

The East London Project

A participatory mixed-method evaluation on how removing enforcement could affect sex workers' safety, health and access to services, in East London

Background

For a number of reasons, sex workers are sometimes more likely to experience violence¹, HIV and sexually transmitted infections (STIs)^{2,3} than people who do not sell sex, and some sex workers have higher levels of emotional health problems (e.g. stress, anxiety and depression) – disparities referred to as 'health inequalities'⁴. International research shows that sex workers who have experienced police enforcement (e.g. arrest, displacement via police raids), for example, are more vulnerable to these health problems than those who have not⁵⁻⁷, for several reasons. Firstly, their work environments, safety strategies and access to health services may be disrupted: for example, they may move to more isolated places to avoid arrest, and where outreach services are less likely to reach them, or they may work alone to avoid being prosecuted for 'brothel keeping'⁸⁻¹¹. Secondly, criminalisation can reinforce existing inequalities (e.g. housing and financial insecurity, stigma, insecure immigration status) – factors that, themselves, can have a negative effect on sex workers' safety, health and access to services^{5,7}. For example, a police record can make it difficult to access housing and, if desired, alternative employment; police fines can exacerbate financial insecurity; and stigma, coupled with fears of being arrested or deported, can discourage sex workers from reporting violence to the police^{8,12,13}. Data from Sweden shows that criminalising sex workers' clients (similar to targeting 'kerb crawlers' in the UK) has similar effects¹⁴. Research also shows that decriminalising sex work (as in New Zealand) can improve sex workers' safety, health, and access to services¹⁵. There is a lack of quantitative evidence on this issue specific to the UK, where most aspects of sex work are criminalised (e.g. soliciting, kerb crawling, working with other sex workers or third parties) but where enforcement of these penalties differs by area. In East London, for example, the extent to which police arrest sex workers and their clients varies between the boroughs of Hackney, Newham and Tower Hamlets.

Aims and approach

This research will evaluate how removing sex work-related police enforcement could affect sex workers' safety, sexual and emotional health (e.g. risk of HIV, STIs, depression and anxiety) and access to health and social care services, in East London (Hackney, Newham and Tower Hamlets). Using a participatory mixed-method evaluation design^{16,17}, academics, practitioners and sex workers will work as partners to make decisions over how the research is designed, conducted and used (see Project Team). Together, we will use the results to advocate for evidence-based policy and practice to improve the safety, health and well-being of sex workers in the UK and internationally. We will present the results of the project at various events for sex workers, key stakeholders, local residents and the wider public.

The project has four main components, A-D. We will start by carrying out a qualitative study (A) to understand *how* sex work-related laws, police enforcement and other issues (like housing and financial situation, migration status, work environments, being a member of a sex worker organisation, availability of outreach services) affect sex workers' safety, health and access to services, in the three study boroughs. We will interview sex workers, other people working in the sex industry (e.g. maids, receptionists, security guards), and 'key stakeholders' who work with or make decisions that affect sex workers locally (e.g. outreach workers, police). We will aim to interview sex workers of different ages (18+), genders (female, male and transgender), ethnicities and migration statuses, who work in different sex work sectors (e.g. outdoor, flats, saunas, escort agencies, independently) and have worked for different durations in the study boroughs – to understand *if*, and *how*, they are affected differently by enforcement and health inequalities. We will also carry out walks with sex workers and outreach workers in these areas, to get a better sense of the places that participants talk about during interviews. We will use this information to help us design components B and C.

We will then carry out two quantitative surveys (B), which will measure *how much* sex work-related laws, police enforcement (and the other issues outlined above) affect sex workers' safety, health and access to services, and how this changes over time. Again, we will include sex workers of different ages (18+), genders, ethnicities and migration statuses, who work in different sex work sectors in the study boroughs. We will invite up to 450 sex workers to complete an anonymous questionnaire and, if they wish, undergo screening for HIV, chlamydia and gonorrhoea, at two different points in time, approximately six months apart. We will use the qualitative and survey results to develop a 'mathematical model' (C) – a simulation designed to resemble the 'real world', using mathematical equations – which will predict how removing enforcement across all study boroughs could affect sex workers' safety, health and access to care. Throughout the project, we will collect information across the three boroughs on the number of arrests and other enforcement measures used against sex workers and their clients (D), to help develop the mathematical model.

Participants' confidentiality and anonymity will be protected at all times. We will not use participants' names or any other details that could potentially identify them, in any reports or presentations about the project. Potential participants (A & B) will be given full details of the project to help them decide if they want to take part. Participants will receive a £20 voucher for each interview/survey they take part in, in appreciation of their time contribution. We will also offer participants information on appropriate health, social care, legal and other support services. If a survey participant taking up HIV/STI testing receives a positive result, we will facilitate their access to treatment via our collaborators Open Doors and Homerton Hospital (see Project Team and Collaborators). The research will begin only when we have received ethical and research governance approvals from LSHTM and the NHS.

