

# **Integrated provision to sex workers in East London, including work to support those experiencing sexual violence**

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**Open Doors**

Homerton University Hospital



NHS Foundation Trust

- Multi-disciplinary team of 13
- Delivering clinical services , case management and outreach
- City & Hackney, Tower Hamlets, Newham – Flats and saunas (off street)
- Hackney and Newham - street
- 4 specialist GU clinics: Homerton, Barts, Royal London, Newham General
- Integrated sexual health on outreach in flats and sauna's and in Hackney drop in
- Assertive outreach bringing sex workers into clinical and case management services
- Training and needs analysis

# Principles underpinning Open Doors service model

- Evidence based
- Public health
- Harm reduction
- Multi-disciplinary – criminal justice, sexual violence, male partners, re-integration strands to our work
- Developmental
- Culturally specific
- Client centered approach
- Rights based
- Integration of clinical and social care
- Responding to hierarchy of need

By providing access to health care, advocacy and support, we are able to assist people who have complex needs with a range of integrated responses.

We offer a service where sex workers do not face moral judgements or anti-prostitution ideology and where they know that they will have a team working hard on their behalf to navigate the increasingly complex legislative rules on access to health care and social support in London.

We manage a complex range of primary, acute and chronic health care need as well as the challenges of safeguarding vulnerable adults and young people

Open Doors will support over 1500 sex workers in 2013/14  
(mostly women, some men and transgender).

Services like ours exist because although in the UK it is not illegal for adults to consensually transact sex, virtually every action that supports this activity (advertising, working with other sex workers, organising customers, money or premises) puts people in the sex industry on the wrong side of the law and results in individuals, who are often unsure of their rights, criminalised by the work they do and stigmatized by the services that should be supporting them.

# Open Doors

## Where we work



# Understanding Terms

- **Street Sex Work:** The transaction of sexual services for money/drugs that involves sex workers soliciting for customers in public street areas.
- **Indoor Sex Work:** The transaction of sexual services that occurs from private homes, brothels, saunas or hotels.
- **Chaotic:** Catch-all term used to describe individual who, usually due to chronic substance misuse problems, have lost housing, alienated family, and cannot maintain steady employment. They are typically nocturnal, and do not adhere to social norms. Chaotic individuals struggle to complete simple tasks, such as keeping appointments, managing behaviour in public settings, and advocating for themselves and their needs.

# City & Hackney 2012/13



- 202 off street sex workers
- 258 street sex workers
- 158 complex case management
- 32 patients seen at Homerton Specialist SW clinic
- 1/5 reduction in street sex workers in year
- Comprehensive, integrated services since 2006



# Tower Hamlets 2012/13



- 217 off street sex workers
- 191 individuals seen at Royal London specialist sw clinic
- 254 Barts (Brazilian) specialist SW clinic
- Psychology services

# Newham 2012/13 and Q1-3 13/14



- 379 off street sex workers
- Borough needs assessment
- 140 street sex workers
- 118 Newham General specialist SW clinic
- Partnership with St Mungo's to open supported accommodation hostel for women with complex needs
- Comprehensive, integrated services since 2013

# Sex worker cohorts in East London

## UK street

- Female
- Age 28 – 45
- White, Black and Mixed heritage UK
- Local residents of borough
- Drug/alcohol dependent
- Experience of homelessness

## Migrant Off Street

- Female
- Romanian/Roma
- Migrant (through northern and southern Europe to sell sex)
- Age 19 – 34
- Living in HMO's
- Mobile throughout East London
- Speak very little English

## Migrant Street

- Mostly female
- 2% male or trans
- 1/3 Brazilian
- 1/3 Romanian
- 1/3 various nationalities often depending on changes to travel and visa restrictions

# General Health Needs

Health Need	UK	Migrant	Common to Both
GP Registration			✓
Contraception			✓
GU Screening			✓
Termination of pregnancy		✓	
Pregnancy Tests			✓
Dental Services	✓		
Skin conditions, abscesses, cellulitis	✓		
Domestic Violence Injuries	✓		
Mental Health Needs	✓		
Opiate substitute prescribing	✓		

# Safeguarding Concerns

Adult	Children and Young People
Learning difficulty	Babies in Utero
Mental Health	Children Exposed to Drug Using/Sex Working Parents, and Associated Chaos & Neglect
Domestic Violence/ Intimate Partner Violence	Sexually Exploited Children and Young People
Violence and Coercion/Pimping	Exposure to Domestic Violence
Trafficking	Trafficking
Sexual violence	Sexual violence

