



FROM RED TO GREEN

New research reveals that many women involved in street prostitution want help to move on rather than simply support to stay in the life. By Marcus Roberts and Shannon Harvey

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Anna says that she's been involved in prostitution for 14 years and doing drugs for 15 – for the past few years she's been street working 'every day' in a city in Yorkshire. When asked she says that the drugs came first when she was 17 years old and the sex work followed while she was still in her teens. She is now 32. Why does she do it? 'Just for money and that', she explains, 'and to buy drugs with – drugs and food and fags'.

Anna is on a methadone script, but she says that she thinks she will always do drugs, and is currently using amphetamines, cannabis and alcohol. It all 'takes the edge off', she says, adding that she feels 'numb' these days anyhow ('it's just a way of life, I just do it'). Her current partner says he doesn't like Anna selling sex, although he might make her a sandwich for the train journey into the city's red light area, and 'he can't get hold of the drugs and the money quick enough' when she comes home. She says that he's 'too stubborn' to engage with treatment or any other kind of support – so his dependency is driving her sex work too.

If Anna's story seems to confirm a lot of the research findings on drugs and involvement in prostitution (for example, a 2004 Home Office paper, *Paying the Price*, concluded that up to 80 per cent of street sex work in the UK was driven by drug

dependency), it's texture and detail is a stark reminder that the reality of sexual exploitation is generally light years away from *Shades of Grey*. Anna reveals that she has been raped, sodomised, tied up and 'punched out'. The thing that stays with her most is 'being stripped in a car and thrown out in the middle of some fields and having to walk home and to knock on someone's door because you can't just walk home'. 'How humiliating can it get?', she asks. 'Once that happens you don't forget'.

Our research with services in Yorkshire and the Midlands confirms that experience of violence and abuse is routine among women with substance use problems who are involved in prostitution. Service providers told us the overwhelming majority of service users had been subject to violence by a client and at the hands of an intimate partner. Two thirds reported that their service users have 'often' or 'always' been abused in childhood by either a father or stepfather.

Anna has had some help. An outreach worker approached her when she was on the street and she got a meal, a shower and somewhere to sleep. A local drug service arranged for a methadone script. Social services are involved with her children, but she has no time for the social worker ('that woman has caused

me so much trouble...so much misery').

Reading between the lines, engaging with Anna may be a challenge for services. Some of the things she implies about the impact of her situation on her children provide a legitimate basis for child protection concerns. Back when the homelessness service first took her in, she says, she responded by stealing a credit card, then 'legged it, maxed it out and bought some crack'. She says that she 'doesn't want counselling and support like that because at the end of the day it is all self-inflicted'. She appears to miss appointments and to disengage from services, who 'send out search parties when you don't turn up'. She fits the category for what are now called 'multiple needs', including mental health problems, experiences of homelessness and a history of crime. She doesn't feel like her family are able to be a source of support, insisting that they are 'stuck up' and 'living in a fantasy world'.

When asked, Anna says she'd need time and space if she was to make a serious move towards recovery. 'I'd have to go to rehab', she reflects, 'I can't do it on the streets...I'd have to be out of the way for a bit...I wouldn't be able to do it in a fortnight!'. And what would most motivate her to change? 'To be able to support my children and warn them not

to do this', she says, 'but even if they do, to give them support'.

Janice also talks to our peer researchers in Yorkshire. She's in her early 30s, and has been using drugs since she was 18. She is an articulate advocate for what she describes as 'recovery'. She praises a local service for sex workers for providing outreach support on harm reduction and safety, but says that the help she has had has been 'dishing out condoms and a sandwich' and not much else. The methadone script from the drug service has been helpful, but she is apparently still using crack on top, and complains that they 'didn't have a look at why I was using' or show much interest in 'getting you to move on'. 'I've heard things are changing now', she says, 'but when I started it was just about a script and maintenance. They don't do much about actually reducing down...it should be about the service user having a choice and the doctor not making all the decisions'. When asked about her aspirations and what would help her most she talks about housing (including relocation to a different area), education, employment, counselling and a better life for her son.

Who she talks to is important for Janice – particularly given the 'guilt' and 'shame' that she feels about both her drug use and involvement in prostitution. She says she hasn't felt comfortable talking to a 'normal key worker' about her sex work and would never disclose to a male worker. She is also adamant that 'I wouldn't want to go to my family because they don't know anything about it... well they might have some idea, but I certainly haven't admitted it to them'. Janice feels particularly uncomfortable discussing the issues with younger and less experienced workers. 'Now I've got a bit older', she confides, 'I'm sitting with someone who might be ten years younger than me, and they've just come out of college or whatever, and then it feels like I'm being judged'.

This raises the issue of the role for peer support for women involved in prostitution. We explored this issue with a group of service providers in Yorkshire and the Midlands. Four per cent said peer support was 'always positive' and 68 per cent that it was 'mostly positive'. Twenty eight per cent said that they were 'neutral' about peer support. One worker commented that 'peer support brings commonality, so the immense shame many women feel is broken down a bit because its shared amongst peers'. Others saw both positives and negatives. 'I have had concerns that sometimes a



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lack of training and supervision of peers and a lack of stability and distance from the peer's own issues can be detrimental to both parties', one front line worker told us, adding 'sometimes there is a hurry to involve women who are doing well into becoming peers; sometimes this can lead to a relapse in the peer or collusion with the client'.

A number of the women we spoke to raised issues about the role of opiate replacement therapy in their recovery. When we asked Janice what made her first ask for help, the response was 'just the fact that I was told I'd be able to get a script so I wouldn't get the rattle'. Another woman we spoke to, Cathy, had been working in prostitution for thirty years and regularly using crack cocaine for twenty, but told us that she had never asked for help from a drug service. Why? 'I don't believe in it', she explains, 'my partner's on a script...they're giving him methadone on one hand and he's still using on the other'. Janice was positive about opiate replacement therapy in its proper place, but still critical of what she saw as a lack of aspiration for women involved in prostitution. When we asked about her experiences of drug services, she replied 'they gave me a script, which was helpful, but really they didn't have a look at why I was using, and still to this day I feel like a script was the easy solution.'. And her aspirations for the future? 'To reduce down off my script', she says, 'to get help with maybe moving, get some education, you know, so that I can go out and actually get a job at some point in the future'.

Claire had been supporting her drug use through prostitution since she was 15 years old, and had become dependent

on crack cocaine. She told us about the time she'd been raped by a client and how she was 'stabbed with scissors by some guy'. The severe breathing problems that she had developed as a result of her crack cocaine use brought things to a head. 'I moved away from the area and moved away from the people I used to associate with', she told us. The availability of one-to-one support from her local service had been critical in getting her through the bad days. 'When you're coming off drugs you need someone to talk to', she told us, 'when... you don't know what to do with yourself it's nice to be able to pick up the phone and speak to someone just to take your mind off things'. When we talked to Clare she had not used drugs for two years, was no longer involved in sex work, was in employment, had recently re-married and was trying for a baby. Things, as Janice said when talking about her aspirations 'that people would say are a normal, everyday life'.

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Names have been changed in this article. These interviews are part of a research project on women with substance misuse problems involved in prostitution being conducted by DrugScope and AVA and supported by the Pilgrim Trust. We will be publishing a full report in the Spring. The interviews were conducted by Kelly McSorley and Mary Marsden. We are also grateful to Ena Keco, DrugScope Policy intern, for work that informed the article.