Sex Work in Norfolk
A Needs Assessment

December 2012

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Introduction

Although Norfolk is a rural county with one of the lowest crime rates in the country, there is an active sex industry; and this affects some of the most vulnerable people in society and the community as a whole. Sex work here is defined as the exchange of sexual services for money, goods, drugs or a place to stay. This report outlines the scale of the issue in Norfolk, the types of people who are involved, the wider impacts of on individuals and the community, and the wider needs of those working in the sex industry. These characteristics and needs will be assessed to support the design of a service that meets the needs of this highly vulnerable group.

The Sex Industry in Norfolk

Historically the sex industry in Norfolk was most obvious in the red light district of Norwich (King St, Ber St, Rouen Rd etc.); however, evidence suggests that activity in the traditional sex working industry is decreasing. Ten years ago it was not unusual to see 30 or more sex workers working on the streets of Norwich, now four or five is more common, and sometimes none at all. Police initiatives such as Acceptable Behaviour Contracts (ABCs) and Antisocial Behaviour Orders (ASBOs) are thought to have caused street activity to become more dispersed. Brothels and escort agencies are also known to operate in the county, but the police report receiving fewer and fewer complaints about brothels and they are only rarely now the subject of neighbourhood meetings.

The sex industry in Norfolk has generally become less obvious and this may be because people are working in a more covert way or it may represent a trend away from sex working, with fewer people involved. Despite decreases in more obvious activity there are still a number of people affected; the nature of the industry is changing, particularly in terms of grooming of vulnerable young women and with foreign nationals being trafficked into Norfolk to work in the sex industry.

Grooming

There have been a number of cases of grooming identified recently by the Police and social care services. These fall into two groups, the first is activity linked to organised crime - specifically drug dealing. The model is for senior gang members to encourage young men to entice young women into providing sexual services. This is usually through a process of buying gifts and generally appearing very kind, then introducing them to drugs and alcohol (the drug reported to be most popular at the moment for this is mephedrone), providing accommodation and then using the young women for sex with multiple men.

The second form of grooming seen in the county is usually occurs in the smaller towns and villages, where vulnerable young women, living in supported housing or drinking in public places become known to older men in the area who use them for sex in return for gifts such as phone credit.

In response to concerns around the grooming of young women in Norfolk the Matrix Project organised a multi-agency meeting which has led to the development of a sub-group of the Norfolk Safeguarding Children’s Board. This group now meets on a monthly basis to discuss how to address child exploitation in the county.

Child Exploitation and Online Protection (CEOP) training is also being provided in schools by a number of agencies, including the Matrix Project and the Magdalene Group.

Trafficking

The definition of trafficking can be quite broad, for example the UK’s 2003 Sexual Offences Act includes “the movement of all sex workers, including willing professionals who are simply travelling in search of a better income”. A more strict definition (and one more commonly understood) is “use of force, fraud or coercion to transport an unwilling victim into sexual exploitation” as expressed in international law by the 2000 Palermo protocol.
The scale of the issue in Norfolk is extremely difficult to quantify, although we can say for certain that it has happened in the county. \(^1\) Intelligence suggests there are two main groups of foreign nationals working in Norfolk: Eastern European women and Thai women. Links to organised crime, close control of these women and real (or fabricated) language barriers can make it very difficult for these women to access the same services currently provided to other sex workers in Norfolk via the Matrix Project, and more mainstream services including general healthcare. Intimidation of trafficked women is likely to be a significant inhibition on seeking help to exit or provide evidence against those who have abused and exploited them. The impact of the crimes committed against adults trafficked for sexual exploitation is considerable.

Prostitution and the Law
At the beginning of 2010 the Government changed its stance on how prostitution should be approached and tackled. A key part of the strategy was to adopt a less punitive approach and considering ways that, while enforcing the law, help people in street prostitution to engage with services that could help them begin to change their lives. This included the introduction of Engagement and Support Orders which, from 01/04/2010 were available to courts dealing with someone who has been convicted of loitering or soliciting for the purposes of prostitution, as an alternative sentencing option to a fine (these are also known as ‘Section 17s’). A protocol exists in Norfolk for dealing with sex workers (see appendix 1), which includes liaising closely with the Matrix Project to co-ordinate and provide these services.