# Criminal Justice

Themes	Migrant	UK
Outstanding fines for soliciting	✓	✓ And ASB
Threat of or actual ASBO's – Breach	✓	✓
Warrants, fines and charges for petty acquisitive crime		✓
Victims of street crime, physical and sexual violence, community vigilantism	✓	✓
Victims of Domestic violence	✓	✓
Vulnerable to coercion, force, pimping	✓	✓
Extreme antipathy towards police	✓	✓

# **The challenges faced by sex workers when presenting to services**

Challenges	UK	Migrant	Common to Both
Chronic and chaotic poly drug use	✓		
Nocturnal			✓
No ID			✓
Complex health issues	✓		
Homeless	✓		
No GP			✓
Chronic and enduring mental health	✓		
Constantly revolving through criminal justice system (outstanding warrants/fines)			✓
Experience of stigma by services in country			✓



Challenges	UK	Migrant	Common to Both
No recourse to public funds		✓	
Domestic violence			✓
Learning difficulties			✓
Poor historic experience of services			✓
Co-dependency	✓ (drugs/relationships)	✓ (relationships)	
Long term history of personal chaos	✓		
Unplanned pregnancy (fear or reality of having children removed)			✓
Language barrier		✓	

# Delivery and partnership model



***“I know you won’t report this because  
what you are doing is illegal”***

Improving reporting and support for sex workers  
who experience sexual violence

# The Problem

- In 2009/10 Sexual violence against sex workers accounted for just 0.5% (n=59) of all sexual offences reported to the Metropolitan Police.
- Twelve of these reported offences, or 20%, occurred in Hackney, Tower Hamlets and Newham.
- Anecdotal evidence from Open Doors clinics revealed significantly higher figures.
- Very few sex workers attending the Haven Whitechapel following sexual assault.
- Minimal case management and ongoing support in place for sex workers accessing the Havens.

# Why street sex workers won't report

- ☐ Antipathy toward police – the law criminalises street sex work activity
- ☐ Fear of outstanding criminal charges taking precedence over assault against them.
- ☐ Fear of being disbelieved.
- ☐ Fear of criticism of their lives as sex workers particularly if drug users
- ☐ Fear of withdrawal from drugs if suffering from addiction - massive disincentive to undertaking reporting and forensics.
- ☐ Experience of trying to report and being told 'occupational hazard'.

# Why off street sex workers won't report

- ☐ Distrust of the police often borne from country of origin experiences
- ☐ Lack of English is a major barrier to reporting sexual violence and other offences against off street sex workers.
- ☐ Knowledge about services that can support them comes with time, via word of mouth, improved command of English and contact made through outreach services.
- ☐ Fear of deportation
- ☐ Fear of police uniforms alerting neighbors to the flat
- ☐ Have not heard of the Havens
- ☐ Antipathy toward police – the law criminalises off street activity

**Because the rapist tells them..**

***“I know you won’t report this, because what you are  
doing is illegal”***

# And because the police tell them....

***‘We know what you’re doing here. Don’t call the police again if you’re still running this place as a brothel’***

(Newham uniform after being called to remove a male behaving in a sexually aggressive manner and refusing to leave the woman’s home)



# 2010 Policing and Crime Act



# **sex workers don't go away.....**

**They simply;**

- **take more risks**
- **face more danger**
- **are less likely to access help and support**
- **distrust the police even more**



