

## Effects of Illegal Immigration induced Commercial Sex Work: A review for the England case.

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**ABSTRACT :** This research investigates the impacts of commercial sex work induced by illegal immigration within the England context, adopting a secondary data collection methodology, the study uses qualitative and quantitative data from government databases, academic journals, and NGO reports to study the interconnection of human trafficking, migration status and public health. The research findings identify range of factors promoting human trafficking into the United Kingdom, which include socio-economic deprivation, low access to education, regional war/ violence and deceptive recruitment practices. Data analysis reveals a substantial demographic shift in the England's sex work industry, with migrant participation rising from 25% in 1985 to 63% by 2002. The study further examines the severe health and social consequences for the victims. Physical and mental health assessments indicate high prevalence rates of trauma among these victims, with **95%** of trafficked women reporting physical or sexual violence. Specific health complaints such as headaches (81%) and back pain (69%), alongside severe psychological conditions (depression, low self-esteem, and Post-Traumatic Stress Disorder (PTSD)). Socially, the victims face extreme marginalization, criminalization and drug abuse/ substance addiction used as a coping mechanism. The research concludes that the vulnerability of illegal immigrants is worsened by lack of social networks and fear of deportation, which hinders access to essential healthcare. To lessen these consequences, the study suggests some intervention strategies focused on enhancing victims' protection, improving educational access rates, and transitioning from disciplinary criminalization toward a support-based frameworks.

**KEYWORDS:** *Commercial Sex Work, Human Trafficking, Illegal Immigration, Public Health, Socio-economic Vulnerability.*

### I. INTRODUCTION

The intersection of illegal immigration and commercial sex work represents a critical, yet often neglected, challenge within contemporary public health and social policy in England. As globalization intensifies, the migration of individuals both documented and undocumented has become a defining feature of the modern socio-economic landscape. Among this mobile population, a significant subset finds themselves drawn into the illicit sex trade, driven by a convergence of structural vulnerabilities, economic desperation, and systematic exploitation (Constantino, 2014).

Human trafficking into the United Kingdom, particularly for sexual exploitation, is a pervasive issue that thrives on the margins of society. Research indicates that those trafficked for sex work, who are predominantly women, constitute the most socially excluded segment of the population (House of Commons, 2009). The genesis of this phenomenon is frequently rooted in "push-pull" dynamics, where poverty, political instability, and conflict in countries of origin "push" individuals toward perceived opportunities in more stable nations like England, while the demand for low-skilled or illicit labor acts as a "pull" factor (Constantino, 2014; Roberto, 2005).

The consequences of this engagement are profound and multifaceted, impacting the physical, mental, and social well-being of victims. Evidence suggests that the illicit sex trade is inherently tied to violence; studies have shown that an overwhelming majority of trafficked women experience physical and sexual abuse, often beginning in childhood and continuing under the control of traffickers (Zimmerman et al., 2006; Farley, 2017). Beyond immediate physical injuries, victims suffer from chronic health complications, including cardiovascular issues, pelvic pain, and long-term psychological trauma such as Post-Traumatic Stress Disorder (PTSD) and severe depression (Jeal and Salisbury, 2004; Belton, 1998).

Furthermore, the legal and social environment in England significantly exacerbates these harms. The criminalization of sex work, combined with the insecure immigration status of many victims, often discourages individuals from seeking essential health services due to the fear of deportation or arrest (Boynton and Cusick, 2006). This marginalization is compounded by social stigma, which undermines access to support systems and forces victims into deeper cycles of poverty, substance abuse, and homelessness (Brown, 2013; Marmot Review Team, 2010).

Despite the gravity of these issues, there remains a critical gap in understanding how systemic interventions can effectively alleviate the undesired consequences of illegal immigration-induced prostitution. This research aims to bridge that gap by critically reviewing the current state of literature regarding the drivers of human trafficking and the subsequent health and social burdens faced by victims in England. By analyzing these complex dynamics, this study seeks to provide actionable insights into strategies that prioritize the safety, human rights, and social rehabilitation of those impacted by this crisis.