Who are the people involved in Sex Working in Norfolk?
The following characteristics of sex workers in Norfolk are drawn from the database of the Matrix Project who currently provide drug, alcohol and sexual health services to sex workers in Norwich (figures based on around 550 people).

The vast majority (94%) are women, although this does highlight that a small proportion of men also require services. 92% give their ethnicity as white British, the second most common group are Black/Black British who make up 5%. This does not necessarily represent the ethnic make up of the sex industry as it is difficult for the Matrix Project to gain access to some groups of sex workers, particularly foreign nationals, given language barriers and links to organised crime.

The majority (75%) are aged between 19 and 35, but 10% were aged 18 and under, and 4% aged over 45. Up to 75% of women involved in prostitution began when they were under 18 years of age.\(^2\) Historically teenage prostitution mainly took the form of street prostitution, but now it is more common for younger women to be groomed and taken to houses and other properties (the trend away from street prostitution is true for all age groups).

A half live in rented accommodation and 3% own their houses but a quarter (25%) report being of no fixed abode with a further 14% report that they are in temporary or hostel accommodation. Government figures suggest that less than 1% of the general population are homeless,\(^3\) demonstrating there is an unusually high rate of housing problems among sex workers. 70% of those involved in street prostitution have a history of Local Authority care.\(^4\) These housing issues denote the transient and unsettled lifestyles of sex workers.

A third of those involved with the Matrix Project have children under the age of 18. Given the chaotic lifestyle and vulnerability of this group, this implies associated child safeguarding and protection issues.

\(^3\) Department for Communities and Local Government (2012) Statutory homelessness Quarter 2 2012
There is a well established link between sex work and **substance misuse**.⁵ Using drugs and alcohol can be a route into sex working and/or are used as a tool to make sex work more bearable. It is estimated that 87% of women in street-based prostitution use heroin.⁶ The Matrix project report that 100% of the women they see working as street prostitutes are users of heroin and crack cocaine. Reports suggests that whereas there used to be more distinct groups of sex workers based on the setting they work from, this is increasingly not the case; i.e. those on the streets were the more chaotic, drug using workers, now they are increasingly found working in houses. Overall the picture of substance use is more varied for women working from their own residences, brothels or escort agencies, 53% report problems with heroin as their main problem drug, and 16% report cannabis, 8% cocaine, 6% amphetamine, 5% crack and 5% alcohol.

Of those in specialist drug treatment with the Matrix 35% report currently **injecting** at the start of treatment, 30% have a history of injecting and only 31% have never injected. This is a higher rate of injecting that usually seen in the drug treatment population in Norfolk, where 55% have never injected.

Just over half of Matrix Project clients report being **involved in other criminality** (again Matrix report this is 100% of street sex workers). Research by police analysts found that of crimes committed by known sex workers in a three year period: 48% were theft offences, 20% were violent offences and 12% were drug offences (the rest were a range of other crimes).

Sex workers are **over-represented as victims of crime**, in particular violent crimes. It is estimated that 63% of women in prostitution experience violence.⁷ However, some studies report that sex workers fear violence in their relationships more than encounters whilst sex working.⁸ Just under half of the people involved with the Matrix Project in Norwich report being victims of domestic violence. Nearly half report a history of childhood sexual abuse.⁹ Stigma of sex working and mistrust of authorities means that many crimes committed against sex workers go unreported to the police. In a three year period 156 female victims of violent crimes in Norfolk were also known to be sex workers. The Matrix Project keep a database of violent and sexual assaults that are reported to them, (this is shared with the police in certain circumstances) and there are six reports on this database for every one actually reported to the police. Mistrust of the authorities, particularly in terms of repercussions from violent perpetrators and fear of children’s social services was highlighted during the Matrix Project Service User consultation. The Matrix have recently received resources to fund a part-time Specialist Sexual Assault Worker aimed at tackling the issue of under-reporting (this post is only funded for one year). Matrix have also made four referrals to the Sexual Assault Referral Centre (SARC) since it opened in April 2010.

