

The Human Trafficking and Exploitation (Further Provisions and Support for Victims) Bill

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I would like to thank the Committee for the opportunity to provide written evidence in respect of the above Bill. I am a visiting fellow at the Institute for the Study of Conflict Transformation and Social Justice at Queen's University Belfast. I have been conducting anthropological research on sex work in Northern Ireland since June 2013, focusing particularly on health and the mental, emotional and social well-being of female, male and transgender sex workers. My study includes in-depth interviews with sex workers and service providers as well as a review of the existing literature on prostitution. I have furthermore conducted a three-year study on access to healthcare and the health status of undocumented migrants in Germany (2008-2011).

In the following, I would like to comment on **Clause 6** of the above-mentioned Bill. I propose that Clause 6 should be omitted from the Bill without replacement for the following reasons:

(1) Conflating sex trafficking and sex work

This Bill aims to increase support and service provision for victims of human trafficking. Clause 6, however, addresses the selling of sexual services involving two consenting adults. Trafficking for the purpose of sexual exploitation and sex work are **not the same issue**, and should not be conflated. In a recent study in the UK for which 100 migrant sex workers were interviewed, 6% felt that they “they had been deceived and forced into selling sex in circumstances within which they had no share of control or consent,” while 94% explained that they worked in the sex industry because it allowed them to provide for themselves and their families financially, and that they had not been deceived or forced to do so.¹ Accordingly, the working conditions and the social, emotional and health-related needs of male, female and transgender (migrant and non-migrant) sex workers and those of victims of human trafficking differ significantly. The legislations and services directed at these different

¹ Mai, Nick (2009): Migrant Workers in the UK Sex Industry – Final Policy-Relevant Report. ESRC final project report. <http://www.londonmet.ac.uk/research-units/iset/projects/esrc-migrant-workers.cfm>

groups should take this diversity into account and address these issues separately in order to ensure that they actually have the intended effects (e.g. protection from violence, support for victims of violence, harm-reduction, provide exit strategies for those who wish to leave the sex industry).

(2) Existing legislation

Paying for sex with someone who is coerced (trafficked or otherwise) is **already illegal** in Northern Ireland. There is no need for a new law; there is need for better implementation of the existing laws and more support for victims.

(3) Reducing demand?

The clause aims to reduce or even abolish prostitution by “reducing demand”. However, there is no evidence that criminalising the purchase of sexual services has this effect. Criminalising clients will not abolish sex work. According to the 2000 National Survey of Sexual Attitudes and Lifestyles, 3.5% of men in the UK had paid for sexual services in the preceding 5 years.² Only 5% of them said they would stop buying sexual services if it was criminalised.³ The absence of a change in (expected) behavior may be partially due to the fact that many clients are simply not aware of the legal regulations around sex work in detail. As one Belfast-based sex worker told me in an interview: most of her clients are of the impression that prostitution is illegal in Northern Ireland. Therefore, further criminalising it would not change much. It would **not reduce the demand**.

(4) Harmful effects

Instead, criminalization of clients has **harmful effects** on those this bill aims to protect: women, men and transgender people selling sexual services in Northern Ireland. The harmful effects include:

- a. Criminalising clients will drive the sex industry further underground. A recent report by UNAIDS argues that criminalization renders sex workers **less visible** and reachable for public health services and crime prevention. The report points out that in countries in which the selling and/or buying of sexual services is criminalised, sex workers’ consequently have insufficient access to adequate health services including contraception, post-exposure prophylaxis

² Groom, Tamsin, and Rak Nandwani (2006): Characteristics of men who pay for sex: a UK sexual health clinic survey. In: *Sexually Transmitted Infections* 82(5): 364–367.

³ TAMPEP (2009): Sex work, migration, health. A report on the intersections of legislations and policies regarding sex work, migration and health in Europe. Online: http://tampep.eu/documents/Sexworkmigrationhealth_final.pdf

following unprotected sex and rape, management of sexually transmitted infections and drug treatment.⁴

- b. The more criminalised sex work is, the more **vulnerable** sex workers are to violence, including rape and physical and psychological abuse because they are discouraged from safety measures such as calling the police when they are threatened or working together with other sex workers for protection. Criminalization may also drive some sex workers to rely on organised crime gangs and pimps rather than working independently and thus renders them more vulnerable to (financial) exploitation and (emotional and physical) abuse.⁵
- c. Stigma is one of the main issues (socially, emotionally and mentally) for sex workers. It increases their risk of mental health issues such as depression, stress, panic attacks, insomnia, eating disorders and manic depression, as for example a study conducted over the course of over 15 years with London-based sex workers has shown.⁶ Criminalising clients would further increase the **stigma** attached to sex work as “immoral” and “criminal” behavior and would thereby increase the harm done to those who sell sexual services to earn a living.

(5) Alternative measures

Criminalization often goes hand in hand with reduced funding and support for **services beneficial to sex workers**, such as sexual health services and specialized social work, as the premise of the legislation is that prostitution should be eradicated altogether. Providing services to sex workers is then viewed as “encouraging prostitution”.⁷ However, if the intention of this legislation is to decrease violence and exploitation, proactive support measures should be considered as an alternative to increased criminalization. These measures could include, for example, outreach health services and exit programmes for those who want to leave sex work.

Also, instead of criminalising clients, they can be included in efforts to fight sex trafficking, as demonstrated by the success of the Crime Stoppers/Report Anonymously Campaign in the Netherlands, commissioned by the Ministry of

⁴ UNAIDS (2009): UNAIDS Guidance Note on HIV and Sex Work. Online: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf

⁵ Harcourt, Christine, Sandra Egger and Basil Donovan (2005): Sex Work and the Law. In: *Sexual Health* 2: 121–128.

⁶ Day, Sophie (2007): *On the Game. Women and Sex Work*. London: Pluto Press.

⁷ Levy, Jay (2011): Impacts of the Swedish Criminalization of the Purchase of Sex on Sex Workers. Paper presented at the British Society of Criminology Annual Conference, Northumbria University, 4 July 2011.

Security and Justice and directed at clients of sex workers. Websites and posters were used to point out the signs of forced prostitution and trafficking and encouraged clients to report suspicions anonymously. A recent press release states that the number of reports on forced prostitution has increased with 76% since the start of the campaign in June 2012. The increase of reports on possible under-aged victims is especially striking: 1 in 4 reports concerned under-aged victims, compared to 1 on 8 in 2011. Between June 2012 and May 2013, the information received from anonymous calls contributed to the arrest of 12 traffickers and 4 solved cases.⁸ A similar programme in Turkey was equally successful: three-quarters of the calls to a national anti-trafficking hotline came from sex worker's clients.⁹

⁸ For more information see: <http://www.meldmisdaadanoniem.nl/english/human-trafficking/>

⁹ TAMPEP (2009): Sex work, migration, health. A report on the intersections of legislations and policies regarding sex work, migration and health in Europe. Online: http://tampep.eu/documents/Sexworkmigrationhealth_final.pdf