## 1.2 Statement of Research Problem

The intersection of illegal immigration and the commercial sex industry represent one of the most complex socio-legal challenges in contemporary England. Despite the implementation of the Modern Slavery Act 2015, which aimed to curb exploitation, the phenomenon of "illegal immigration-induced commercial sex work" continues to expand, driven by global socio-economic disparities and sophisticated trafficking networks.

The primary problem lies in the systemic vulnerability created by undocumented status, which traffickers exploit to coerce individuals into the sex trade. Unlike domestic sex workers, illegal migrants face a "double jeopardy": they are subject to both the inherent risks of the sex industry and the constant threat of deportation. This legal precarity discourages victims from seeking medical or legal assistance, effectively shielding perpetrators from justice and leaving the victims in a cycle of abuse (Boff, 2012, UK NSWP, 2008a).

While existing literature acknowledges the presence of human trafficking in the UK, there is a lack of comprehensive reviews that synthesize the specific physical, mental, and social well-being outcomes for victims within the unique regulatory environment of England. This research seeks to bridge that gap by evaluating how illegal immigration status functions as a catalyst for extreme exploitation and identifying why existing intervention strategies have failed to alleviate the "undesired consequences" of this trade.

The research aim being "an investigation into the health effects associated with illegal immigration induced prostitution" will be achieved through the following objectives:

- i. To explore the factors that promotes human trafficking into the United Kingdom.
- ii. To evaluate the effect of illegal immigration induced prostitution on the mental and physical health of individual in England.
- iii. To evaluate the effect of illegal immigration induced prostitution on the social well-being of the victims in England.
- iv. To suggest intervention strategies that can be used to alleviate the undesired consequences of illegal immigration induced prostitution in England.

## II. CONCEPTUAL FRAMEWORK

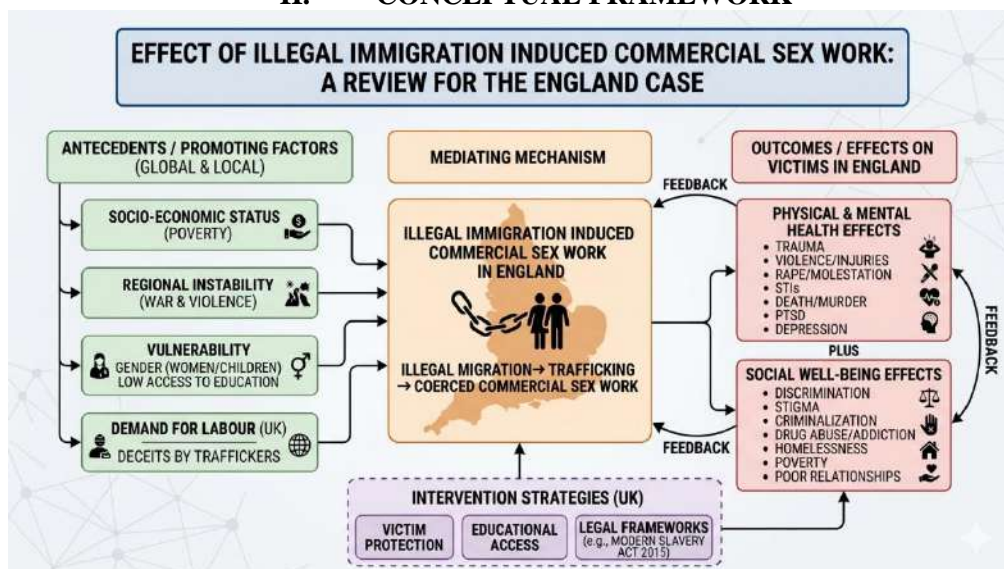


Figure 1: showing the conceptual framework

### III. METHODOLOGY AND DATA ANALYSIS

#### 3.1 Methods

The research is a secondary type and therefore relies on secondary data provided in literatures (journals, magazines, newspapers and books obtained from Google scholar and databases of the UK government website and google books). Data and information on illegal immigration, prostitution and its consequences presented in various form from different literatures were obtained, analyzed and represented in a suitable form.

The statistical data obtained from these literatures are represented using tables, charts and bars for better visualization and comprehension. The data are in most cases, qualitative in nature and therefore, requires susceptible and insightful interpretations backed upon by proofs from other reliable literatures.

