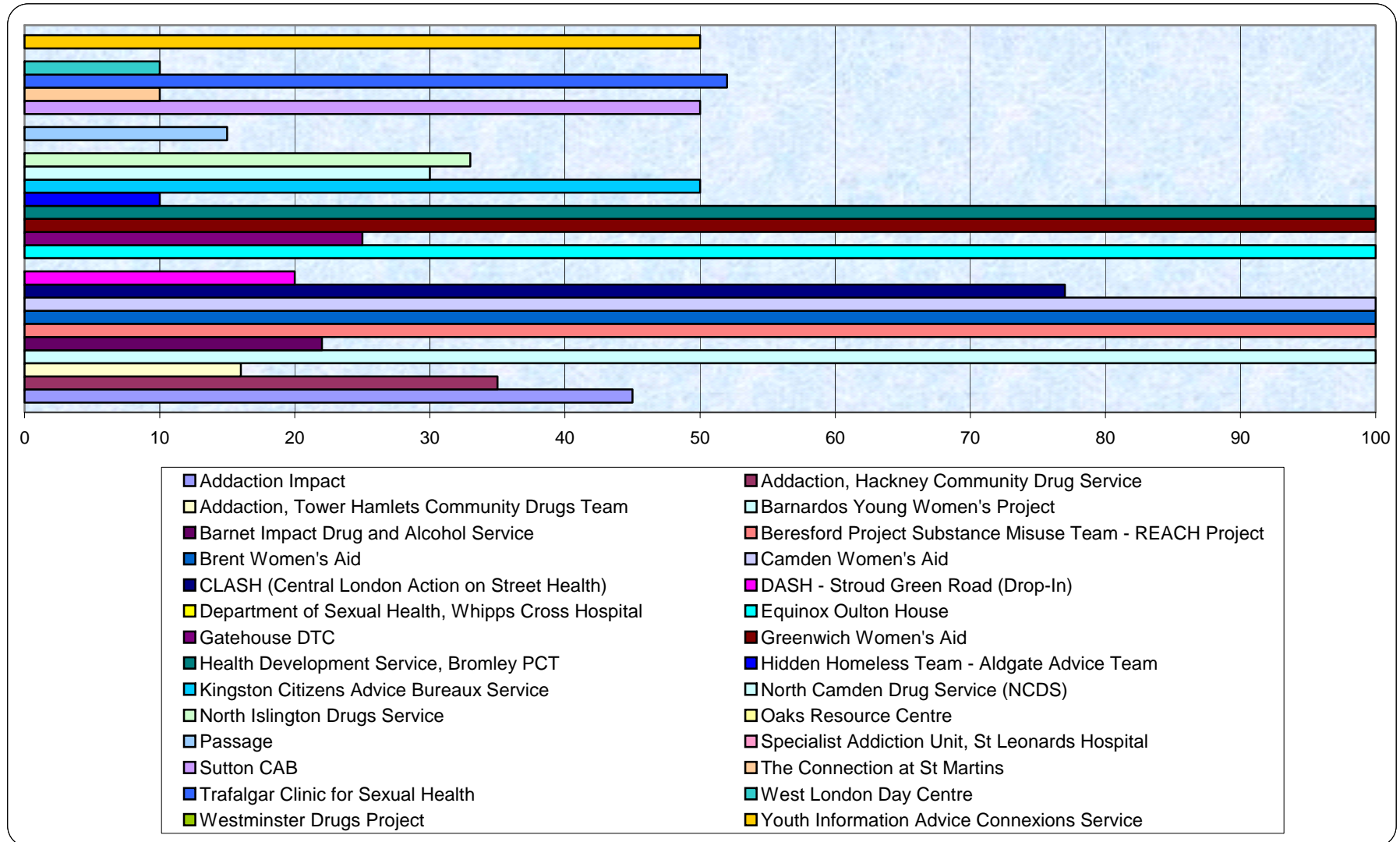
The majority of respondents were from drugs agencies. Westminster returned the highest number of questionnaires (5), followed by Camden, Greenwich and Islington (3). Hackney (2). Barnet, Brent, Bromley, City of London, Croydon, Ealing, Enfield, Haringey, Kingston Upon Thames, Newham, Sutton, Tower Hamlets and Waltham Forest (1). Barking and Dagenham, Bexley, Enfield, Hammersmith and Fulham, Harrow, Havering, Hillingdon, Hounslow, Kensington and Chelsea, Lambeth, Lewisham, Merton, Redbridge, Richmond Upon Thames, Southwark and Wandsworth (0). It is not surprising that Westminster returned the highest number. The majority of off-street prostitution is located in the borough, as are the agencies coming into contact with women in prostitution

**Table A2. Agency Response by Type**



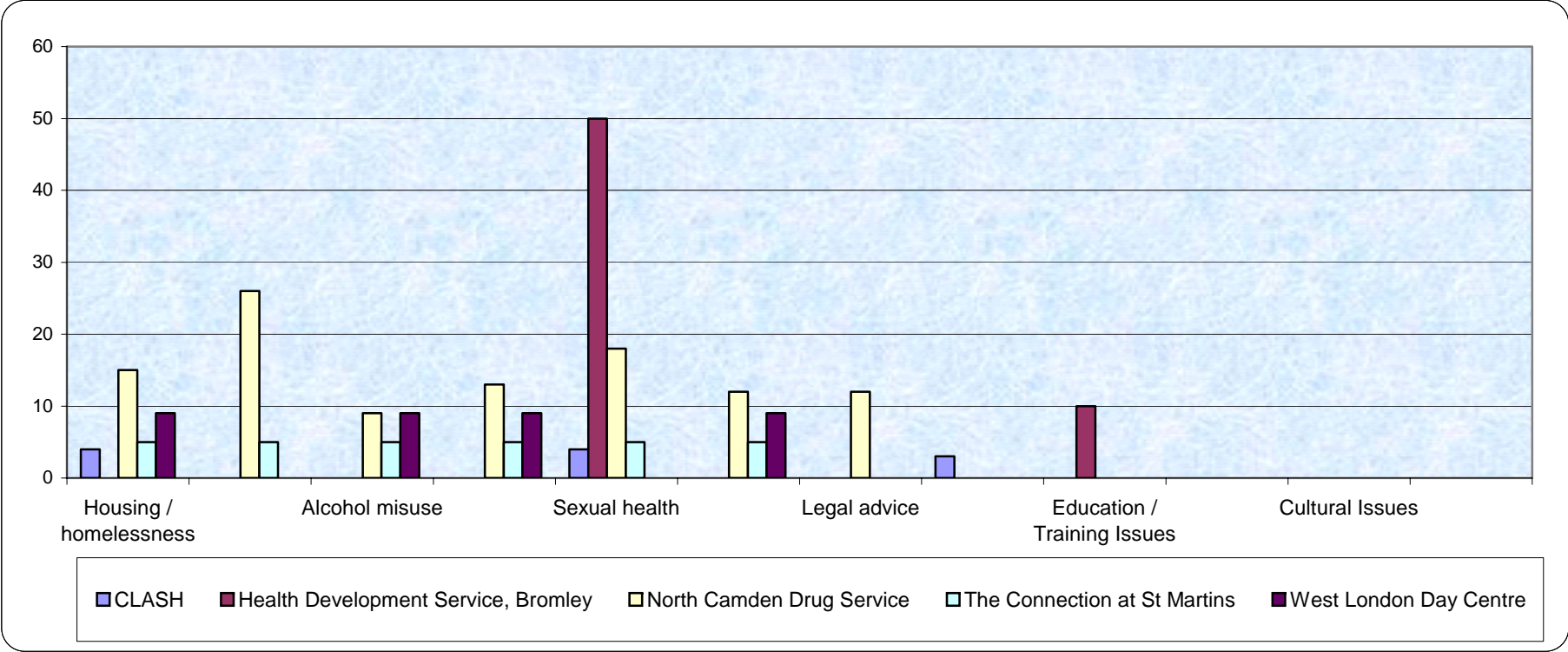
Next to drug and alcohol agencies, homeless and housing organisations gave the second highest response. Domestic violence, advice agencies and dedicated prostitution support agencies gave the lowest returns, with sexual health projects only slightly higher. Obviously, the high return from drug and alcohol agencies can be explained by the fact that the majority of women in street prostitution at some time will access such services. However, the fact that prostitution projects gave one of the lowest returns has to be a cause for concern.

**Table A3. Percentage of female service users of organisations who responded to survey**



**Tables B1 – B5: Services Provided by Respondents**

**Table B1: Type of Support Available**



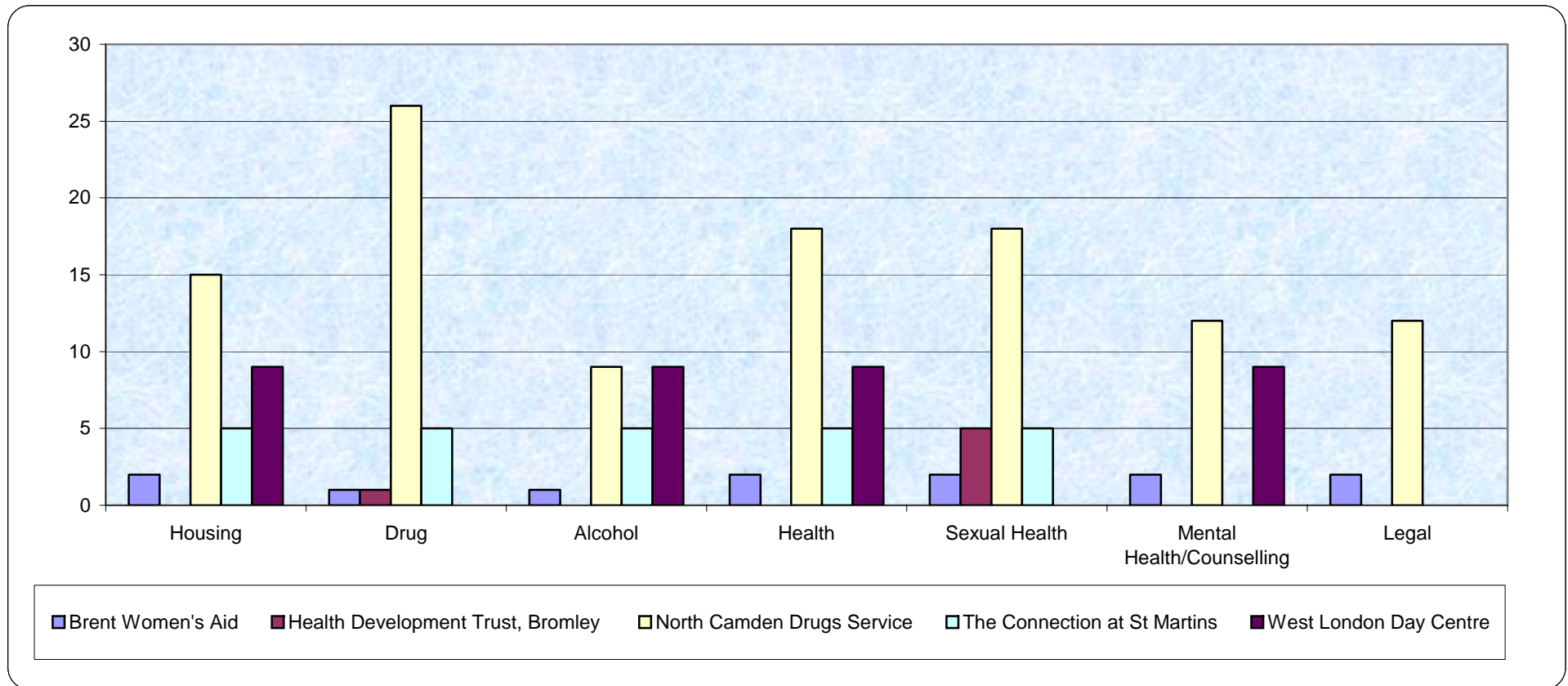
**Table B2: Type of Support Available**

Service Provided	CLASH	Health Development Service, Bromley	North Camden Drug Service	The Connection at St Martins	West London Day Centre
Housing / homelessness	4		15	5	9
Drugs misuse			26	5	
Alcohol misuse			9	5	9
Physical health			13	5	9
Sexual health	4	50	18	5	
Mental Health/Counselling			12	5	9
Legal advice			12		
Immigration Issues	3				
Education / Training Issues		10			
Interpreting / translation					
Cultural Issues					
Religious Issues					

<b>Most requested service users support needs</b>	
Housing	14
Sexual Health	12
Substance misuse	12
Counselling / mental health	10
General health needs	8