The **mental health** needs of sex workers are higher than those usually seen in the general population.¹⁰ This is not surprising given the high proportion of sex workers who also of experiencing violent and sexual abuse, both as adults and as children. One study conducted in America found that 68% of sex workers meet the criteria for Post Traumatic Stress Disorder.¹¹ This highlights the extremely vulnerable nature of this group and the importance of building stable and trusting therapeutic relationships.

Despite this high prevalence of mental health needs, the proportion of clients in structured treatment with the Matrix Project who have a ‘dual diagnosis’ of substance misuse and mental

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health problems is lower than seen in the wider treatment population (12% of Matrix clients, 17% of all clients). The Matrix report that while some of their clients may be receiving medications for depression or anxiety through their GP, they have difficulty engaging with specialist mental health services. Matrix do make referrals to the Wellbeing Team (a low threshold service) and have strong links with the Julian Housing Outreach team (a very high threshold service), but it may be that many clients fall between these two parts of the mental health service in Norfolk.

The Government’s last National Strategy for Sexual Health and HIV recognises sex workers as a group with high risk of poor sexual health, and recommended the prioritisation of such groups in order to make progress and achieve results (this strategy ran until 2011 and an updated strategy is expected at some point in 2012). In particular the strategy highlights a need to ensure hepatitis B screening is offered to all commercial sex workers. It also recognises that this is a group who are less likely to access mainstream services.\textsuperscript{12}

Where and when does sex work occur in Norfolk?

Sex work does have an impact on the wider community and the police receive a number of complaints from people who witness sex working activity, these can be used to map sex working across the county. In the three years between November 2008 and November 2011 there were 367 calls received to the police in relation to prostitution activity. The location of these calls are shown on the map below, this demonstrates that sex working is not only an issue for Norwich:

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{map.png}
\caption{Map showing the location of prostitution activity in Norfolk.}
\label{fig:prostitution_map}
\end{figure}

Police analysts read through a sample of 100 of the complaints in detail and found that 96% were complaints relating to ‘on street’ prostitution (sex workers soliciting in an area and a member of

\textsuperscript{12} Department of Health (2011) \textit{Better Prevention, Better Services, Better Sexual Health: The national strategy for sexual health and HIV}. HM Government.
public calling to ask them to be moved on or for general awareness); the remaining 4% related to running brothels. This highlights that there is likely to be much more hidden sex work going on in the county, which does not elicit complaints, and therefore those on the map above are only part of the picture.

Norfolk Constabulary commissioned the Matrix Project to assess levels of sex working across the county in 2004. Over eighteen months the project spent between four and six weeks in each local authority district, engaging with key agencies to establish their perception of the sex industry, the current services available and identifying any gaps in service provision. The team also undertook discreet surveillance of key locations to evidence anecdotal information received from the agencies and the sex workers themselves. The results showed that the sex industry was operating in all parts of the county and there was extensive activity in most parts of Norwich city.

Analysis of the time of the complaints to the police shows more complaints in the evenings and night time, when the majority of sex work appears to take place. This also shows more complaints on weekdays than on weekends, although reasons for this are unclear.

Many people involved in sex working do so on a part-time basis, these people often travel outside their area of residence to work, in order to keep their home and work life separate. The Matrix project report working with women in Norwich, who usually live in other parts of the country (such as Birmingham and Nottingham), as well as other parts of Norfolk. There was also an increase of women from Suffolk working in Norwich following the serial murders of sex workers in Ipswich in 2006 and the subsequent enforcement activity by Suffolk police.
Current Services

The Matrix Project

The Matrix Project provides specialist services to individuals who work in the sex industry; male or female and of any age. The service is funded by N-DAP (contract is for substance misuse services) and by NHS Norfolk (this contract is for sexual health services) and is based in a medical practice during the day, providing outreach at night in the red light district and surrounding area of Norwich.

