Prostitution in Sheffield

E. BARBARA TURNER AND R. S. MORTON

Royal Infirmary, Sheffield

Summary

Prostitution in Sheffield, a city with over half a million population, has been reviewed in its legal, social work, and medical aspects. The years studied were 1960–73. The medical studies were confined to the years 1968–72.

Prosecutions for soliciting increased steadily during the study period. The trend was more marked locally than nationally and was associated both with increased police activity and, more recently, with the pursuit of a socially-aware sentencing, probationary, and social work policy.

During the 5-year medical study, sixty prostitutes were seen. Using gonorrhoea as an index they were found to hazard the health of both themselves and others. Recurrent infection was the rule amongst them and 40 per cent. suffered salpingitis. In epidemiological terms our findings show that the vector role of prostitutes continues undiminished. The alleged decline in their role is relative only and not real. They accounted for one in six of *locally* acquired gonococcal infections in heterosexual men.

The study indicates the need for the regular monitoring of the social phenomenon of prostitution and for the detailed study of all its aspects on a national basis.

Introduction

The role of prostitutes as vectors of venereal infection varies widely in different parts of the world. In the United Kingdom the percentage of infections which they cause in men has been variously estimated. Willcox (1962) suggested that prostitutes were the source of between 15 to 19 per cent. of infections compared with 21 per cent. in 1954. Dunlop, Lamb, and King (1971) noted a decline in the role of prostitutes in London's East End from 31 per cent. in 1960 to 14 per cent. in 1969. Wigfield (personal communication) advised caution in the interpretation of such estimates; in Newcastle-upon-Tyne he noted that in 1960 of 245 male cases of gonorrhoea 27 per

cent. were infected by prostitutes, but in 1970 the corresponding figures were 17 per cent. of 501 men. The number of men involved in each year, however, was 65 and 85, an increase of 31 per cent.

The Street Offences Act of 1959 was introduced to contain the loitering and soliciting of street-walking prostitutes and in this it has been successful, but Wigfield's figures cast doubt on its effect on the number of practising prostitutes. Also in question is the effect on prostitution of the general liberalization of legal constraints, punishment policies, and changing social attitudes of recent years.

The aim of this study is to review the legal, social work, medical, and epidemiological aspects of prostitution in Sheffield, a city of over 500,000 inhabitants which accounts for about 1 per cent. of the total population of the United Kingdom. The years covered include the first full year following the enactment of the Street Offences Act, that is 1960, to the last full year preceding the re-organization of Local Authority boundaries, that is 1973. The medical and epidemiological studies are confined to the five years 1968 to 1972 inclusive. The study involved a review of Local Authority Reports, interviews and discussions with professional personnel concerned with the problem, and a retrospective study of patients' case notes.

For the purpose of this study, a prostitute is defined as one who for money, and habitually, with a variety of men, indulges in sexual intercourse. Women accepting gifts in kind, rather than cash are not included.

Methods and findings

Legal aspects

Figures 1 and 2 show that prosecutions under the Street Offences Act during the period studied have risen only marginally in England and Wales (2,928 to 3,133) but there was a five-fold increase in the city of Sheffield (25 to 127). The curve is biphasic in each graph. The second rise nationwide is interrupted by a plateau from 1967 to 1970; it was in this period that local prosecutions rose most dramatically.

The charge under the Street Offences Act is one of loitering or soliciting for the purposes of prostitution. The police are first obliged to give any suspect

FIG. 1 *Number of prosecutions of prostitutes in England and Wales, 1960-73*

two separate warnings and to report that this has been done. On any third occasions the woman is arrested, charged, and prosecuted. If found guilty she is fined £10. A successful second prosecution merits a fine of £25, and a third or further charge, one month's imprisonment and/or a fine of £25.

In 1968 the Chief Constable of Sheffield commented in his annual report for 1967 that the increase in the number of prosecutions for soliciting by prostitutes was 'largely due to an influx into the city of such women.' In 1965 only one first warning was recorded; in 1966 there were seventeen first warnings and five second warnings, and in 1967 there were thirty-two first warnings and eighteen second warnings. Much of this work was undertaken by the

FIG. 2 *Number of prosecutions of prostitutes in Sheffield, 1960-73*

so-called vice squad of the plain clothes department of the city police force. In 1967 the plain clothes department of the police force also formed a drugs squad which raided five houses where drug-taking and prostitution were believed to be carried on. Not surprisingly, the number of prosecutions rose steadily throughout the years 1969 to 1973.