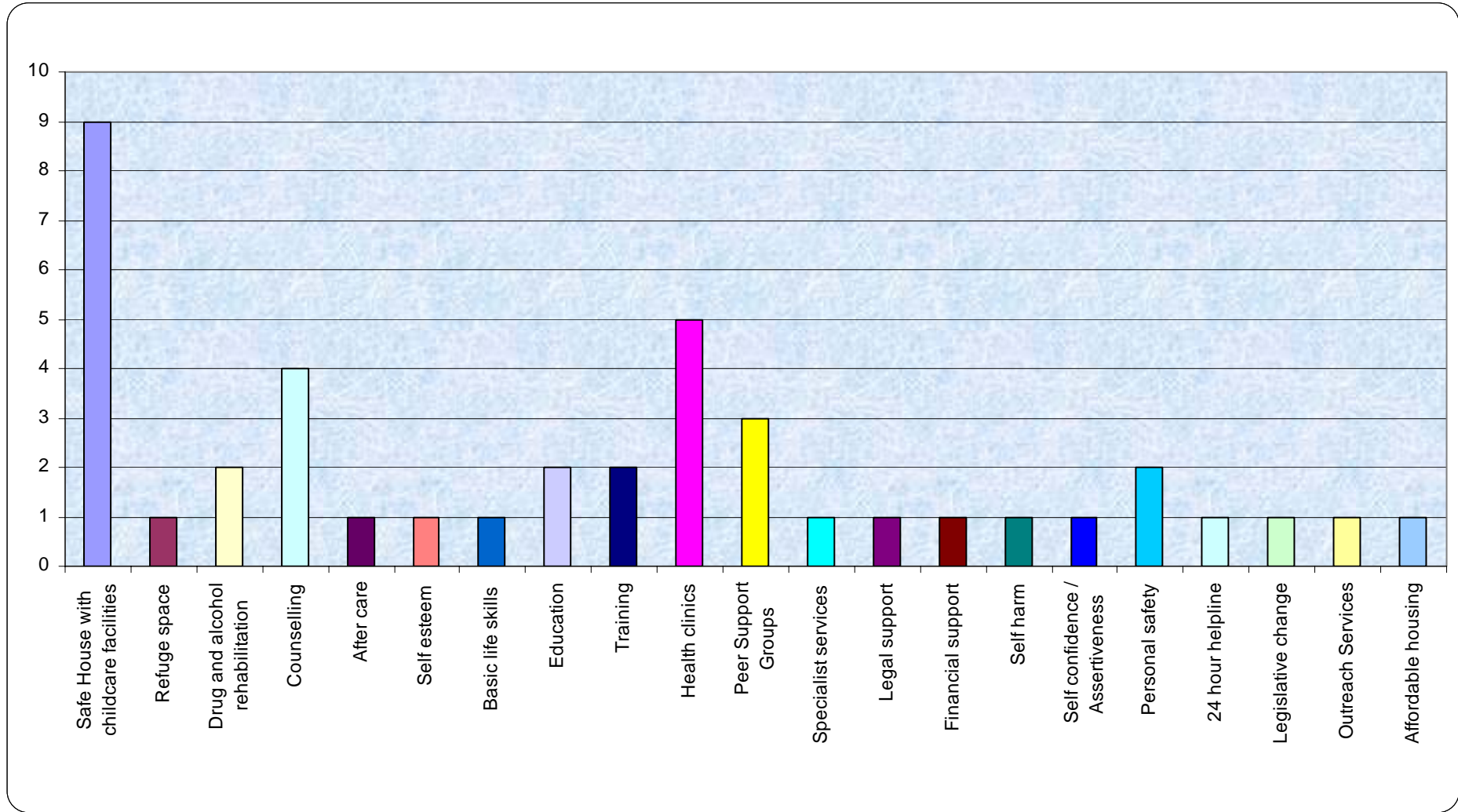
Although housing is the most requested service, this does not correlate with what projects are able to provide. Significant numbers requested counselling and mental health intervention; despite the fact that women can feel stigmatised in asking for these services, for fear of being labelled 'mad' or unable to cope (Farley 2004).

**Table B3: Numbers of Women Referred to Other Projects**



The following services either were not required or simply not provided by the projects surveyed: immigration/asylum advice; translation and interpretation; employment/training advice; support to exit; or childcare. The respondents were more likely to provide drug services than any other, which was the second most requested service. However, this reflects the fact that the majority of returned questionnaires were from drugs agencies.

**Table B4: Wish List for Women Exiting the Sex Industry**



Top of the list for project workers for women exiting the sex industry were safe housing and health clinics, followed by specialist services, reflecting the fact that for many of the projects, personnel often do not receive training in issues relating to the additional problems faced by women in prostitution, such as trauma and harmful coping mechanisms.

Personnel would also benefit from dedicated training on effective ways to assist women out of prostitution. Exiting work is highly complex and resource intensive. A study of women exiting street prostitution in Sweden, (Mansson & Hedin, 1999) found that the main challenges women are faced with when leaving prostitution are:

- Working through and understanding the experiences of a life in prostitution
- Dealing with shame
- Living in a marginal situation
- Dealing with intimate and close relationships.

In order to develop effective exit strategies it is helpful to consider how women *enter* prostitution. One study of twenty three women whom had left prostitution found that the major 'pull factor' into the sex industry is a history of abuse and "destructive events". They found that the women's lives up until they entered consisted of:

*...a cycle of victimisation characterised by insufficient emotional connection, sexual abuse, sexual exploitation during the teenage years, rape experiences and, later on, prostitution....Many of the women were labelled as "whores" early, often long before their actual entry into prostitution (Mansson & Hedin, p 71).*

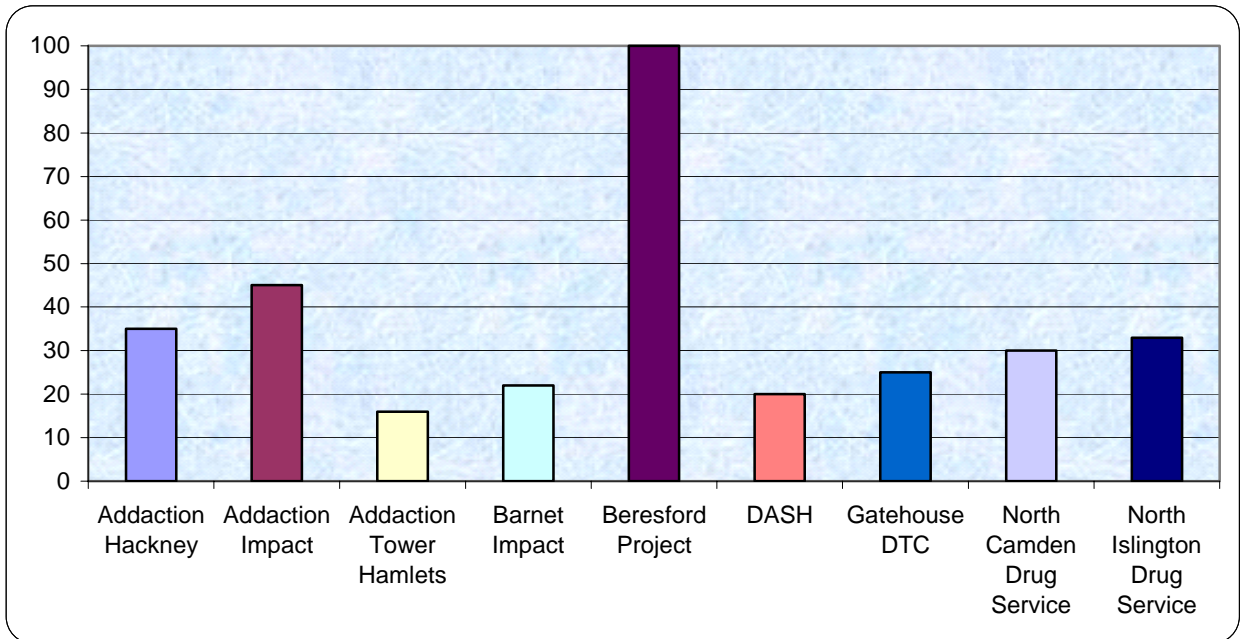
The most effective type of service to offer women in prostitution would consist of providing on-site and outreach general health services; counselling; peer support<sup>35</sup>; and access to organisations that can provide specialist services such as housing, education and employment training, and child support. This survey found that no holistic exiting services for women are currently funded in London.

---

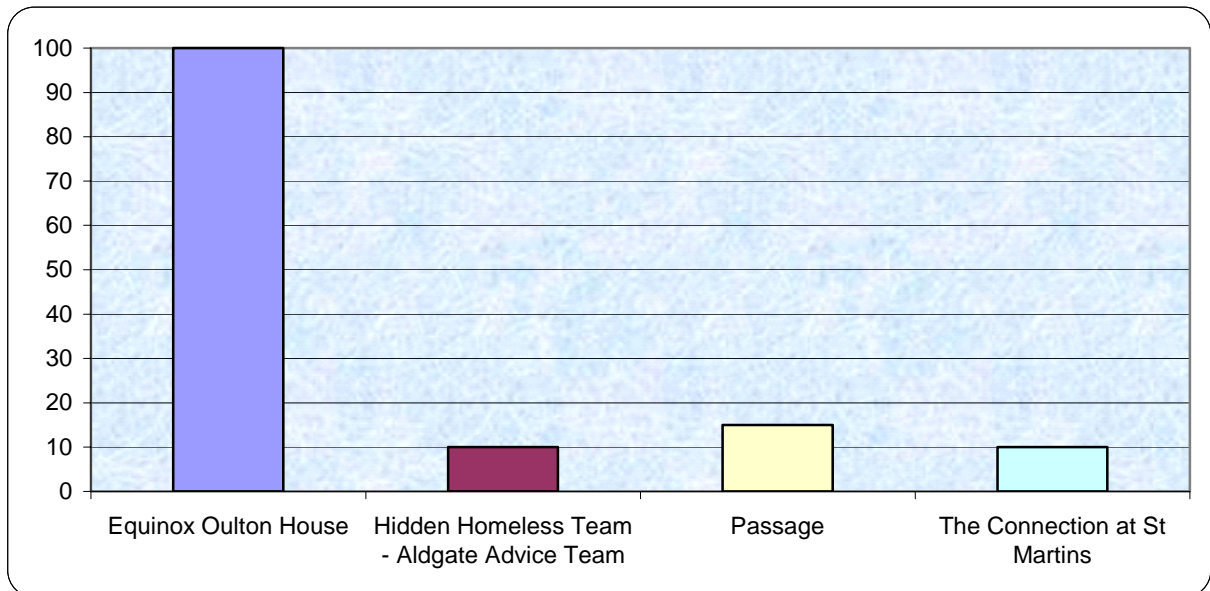
<sup>35</sup> One example of this is the SAGE Project in San Francisco where women involved in prostitution are 'mentored' by a woman attached to the project who has exited.