The data are classified, analyzed and interpreted. The obtained data and information will answer the research set objectives so as to achieve the research aim

#### 3.2 Data Analysis

The data used for this research are secondary data collected by researchers, publishers or authors through interviews, fieldworks and reconnaissance surveys. Analysis was carried out on them so as to extract the maximum amount of relevant information the data contain. The use of secondary data was as a result of the covid-19 lockdown measure imposed by the government and as the result, the victims cannot be contacted easily and the process may involve risk of diseases (virus) infection.

The data collected will be classified and analyzed based on the criteria: History of immigration statistics in the United Kingdom, causes of illegal immigration and prostitution, Types of abuses experienced by prostitutes, Types of physical trauma experienced by prostitutes, Proportion of gender participating in prostitution in the area of study, Race and citizenship of sex workers in England and lastly, Physical and social consequences of prostitution.

These data and information are tabulated and presented in tables for easy visualization, comprehension and analysis.

### IV. RESULTS AND DISCUSSION

#### 4.1 Factors Promoting Human Trafficking in England.

After the evaluation of the interviews from different literatures on factors promoting human trafficking in the England, the following results were found:

##### 4.1.1 Sex Trafficking

Those trafficked in the UK for sexual exploitation, predominantly women, are the most vulnerable and socially excluded of all sex workers (House of Commons, 2009).

In 2006, Operation Pentameter was launched. This involved a public campaign to raise awareness about sex trafficking, and coincided with 525 police raids on establishments where sex was being sold; raiding approximately 10% of the UK sex work establishments. From these raids, the police found 72 women and 12 girls who were described as 'victims of trafficking'. However, there are questions overhanging the operation around the methodology used to identify these women as 'victims of trafficking' and how they were dealt once they were picked up by the authorities (UK NSWP, 2008a).

##### 4.1.2 socio- economic status (poverty & backwardness)

The common approach to the genesis of illegal immigration "push-pull" theories focuses on labor flows as an outcome of poverty and backwardness in the departure countries of immigration flows (Constantino, 2014).

The report also claims its findings indicate that vulnerability, trafficking and exploitation in particular, often resulted from migrant's socio-economic status, lack of social networks, and lack of knowledge about their rights and protection in the UK.

Whilst we cannot be certain on the exact scale of trafficking, researchers and commentators have been more specific about the damage and harm caused to the victims (Constantino, 2014).

##### 4.1.3 illicit sex trade and violences

Sexually exploited persons typically enter the illicit sex trade as minors, are frequently coerced or forced to engage in prostitution by pimps or traffickers (e.g. Chapkis, 2003; Farley et al., 2003), and are frequent victims of sexually transmitted diseases and violent crime committed by pimps, traffickers, and sex buyers.

There were 1,139 victims of trafficking for sexual exploitation in 2014, and 248 in April to June 2015 (following implementation of the Modern Slavery Act 2015) (House, of, Commons,, 2016).

##### 4.1.4 demand for labour

From an economic point of view, illegal immigrants act as an important supply of low-skilled labor, showing a higher dependence to labor market conditions than legal immigration, which makes them particularly appealing to U.S. and E.U. employers (Constantino, 2014).

#### **4.1.5 vulnerability**

Women being the major targets in trafficking are prostituted because they are vulnerable as a result of their poverty, a lack of educational options, lack of employment opportunities, and as a result of previous physical, sexual, and emotional harms. They are purchased on the basis of race as well as sex stereotypes (Farley, 2017).

#### **4.1.6 war and violence**

Other studies have played down the degree to which trafficked women are themselves subject to violence. They claim trafficked women who are often debt-bonded are controlled by the threat of violence to their families (Jackson et al., 2010).

Recent report published by the Voice of America (VOA) that the United Nations on international migrants' day attributed causes of illegal migration to lack of safety from persecution, violence and lack of better opportunities.

It was deduced from lots of experiences that large number of illegal immigrants in England came from developing countries, under developed countries and countries experiencing war and violence, poor economy and political instability.

#### **4.1.7 low access to education**

In developing and under developed countries, it is always believed that females have lower access than men to educational, economic and political resources. (Kangiwa, 2015). This instills a feeling of neglect among women and persuade them to migrate through whatever means they can and engage in whatever occupation that doesn't require formal education or teachings so as to bring food to their table, solve their basic needs in terms of food, health needs, clothing and shelter.