Table I shows the outcome of local hearings during

TABLE I *Prostitution in Sheffield. Outcome of Magistrates' Court hearings, 1960-73*

Year	Total	Dismissed or discharged	Prosecution withdrawn	Committed for trial	Committed for sentencing	Suspended sentence	Prison	Fine	Absolute or conditional discharge	Probation
1960	25	1	—	—	—	—	—	21	2	1
1961	39	2	—	—	—	—	3	33	1	—
1962	31	—	—	—	—	—	2	27	2	—
1963	10	1	—	—	—	—	—	9	—	—
1964	6	—	—	—	—	—	—	6	—	—
1965	15	—	—	—	—	—	—	12	2	1
1966	8	—	—	—	—	—	—	7	1	—
1967	32	1	—	—	—	—	2	27	2	—
1968	35	—	—	—	—	—	5	27	1	2
1969	54	1	—	—	—	10	3	29	2	9
1970	82	6	—	—	7	9	10	39	2	9
1971	98	4	7	—	8	5	10	42	9	13
1972	99	9	1	—	3	12	4	44	2	24
1973	127	7	1	—	12	6/2*	5	58	9	26

*6—deferred
2—suspended

1960 to 1973. It is noteworthy that after 1969 there are variations in outcome. The number of cases documented as 'dismissed or discharged' and 'prosecution withdrawn' rose to 7 to 10 per cent. There is variation too in the means of dealing with the guilty. There is a swing from imprisonment to probation, and from committal to the Crown Court for sentencing to increased use of the suspended sentence. At no time in the study period was any woman sent to a detention centre or dealt with by an order under the Mental Health Act. One was bound over to be of good behaviour in 1973. Table II lists the outcome of 103 hearings concerning 44 women in 1972. In addition, two women were sent for Borstal training and one to the Crown Court for sentencing, and in one case the charge was withdrawn. Table III shows the details of the six women marked with an asterisk in Table II; these are persistent offenders and some who refused to pay a fine were imprisoned.

Authorized legal aid for those charged with soliciting, and representation in court by a solicitor, was rare in Sheffield in the earlier years of this study. Until the mid-1960s magistrates frequently referred the accused to the local department of venereology for medical examination under Section 26 of the Criminal Justice Act, 1948. With the advent of legal aid and representation, the proportion of pleas of not guilty increased and such referrals declined to zero.

A strange anomaly characterizes some of the court hearings. If, having previously been arrested and cautioned, a woman is arraigned before the magistrate, the charge sheet reads '... being a common prostitute she did solicit.' Prosecution for no other form of law breaking allows the past record of the accused to be divulged at the beginning of the hearing.

TABLE III *Details of the outcome of prosecutions of the six prostitutes most frequently brought before the courts during 1972 (marked ^a in Table II)*

'C' (9 Prosecutions)	
17.1.72.	Fine
25.4.72.	Probation order on each of four charges
23.7.72.	Suspended sentence
10.10.72.	Suspended sentence on each of three charges
'H' (7 Prosecutions)	
25.1.72.	Probation order on each of two charges
23.2.72.	Conditional discharge
14.3.72.	Fine on each of two charges
31.3.72.	Fine
11.7.72.	Fine
'I' (8 Prosecutions)	
10.2.72.	Dismissed
15.2.72.	Fine on each of two charges
17.5.72.	Dismissed
21.9.72.	Dismissed
10.10.72.	Suspended sentence on each of two charges
31.10.72.	Fine
'J' (8 Prosecutions)	
10.2.72.	Dismissed
15.2.72.	Fine on each of two charges
17.5.72.	Dismissed
27.6.72.	Crown Court (sentence)
21.9.72.	Dismissed
31.10.72.	Fine
7.12.72.	Suspended sentence
'O' (6 Prosecutions)	
23.3.72.	Probation order
10.8.72.	Fine
27.9.72.	Probation order
10.10.72.	Suspended sentence
17.10.72.	Fine
31.10.72.	Fine
'T' (6 Prosecutions)	
17.5.72.	Dismissed
22.5.72.	Fine
22.6.72.	Fine
10.8.72.	Fine
23.10.72.	Fine
15.11.72.	Fine

TABLE II *Prostitution in Sheffield. Appearances before the Sheffield City Magistrates between January and December, 1972*

Name	Sentence						Total prosecutions	Total fines (£)
	Imprisonment	Suspended sentence	Fine	Probation order	Conditional discharge	Dismissed		
A						1	1	
B			1				1	20
C ^a		4	1	4			9 ^c	10
D			1				1	5
E			1				1	20
F							2 ^d	
G			1				1	10
H ^a			4	2	1		7 ^a	50
I ^a		2	3			3	8 ^a	30
J ^a		1	3			3	8 ^{ac}	30
K	1		2	1		1	5	20
L				1	1		2	