**Tables C1 – C6: Demographics of Service Users**

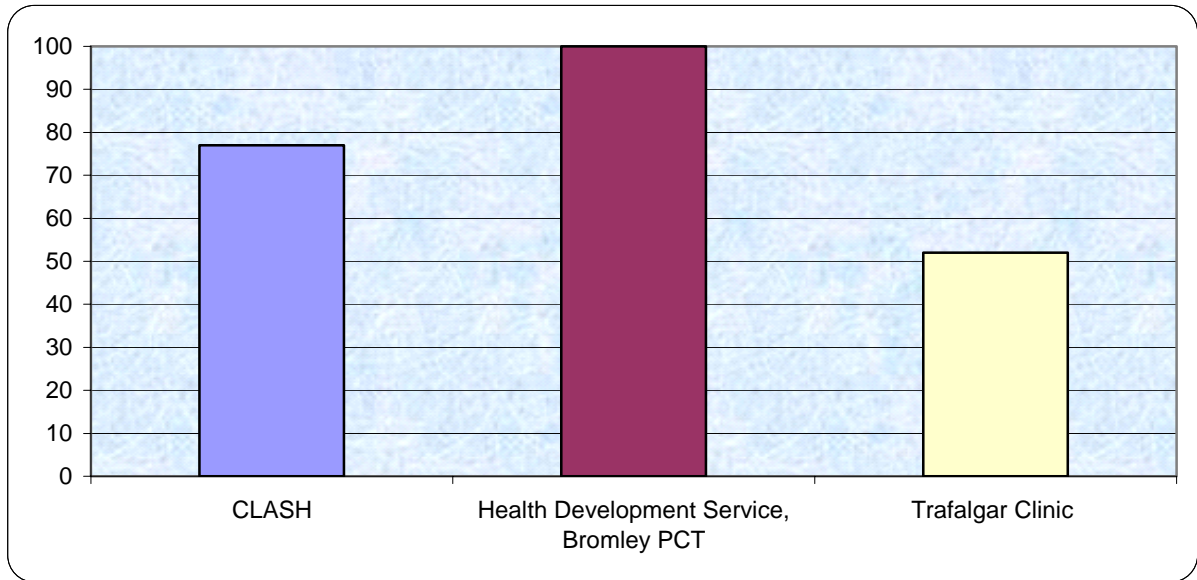
**Table C1: Percentage of Female Service Users in Drug and Alcohol Projects**



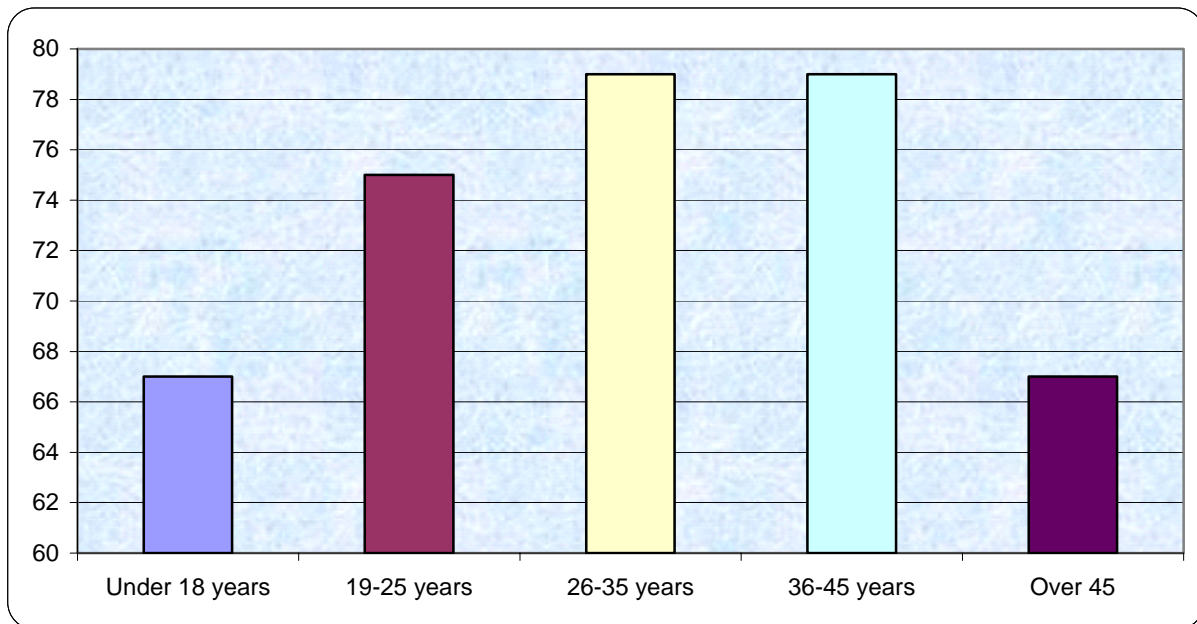
**Table C2: Percentage of Female Service Users in Housing/Homeless Agencies**



**Table C3: Percentage of Female Service Users in Sexual Health Clinics**



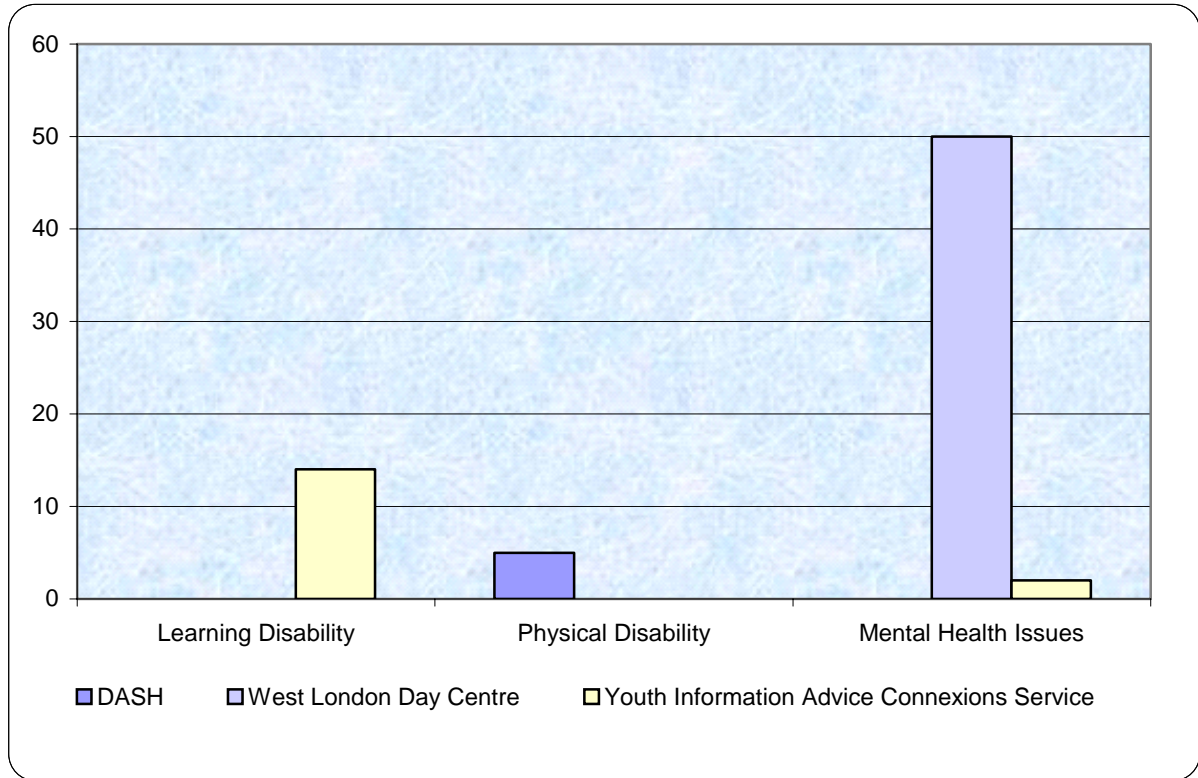
**Table C4: Age of Recorded Female Service Users (Percentage)**



The numbers of children (i.e. females under the age of 18, as defined by the Children Act, is not insignificant. Research has shown that the average age of entry into prostitution is 14 (Farley 1998 and 2000). These results highlight the need for dedicated services for young women, as well as primary prevention initiatives in schools. A further cause for concern is the number of women in prostitution aged 45 plus. It is rare for women to enter prostitution over the age of 30<sup>36</sup>. This means that significant numbers of women remain in prostitution for 30 plus years.

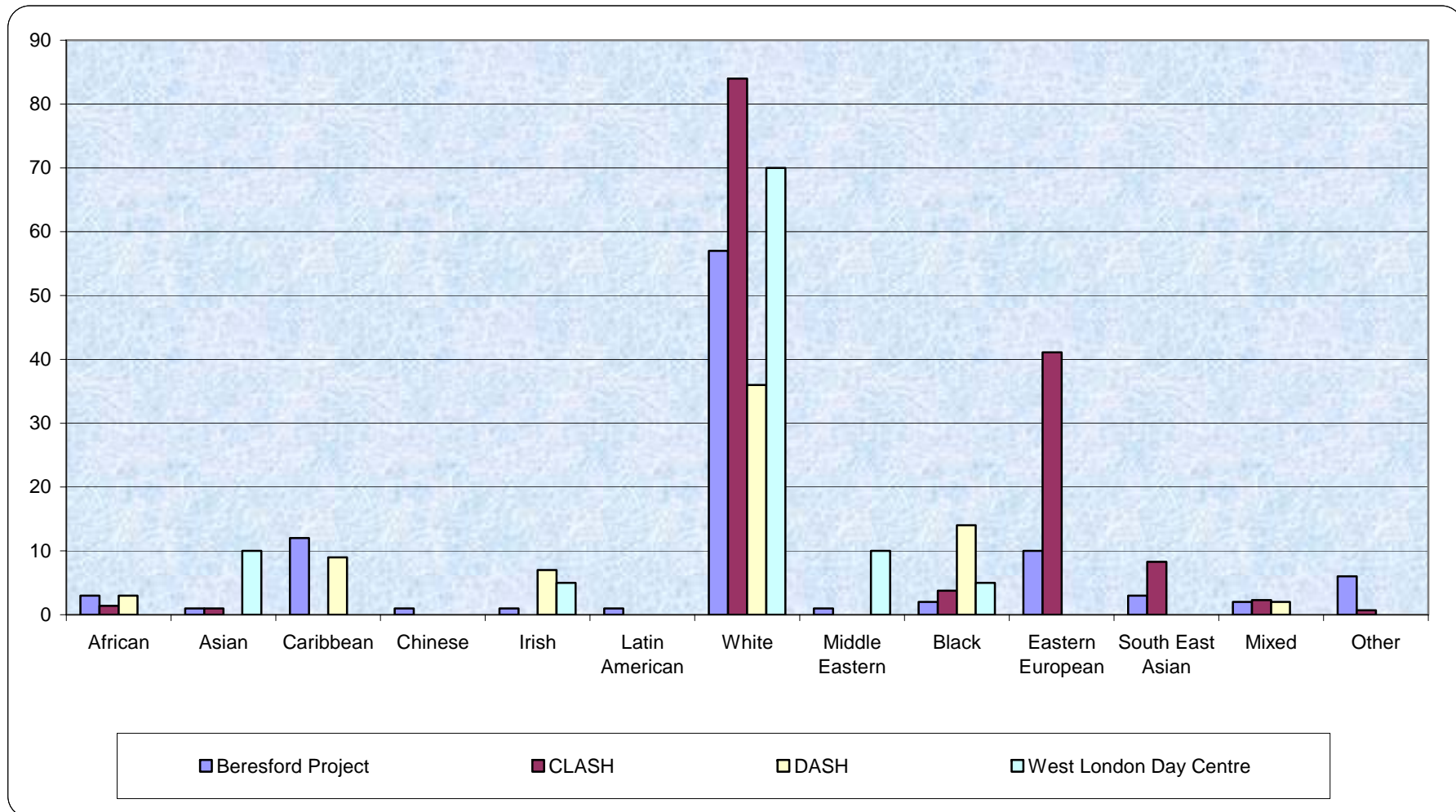
<sup>36</sup> M.H. Silbert and A.M. Pines, 1982, "Victimization of street prostitutes, *Victimology: An International Journal*, 7: 122-133) or 14 years (D.Kelly Weisberg, 1985, *Children of the Night: A Study of Adolescent Prostitution*, Lexington, Mass, Toronto).

**Table C5: Recorded Female Service Users (Percentage) With Disabilities**



Percentages of women accessing services with learning disabilities and mental health problems confirm research on women in the sex industry and mental health/disability (Farley, 2004). The number of those with physical disabilities is not insignificant either. What is unclear, however, is if the disabilities are as a result of involvement in prostitution, for example, back pain, injuries sustained through assault, health problems as a result of abusing drugs and alcohol, or unrelated to the effects of prostitution.