#### **4.1.8 child abuse**

Child abuse is also another contributing factor to illegal immigration as was witnessed by one of the women in prostitution who said: "we have all been molested over and over and raped. We were all molested and sexually abused as children, don't you know that? We ran to get away. They didn't want us in the house anymore. We were thrown out, thrown away. We've been on the street since we were 12, 13, and 14" (Boyer et al, 1993)

#### **4.1.9 deceptions**

Vast numbers of illegal immigrants have been victims of lies and deceptions by traffickers who promise them better life and opportunities outside their home countries or countries of residence.

In a study which interviewed 100 migrant sex workers, 67 women, 24 men, 9 transgenders, on their experiences of the UK sex work industry, only a minority of interviewees, amounting to 6% of female respondents, expressed that they had been victims of deceit and forced into sex work (Mai, 2009).

### **4.2 results of the effects on mental and physical health**

Sex workers narrated different harms inflicted by sex works which affect their physical and mental wellbeing as can be seen in the interviews below:

#### **4.2.1 poor physical and mental health**

In the Bindel et al. study, 79 % of the women complained of physical and/or mental health problems, whilst it is possible that others may suffer from physical and/or mental health problems that have yet to be diagnosed or reported.

A study by Zimmerman et al. (2006) provides a good insight into experiences of trafficked women across Europe. 207 women were interviewed for the study originating from 14 different countries, both inside and outside the EU.

Around 95% of the women in the study reported experiencing physical and sexual violence by their controllers, while 77% reported they had no freedom of movement (Zimmerman et al., 2006). Majority of women also experienced fatigue, weight loss and loss of appetite, and were forced to work long hours. These symptoms are associated with stress and depression, a result of their trafficked situation (Zimmerman et al. 2006).

The women also had other health complaints. 81% of the women complained of headaches and dizziness over prolonged periods of time, whilst 63% said they experienced abdominal pains and around half of respondents complained of cardiovascular problems. Back pain and dental problems were mentioned by 69 and 58% respectively, in addition to this, 60% complained of pelvic pain. It was noted that the women also displayed many other symptoms that were unspecified (Zimmerman et al. 2006)

#### **4.2.2 violence and injuries**

A study by Harding (2005), which examined the experiences of female sex workers in Nottingham, found that all of the women interviewed had experienced some form of violence, whether physical, emotional or sexual.

A study by Bindel et al. (2012) found that 2/3 of the sex workers they interviewed experienced violence while another study by Sanders- Mc Donagh and Neville (2012) claims that many sex workers have experienced increasing levels of violence and complained of harassment by police.

An occupational survey noted that 99% of women in prostitution were victims of violence with more frequent injuries “than workers in (those) occupations considered most dangerous, like mining, forestry and fire-fighting” (Gibbs, Sydie, and Krull 2000, 47).

50% of these women had head injuries resulting from violent assaults with, for example, baseball bats and crowbars. Many had their heads slammed against walls and against car dashboards. Sex buyers and pimps regularly subjected them to extreme violence when they refused to perform a specific sex act (Farley et al. 2005).

#### **4.2.3 rape and molestation**

Rape and molestation are another physical consequence experienced by prostitutes in the area of study. An interview reveals One woman in prostitution who said: “ we’ve all been molested over and over and raped. We were all molested and sexually abused as children, don’t you know that? We ran to get away. They didn’t want us in the house anymore. We were thrown out, thrown away. We’ve been on the street since we were 12, 13, and 14” (Boyer et al, 1993)

#### **4.2.4 murder/ death**

At its most extreme, violence against sex workers leads to death. An example of this is the high-profile case of Steve Wright who murdered five sex workers in the area of Ipswich around 2006.

In addition, a study by Ward and Day (2006) which examined the lives of 130 sex workers over a 15-year period discovered that two of their cohort had been murdered over the 15-year period.

An estimated 152 sex workers were murdered between 1990 and 2015. 49% of sex workers (in one survey) said that they were worried about their safety (House, of, Commons., 2016).