Project team

This project is a collaboration between the London School of Hygiene and Tropical Medicine (LSHTM), the University of York, Imperial College and the University of Bristol. It is led by Lucy Platt and co-led by Pippa Grenfell, at LSHTM.

Lucy is an associate professor in Public Health Epidemiology at LSHTM, with expertise in the epidemiology of sex workers' health and safety. She will oversee the management of the project, lead the surveys (B) and the overall mixed-method study design. Pippa is a research fellow/sociologist at LSHTM, who has been carrying out participatory qualitative research with sex workers for 9 years. She will lead on the qualitative study (A) and the participatory research approach, and will co-lead management of the project.

Peter Vickerman, professor in Infectious Disease Modelling at the University of Bristol, will lead the mathematical modelling (C), in collaboration with Marie-Claude (MC) Boily, professor in Mathematical Epidemiology at Imperial College. They both have expertise in developing mathematical models to understand how HIV and other health risks faced by sex workers are spread and can be reduced, including through public health interventions and law reforms (e.g. decriminalisation). Maggie O'Neill, professor in Sociology (Criminology) at the University of York, will advise on the qualitative study (A) and the wider participatory research approach. She is an applied criminologist with over 25 years of experience of participatory research with sex workers. Dr Sarah Creighton, GUM (genitourinary medicine) consultant at Homerton Hospital, will advise on providing testing and treatment to survey participants (B). She has extensive experience of providing healthcare services to sex workers in East London. James Hargreaves, professor in Epidemiology and Evaluation at LSHTM, will advise on the overall implementation of the project. He has expertise in evaluation methods, including in relation to sex work. Georgina Perry, Chair of the National Ugly Mugs Board (see Collaborators), will advise on meeting and keeping in contact with potential study participants (A & B), as well as on study design, interpretation and community engagement. She managed Open Doors for 13 years.

During the project, we will also be employing two research fellows and a team of co-researchers. We will hire one research fellow to work with Lucy, to develop, implement and analyse the results of the surveys (we are hoping this role will be filled by a qualified nurse, to support the provision of testing and treatment during fieldwork). A second research fellow will be based at Bristol University, to assist Peter with the mathematical modelling. Co-researchers - who will either have experience of sex work themselves, of working with sex worker support services, or be members of sex worker organisations - will contribute to the design, data collection, analysis and dissemination phases of the qualitative study and the surveys. Janet Eastham, a member of the Sex Worker Open University (SWOU), will be working as a co-researcher with Pippa and one other co-researcher on the qualitative study.

Collaborators and the Advisory Group

Our key project partners are Open Doors, National Ugly Mugs and Homerton University Hospital. Open Doors is a specialist health and social care service, providing outreach and clinical services, for sex workers in East London, affiliated with Homerton University Hospital NHS Trust. National Ugly Mugs is a pioneering, national organisation which provides greater access to justice and protection for sex workers who are often targeted by dangerous individuals but are frequently reluctant to report these incidents to the police.

This project is steered by an advisory group with representatives from local sex worker and resident communities, the English Collective of Prostitutes, National Ugly Mugs, City and Hackney Local Authority, Newham Metropolitan Police, Public Health England, Lancashire Police, Imperial College, University of Leicester and University College London.

Project timetable and funding

The project runs from 1st February 2017 until 31st July 2019. Currently, it is planned that the qualitative data collection (A) will take place from May – October 2017; the survey fieldwork (B) from August 2017 to August 2018 (with a 4-month break in between); and the mathematical modelling (C) from July 2018 – June 2019. The final dates will depend on when we receive all ethical and study site approvals and any local changes that affect the feasibility of the research components. The project is funded by the National Institute for Health Research (NIHR) Public Health Research Programme (<http://www.nets.nihr.ac.uk/programmes/phr>).

Further information and resources

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[Project mobile numbers to be added].

Project website: [to be developed]

The links below provide additional information on the Project Team, collaborators, and relevant sex worker organisations and support services in London and the UK

<http://www.lshtm.ac.uk/aboutus/people/platt.lucy>

<http://www.lshtm.ac.uk/aboutus/people/grenfell.pippa>

<http://www.opendoors.nhs.uk/sex-worker-services>

<https://uknswp.org/um/>

<http://www.tht.org.uk/our-charity/Resources/Community-projects/SWISH>

<https://prostitutescollective.net/>

<http://www.sexworkeropenuniversity.com/>

<http://www.release.org.uk/publications/sex-workers-and-law-booklet>

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14. Levy J, et al. Sweden's abolitionist discourse and law: Effects on the dynamics of Swedish sex work and on the lives of Sweden's sex workers. *Criminol Crim Justice*. 2014;14:593
15. Abel G. A decade of decriminalization: Sex work 'down under' but not underground. *Criminol Crim Justice*. 2014;14(5):580-92
16. O'Neill M. Cultural Criminology and Sex Work: Resisting Regulation Through Radical Democracy and Participatory Action Research (PAR). *J Law and Soc*. 2010; 37(1):210-32
17. Cohn S, et al. Entangled complexity: why complex interventions are just not complicated enough. *Journal of health services research & policy*. 2013 Jan;18(1):40-3