**Table C5: Ethnicity of Recorded Female Service Users (By Percent)**



**Table C6: Staff Breakdown by Gender and Employment**

<b>Agency</b>	<b>Female volunteer</b>	<b>Male volunteer</b>	<b>Female part time</b>	<b>Male part time</b>	<b>Female full time</b>	<b>Male full time</b>
Addaction Hackney Staff	1	1			8	3
Addaction Impact Staff	1				4	4
Addaction Tower Hamlets					17	6
Barnet Impact Drug and Alcohol Service			2		2	1
Barnardo's Young Women's Project			3		4	
Beresford Project					1	
Brent Women's Aid			2		6	
Camden Women's Aid	4		5		8	
CLASH					3	8
DASH			2		3	2
Department of Sexual Health Whipps Cross Hospital	1		1		5	3
Equinox Oulton House					2	
Gatehouse DTC Staff					12	8
Greenwich Women's Aid			1		8	
Health Development Service, Bromley PCT					1	1
Hidden Homeless						
Kingston CAB	27	11	8	3	1	
North Camden Drug Service			1	1	10	8
Oaks Resource Centre			7	3	6	6
Passage Staff			1		20	20
Specialist Addiction Unit Tower Hamlets and Newham					23	12
Sutton CAB	3	2	2	1		3
West London Day Centre	2	2	2	1	2	6
Youth Information Advice Connexions Service			1		3	3

## **Identification of women in the sex industry**

Agencies were asked what criteria they use to identify whether clients are involved in the sex industry, either as trafficked or local women. Below is a sample of comments received in response:

*Project workers utilise different methods to identify this e.g. through condom requests.*

*Initial assessment, during the course of key work sessions, occasionally a direct question may be asked.*

*Client disclosure on assessment or when therapeutic relationship is in place.*

*Sexually inappropriate behaviour, outreach work, mental health and drugs issues, self identification.*

*Identification only occurs if and when women feel safe and ready to speak out about sexual, emotional and/or physical abuse. This information may come out during the health and social care assessment and/or at the point of referral or during keywork and counselling. It is usually associated with the start of the recovery process when women feel ready to speak out and protest about childhood and/or adult abuse.*

*During initial assessment clients asked how they fund substance use. Also during risk assessment prostitution may be disclosed.*

*Self reporting, outreach work in known areas of street prostitution.*

*Advisors carry out individual needs assessment on each service user. Client may volunteer information, if advisor is suspicious, then client will be offered support.*

*Talking to the women. Can only accept women with NI number and benefit status so women may not be in position to use services.*

*During outreach, workers notice patterns such as women working 6-7 days a week and not having any money*

*Women identify themselves; worker will try and establish why woman is working, who for and how much freedom they have.*

*Do street outreach so not seeing trafficked women.*

*Rely on self disclosure.*

*Cultural support /age group, housing, sexual health screening, physical health, support with police statements, emotional support, emergency housing.*

*Stabilisation of drug use, safer sexual practices, virus information, harm reduction, social work intervention, housing, education, mental health.*

## 5. Conclusions

This survey highlights that there is insufficient provision and support for women in both indoor and outdoor prostitution, particularly in regard to exiting and long term responses to the multitude of problems women in prostitution face. Although there is evidence of good practice amongst London projects, there are also significant gaps in service provision overall.

The majority of existing projects in London focus primarily on issues of sexual health and substance misuse, whether they work directly with women in prostitution, or are services dealing with related and additional needs, such as GU clinics and drugs agencies.

A number of project staff expressed concern that some women in prostitution are not aware of, or are unable to access available services. Lack of uptake can be attributed to a variety of factors including geographical restrictions (i.e. if no service exists in the woman's area), problems with childcare, stigmatisation, and chaotic lifestyles. Lack of peer support could also be a factor, resulting in potential service users fearing being "judged and patronised" as one service user described her experiences of visiting a drop-in centre<sup>37</sup>.

Bearing in mind the high costs of dealing with the fall-out of prostitution, such as drug addiction, violence, children in care and public order offences, it seems counter-productive for local and central governments to under-fund services which would help women towards exiting. Funding constraints on existing services result in the following problems:

- Projects operating on a 'shoe-string' therefore being unable to offer outreach or drop-in facilities
- Inability to work with women long-term on planning/assisting their exiting
- Constraints on health-funded projects to focus primarily on STI prevention, and not mental health and additional needs
- Significant variation in the level and type of support available
- Inadequate support for women with children, particularly for those whose children are removed
- Scant recognition that many women in the sex industry are living with additional but related problems, such as effects of child sexual abuse and neglect, and domestic violence
- Lack of multi-agency cooperation
- Very few projects can provide direct routes to appropriate accommodation.

---

<sup>37</sup> In conversation with the author, December, 2004

## 6. Recommendations

The recommendations in this report come from those who completed questionnaires and interviewees, and the authors, based on an analysis of the data, specifically in relation to gaps in service provision, and lack of clear policy on prostitution from the majority of the respondents.

Respondents identified a number of key aims for projects in improving service delivery:

- Development of effective collaborative work with other agencies
- Training in effects of sexual abuse, and sensitive interviewing skills, for those with limited experience in the field
- Develop government funded primary prevention programmes aimed at potential customers as well as vulnerable females<sup>38</sup> based on those with an aim to deter drink-drivers and smokers
- Effective monitoring of ethnicity and race of service providers and users
- Continual monitoring and evaluation of service provision
- Development of clear policy and guidelines for working with women in prostitution
- Increased knowledge amongst service providers and other professionals about existing generic and specialist services
- Appropriate staffing that reflects, where possible, demographics of the service users, as well as those able to provide peer support.

The following suggestions were made regarding services for women in prostitution:

- Availability of appropriate housing, and/or links to housing organisations that provide accommodation for vulnerable women
- Exit programmes, including appropriate educational and vocational skills
- Implementation of risk assessment procedures for women exiting prostitution
- Support for women with young children
- Enhanced access to outreach mental health services and general health support
- Comprehensive gynaecological and sexual healthcare
- Advocacy (e.g. contact with child protection services, welfare and law enforcement)
- Outreach support and referral service in all boroughs where off-street prostitution exists
- All London boroughs to provide services for women in off-street prostitution<sup>39</sup>
- All projects should be adequately resourced to provide exit services/referrals as well as harm reduction
- Service users, whether currently involved in prostitution, or exiting/exited, should *never* be placed in mixed accommodation

---

<sup>38</sup> For example, girls who have experienced abuse, those in care, or, in the words of one activist “any girl who has the misfortune to meet a pimp”, (Ivison, 1999).

<sup>39</sup> As highlighted by the report “Sex in the City”, Dickson, 2004, there is evidence of off-street prostitution in all 33 London boroughs

- Diversion from court schemes (for soliciting offences) should be available for women seeking assistance from support services.
- Access to education and training
- Female counsellors, women-only sessions (drop-in or group therapy), and telephone lines staffed by women
- Long term aftercare for women who have exited
- Peer support where appropriate, based on the SAGE model in California<sup>40</sup>.

## **Housing and Temporary Accommodation**

Public housing is in short supply in London, and yet several research projects have identified this as a major priority for women in the sex industry. The lack of decent, affordable and safe accommodation has been shown to be the main barrier to exit. As on one survey of women in street prostitution in King's Cross found:

*A recurring theme... was the difficulty women experienced with accommodation. As previously stated, the majority were homeless or lived in temporary accommodation, and many felt that housing was an issue that needed to be addressed before either drug use or sex work could be tackled (May et al, 2001).*

One organisation that completed the questionnaire commented that:

*The availability of good quality, immediately available, emergency accommodation will make a crucial difference to those women wishing to leave prostitution.*

There is widespread evidence that women with access to refuge and housing are more likely to exit prostitution than those without (Farley, 1998).

## **Awareness Raising and Public Education**

A number of organisations either suggested or were in support of government funded awareness raising/education programmes that would help inform young women, and UK citizens in general, about the realities of prostitution. It was generally felt that such a campaign would enable a targeted response to the problems associated with prostitution.

The majority thought that the campaign should run on television, radio and newspapers, along the same lines as those targeting smokers, binge drinkers and drink-drivers.

There also needs to be public education regarding sexually transmitted infections, and a clear emphasis on the fact that some customers demand sex without condoms. Men should be discouraged from becoming or continuing to be buyers.

---

<sup>40</sup> The Standing Against Global Exploitation Project (SAGE) is a non-profit organization with one primary aim: bringing an end to the commercial sexual exploitation of children and adults (CSE/CSEC). SAGE contributes to that goal by raising awareness about CSE/CSEC issues, and by providing outreach and services to CSE/CSEC survivors, which includes peer support (support from those whom have exited prostitution).

Removing the stigma and blame for the spread and increase in STIs from the women and placing it firmly on customers would counter the myth that women in prostitution do not practice safe sex.

Governments everywhere deprioritise the provision of services for women, and men, in the sex industry, despite the fact that they are one of the most vulnerable groups in society. The cost of prostitution is staggering, both in terms of those exploited within it, and communities that live with the problems it brings into neighbourhoods. Long term strategies to tackle this issue are costly, but not as costly as ignoring it. Additional funding should be available for existing projects in London to expand their services and therefore benefit more women in the sex industry. There is also an urgent need to fund additional projects with a focus on both primary prevention and exiting. Finally, unless demand for sexual services is seriously and consistently tackled, there is little chance of successfully implementing long term strategies to prevent women and girls being exploited into the sex industry.

## 7. Bibliography

Benson, C. and R. Matthews (1995). National Vice Squad Survey. Middlesex University - Centre for Criminology

Bindel, J. and Kelly, L. (2003), A Critical Evaluation of Responses to Prostitution in Four Countries: Victoria – Australia, Ireland, The Netherlands and Sweden

Bindel, J (15<sup>th</sup> May 2004) *Streets Apart*, Guardian Newspaper, UK

Church, S., Henderson M., et al. (2001). "Violence by clients towards female prostitutes in different work settings: questionnaire survey." *British Medical Journal* 322: 524-525.

Cusick, L. & Martin, A.(2003) Vulnerability and involvement in drug use and sex work, Home Office Research Report 268, Home Office. View the report at the Home Office website.

Dickson, S. (2004) *Sex in the City: Mapping Commercial Sex Across London*; The POPPY Project

Farley, M, "Bad for the Body, Bad for the Heart": Prostitution Harms Women Even if Legalized or Decriminalized, *Violence Against Women*, 10: 1087-1125, 2004

Farley, M. and Kelly, V. (2000) *Prostitution: a critical review of the medical and social sciences literature*, *Women and Criminal Justice*, Vol 11 (4): 29-64

Farley, M, Baral, I, Kiremire, M and Sezgin, U, *Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder*, in *Feminism & Psychology*, Volume 8 (4): 405-426, 1998

Karsten, C. (1993) *Female Hard Drug-Users in Crisis. Childhood traumas and Survival Strategies*: Utrecht, NL: NIAD

Kelly, L., Wingfield, R. & Balding, V. (2003) Worth Less Or Worth More? An Evaluation of The Maze Marigold Project, YWCA.

Lee, M. & O'Brien, R. (1995). *The Game's Up: Redefining Child Prostitution*, London: The Children's Society

Melrose, M., Barrett, D and Brodie, I. (1999) *One Way Street? Retrospectives on Childhood Prostitution*, London: The Children's Society

Pearce, J., (2000); *It's Someone Taking a Part of You: A Study of Young Women & Sexual Exploitation*; National Children's Bureau

Palmer and Stacey (2002); *Stolen childhood: Barnardo's work with children abused through prostitution*; Barnardo's

Van Meeuwen, A., Swann, S., McNeish, D., Edwards, S, (1998) *Whose Daughter Next? Children Abused through Prostitution*; Barnardo's

## 8. Appendix A:

### Organisations in London in Contact with Women in Prostitution

(NB all services received questionnaire)

Organisation	Services Offered
Addaction – Hackney Community Drug Services	Support and Key Working regarding substance use/misuse, for users and families. Crisis intervention and management. GP shared care and numerous community development services.
Addaction - Harm Reduction Team	Project for injecting drug users. Pharmacy needle exchange schemes in Tower Hamlets and Hackney. Outreach and syringe disposal sites. Advice, information and primary health care for people at risk from HIV. Free condoms. BBV nurse. Criminal justice worker. Probation liaison. Community outreach worker.
Addaction - Impact	For 11-21 year olds who live in Islington and Camden and who are at risk of drug and alcohol use. Provide a package geared to the needs of the individual, including counselling and the opportunity to take part in a range of diversionary activities - educational, recreational and vocational. Also offer advice and information to parents, carers and professionals about drug use.
Addictions Resource Centre	Community drug and alcohol teams providing detox advice, counselling and onward referrals to appropriate services for people dependent on drugs or alcohol. Methadone maintenance clinic. Self referral clinic for assessments. Part of the South London and Maudsley NHS Trust.
Addington CAB	Advice and assistance on a range of issues, including benefits, debt, employment, consumer and housing rights. Specialist welfare benefits adviser available.
Alcohol Recovery Project, Women's Alcohol Centre	Individual support and a structured day programme where women with alcohol problems can share experiences and support each other. Drop-in service for informal advice and support. Direct referral to women only residential projects and to detoxification and residential agencies.
Aldgate Advice Centre	Advice centre and drop-in services for homeless people. Deals with a range of issues, including housing options, benefits, mental health, alcohol and drug problems, dual diagnosis.