### **4.3 results of the effect on the social well-being of the victims.**

#### **4.3.1 poverty**

Women are prostituted because they are vulnerable as a result of their poverty, a lack of educational options, lack of employment opportunities and as a result of previous physical, sexual and emotional harms. They are purchased on the basis of race as well as sex stereotypes (Farley, 2017).

A study by Ward et al. (2004), which looked at data collected from clinics targeting sex workers over the period 1985- 2002, noted a trend in London based sex workers being more likely to originate from places outside Britain; 25% in 1985, compared to 63% in 2002.

#### **4.3.2 low confidence & self-esteem**

Trafficked women use sex to get money because they don’t believe in themselves. They have very low self-confidence. I think they are very disturbed. I think a lot of times they feel degraded. They feel like they have been used. They feel useless. I mean the ones I know have no self-confidence, so they feel less than a person and more like a commodity (Farley, 2017 and Schuckman et al., 2011).

#### **4.3.3 discrimination**

The literature also indicates that people with a criminal record, especially those who have recently left prison, see above section on ‘Cut Off Care’, are at risk of vulnerability due to difficulties in finding employment (Fitzpatrick, Bramley and Johnson, 2012). Again, sex work engagement may occur as a means to find alternative forms of income and survival.

#### **4.3.4 criminalization and stigma**

Government policies have neglected the complex needs of sex workers, criminalizing sex work and thus forcing sex workers into even more marginalized and vulnerable positions. This subjects them to increased likelihood of violence, poor health, addiction and an inability to escape their situation (Boynton and Cusick, 2006).

The behaviour of both the police and criminal justice system discourage sex workers from reporting violence and other crimes. Often, investigations tend to focus on the crimes relating to sex work instead of the crimes originally being reported. As a result, sex workers feel they cannot safely report crimes as they fear being treated like criminals and not as a victim (Boff, 2012).

Furthermore, sex work is associated with high levels of social stigma which is said to arise from an attribution of shame particularly applying to women (Scambler, 2007). From this view point, sex work is problematic, indecent and a violation of women’s rights which undermines the formal economy (Ward and Day, 2006).

#### **4.3.5 vulnerability**

According to a guidance paper by UK NSWP (2008a), discrimination, both in the workplace and from service providers often places migrants in extremely vulnerable situations. For example, migrant workers with insecure immigration status may be manipulated by sex work managers into working longer hours, partake in more risky behaviour (like not using condoms), feel reluctant to contact health services especially primary care services, due to fear of arrest or deportation and be unable to access services because of language barriers.

#### 4.3.6 drug abuse and addiction

Mc Keganey and Barnard's (1996) injectors did claim that they took a dose before their night's work and that it helped them to cope with the work. These prostitutes suggested that "they need to take a 'hit' to numb their awareness of the work they are doing". (Mc Keganey and Barnard 1996)".

Inga (Cockington and Marlin 1995), who admits to having used valium, ecstasy and marijuana in the past, now remains drug-free and clear-headed at all times; primarily because she says that she found that 'the straighter I was, the more money I made'.

Alcohol is often used by sex workers as a coping mechanism and a form of self-medication. Some sex workers may be reluctant to access support and treatment for their alcohol use for fear of losing this mechanism for coping (Brown, 2013).

Another key issue which emerged from Jeal and Salisbury's (2004) study is in relation to drug addiction. All of those interviewed for the study reported current or recent drug and/or alcohol dependency; many of whom referred to the use of intravenous drugs.

According to the Home Office (2004), 80-95% of on-street workers use heroin or crack, based on information from Church et al. (2001) study into sex work settings and violence.

#### 4.3.7 short life expectancy

Whilst there has been no comprehensive research into the impact of these conditions (poverty, violence and homelessness) on sex worker health, the poor socio-economic conditions of many sex workers, detailed in the literature, suggest that health and life expectancy among this group is likely to be extremely poor, even without consideration of the adverse health consequences of sex work (Balfour and Allen, 2014).

#### 4.3.8 poor relationship with people

Once out of prostitution, 76% of a group of women interviewed by Parriott (1994) reported that they had great difficulty with intimate relationships. Not only were sexual feelings destroyed in prostitution, but the emotional part of the self was eroded. (Hoigard and Finstad, 1986; Giobbe, 1991, 1992)

Describing the trauma of prostitution, and its consequences, one fourteen-year-old stated: "You feel like a piece of hamburger meat – all chopped up and barely holding together" (Weisberg, 1985).