For the N-DAP contract a number of structured and unstructured drug and alcohol treatment interventions are provided:

- Advice and information
- Needle Exchange
- Brief substance misuse interventions
- Specialist substance misuse assessment and care planning
- Structured psychosocial interventions, including Motivational Interviewing and Cognitive Behavioural Therapy
- Aftercare (intensive and specialist support)

The sexual health services include:

- Contraception
- Pregnancy testing
- Testing for sexually transmitted diseases

Currently the project is delivered from a mobile unit that goes out around Norwich two nights a week. While street prostitution is less prevalent now it does still exist and the mobile nature of the service is crucial to check up with known workers and engage with new people, and also to make home visits/visit working premises. The outreach team is joined by other appropriate services to work at night on the vehicle. Therefore there is a multi-agency partnership approach to provide a package of care directly and immediately to clients. These services include:

- Nurse practitioner - carrying out all sexual health screening, BBV testing, smear and pregnancy testing as well as contraception and primary health care.
- Drug service to incorporate access into drug treatment
- Housing organisations
- Legal service
- Domestic Abuse service
- Mental Health
- Counselling

The project is also based at Adelaide St Health Centre, which also allows clients to have appointments during the day and to drop-in as necessary. An open access service is provided during the day within the medical practice involving intensive care planning and 1-1 work as well as running courses. Staff are also available via telephone contact to support clients throughout the day and evening. Consideration is currently being given as to whether to provide a regular drop-in in supported housing hostels — particularly those where there is a grooming concern.

The Matrix team have a close relationship with Norfolk Constabulary. There is an information sharing policy and meetings are held every month.

Recently the Matrix Project was awarded extra funding to run a six-week recovery focused group called the “Changing Your Mind Course”. This was run one day a week with groups of five to seven women. Two courses have been run so far. Sessions included therapeutic worked aimed at increasing self esteem, relaxation and mindfulness techniques, exploring past problems and planning for the future. Participants found the group nature of the course extremely rewarding,
especially in terms of feeling that they could share feelings with others a safe setting, peer support and increasing group working skills. Many had never been involved in anything similar before and the consistently high attendance rate was testament to how highly they valued the sessions. Overall the project has been hailed as a great success and there are plans to both repeat it in the future and to develop ongoing peer support groups for the women who have been on the course.

Between Feb 2003 and April 2012 the Matrix Project have seen around 470 people receiving unstructured help such as advice and information, needle exchange and ad hoc support. 23% used needle exchange facilities. Since September 2004 the Matrix Project have provided structured care planned treatment for drug and alcohol problems to 126 people (often in conjunction with TADS who provide a specialist prescribing modality, usually methadone). They usually have around 30 care planned clients at any one time.

The Matrix Project have been recording information about the sexual health services they offer since September 2009. Over this three year period they have offered contraception to people 1,300 times, and the offer is accepted 91% of the time. This is on average contraception being accessed 31 times every month; but this is not necessarily the number of sex workers benefitting from this service because people may collect condoms for a number of friends/co-workers.

The Matrix also offers other sexual health services to sex workers including:

<table>
<thead>
<tr>
<th>Service</th>
<th>Number done in three years</th>
<th>Number done on average a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Test</td>
<td>55</td>
<td>1</td>
</tr>
<tr>
<td>Chlamydia Screen</td>
<td>77</td>
<td>2</td>
</tr>
<tr>
<td>HIV Test</td>
<td>35</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B Test</td>
<td>98</td>
<td>3</td>
</tr>
</tbody>
</table>

As well as providing support to sex workers the project the Matrix project acts as a referral point for other professionals (including social workers, police, teachers etc.) who identify people involved in sex work in Norfolk, and provide advice and support to them. They also work with men who are customers of the sex industry on occasion. Finally they also facilitate referrals for the partners, friends and families of sex workers to other services (particularly drug services), which improves the long-term recovery chances for the workers themselves.