Organisation	Services Offered
Archway Sexual Health Clinic	Information and advice about sexual health and STI's, screening and treatment, pregnancy testing, emergency contraception, free condoms, HIV testing, drug and alcohol advice, Hepatitis B testing and vaccination, advice and support following sexual assault.
ASHA Projects	Advice, support and counselling for Asian women. Provides temporary accommodation for women with children who have been subjected to domestic violence and for single young women wishing to leave home. Supports Asian elders with benefit claims, accessing services and housing.
Ashiana Project	Young South Asian, Turkish and Iranian women with low support needs who are in housing need.
Barking CAB	Advice and information on a range of issues, including housing, benefits, debt and employment rights. Mental health project (access via Barking and Dagenham mental health team only).
Barking and Dagenham Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations.
Barnardo's Young Women's Project	Confidential support and advice service for girls and young women being abused through, or at risk of abuse through, prostitution.
Barnet Drug and Alcohol Service	Assessment and treatment for people experiencing problems with drug or alcohol use.
Barnet Impact, Young People's Drug and Alcohol Service	Drug and alcohol service for young people (under 18). Advice and information, screening and assessment, drug education work, outreach. Early intervention work with vulnerable young people. Family support intervention.
Barnet Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations
Barons Court Project	Day centre for homeless people and people with mental health problems. Benefits and employment advice. Tenancy sustainment support.
Barts Sexual Health Centre	Drop-in clinic for HIV/AIDS, hepatitis B, VD, herpes and other GU infections. Family planning advice.

Organisation	Services Offered
Battersea Legal Services - CAB	Advice on benefits, consumer matters, debt, education, employment, health, housing, immigration & nationality, the law, relationships, tax etc.
Beckenham Hospital GU Department	GUM and sexual health centre.
Beckenham and Penge CAB	Advice and information on a range of issues, including benefits, debt, housing, employment, consumer and immigration. Help with form filling and letter writing.
Beddington and Wallington CAB	Advice and information on a range of issues, including housing, benefits, debt, employment, disability and other legal problems. Specialist help in welfare benefits and debt. Legal session with solicitors.
Beresford Project Substance Misuse Team	Advice, information, counselling and health care for people with alcohol or drug problems. Assessment, hospital or community detox, needle exchange. HIV, hepatitis B and C testing. Secondary prescribing. Rapid access for crack/cocaine users. Well user clinic, probation clinic, prison liaison. Young people's worker available. Outreach service for women in prostitution. Clinic for pregnant drug users.
Bermondsey CAB	Advice and information on social security, benefits, taxation and debt, housing, employment, immigration, family and relationship problems, consumer issues.
Bexleyheath and Welling CAB	Advice and information on benefits, consumer, housing, debt and employment rights. Outreach services
Bexley Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations.
Blackfriars Advice Centre	Drop-in and telephone advice for the local community. Provide specialist help and advice on welfare benefits, money and debt. Basic advice on employment issues. General help with housing and family issues.
Brent CAB	Advice and information on benefits, consumer, housing, debt, immigration and employment rights. Fortnightly legal advice session. Outreach at Kilburn Sq Health Clinic, Craven Park Health Centre, Wembley Centre for Health and Care, Chalkhill Health Centre, Central Middlesex Hospital.
Brentford and Chiswick CAB	Advice and information on a range of issues, including housing, homelessness, benefits, debt, employment rights and immigration and nationality.

Organisation	Services Offered
Brent Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations
Bromley Advice and Information Service	Counselling, advice and information for people dependent on opiates or experiencing poly-drug use problems. Prescribing service. Needle exchange. Assessment and referrals for in-patient detox. Health education and harm minimisation advice
Bromley Town CAB	Advice and information on a range of issues, including housing, benefits, debt, disability, consumer, family law and employment. Specialist service for those affected by HIV/AIDS.
Bromley Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations.
Camden Under 25s Advice Centre	Advice, information and advocacy for 16 - 25 year olds. Advice on education, welfare rights, housing, money and personal issues.
Camden Young Women's Centre	Advice and information for young women on a range of issues, including benefits, education, training and employment, homelessness and housing rights. Drop-in sessions, referrals to specialist services, educational support and careers advice
Camden Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations
C.A.S.T. (Creative and Supportive Trust)	Training and education for women ex-offenders, women coming out of drug/alcohol rehab centres or mental health units. Also for women at risk of offending due to substance misuse or mental health issues. Basic skills in literacy, numeracy computing. Classes in personal development, anger management, relaxation, women's studies, art, design, photography. Advice on welfare issues for attendees.
Catford CAB	Advice and information on a range of subjects, including welfare rights, housing rights, money and debt, consumer, immigration and nationality, employment.

Organisation	Services Offered
Central and North West London Substance Misuse Service	Provides specialist substance misuse services for Westminster, Kensington, Chelsea, Hounslow, Ealing, Harrow, Hammersmith and Fulham. Turning Point, a voluntary sector organisation, runs Brent substance misuse services.
Central London Action on Street Health	Information, advice and counselling on health issues, especially drugs and HIV. Street-work team works with young homeless people, drug users and people working in the sex industry. Outreach team.
Central London Connexions	Information, advice and guidance service for all 13-19 year-olds offering help and support with a wide range of issues including education, careers, health, housing, personal issues and life choices.
Chelsea and Westminster Hospital Drug Treatment Centre	The Drug Treatment Centre has a treatment package for drug users. Offer drug users an opportunity to detoxify from heroin or other opiates within 3-6 months. Offer injectable prescriptions to injecting drug users who meet criteria.
Chelsea CAB	Advice and information on a range of issues, including housing, welfare benefits, debt, immigration, consumer and employment
City of London CAB	Advice and information on a range of issues, including benefits, consumer, housing, debt, family and employment rights.
Clare Simpson House Sexual Health Clinic	Sexually transmitted infections/HIV, family planning & emergency contraception. Counselling on sexual assault, sexual identity, and pregnancy testing/options. Free condoms.
Community Drug Advice Service Dagenham	Advice, information, counselling and a needle exchange for drug users. Advice and support for other professionals, parents and self help groups working with drug users. Anabolic steroid users clinic. Hepatitis B inoculations. HIV advice and testing.
CONNEXIONS Islington	Connexions centre offers young people a careers advice and guidance service, a cyber cafe for internet access, study support, employment skills training and access to a personal advisor.
CONNEXIONS Capital Careers	Employment and training opportunities
CONNEXIONS Centre	Advice and support for all 13 to 19 year olds plus a service for young people with learning needs or disabilities up to the age of 25.

Organisation	Services Offered
CONNEXIONS Pimlico	Connexions helps 13 -19 year olds (up to 24 for young people with learning disabilities) access a wide range of support, advice and guidance services.
CONNEXIONS Stowe	Connexions helps 13-19 year-olds (up to 24 for young people with learning disabilities) access a wide range of support, advice and guidance services.
Croydon CAB - Money Advice Unit	Helpline for local people with financial problems. Offer information, advice and referrals relating to consumer credit, mortgage and rent arrears, benefits, bailiffs, and bankruptcy. Also provide specialist money advice casework and assist in the co-ordination and staffing of the county court desk in Croydon.
Croydon Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations.
Dagenham CAB	Advice and information on housing, benefits, debt, employment rights. Two outreach services in local community centres. Home visits available if resources allow. Information and help at local court desk.
Dalston CAB	Advice and information on a range of issues for people living or working in Hackney. Main areas covered include housing, benefits, debt, employment and immigration and nationality.
Department of Sexual Health Homerton Hospital	Outpatient clinic providing advice and treatment.
Department of Sexual Health Whipps Cross Hospital	Clinic providing treatment services for those suffering from Sexually Transmitted Infections
Drug Advice Service (Havering, Barking and Dagenham)	Services for anyone concerned about drug use. Information relating to legal and illegal drugs, including solvents. Needle exchange, counselling, rehab assessment and steroid clinic
Drug Advisory Service Haringey (DASH)	Drop-in service for drug users providing a needle exchange, information, advice, legal and benefits advice, counselling and a prescribing service. Hepatitis B and C testing, hepatitis B immunisation, HIV testing.

Organisation	Services Offered
Drug Dependence Unit/High SupportTeam	Rapid access to advice, assessment and treatment for people with drug problems. Assessment by specialist team of doctors, nurses, social workers and psychologists. Health advice including check ups, HIV and hepatitis counselling and testing. Hepatitis B vaccination. Group therapy, individual counselling, psychological help, social work support, methadone prescribing, detox.
Druglink - Hammersmith and Fulham	Advice, information & counselling for drug users. Services for stimulant users, including a support group. Criminal Justice worker and drug arrest referral scheme. Youth team. Outreach service.
DUAL Team (Drug Users Alcohol Liaison)	Range of services for people with alcohol and drug problems. Needle exchange for clients in treatment, on-site methadone dispensary, substitute prescribing, group work, GP liaison. Specialist services for homeless people, pregnant women, mothers and children. Substance misuse and mental health workers (dual diagnosis).
Ealing Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations.
Earls Court Community Project	Christian based service offering advice, counselling and support for people with a range of problems, including alcohol or drug abuse, prostitution, poverty. Help with clothing and furniture. Assistance with accommodation.
Eaststreet - Information for Young People	Information, advice and counselling on contraception, pregnancy and safer sex for young people under 25. Pregnancy testing and referrals. Follow up care and emergency contraception. Education and advice on all aspects of sexual health.
Edmonton CAB	Advice and information on a range of issues, including benefits and welfare rights, consumer issues, housing rights, money and debt and employment rights.
Eltham CAB	Advice and information on a range of issues, including benefits and welfare rights, consumer issues, housing rights, money and debt and employment rights.

Organisation	Services Offered
Enfield Community Drug and Alcohol Service	Advice, information and support services for people with drug and/or alcohol problems. Prescribing service, needle exchange at local participating pharmacies. Complementary therapies, support programme. Training for professionals. Assessment and referral for detox services etc. Satellite clinic.
Enfield Town CAB	Advice and information on a range of issues, including benefits, consumer, housing, debt and employment rights.
Enfield Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations
Equinox- Kelley House	21 bed voluntary managed women's Approved Premises, working under standards set by the National Probation Directorate. We are one of only four approved premises working exclusively with women in the country.
Equinox - Oulton House	Women ex-offenders who are currently on a Statutory Supervision Order or those who have served a custodial sentence of over 12 months.
Fces in Focus	Faces in Focus is a registered charity that offers young people information and support around issues that directly affect them.
Feltham CAB	Advice and information on a range of issues, including housing and homelessness, benefits, debt, employment and disability
Female Prisoners Welfare Project and Hibiscus	Welfare advice for British and foreign national women in the British criminal justice system. Offers a link between women in prison, their children and extended families. Staff visit women's prisons, offering advice. Hibiscus advises foreign national women and has an office in Jamaica, offering support to families and providing Home Circumstances reports for British courts.
Finchley CAB	Advice and information on a range of issues, including housing, homelessness, benefits, debt, employment rights, immigration and nationality.

Organisation	Services Offered
From Dependency to Work	Works with offenders aged 14 - 25 and 25 plus, whose offending is drug, alcohol or mental health related. Provides drug and alcohol support. Counselling. Access to education, training and employment opportunities. Mentoring project. Housing project works with referral agencies to assist offenders who have been discharged, or are living in the community.
Fulham CAB	Advice and information on a range of subjects, including benefits, money and debt, employment rights, consumer, housing.
Gatehouse Community Drug Treatment Centre	Assessment, treatment, support and advice for people experiencing problems with their drug use. Works towards harm reduction and safer use. Methadone programme, counselling, assessment and referrals for in-patient detox, safer sex counselling, on-site testing for HIV and hepatitis. Services for women.
Golborne Youth Centre	Offers young people between the ages of 12 and 25 a wide variety of social activity-based opportunities in a safe and friendly environment.
Grahame Park CAB	Advice and information on a range of subjects, including benefits, money and debt, employment rights, consumer, housing.
Greenwich Women's Centre	Aims to provide a high standard of support and services to benefit all women living, working or studying in the borough of Greenwich
Greenwich Women's Aid	Provides safe temporary accommodation for women and children escaping domestic violence as well as offering support for women still living in threatening situations
GUM Department Mayday University Hospital	Diagnosis, treatment, information, advice, counselling and support for all sexually transmitted infections including HIV.
GUM Department Northwick Park Hospital	Diagnosis, treatment, information, advice, counselling and support for all sexually transmitted infections including HIV
Hackney Asian Women's Aid	Refuge accommodation for Asian women experiencing domestic violence. Advice, counselling, interpretation and translation services and accommodation.
Hackney Women's Aid (Now known as The Nia Project)	Support, advice and temporary emergency accommodation for women and their children experiencing domestic violence

<b>Organisation</b>	<b>Services Offered</b>
Hammersmith Women's Aid	Support, advice and temporary emergency accommodation for women and their children experiencing domestic violence.
Hanbury Community Project	Training, counselling and health care for people disadvantaged through mental illness, homelessness, substance misuse, long term unemployment
Haringey Women's Aid	Support, advice and temporary emergency accommodation for women and their children experiencing domestic violence
Harrow CAB - Housing Advice	Advice and information on all aspects of housing (except statutory duties covered by the Homeless Persons Act), including homelessness, housing rights, housing benefits, landlord and tenant disputes, repairs, eviction
Harrow Community Drug and Alcohol Service	Services for people experiencing problematic drug or alcohol use. Counselling, advice and information on all aspects of drug and alcohol use, including detox and rehabilitation. Needle exchange. Prescribing service. Arrest/referral service.
Healthy Options Team	Advice, information and counselling for drug users with complex needs. Services include needle exchange, HIV and hepatitis testing, primary health care, dual diagnosis service, assessment and referrals, advocacy and liaison with medical services. Hepatitis B vaccinations. Complementary therapies. Housing support.
Health Works	Assessment, treatment and onward referrals for drug users. Advice and information for anyone in the borough concerned about drugs.
Hendon CAB	Advice and information on benefits, consumer, housing, debt and employment rights.
Hillingdon CAB - Hayes Office	Advice and information on benefits, consumer, housing, debt and employment rights.
Hillingdon CAB - Uxbridge Office	Advice and information on housing, homelessness, benefits, debt, employment rights, immigration and nationality, disability.
Holborn CAB	Advice and information on housing, homelessness, benefits, debt, employment, disability and legal issues.
Hornchurch CAB	Advice and information benefits, housing, consumer, immigration, employment and debt.