#### 4.3.9 depression

Belton (1998) reported that depression as well as dissociative disorders was common among prostituted women. One prostituted teenager stated: "I left my body. Very seldom was I ever there. I had a good technique for leaving. I knew where I was at, I mean I knew what they were doing, but it was like I have no feeling... it was my survival. That was a way of knowing that they might have my body, but they're not going to get me". (Giobbe, 1992).

#### 4.3.10 post traumatic disorder

A woman described how her symptoms of PTSD were ignored by her counselor: "I wonder why I keep going to therapists and telling them I can't sleep, and I have nightmares. They pass right over the fact that I was a prostitute and I was beaten with two-by-four boards, I had my fingers and toes broken by a pimp and I was raped more than 30 times. Why do they ignore that?" (Farley and Barkan, 1998).

#### 4.3.11 homelessness

In a study by Jeal and Salisbury (2004) which analyzed the health needs of 72 on-street sex workers in Bristol, two-thirds of the women claimed they were homeless or under threat of being made homeless; staying in temporary accommodation such as hostels, bed and breakfasts, and crack houses.

Additionally, a report by Davis (2004) which looks into homeless women, stated that specialist agencies were reporting regular contact with high numbers of homeless women who were engaged in on street sex work (between 200- 300). It was also discovered that these women were likely to be excluded from hostels and other temporary forms of accommodation due to substance misuse and other complex needs.

#### 4.3.12 health consequences

All respondents reported some kind of chronic illness with 54% of respondents reporting poor health, whilst very few reported receiving treatments for their illnesses. STIs, vein abscesses, tuberculosis and other respiratory diseases, fatigue, acute pain and stress related issues are commonly cited in the literature on sex work to affect this group (Jeal and Salisbury, 2004; Zimmerman et al., 2006; Spice, 2007).

Due to the nature of the work, sexually transmitted infections are another inevitable risk which a number of outreach programs aim to combat (Jeal, Salisbury and Turner, 2008).

#### 4.3.14 childhood abuse

70% of the adult women in prostitution in one study stated that childhood sexual assault was responsible for their entry into prostitution (Silbert and Pines 1981, 1983).

Family abuse and neglect not only caused direct physical and emotional harm, but also created a cycle of victimization that affected their futures. One young woman said, "I started turning tricks to show my father what he made me" (Silbert and Pines, 1982).

One young woman told Silbert and Pines (1982): “I started turning tricks to show my father what he made me.” Many of the adolescents interviewed by Weisberg (1985) reported that they began prostituting *before* running away from home.

In another study, 90% of the women had been physically battered in childhood; 74% were sexually abused in their families with 50% *also* having been sexually abused by someone outside the family (Giobbe, 1991; Giobbe et al., 1990)

## V. DISCUSSION

England is a well-developed country with concentrated number of foreigners of which some have authorization while some do not has fallen among the main targets for illegal migrants as the country is qualified by more available jobs opportunities, lesser cost of movement especially by migrants coming from the African continent, peace, presence of relatives and friends to many migrants due to the migrant’s population, abundant amenities & social facilities, popularity which gives the migrants adequate knowledge about the place of destination, subsidies, special assistance & reputation which are the factors migrants consider in choosing their destination.

The research findings on the factors promoting human trafficking which in turns push the victims to sex works/ prostitution revealed some number of factors that promote human trafficking in United Kingdom. These factors are physical, social, economic and cultural in nature which are summed up to include: sex trafficking, socio- economic status (poverty), illicit sex trade and violence, demand for labour/ unemployment, vulnerability, lack of safety, low access to education, child abuse and deceptions are among the main factors promoting human trafficking in the England.

Women and children have been found to be the major victims of trafficking in England and this may be attributed to their weakness and vulnerability which push them to some conditions capable of inflicting physical, mental, social and psychological harms in them. Among the victims interviewed are those who were victims of sex trafficking.