Other services
The Magdalene group is a Norwich based charity who also works with female sex workers. They operate a drop-in and befriending scheme with a Christian ethos.

Following a series of murders of sex workers in Suffolk in 2006, Suffolk Constabulary developed a dedicated multi-agency unit. They report that they have eradicated street prostitution in Ipswich and are now moving on to look at off street prostitution issues. There is no similar unit in Norfolk and following extensive consultation and discussion it has been agreed not to introduce one.
Conclusion - Identified Needs

The evidence that sex working occurs across the county suggests a need for a countywide service to support sex workers. Currently the Matrix Project mainly operates in the Norwich area, although they do liaise with other agencies and sex workers based in other parts of the county, especially Great Yarmouth and King’s Lynn. A recent local study into the care pathways for drug and alcohol users in the criminal justice system highlighted the lack of wrap-around support for sex workers in the West Norfolk area.13

As sex workers often operate at night (meaning sleeping during the day) services need to be flexible including being available in the evenings. Another gap identified in current provision is the ‘nine to five, Monday to Friday’ nature of many services. Although Matrix Project operates on some evenings, they currently do not work over the weekend due to a lack or capacity, rather than demand.

High rates of housing problems, drug use, involvement in crime and mental health problems demonstrates this is a highly vulnerable group in need of proactive outreach to ensure maximum engagement with services. This means bringing the services to clients (in the form of a mobile unit or bus). However, being flexible also means having a permanent drop-in base as well. Currently the Matrix Project rents several rooms in a GP practice, and while this is advantageous in some ways, a dedicated building for the service would be the optimal set-up. Service users have expressed a desire for a dedicated space they can make their own, which is flexible to their needs and is optimised for group work and other interventions.

The main services needing to be provided are:

- General support, advice and information
- Care co-ordination of number of partner agencies (health, housing, criminal justice etc.)
- Substance use harm reduction information
- Contraception and sexual health service
- Needle exchange and other clinical services such as Hep B vaccinations and Hep C testing (preferably on the bus, if clinically appropriate) given high rates of injecting
- Crisis intervention

This service has a major role in providing care co-ordination between a number of other agencies and services:

- High rates of mental health problems suggest the need for strong links with Norfolk and Suffolk Foundation Trust including the Wellbeing Team.
- The high proportion of clients experiencing domestic violence suggests a need to liaise with services such as the Leeway Domestic Violence Project.
- The high rate of housing problems denotes the need to liaise with housing services, especially those dedicated to women. This was particularly apparent in the Matrix Project Service User consultation where many participants spoke of their significant housing problems and the belief that the support from Matrix had enabled them to obtain accommodation, when this would not have been possible by their dealing with housing agencies directly.
- Being over-represented as offenders and victims of crime demonstrates a need to link with the Drug Intervention Programme, Norfolk Constabulary generally and the Sexual Assault Referral Centre (SARC).
- Given that a third of the women have young children there is often a need to liaise with Children’s Social Services both raising safeguarding concerns and to provide an advocacy role to clients at child protection meetings.

13 Magilton, S. (2011) A qualitative assessment of the characteristics, needs and harms associated with Norfolk’s substance misusers in the Norfolk criminal justice system
During the Matrix Project Service User consultation it was this care-co-ordination function, addressing all needs through holistic single service that people were particularly passionate about. Service users felt it was this ongoing support tailored around their individual needs which had the dramatic positive impact on their long-term prospects. Having a dedicated sex worker service also provides a single point of contact for other agencies, and the service has a role in helping staff in other organisations and agencies provide services to this group. The stigma associated with prostitution can be a significant barrier to people accessing services. Service users of the Matrix Project describe the negative reaction they experience when accessing mainstream health services or when engaging with social services as their primary reason for not doing so. They report that the understanding shown by a specialist service like the Matrix Project is invaluable.

The key element to this service is providing a package of wrap-around personalised support and care for one of the most complex and vulnerable groups in Norfolk’s community.
Appendix 1 – Norfolk Constabulary’s process for dealing with sex workers.