Organisation	Services Offered
Hornsey CAB	Advice and information on housing, homelessness, benefits, debt, employment rights, immigration and nationality.
Hounslow CAB	Advice and information on housing, homelessness, benefits, debt, employment rights, immigration and nationality.
Hounslow Substance Misuse Team	Consultation and treatment for people with drug and alcohol misuse problems. Assessment and prescribing service. Detox, counselling and support, harm minimisation, HIV testing and counselling. Referrals to other services. Community alcohol detox. and relapse prevention.
Hungerford Drug Project (Turning Point)	Advice, information, support, counselling, referrals and advocacy for people with drug related problems. Helpline for friends and families of people with drug related problems.
Islington CAB	Advice and information on housing, homelessness, benefits, debt, employment rights, discrimination, immigration and nationality, disability and legal issues.
Jeffriss Wing for Sexual Health	GUM and sexual health clinic
Jewish Women's Aid	Outreach support for women living in the community, offering advice and information on a range of issues, including housing, legal and welfare benefits. Kosher refuge.
John Hunter Clinic	Offers a range of sexual health services.
Kaleidoscope Project	Range of services for drug users, particularly heroin users. Methadone dispensing and needle exchange.
Kensington CAB	Advice and information on a range of issues including benefits, consumer, housing, debt, immigration and employment rights.
Kentish Town CAB	Advice and information on a range of issues including benefits, consumer, housing, debt, immigration and employment rights.
Kilburn CAB	Advice and information on a range of issues, including benefits, housing, debt, employment rights and consumer issues.
King Cross Primary Health Care Centre	Provides health services targeted specifically at homeless people, temporarily housed, asylum seekers and refugees (adults only), drug users and women in prostitution in the Kings Cross area not registered with a doctor

Organisation	Services Offered
Kingston CAB	Advice and information on a range of issues, including housing, homelessness, benefits, debt, employment rights.
Kingston Women's Centre	Promotes the welfare and interests of women and provide facilities for advice, support, education and recreation through groups, courses and events. Crisis counselling on demand and one - to - one ongoing counselling for violence, abuse, rape, incest and agoraphobia.
Lambeth CAB	Advice and information on a range of issues, including benefits, consumer, housing, debt and employment rights.
Leytonstone CAB	Advice, information and representation on a range of issues, including benefits, debt, housing, employment and immigration
Lighthouse South London	Services for people living with or affected by HIV/AIDS. Advice on housing, welfare benefits, community care and other related issues for Lambeth, Lewisham and Southwark residents. Information, transport, legal advice and counselling for HIV+ people in any South London borough except Bromley.
Lighthouse West London	Centre for people affected by HIV & AIDS. HIV testing, counselling, clinical/specialist & welfare advice, complementary therapies, fitness classes, yoga, hairdressing, recreational activities. Computer training, English classes. Services for the African communities. Support groups.
Living Space	People with enduring mental health problems and affected by homelessness, including rough sleepers. Must have a local connection to LB Hackney, Tower Hamlets or City of London.
London Connection	See the Connection at St Martins
Lydia Department St Thomas' Hospital	GUM and sexual health clinic
Mainliners	Range of services for people affected by HIV, hepatitis, drugs and sex work. Advice and information on harm minimisation. Needle exchange and holistic therapies.
Mainliners Smart	Assessment, counselling, support, and information for people with drug related problems. Substitute prescribing and community detoxification available. Needle exchange, basic health and welfare advice. Complementary therapies.

<b>Organisation</b>	<b>Services Offered</b>
Mare Street CAB	Advice and information on a range of issues, including housing, benefits, debt, employment rights, immigration and nationality, consumer issues.
Marylebone Project Church Army Hostel	Project for single homeless women with mental health, drug, alcohol or life skills issues, including multiple needs
Marlborough Clinic Royal Free Hospital	GUM and sexual health clinic
Maze Marigold	Outreach project for young women who are rough sleepers, homeless or involved in prostitution in Tower Hamlets and Hackney.
Milton Skills Training Centre	Educational day centre with separate programmes for drugs users and ex-drugs users who have recently detoxed. Skills training in IT and basic education for residents and a day programme. Housing, resettlement and aftercare.
Morden CAB	Advice and information for the general public on a range of issues, including housing, benefits, debt, employment rights, immigration and disability. HIV/AIDS helpline
Mortimer Market Centre	Offers HIV testing, counselling and care. Screening and treatment for STDs. Free condoms, support and information following sexual assault.
Nacro	Promotes the care and resettlement of offenders into the community and community involvement in crime prevention.
Newham CAB	Advice and information on a range of issues, including welfare benefits, debt, immigration and nationality, employment, housing, education and family matters. Specialist help in welfare benefits and debt.
Newmartin Community Youth Trust	Advice, information, advocacy and befriending for young people with an emphasis on young offenders. Youth advice and information service. Appropriate adult service to attend at police stations. Bail advice and support.
North Camden Drug Services (Response)	Assessment, treatment (including referral for in-patient detox and rehabilitation) and counselling for drug users. Primary health care, supervised pharmacy dispensing programmes and needle exchange services. Also offer liaison services for local GPs, hospitals and mental health services.

Organisation	Services Offered
North Islington Drug Services	Assessment, treatment (including referral for in-patient detox and rehabilitation) and counselling for drug users. On-site dispensing and supervised pharmacy dispensing programmes. Also offers liaison services for local GPs, hospitals and mental health services.
North Lambeth Day Centre	Day centre for homeless people providing housing advice, referrals, resettlement. Assessments and links to statutory and voluntary health and social services. Benefits advice.
Oaks Resource Centre	Services for people with alcohol and drug problems who live in Croydon. Prescribing service, group therapy, and assessment for inpatient and community detox. Other services include methadone maintenance service, hepatitis B and C counselling and testing, primary care liaison and antenatal service run in conjunction with Mayday Hospital.
Off the Record	Sexual health clinic
Open Doors	Outreach service for women in prostitution
Orexis	Counselling and detox service for substance misusers. Well women clinic. Homeopathy and acupuncture. Progress to work project for substance misusers. Specialist workers for men, women, African Caribbean and Vietnamese communities. Criminal justice worker. Somali worker.
Palmers Green CAB	Advice and information on a range of issues, including welfare benefits, debt, homelessness, employment rights, disability. Representation on welfare benefits issues
Pasteur Suite Ealing Hospital	GUM and sexual health clinic
Patrick Clements Clinic Central Middlesex Hospital	GUM and sexual health clinic
Peckham CAB	Advice and information on a range of issues, including benefits, consumer, housing, debt and employment rights.
Penrose Housing Association	Ex-offenders. Priority given to long term prisoners and serious offenders on licence to London Probation Service.
Phoenix Projects Young People's Support	Drugs advice
Praed Street Project	GUM and sexual health clinic

<b>Organisation</b>	<b>Services Offered</b>
Prospects Connexions	Provides a free information, guidance, advice and job placement service to all young people aged under 21
Putney CAB	Advice and information for the general public on a range of issues, including benefits, disability, housing, homelessness, employment, debt, health, consumer, family law, immigration and nationality. Reception service for drop-in basic advice.
RCJ CAB	Advice and information on a range of subjects, including advice to litigants in person on High Court procedure.
Redbridge CAB	Advice and information on a range of issues, including debt, consumer, benefits, employment and other legal problems
Redbridge Drug and Alcohol Service	Information, advice and counselling for drug or alcohol users. Prescribing service. Referrals to outpatient and in-patient detox facilities. Needle exchange available throughout opening hours.
Richmond CAB	Advice and information on a range of issues, including housing, homelessness, benefits, debt, employment rights and disability.
Roehampton Clinic Queen Mary's Hospital	GUM and sexual health clinic
Romford CAB	Advice and information on a range of subjects, including housing, homelessness, benefits, debt, employment and disability.
Sexual Health Clinic West Middlesex Hospital	GUM and sexual health clinic
St Ann's Sexual Health Clinic St Ann's Hospital	GUM and sexual health clinic
St Helier CAB	Advice and information on a range of issues, including benefits, consumer, housing, debt and employment rights.
St Giles Trust	Day centre for people who are homeless, at risk of homelessness or with multiple needs. Benefits, housing advice and post-tenancy support. Support for substance misusers and ex-offenders. Needle exchange.
St Martins Social Care Unit	Day centre for single homeless people 21+ (18+ at weekends).

Organisation	Services Offered
Safe Community Drug Agency (CDA)	Outreach team working with, and responsive to, the need of the local community of Wandsworth. (Safe CDA has now closed. A new agency, Wandsworth Drug Project, is being established and will offer all of the services that were provided by Safe CDA.)
Sexual Health on Call (SHOC)	Provides local street outreach for female sex workers and visits to indoor premises as required. A special service is provided at St. Ann's sexual health centre for women working in the local sex industry, including street-workers and those working from local flats and saunas.
Signpost	Substance misuse treatment including community detox, needle and syringe exchange.
South Islington Drug Services	Assessment, treatment (including referral for in-patient detox and rehabilitation) and counselling for drug users. On-site dispensing and supervised pharmacy dispensing programmes. Also offer liaison services for local GPs, hospitals and mental health services.
Southwark Women's Aid	Provides temporary accommodation for women escaping domestic violence
Spectrum Day Centre	Advice for single homeless people on housing and homelessness.
Stockwell Project	Advice, counselling and long term support for injecting drug users and those affected by HIV/AIDS/hepatitis C. Referrals to medical and housing services and resettlement support. Needle exchange. Advice and information on safer sex. Services for homeless people, women and children, people from minority ethnic communities and those involved in the criminal justice system.
Streatham Streetlink	Project working to help women get leave street prostitution
Sutton CAB	Advice and information on housing, homelessness, benefits, debt, and employment.
Sutton Community Drug Team	Counselling, advice and treatment for drug users. Access to in-patient services. Offers health counselling and works closely with HIV/hepatitis services.
Sydenham CAB	Advice and information on housing, benefits, debt, immigration and employment rights.
Sydenham Centre GUM Department	GUM and sexual health clinic

<b>Organisation</b>	<b>Services Offered</b>
Terrence Higgins Trust	Services for people affected by HIV/AIDS.
Thames Reach Broadway (Piccadilly Advice Centre)	Provide a range of accommodation and services aimed at helping people move away from the streets and a street lifestyle.
The Caldecot Centre	GUM and sexual health clinic
The Caravan Project	Range of services for drug users including a needle exchange, individual counselling and group work. Nurse or doctor available, legal advice and welfare rights. Complementary therapies. Hepatitis C support group. Hepatitis vaccinations, HIV testing. Harm minimisation work. Drop-in service.

## **9. Appendix B: Examples of Good Practice**

### **Glasgow: Routes Out of Prostitution**

The Routes Out of Prostitution Partnership Board established in 1999 is a multi agency forum that has developed an approach to tackling prostitution comprising of the following elements: specialist intervention; drug and alcohol treatment; counselling and support; tackling the social exclusion resulting from sexual exploitation; and exit strategies.

Its main aims are:

- Preventing women entering the sex industry
- Providing viable alternatives to women who wish to exit by making available safe housing, child care support, drug programmes and training and employment
- Changing public and agency perceptions of prostitution through awareness raising
- Involving service users in shaping and developing services

The Routes Out partnership is focussed on exiting strategies at local and national level. The partnership views prostitution as male violence and commercial sexual exploitation and recognises that public agencies have a role to play in tackling the causes and the impact of prostitution in order to challenge the view that prostitution is a question of choice or work. This has included committing resources to address inequality between girls and boys in school curricular activity which includes material on prostitution and is available to all secondary schools in Glasgow.