continued overleaf

TABLE II—*continued*

Name	Sentence						Total prosecutions	Total fines (£)
	Imprisonment	Suspended sentence	Fine	Probation order	Conditional discharge	Dismissed		
M				1			1	
N		1	2	1		1	5	30
O ^a		1	3	2			6 ^a	30
P			2				2	20
Q				3		1	4	
R					1		1	
S	2		1				3	25
T ^a			5			1	6 ^a	55
U			1				1	25
V				1			1	
W			1				1	10
X			1	3			4	5
Y			1				1	10
Z				1			1	
AA			1				1	10
BB			1				1	10
CC				1			1	
DD				1			1	
EE		1					1	
FF	1						1	
GG					1		1	
HH			1				1	10
II				2			2	
JJ			1				1	20
KK		1					1	
LL							1 ^b	
MM			1				1	10
NN			1				1	10
OO			1				1	5
PP		1					1	
QQ			2				2	15
RR			1				1	5
44	4	12	44	24	4	11	103	500

^aSee Table III for details of 6 cases^cSent to Crown Court^bChange withdrawn^dBorstal training*Social services aspects*

Local trends have placed an increasingly heavy burden on probation officers, especially in the cases of women who were repeatedly charged. One of

Sheffield's senior probation officers was concerned with the problem throughout the period under study and before. In a recent review of the details of the social background and life style of seventy promiscu-

ous adolescents and young prostitutes she found all had one factor in common—an emotionally inadequate or absent father (Tryon, personal communication). The finding is considered essential to the understanding of prostitution both as a social phenomenon and in counselling convicted individuals. Probation is seen as an opportunity to get to know the girl or woman, to understand her temperament and motivation, and, through caring, to help her to understand herself and so enable her to reach a new self-confidence.

In 1972 the probation department of the local social services decided to detach a social worker, with his wife, to live in the most notorious area of the city. The main purpose was to bring social worker services in a totally committed, good neighbour way to an area where it was believed to be most needed. In particular it was hoped that the spread of drug abuse would be curtailed. In the event the social worker's wife came to know her prostitute neighbours very well (Pickup, personal communication). They numbered about twenty with about five in prison at any one time. She was able, if they wished, to help them arrange their lives more effectively. She advised them that, whereas prostitution is not in itself a crime, loitering and soliciting for the purpose are offences. She also counselled them on contraception, the use of condoms as a means of self-protection against infection, the need for regular attendance at the local department of venereology, and the wisdom of seeking legal aid, being represented in court, and fulfilling probationary obligations.

She learned much about the life style of the prostitutes and came to know their children and menfolk. She also counselled runaway girls who drifted into the area and were thinking of entering

the profession. She was impressed with the ease with which the girls drifted into the local brothel area when they ran away from home, and when shortage of money drove them to the cheapest accommodation.

Medical aspects

Sixty prostitutes were seen in the local department of venereology during the 5 years 1968 to 1972. Table IV shows that 145 infections were admitted as paid for locally when all men with gonorrhoea were interviewed at their first attendance. A further 141 infections were traced to local prostitutes by more elaborate contact tracing procedures such as repeated interviews, the use of a well-maintained collection of local newspaper cuttings concerning local court cases, cross and back referencing of case notes, recognition of social groups, and offers of clinical examination and laboratory testing when infection was known to have penetrated such groups. Table IV also shows that during the 5-year period *local* prostitutes accounted for about one in six of all *locally acquired* gonococcal infections in men attending the Sheffield department of venereology.

Table V shows the ethnic grouping of the 132 men admitting payment in relation to 145 infections (listed in the fourth column of Table IV). West Indians far outnumber all other immigrants in Sheffield, but relatively few of them use the services of prostitutes as compared with Pakistanis, Adenese, and other immigrants, who, particularly when they have language difficulties, may have prostitutes visit their homes.

Table VI concerns the prevalence of gonorrhoea in the sixty prostitutes attending the clinic during 1968 to 1972. The numbers traced directly from first contact interviews and those traced by all methods

TABLE IV *Gonorrhoea in Sheffield. Local heterosexual men infected by local prostitutes, 1968–72*

Year	Total Gc infections in males	No. of infections locally acquired	No. of local infections Payment admitted	Other infections traced to prostitutes	Total infections attributed to prostitutes	Percentage locally acquired infections attributed to prostitutes
1968	325	222	27	27	54	24.3 (16.6)*
1969	408	288	17	25	42	14.5 (10.3)
1970	501	367	21	29	50	13.6 (10.0)
1971	525	406	44	39	83	20.3 (15.8)
1972	460	380	36	21	57	15.0 (12.3)
Total	2,219	1,663	145	141	286	17.7 (13.0)

*Figures in parenthesis show percentage of the total Gc infections in males as shown in column 2

TABLE V *Gonorrhoea in Sheffield. Ethnic grouping of 132 men admitting a paid local prostitute as source of 145 infections, 1968–72*