S/N	Year	Proportion
1.	1985	25%
2.	2002	63%

Source: Ward et al. (2004)

**Table 1:** Showing the proportion of Migrant Sex workers flow increase.

Victims of illegal immigration induced sex work must have found their way because of vulnerability, trafficking and exploitation in particular, often resulted from migrant’s socio-economic status, lack of social networks and lack of knowledge about their rights and protection in the UK as contained in a report of Constantino, 2014. This show a strong bond between the victim’s socio- economic status and trafficking which is also increase their higher chance of engaging in selling sex, crime commission, violence and sexually transmitted diseases infection.

There is remarkable progress in combating trafficking and sexual exploitation in England as there was a decline in the number of the victims between 2014 to 2015 following the implementation of slavery act in 2015 during which the statistics fall from 1,139 to 248 in 2014 and 2015 respectively.

Roberto 2005 attributed the engagement of illegal migrants in prostitution to some factors like Poverty, Overpopulation, Family reunification in new country of residence, War/ Conflicts and Deprivation of citizenship.

Results of effects of sex works on physical and mental wellbeing of the victims reveal that; Physical and mental consequences have been found to be associated with sex works and from the results obtained from different interviews with the victims reveal an alarming result as the victims narrated, they experienced sexual and physical abuses from childhood by both family members and outsiders.

S/N	Type of abuse experienced	Proportion (%)
1.	Prostitute with history of sexual abuse	82
2.	Prostitutes with history of physical abuse	75

Source: (Michael Shively, Ph.D., Kristina Kliorys, Kristin Wheeler, Dana Hunt, Ph.D. , 2012)

**Table 2:** Showing number of Prostitutes with history of sexual and physical abuses

S/N	Type of abuse experienced	Proportion (%)
1.	Physically battered in childhood	90
2.	Sexually abused in their families	74
3.	Sexually abused by someone outside the family	50

Source: Bagley & Young, 1987; Silbert & Pines, 1981, 1983.

**Table 3:** Showing the type of abuse children faces

The victims narrated from their experiences how Sex work induces physical harms like; poor physical and mental health, violence and injuries, childhood abuses, health consequences, sexually transmitted diseases infections, rape and molestation, and murder. Some of these consequences can be seen as summarized from the work of Zimmerman et al. (2006) and presented in the table below:

S/N	Physical Consequences experienced	Proportion
1.	Headache and dizziness	81%
2.	Pelvic pain	60%
3.	Dental problem	58%
4.	Back pain	69%
5.	Abdominal pain	63%
6.	Cardiovascular problems	50%

**Source:** Zimmerman et al. (2006)

**Table 4:** Showing the proportion of physical consequences of illegal/ trafficked migrants and prostitutes across Europe

Results of effects of sex work on social wellbeing of sex workers link poverty to vulnerability of sex worker and therefore attribute it to be the cause of illiteracy, unemployment opportunities. These likely lead to physical, sexual, and emotional harms suffered by sex workers. Migrants sex workers suffer from social problems and harms in form of drug abuse, stigmatization, low confidence/ self-esteem, discrimination, criminalization, poor relationship with people, depression, post traumatic disorder, vulnerability and short life expectancy.

The socio-economic conditions in which people are born, grow, live and work, have a significant influence on health. People from the poorest neighbourhoods can expect to live, on average, seven years less than those from the richest neighbourhoods (Marmot Review Team, 2010). Therefore, sex workers with low income or from lower social class may have shorter life expectancy.

Against Roberto's (2005) claim above, some students engage in sex works to make up part of their tuition fees in institutions, the results debunked the notion and popular assumptions that prostitutes came from families with poor economic backgrounds by revealing other social conditions that can push illegal immigrants to sex works.

United Kingdom nationals and migrants from Eastern Europe have the highest proportion of sex workers in England. England has 63% while migrants make up the remaining 37% of the sex work industry. It is estimated that 52% of the migrant sex workers are from Eastern Europe and there was rise in this proportion between the year 1985 to 2002 during which the proportion rise from 25% to 63%. This shows a proportional increase in the rise in the number of illegal migrants and their engagement in the sex industry.

It is also learnt that sex workers lack self-esteem and are often facing discrimination from other people and thereby denied access to other vital services they need which inflict lots of harms in them. From the results obtained, reasonable number of migrants sex workers are engaged in drugs abuse and trafficking which exerts negative impacts in them which is capable of affecting their mental wellbeing and promoting drugs trafficking.