Glasgow City Council's policy on prostitution and all forms of commercial sexual exploitation is that it is violence against women, and in direct opposition to gender equality. The Council hold those who create the demand, such as pimps and customers, responsible for the problems relating to prostitution rather than those exploited within it.

### **Supporting People**

Supporting People (SP), a Government funding scheme for supported housing which came into effect in 2003, aims to improve the quality and effectiveness of the housing support services that currently exist in the UK. For women in prostitution who need support with their housing, SP can provide help, whether they are in their own homes or in hostels, sheltered housing or other specialised supported housing. SP can also provide help with personal care, but is not a substitute for Community Care packages. It is recommended that projects encourage SP that its services are widely available for women in prostitution. For these services to be effective, however, sufficient training needs to be provided by those with appropriate expertise to those in direct contact with this group of service users.

## **Maze Marigold Project**

The Maze Marigold Project works with girls and young women involved in prostitution in Spitalfields. Evaluation of its services (Wingfield and Balding, 2000) found it achieved excellence in its practice, and recommended that this model of 'good practice' be replicated elsewhere.

The Maze is unique in its holistic, 'joined up' approach to the lives of young women involved in prostitution: it brings together service provision across a range of key interconnected issues to simultaneously tackle/respond to drugs, violence, homelessness, prostitution, care leavers, child protection and HIV/STDs. A key factor in enabling the Maze to put 'joined up' thinking into practice is its highly effective inter-agency working and partnership across a wide range of relevant organisations and services.

The evaluation highlighted a number of successful innovations in partnership-working with local police that have resulted in significant improvements in law enforcement with regard to violence against service users. The Maze's emphasis on primary prevention and early intervention was noted, including its drama-based work in schools and its focus on the youngest women on the streets.

The research identified consistency and reliability with regard to project staff as key in building relationships with women on the streets and bringing about long-term change.

A key element in the success of the Maze is that they work to create a belief in their service users that they are worth more than a life in prostitution. One important strategy in this is encouraging women to register for a University-validated qualification in community work, and supporting them with the required course work.

The Maze demonstrates the benefits of user participation - plans and developments are discussed with women and user feedback is fully utilised. Unlike many other projects that aim to 'regulate' prostitution, reduction and prevention of prostitution lie at the heart of the Maze's philosophy, and this has enabled it to be more effective in this field than most.

Much of The Maze's success lies in its clear core values, which recognise women in prostitution as whole people, with potential and the right to live free from violence and abuse, and to have access to redress and support when they are victimised. The Maze was found to be characterised by excellent team-working, both internally and externally. All its volunteers felt that their career opportunities had been enhanced by their work, whilst the Maze itself benefited greatly from their skills and resources.

## 10. Appendix C: Survey Responses

### Section 1 – Organisation

Name	Exiting Policies?	If Not, why?	Wish list of exit services	Risk Assessment of Leaving	Follow Up Strategy
<b>Addaction Hackney</b>	Not currently	Work with people who have substance misuse problems	Safe housing; places of refuge; rehabilitation and after care; counselling and tailored support	Not currently	Not currently
<b>Addaction Impact</b>	No		Outreach services; safe house	Yes	Yes
<b>Addaction Tower Hamlets</b>	No	At present recruiting a women's development worker. This is a new post and will hopefully have scope for women involved in prostitution	Building self esteem; basic life skills; education; training; pathway/support back to work; housing; health clinics with empathetic staff; peer support groups	No	No
<b>Barnardos Young Women's Project</b>	Information not provided	information not provided	Information not provided	Information not provided	Information not provided
<b>Barnet Impact</b>	No	Need guidelines/policies	Specialist service (as opposed to general sexual health clinics)	No	No
<b>Beresford Project</b>	No		Removal of criminal records for prostitution offences; non-judgemental services; provision of services while women still in prostitution	No	No
<b>Brent Women's Aid</b>	No	Possibly because few women disclose prostitution or trafficking but is very much on Women's Aid agenda now	24 hour helpline; specialist staff in safe houses; drug and alcohol services; access to out-of-London housing; better policing of violence	No	No
<b>Camden Women's Aid</b>	No	Not addressed it as an organisation to date.	None	No	No

<b>Name</b>	<b>Exiting Policies?</b>	<b>If Not, why?</b>	<b>Wish list of exit services</b>	<b>Risk Assessment of Leaving</b>	<b>Follow Up Strategy</b>
<b>CLASH (Central London Action on Street Health)</b>	No	HIV sexual health service and it is not within our funding brief	Safe, affordable housing; education/training opportunities	No - individual basis	No
<b>DASH</b>	refer to SHOC		Services such as sexual health projects to be widely available to women in sex industry	No - refer to SHOC	No
<b>Dept of Sexual Health Whipps Cross</b>	No	At present lack of local services available to receive referrals	Financial support; housing; places of safety if escaping pimps	No	No
<b>Equinox Oulton House</b>	no	Have policy and procedures on supporting people	Group counselling/support sessions; safe houses; childcare; support to tackle self harm; drama classes; assertiveness training; sexual health; safety planning	Yes according to their requirements, support needs and previous history	Yes - reviews every quarter
<b>Gatehouse DTC</b>	no		None	Risk assessment part of every client's assessment and is ongoing	No
<b>Greenwich Women's Aid</b>	No	Policy and procedure for women fleeing violent relationships	None	Individual care plan would identify any specific needs	Care plans regularly updated and reassessed
<b>Health Development Service, Bromley PCT</b>	no	Focus is on harm minimisation	Information not provided	No	No
<b>Hidden Homeless</b>	Women tend to be working to fund drug misuse, so work on drugs misuse issues first. Mental and physical health, safe housing. Structured plan of meeting women's needs in order to facilitate exiting		Supported housing for women and their children; specialist agencies providing counselling; group work covering alcohol and drugs, short and long term housing, women only health care	No specialist risk assessment but runs alongside action plan - ongoing risk issues	Yes unless referred onto another agency

<b>Name</b>	<b>Exiting Policies?</b>	<b>If Not, why?</b>	<b>Wish list of exit services</b>	<b>Risk Assessment of Leaving</b>	<b>Follow Up Strategy</b>
<b>Kingston CAB</b>	no		None	No	No
<b>North Camden Drugs Service</b>	Work in partnership with Women's Aid, health and social care, therapeutic		None		
<b>North Islington Drugs Service</b>	No	not our specific remit	Safe houses; counselling	No	No
<b>Oaks Resource Centre</b>	no	information not provided	information not provided	Information not provided	Information not provided
<b>Passage</b>	no	not yet developed	Anything that might assist	Informally through assessment and on-going work	Not a formal strategy
<b>Specialist Addiction Unit, St Leonards Hospital</b>	no	Service users with many needs. Do not have a policy on everything	Housing	General needs assessment	No
<b>The Connection at St Martins</b>	No	Not aware of the need for one	None	N/A	N/A
<b>Trafalgar Clinic for Sexual Health</b>	no	not core business	Not our role - refer to REACH	No	No
<b>West London Day Centre</b>	No	Issue not generally encountered by staff	Counselling services; housing advice; advice/support on personal safety; support groups run by others who have left prostitution	No	No
<b>Westminster Drugs Project</b>	no		Safe housing; medical support; long term support; crisis intervention	No	No
<b>Youth Information Advice Connexions</b>	no		None	No	No

## Section 2 – Identification

Name	Identification of women in prostitution	Identifying trafficked women	Strategies (List)
<b>Addaction Impact</b>	Self disclosure, full assessment, keywork, referral	None identified	Initial assessment, referral info, risk assessment, keywork plan, unprompted disclosure
<b>Addaction, Hackney Community Drug Service</b>	Project workers utilise different methods to identify this e.g. through condom requests	Depends on language difficulties and how much information is disclosed	
<b>Addaction, Tower Hamlets Community Drug Service</b>	By identifying women who have sex for payment	By using definition that was provided	
<b>Barnardos Young Women's Project</b>	Indicators with referral form, guided by social services/referral agency	None identified	Initial assessment, routine screening, referral information, risk assessment, keywork plan
<b>Barnet Impact Drug and Alcohol Service</b>	Self disclosure; ask how finance drug use	Not happened yet but would use self disclosure during assessment or one to one	
<b>Beresford Project</b>	Specific outreach route; local papers; word of mouth	Women identify themselves; worker will try and establish why woman is prostituted, and what the circumstances are	
<b>Brent Women's Aid</b>	Initial assessment, referral, self disclosure	initial assessment, referral, self disclosure	Referral information, unprompted disclosure
<b>Camden Women's Aid</b>	Initial assessment, during the course of key work sessions	As above	

<b>Name</b>	<b>Identification of women in prostitution</b>	<b>Identifying trafficked women</b>	<b>Strategies (List)</b>
<b>CLASH (Central London Action on Street Health)</b>	Outreach in known working flats and saunas	During outreach, workers look for evidence of coercion	Information not provided
<b>DASH</b>	Initial assessment, during the course of key work sessions, occasionally a direct question may be asked	n/a	
<b>Dept of Sexual Health, Whipps Cross Hospital</b>	Self disclosure whilst seeing nurse, doctor or health advisor	Self disclosure	
<b>Equinox Oulton House</b>	Self disclosure, information passed on via agencies	By talking to the women. Can only accept women with NI number and benefit status so women may not be in position to use services	
<b>Gatehouse DTC</b>	Self disclosure on assessment or when therapeutic relationship is in place	Self disclosure	Use all strategies
<b>Greenwich Women's Aid</b>	Self disclosure	Self disclosure	Use all strategies
<b>Health Development Service, Bromley PCT</b>	Self disclosure	Currently developing policy on this	initial assessment, routine screening, referral info, risk assessment, keywork plan
<b>Hidden Homeless Team</b>	Signs of sexually inappropriate behaviour; outreach work; mental health and drugs issues; self disclosure	Do street outreach so not seeing trafficked women	* See appendix
<b>Kingston CAB</b>	Information not kept	Information not collated	Information not collated

Name	Identification of women in prostitution	Identifying trafficked women	Strategies (List)
<b>North Camden Community Drugs Service</b>	Identification occurs if and when women feel ready to speak out about sexual, emotional and/or physical abuse. Information may come out during health and social care assessment and/or at the point of referral or during keywork and counselling. It is usually associated with the start of the recovery process when women feel ready to speak out and protest about childhood and/or adult abuse	Self disclosure	No procedures in place
<b>North Islington Drugs Service</b>	Ask how they support their drug habit	No identification procedures in place	Initial assessment; routine screening; referral information; risk assessment; keywork plan; unprompted disclosure
<b>Oaks Resource Centre</b>	During initial assessment clients asked how they fund substance use. Also during risk assessment prostitution may be disclosed.	As above	Initial assessment; routine screening; referral info; risk assessment; keywork plan; unprompted disclosure
<b>Passage</b>	Assessment	Basic assessment	Initial assessment
<b>The Connection at St Martins</b>	Usually younger clients, drug dependency, behaviour in day centre	N/A	* See appendix
<b>Trafalgar Clinic for Sexual Health</b>	Self disclosure	None identified	Self disclosure
<b>West London Day Centre</b>	Through conversation in advice service and possibly from info provided by other agencies	None identified	General assessment; referral info; risk assessment; unprompted disclosure
<b>Westminster Drugs Project</b>	Self disclosure; outreach work in known areas of street prostitution	None identified	Unprompted disclosure

<b>Name</b>	<b>Identification of women in prostitution</b>	<b>Identifying trafficked women</b>	<b>Strategies (List)</b>
<b>Youth Information Advice Connexions Service</b>	Advisors carry out individual needs assessment on each service user. Client may volunteer information	Individual needs assessment	Initial assessment; referral info; risk assessment; keywork plan; unprompted disclosure