Year	UK born	Pakistani	Adenese	West Indian	Other	Total
1968	7	10	3	3	4	27
1969	2	4	5	5	1	17
1970	4	10	3	3	1	21
1971	8	10	8	10	4	40
1972	9	5	0	10	3	27
Total	30	39	19	31	13	132

TABLE VI *Gonorrhoea in Sheffield. Infections in sixty local prostitute contacts, 1968-72*

Year	Infected prostitute contacts of 145 locally acquired infections in 132 men ^a	Infected prostitute contacts of 286 infections acquired locally ^a	No. of known prostitute infections in the year	Past history of gonorrhoea in prostitute contacts
1968	7	20	21	55
1969	6	13	14	52
1970	6	18	34	32
1971	8	25	43	49
1972	11	20	30	45
Total	38	96	142	233

^aSee Tables IV and V

are shown. At least ten women were known to be active throughout the 5 years, and another six were probably also in this category. 44 women attended during only 1 of the 5 years. Some had repeated infections in one calendar year. During the 5-year period the average number of infections in the sixty women was 2.4. Their past history showed that they had an average of four infections each.

Complications of gonorrhoea were common. No less than 25 (41.7 per cent.) of the sixty women had had an attack of salpingitis at some time. Two of these subsequently had an ectopic pregnancy. Several others exhibited the 'one child sterility syndrome', so well recognized in Victorian times. One had gonococcal septicaemia and two had a Bartholin's abscess. All sixty women had had trichomoniasis and overall its prevalence rate was similar to that of gonorrhoea. On the other hand, other sexually transmissible diseases appeared to be no more common in prostitutes than in the other women attending the clinic with gonorrhoea. Three of the sixty have been referred to a gynaecologist on account of abnormal cervical cytology.

Discussion

Measured by the number of prosecutions the Street Offences Act has had no effect on the number of women practising prostitution. This is more apparent in Sheffield than nationally, but it must be remembered that prostitution is largely a 'big city' phenomenon. Clearly there is in Sheffield an acute awareness of prostitution as a social phenomenon. The police expect the magistrates to support their endeavours to maintain law and order, and the magistrates need to note changing social attitudes, probation officer's reports, and the representations of defending solicitors. They must also consider whether their sentencing policy is effective in containing law-breaking, maintaining standards of public order, and meeting the expectations of the public as well as the police concerning respect for the law. There is no doubt that in recent years the fall in the proportion of charges proceeded with and the replacement of imprisonment by the suspended

sentence and support from the probation service reflect changing attitudes. Greater social awareness is also evident in the application of the legal aid system and the deployment of a social worker giving on-the-spot opportunities for day-to-day support to prostitutes. There is no evidence that this more liberal approach has curtailed the numbers involved, but it has offered a more relaxed atmosphere in which prostitutes feel free to seek legal, social, and medical care. In this way it may be seen to be helpful.

In medical terms prostitution is as hazardous as ever. Rees and Annels (1969) estimated that about 10 per cent. of women with gonorrhoea have some degree of salpingitis, and our findings show that the risk to the prostitute is as high as 40 per cent. About 10 per cent. of prostitutes may be expected to develop cancer of the cervix (Keighley, 1968). Half the expected number in our series have already developed this condition.

Our findings clearly demonstrate the importance of the prostitute as a vector of gonorrhoea and we share Wigfield's warning about the danger of underestimating it. The prostitute must be remembered in the planning of local venereal disease control programmes in the United Kingdom.

Overall, prostitutes accounted for one in six of cases of locally acquired gonorrhoea in men. Local prostitutes made the biggest contribution in the years 1968 and 1971, years when local control endeavours were thought to be at their best, particularly 1968 when after 7 or 8 years of vigorous contact tracing the number and proportion of locally infected males fell (Morton, 1970). At the beginning of 1971 a single purpose-built venereology department was opened, with improved social work staffing and facilities, and appears to have improved contact tracing in that year.

The prostitute is well recognized as the most difficult of all contacts to trace and her vector role has so far been little influenced. It may be possible to develop her as an index of gonorrhoea control, that is, the higher the proportion of locally acquired infections attributed to prostitutes the greater the degree of control.

Prostitutes as a group 'at risk' clearly require a special contact tracing and health education approach.

Our studies suggest that venereologists, like other professionally involved workers, have a contribution to make by way of regular provision of factual data. Concerted effort by all so concerned would assist a rational approach to the problems involved in recognizing the emotionally crippled and socially inept prostitute in need of long-term social support and intermittent medical care. In contrast to the simple, speedy, and cheap methods used in the past, this approach would be more complicated, time-consuming, and expensive. Such changes call for careful consideration and indicate the need for a nationally based review of all aspects of prostitution.

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