**Open Doors**



Sex workers in City & Hackney,  
Tower Hamlets and Newham

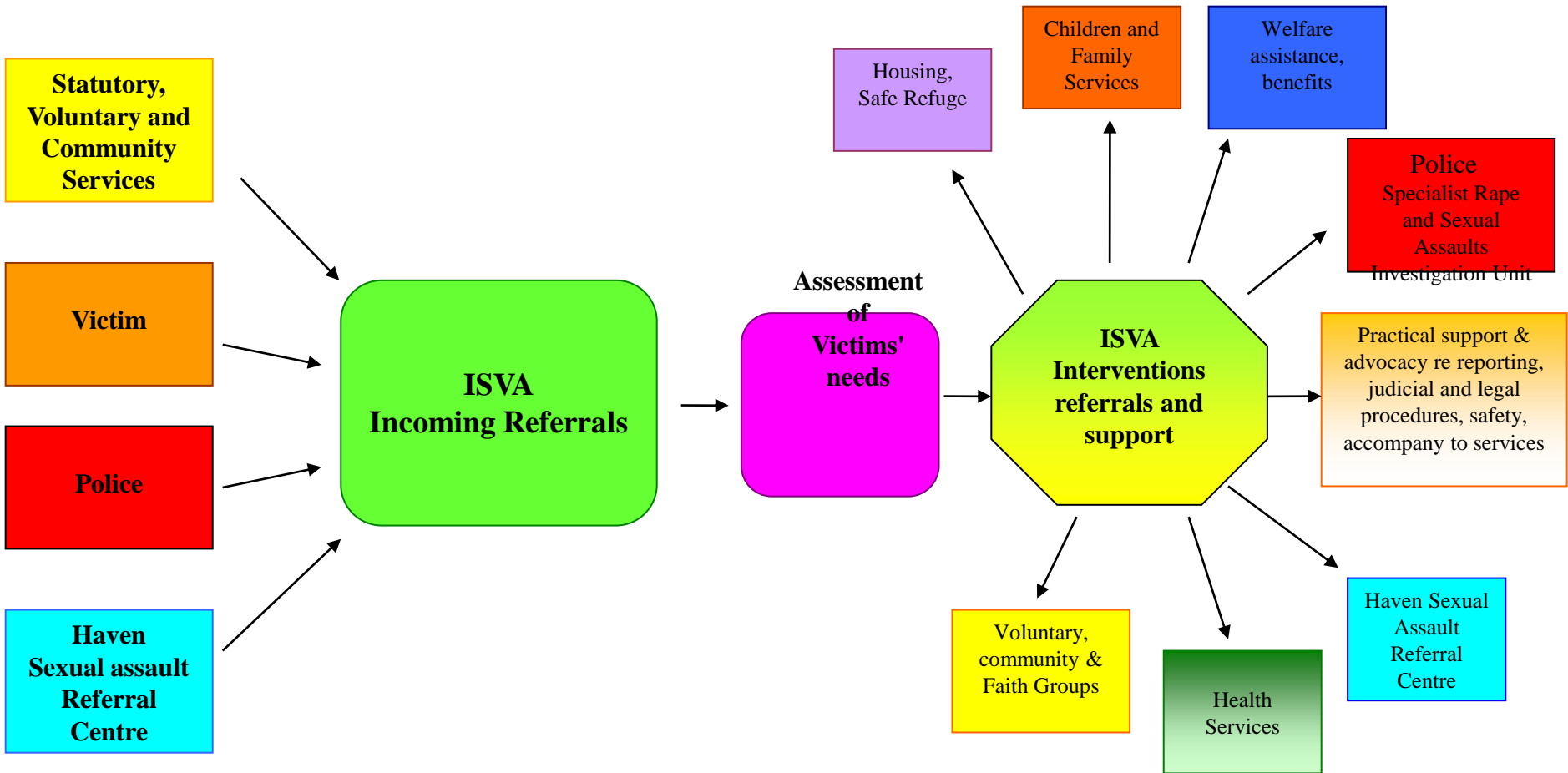
**Haven Whitechapel**

**Metropolitan  
Police SCD2**

## **Actions**

- Learned from success of Liverpool model
- Open Doors ISVA – in post by autumn 2010
- Communication, training, support pathways developed between Open Doors, SCD2 and Haven
- Building trust amongst women to report, outreach, video I pod, publicity literature, 'walking the talk'

# Referral Pathways to ISVA



# AIMS *OF ISVA*

- To alleviate fears of reporting and seeking support from Police and Rape referral centres.
- To inform victims of the forensic and criminal investigation process
- To increase reporting of sexual violence as well as to increase criminal convictions.
- Reduce the anxiety of reporting, and going to court
- To offer a non judgemental support pathway for individuals to safely stay in the criminal justice system
- To support individuals overcome barriers that may prevent them from reporting or seeking support
- To support those **not** wanting to report
- To be a channel of communication for the client between services such as the Police/Havens/other identified support services

## **ISVA referrals**

- 37 referrals 1<sup>st</sup> year of ISVA post 2010 - 2011
- 86 referrals to date
- 65 reported to Police
- 46 Ugly Mugs reports



## **Good News**

17 Convictions ranging from:-  
17 months – 22 years

**Thank you**

**[www.opendoors.nhs.uk](http://www.opendoors.nhs.uk)**