### Section 3 – Support

Name	Age	Ethnicity prostitution	Ethnicity trafficking	Support prostitution	Support trafficking	Services prostitution	Services black and minority ethnic women in prostitution	Services trafficking	Support prostitution	Support trafficking	Prostitution Strategy	Trafficking Strategy
<b>Addaction Impact</b>				Housing, benefits, family issues, substance misuse, counselling	None identified	No	No	No		Not monitored	Yes	Yes
<b>Addaction, Hackney Community Drug Service</b>	Monitored but Figures unavailable	Always monitored but Figures unavailable	Always monitored but Figures unavailable	Varies with individuals	None identified	Mainliners, Door of Hope, Poppy, Maze Marigold	See previous	See previous	Information not provided	Info on not provided	Yes	Yes
<b>Addaction, Tower Hamlets</b>	Figures unavailable	Not recorded	Not recorded	Sexual health, condom provision, safety, self esteem, substance misuse	N/A	Maze Marigold, Ambrose King outreach, HCT, HRT	No	No	Numbers not available	Information not provided	Yes	Yes
<b>Barnardos Young Women's Project</b>	See appropriate chart	See appropriate chart	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided
<b>Barnet Impact Drug and Alcohol Service</b>	See appropriate chart	See appropriate chart	See appropriate chart	Attending college, stop drug use, where to get free food, finances, counselling	N/A	Clare Simpson House (Barnet General Hospital)	No	No	See appropriate chart	No	Yes	Yes
<b>Beresford Project</b>	See appropriate chart	See appropriate chart	See appropriate chart	Sexual health, ugly mugs, condoms, health vaccination, legal matters, housing, outreach services, contraception,	Cultural support; housing; sexual health screening; health care; support with	No	No	No	See Support (prostitution)	See Support (trafficking)	Yes	Yes

Name	Age	Ethnicity prostitution	Ethnicity trafficking	Support prostitution	Support trafficking	Services prostitution	Services black and minority ethnic women in prostitution	Services trafficking	Support prostitution	Support trafficking	Prostitution Strategy	Trafficking Strategy
				emotional support, physical safety, DV, safer injecting, Education training, exiting, pregnancy, immigration, children, health, working conditions, drugs/alcohol	police statements; emotional support; emergency housing							
<b>Brent Women's Aid</b>	See appropriate chart	See appropriate chart	See appropriate chart	Housing, legal, health issues, dependency, immigration, language support	N/A	Right of Women, Eaves Housing	Rights of Women, Eaves Housing, BWA Outreach Project	No	See appropriate chart	Information not provided	Yes	Yes
<b>Camden Women's Aid</b>	Figures unavailable	Figures unavailable	Figures unavailable	Answer not provided	Information not provided	No	No	No	Information not provided	Information not provided	Yes	Yes
<b>CLASH (Central London Action on Street Health)</b>	See appropriate chart	See appropriate chart	See appropriate chart	Sexual health, drug use, housing	Housing, asylum aid; employment; domestic violence	CLASH	No	The Poppy Project	Information not provided	Housing, sexual health, immigration issues		
<b>DASH</b>	Not monitored	Not monitored	Not monitored	Housing, drug use, safer sex, childcare issues, needle exchange, legal advice, benefit advice, health issues	N/A	SHOC	SHOC	SHOC	Information not provided	N/A	No	No

Name	Age	Ethnicity prostitution	Ethnicity trafficking	Support prostitution	Support trafficking	Services prostitution	Services black and minority ethnic women in prostitution	Services trafficking	Support prostitution	Support trafficking	Prostitution Strategy	Trafficking Strategy
<b>Dept of Sexual Health, Whipps Cross</b>	Not monitored	Monitored for all patients but figures unavailable	Monitored for all patients but figures unavailable	Sexual health advice/screening; HIV testing; condoms	Information not provided	No	No	No	See appropriate chart	Not known	Yes	Yes
<b>Equinox Oulton House</b>	Not monitored	Not monitored	Not monitored	Housing; drug use; health; family contact	N/A	no	no	no	Figures unavailable	Figures unavailable	Yes	Yes
<b>Gatehouse DTC</b>	Not monitored	Not monitored	Not monitored	Stabilisation of drug use; safer sexual practices; virus information; harm reduction; social work intervention; housing; education; mental health	Stabilisation of drug use; safer sexual practices; general harm reduction; social work intervention; housing; education; mental health	No specialist services but more generic drug services including Gatehouse DTC alcohol team, Turning Point, Southall Black Sisters	Southall Black Sisters	no	Figures unavailable	Figures unavailable	Yes	Yes
<b>Greenwich Women's Aid</b>	Not monitored	Not monitored	Not monitored	Counselling; housing; legal support	Counselling; housing; legal support	Sexual health worker at Beresford Project and also at Bexley and Greenwich Health Trust	No	no	Figures unavailable	Figures unavailable	Yes	Yes
<b>Health Development Service, Bromley PCT</b>	See appropriate chart	Not monitored	See appropriate chart	Sexual health; GUM; exiting	N/A	Open Doors, Maze Marigold, SHOC, Reach	No	Poppy Project, Project Dust	See appropriate chart	N/A	No	Information not available

Name	Age	Ethnicity prostitution	Ethnicity trafficking	Support prostitution	Support trafficking	Services prostitution	Services black and minority ethnic women in prostitution	Services trafficking	Support prostitution	Support trafficking	Prostitution Strategy	Trafficking Strategy
<b>Hidden Homeless Team</b>	See appropriate chart	See appropriate chart	See appropriate chart	Drug rehabilitation; mental health, DV, health care	N/A	Maze Marigold, Dellow Centre Women's Group- drop in	Maze Marigold	Poppy	See appropriate chart	N/A	Yes	Yes (but trafficking work limited)
<b>Kingston CAB</b>	Not monitored	Not monitored	Not monitored	Not monitored	Not monitored	No	No	Not monitored	Not monitored	Not monitored	No	No
<b>North Camden Drug Service</b>	Not monitored	Not monitored	Not monitored	Access places of safety in liaison with residential treatment centres supported housing projects and Women's Aid. Access to a full range of health and social care services, counsellors, keywork, educational services	No services users have yet been identified as trafficked	Praed Street, CLASH	No	No	See appropriate chart	N/A	Yes	Yes
<b>North Islington Drugs Service</b>	Not monitored	Not monitored	Not monitored	Support in reducing drug use so don't have to sex work so frequently	None	No	No	No	Information not provided	Information not provided	Yes	Yes
<b>Oaks Resource Centre</b>	Not monitored						Mainliners	None known	Specific numbers Not known but majority of clients have a variety of these support needs			
<b>Passage</b>	Not monitored	Not monitored	Substance misuse issues	Not known	Faith House - Salvation Army in	Faith House	No	Information not provided	Information not provided	Information not provided	Yes	Yes

Name	Age	Ethnicity prostitution	Ethnicity trafficking	Support prostitution	Support trafficking	Services prostitution	Services black and minority ethnic women in prostitution	Services trafficking	Support prostitution	Support trafficking	Prostitution Strategy	Trafficking Strategy
					Kings Cross							
<b>Specialist Addiction Unit, St Leonards Hospital</b>	Over 18	Numbers unknown	Not monitored	Drug use; housing; primary health care; violence; condoms	N/A	Street Matters	No	No	housing, drugs misuse, alcohol misuse, physical health, sexual health, mental health, education/training issues	N/A	Yes	Yes
<b>The Connection at St Martins</b>	Not monitored	Not monitored	Not monitored	Talking about problems, housing, detox and rehab	N/A	N/A	N/A	N/A	See appropriate chart	None	Yes	No
<b>Trafalgar Clinic for Sexual Health</b>	Not monitored	Not monitored	Not monitored	Sexual health screening; condom supply; Hep B vaccination	N/A	REACH, Beresford Project	No	No	Not monitored	Not monitored	Yes	Yes
<b>West London Day Centre</b>	Not specifically monitored	Not monitored	Not monitored	Accommodation, welfare benefits advice, travel assistance	None identified	None known	None known	None known	Housing; alcohol misuse; general health; mental health	None identified	No	No
<b>Westminster Drugs Project</b>	Not monitored	See appropriate chart	Not monitored	Drug use; housing; physical and mental health treatment; domestic violence	None identified	Westbourne Park and Grove, Sussex Gdns Paddington	No	No	Not monitored	Not monitored	No	No
<b>Youth Information Advice Service</b>	Not monitored	Not monitored	N/A	Housing; financial; welfare rights; drugs	Internet	Internet	Internet	Internet	Not monitored	Not monitored	Yes	Yes

## Section 4 Multi-Agency Working

Name	PW Referrals	TW Referrals	PW List Referrals	TW List Referrals	Referral Problems
Addaction Impact	Barnardos	N/A		N/A	None
Addaction, Hackney Community Drug Service	Depends on individuals	Depends on individuals	Information not provided	Information not provided	None
Addaction, Tower Hamlets	Depending on their issues, we may refer them to housing organisations and sexual health clinics e.g. St Botolphs, Ambrose King, Harm Reduction Team, Healthy Options Team	N/A	Numbers unavailable	Information not provided	Often difficult to get clients to attend further appointments
Barnardos Young Women's Project	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided
Barnet Drug and Alcohol Service	Clare Simpson House	Clare Simpson House			None
Beresford Project	Queen Elizabeth GU Clinic, Signpost Drugs Project, Women's Aid, Family Planning, outreach projects, Asylum Aid	CO14, Greenwich Social Services, Interpreting Services, Sexual Health Clinics	Information not provided	Information not provided	Social Services, no up to date multi agency working, no emergency accommodation - inappropriate accommodation, lack of resources for women in the sex industry
Brent Women's Aid	Rights of Women, STD clinics, ARP, local drug and alcohol agencies	No referrals to date			Judgmental attitudes; long waiting lists; no recourse to public funds; accessing housing/benefits

<b>Name</b>	<b>PW Referrals</b>	<b>TW Referrals</b>	<b>PW List Referrals</b>	<b>TW List Referrals</b>	<b>Referral Problems</b>
Camden Women's Aid	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided
CLASH (Central London Action on Street Health)	GUM, Colposcopy, family planning, walk in health centres, sexual health clinics, GP's	Asylum Aid, GUM, Salvation Army, Poppy	Information not provided	Information not provided	If a woman is illegal there is nowhere to refer them to for safe housing unless they pay privately. Quite often these women do not want to go to the police so the Poppy project is not an option
DASH	SHOC, Whittington Sexual Health Centre, St Anns Sexual Health Centre	N/A	Figures not collated	Figures not collated	None
Dept of Sexual Health Whipps Cross	Family planning; SHOC; Open Doors; Ambrose King	Family planning; SHOC; Open Doors; Ambrose King	Figures not collated	None	None
Equinox Oulton House	Organisations which deal with issues central to prostitution and sexual abuse	N/A	Figures not collated	None	None
Gatehouse DTC	Care managers team, GUM clinic, GPs, Homeless Persons Unit, Turning Point	Care managers team, GUM clinic, GPs, Homeless Persons Unit, Turning Point	Figures not provided	Figures not provided	None
Greenwich Women's Aid	Any appropriate organisation	Any appropriate organisation	Figures not collated	Figures not collated	None
Health Development Service, Bromley PCT	GUM/sexual health (in process of building relationships with other organisations)	N/A			None

<b>Name</b>	<b>PW Referrals</b>	<b>TW Referrals</b>	<b>PW List Referrals</b>	<b>TW List Referrals</b>	<b>Referral Problems</b>
Hidden Homeless	Addaction Tower Hamlets / Healthy Options, Community Mental Health Team Hackney/Tower Hamlets, Crossroads Women's Centre, Globe Centre Translation, Broadway, Providence Row Supported Community Housing, benefits advisors, hostels in borough	Social services		None	Agencies not accepting referrals, waiting list, emergency response not always available, appointments taking time
Kingston CAB	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided
North Camden Drugs Service	Prostituted women/women fleeing abuse are referred to whatever organisations in the community are likely to assist and enable their recovery, safety and personal development within a framework of pro-choice and informed consent	N/A		N/A	Judgmental attitudes from some referral services
North Islington Drugs Service	Women's Aid	N/A			None
Passage	None specifically	None specifically	Information not provided	Information not provided	N/A
Specialist Addiction Unit, St Leonards Hospital	All appropriate agencies from mental health, housing etc. Also Street Matters	N/A	Not monitored	Not monitored	Discrimination
Sutton CAB	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided

<b>Name</b>	<b>PW Referrals</b>	<b>TW Referrals</b>	<b>PW List Referrals</b>	<b>TW List Referrals</b>	<b>Referral Problems</b>
The Connection St Martins	None unless specifically requested	N/A		N/A	None
Trafalgar Clinic for Sexual Health	REACH	N/A	Not monitored	Not monitored	
West London Day Centre	Range of housing, mental health and addiction agencies	None identified	Housing, Alcohol services, health services, mental health	None identified	Details not known
Westminster Drugs Project	Drug treatment centres	N/A	Information not provided	Information not provided	Housing; reluctance of clients to go elsewhere for support
Youth Information Connexions Service	Counselling; housing; benefits; youth groups	N/A	Not monitored	Not monitored	Lack of information from other agencies