

Open Doors



Homerton University Hospital **NHS**
NHS Foundation Trust

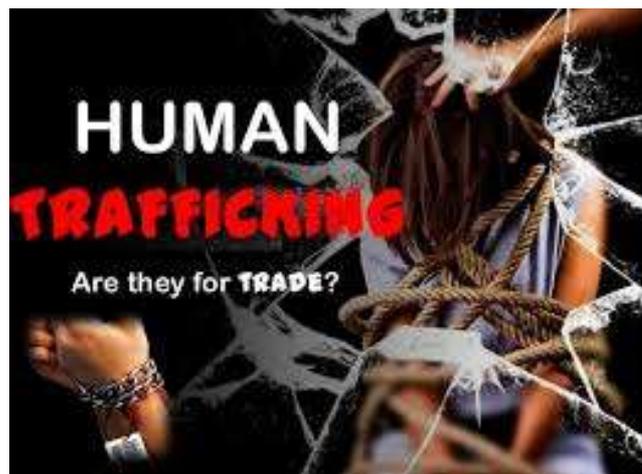
Gaining a national voice and improving the health of sex workers

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when it comes to sex work.....



everyone's got an opinion.....

most people don't have the faintest idea.....



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

Open Doors 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

Homerton University Hospital



NHS Foundation Trust

- Multi-disciplinary team
- 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

Open Doors

Where we work



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

Last year Open Doors supported almost 2000 sex workers (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.

- Launched in July 2012
- Founded by the UK Network of Sex Work Projects
- Funded by Home Office 1st April 2012 – 31st March 2013.
- Based on informal “ugly mugs” schemes which originated in Australia in the 1980s and have existed locally throughout the world since then.



- Supports sex workers when they're victims of crime.
- Current estimated reach 15,000 – 20,000 sex workers.
- Provides sex workers with warnings about dangerous individuals.
- With consent, shares information anonymously with police.
- Supports sex workers in reporting to police.
- Works proactively with police forces to apprehend offenders.
- Won: Guardian Charity Award, Third Sector Award “Small Charity, Big Achiever”, Charity Times Award “Highly Commended Charity of the Year, Paolo Pertico International Award.



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
- Chronic mental health

Migrant 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 Off 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





Sex workers are targeted by offenders but these crimes are underreported to police

- Only 25% of sex workers reporting to NUM want to report to police.
- This falls to 13% for male sex workers and 15% for trans* sex workers
- 12% of incidents reported to NUM by male sex workers are rapes, yet only 10% are willing to report to police.

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

Example

- 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'

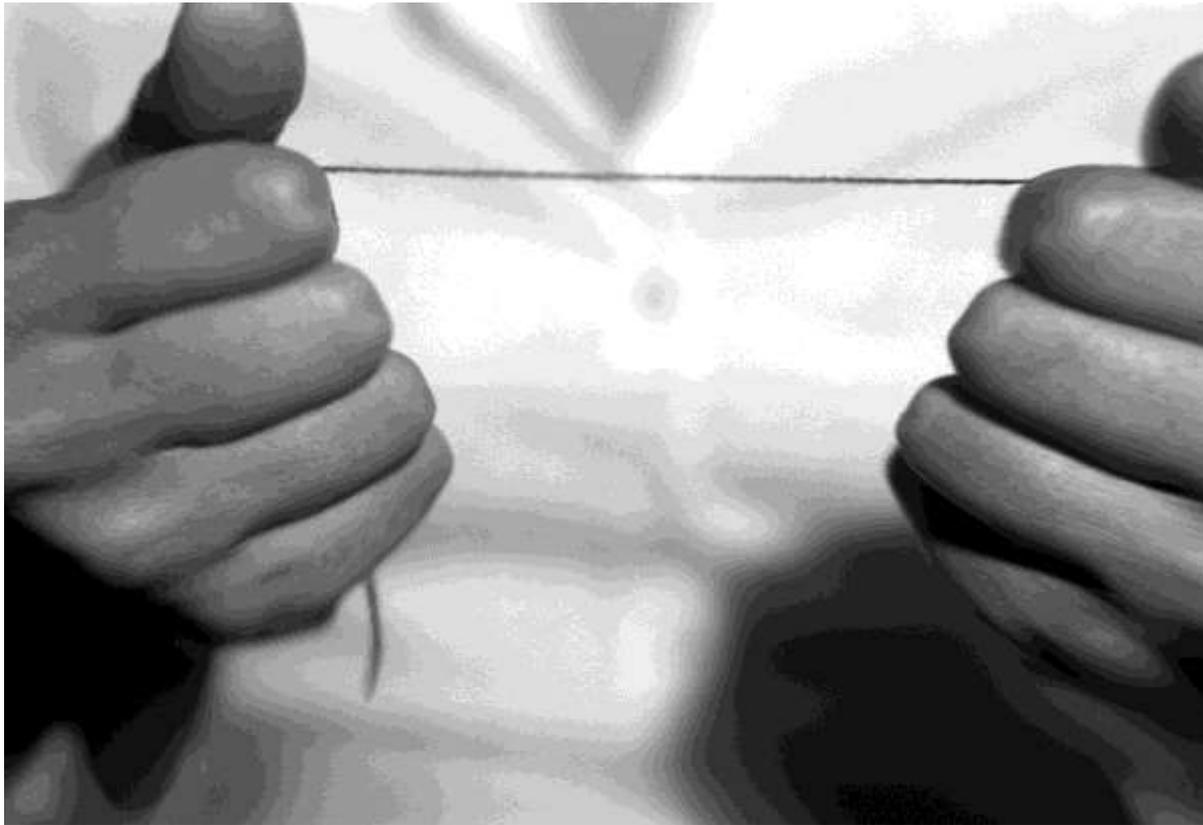
2010 Policing and Crime Act



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**



Gaining a national voice but not improving the health of sex workers





- Policing is becoming increasingly localised
 - 43 autonomous forces in England and Wales + one in Scotland
 - Approaches vary considerably
 - Merseyside Model
 - Managed area (both official and unofficial)
 - Welfarism (Scotland)
 - 'Anti-trafficking' raids
 - Civil Enforcement (Hull and Hackney)
- National Guidelines exist but are not always adhered to.



- Legislative change – majority of sex workers and frontline support services support decriminalisation.
- Police leadership.
- Advocacy – supported by effective, evidence-based guidelines.

And where is Public Health in all of this?????

Thank you

www.opendoors.nhs.uk