## VI. CONCLUSIONS

From the findings of the research through interviews with the victims which is contained in the literatures reviewed for this research, It can be concluded that the socio- economic status (poverty), sex trafficking, drug trafficking, illicit sex trade and violence, demands for labor, vulnerability, low access to education, lack of safety, child abuse and deceptions are the main factors promoting human trafficking in the area of study.

These factors do not only promote human trafficking in the area of study, but also drive the victims; majority of whom have low level of education to engage in low-income businesses like prostitution (along with others factors like Poverty, Overpopulation, Family Reunification in New Country of Residence, War/ Conflicts, Deprivation of citizenship) which has a lot of health consequences tied to it. These consequences affect the victims' physical, mental and sociological wellbeing.

Since the identification of these factors pushing illegal immigrants to engage in sex works/ prostitution, it is necessary that the victims should find and adopt a means of survival or source of livelihood so as to cater for their primary needs in the area of food, health shelter, clothing and other needs but unfortunately the primary need of their "health" is not given the necessary attention it requires and therefore, is affecting the sex workers physical, mental and sociological performance.

Sex works induces physical harms like; poor physical and mental health, violence and injuries, childhood abuses, health consequences (vein abscesses, tuberculosis and other respiratory diseases, fatigue, acute pain and stress related issues), sexually transmitted diseases infections, rape and molestation, murder and mental health issues like depression, post-traumatic stress disorder (PTSD) and suicide.

Social consequences like vulnerability, violence, drug abuse, unemployment, emotional harms, criminalization and stigma, poor relationship with people, marginalization, post traumatic disorder, shorter life expectancy, discrimination, low confidence and self-esteem are identified to be the major social problems bothering sex workers in England which are all capable of leading to depression.

The research implicates the bond between illegal immigration and sex work/ prostitution in the area of study. This can be deduced from the experiences of different illegal migrants and sex workers which reveal some factors in common among sex works and illegal immigration.

## VII. RECOMMENDATIONS

Adoption of Self Defense and Rape Avoidance Strategies is necessary for the victims of sex works, illegal immigration and trafficking. Adoption and implementation of slavery act in the migrants' countries of origin will also lessen trafficking and sex work participation of the migrants and promoting a more viable society.

There is need to establish an adequate support system so as to address the needs of the extant sex workers attempting to stabilize their lives and cease selling sex and for the victims suffering from physical, mental and social problems, Emerging public health interventions have therefore sought to advance their (sex workers') capacity to recognize and successfully negotiate these risks

There is also need for combined efforts among European countries especially the Eastern Europe which has the highest proportion of migrant sex workers in England on how to tackle the issues of insecurity, trafficking, border control measures and flow of illegal immigrants.

Governments in the under developed and the developing countries where majority of these illegal migrants came from; must combat poverty, ensure peaceful coexistence of the societies and communities under their control and shall also provide more infrastructures (access road, health facilities, markets, industries, banking and pipe-borne water) and social amenities which will provide room for economic growth, uplift standards of living, increase literacy rate and create more employment opportunities to its citizens so as to lessen the occurrences and number of illegal migrants.

The governments also need to reduce governmental corruption, population control measures, especially poverty reduction, increasing educational standards, Tackle inequalities in wealth and promote subsistence and social guarantees.

A strict penalty should be enacted and imposed on defaulters of illegal migrants and their prosecution so that it will serve as a lesson to those who may likely engage themselves in illegal immigration.

Public Education and awareness programs are other measures to be adopted so as to enable the general public to be aware the consequences associated with trafficking, illegal immigration and sex work/ prostitution and how these consequences exert harm on the victims' physical, social and mental wellbeing.

Emphasis should be laid on other protective factors such as education, social support and access to health care

Considering the type of the research and the data collection techniques adopted for the research which heavily relies on reliable literatures and other sources through interviews with the victims, it is recommended that a primary research should be conducted in the area of study which will involve collection of reliable first hand data from the victims which will be analyzed critically and give a more accurate results on the nature of health effects and other consequences suffered by illegal immigrants and sex workers/ prostitutes in England.

## VIII. ACKNOWLEDGEMENTS

An acknowledgement section may be presented after the conclusion, if desired.

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