



Report commissioned by
Tallaght Drugs Task Force



Review of Service Provision for Women

involved in

Prostitution

in Dublin 24

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Executive Summary

In 2007, the Health Promotion Subgroup of Tallaght Drug Task Force (TDTF) decided to place a focus on prostitution and sex working in Dublin 24 because several local service providers including Needle Exchange, HSE outreach and community projects were becoming increasingly concerned about anecdotal reports of women working in prostitution in the area. The Subgroup met with Linda Latham (Coordinator) and Kathryn McGrath (Outreach Worker/Counsellor) for the Women's Health Project and it was agreed that a review was required to identify the level of need in Dublin 24 and assess if a service, similar to the Women's Health Project, should be set up locally.

The research was conducted over several months in 2008 under the supervision of Dr Eamonn Keenan, Consultant Psychiatrist in Substance Misuse, HSE. The TDTF health promotion subcommittee and the field workers closely monitored the analysis of data and preparation of the final report. The research was funded by Tallaght Drugs Task Force. The HSE provided equivalent funding in terms of staff time.

This report complements two other pieces of research recently published by the National Advisory Committee on Drugs (NACD) on drug-using sex workers in Dublin and by Kelleher Associates et al (2009) on women trafficked into Ireland for sexual exploitation. Although the data did not fully capture hidden populations such as young people involved in prostitution, trafficked women/children and women experiencing sexual exploitation/prostitution through domestic violence the research nevertheless represents an important and valuable contribution to our knowledge of prostitution in Ireland.

The report is based on 37 individual interviews with representatives from 24 community/statutory/voluntary and private service providers ("Community interviews"); 9 women directly involved in prostitution ("Women's interviews"); findings from a survey of 48 women attending the Women's Health Project; findings from a Training Day offered to service providers; direct observation of areas in Tallaght known to be used for soliciting, and a search of the internet. The findings indicate that there are at least 106 females involved in prostitution operating in Dublin 24 or from Dublin 24 and working elsewhere.

Section 1 introduces the background to the research. Section 2 provides context drawn from the literature. Section 3 describes the methods. Section 4, 5 and 6 presents the research findings; Section 4 outlines a profile of the women involved, Section 5 considers vulnerability and how to identify it. Section 6 looks at service provision. Section 7 concludes the research and Section 8 lists evidence-based recommendations to inform future planning.

106 women were identified as being involved in the sex industry from or in the D24 area. 9 gave detailed interview and profiles of 97 women involved in prostitution were provided

by service providers (community interviews). There are a number of important findings in this research. The average age of women working in prostitution was early thirties and the average length of time women had worked in this area was 9 years. Four women had started working in prostitution before the age of 18 or were under 18 at the time of interview. However there were reports from the Community Garda and other service providers of at least 12-14 young people being groomed for sexual exploitation in the area.

Fifty two women of the cohort of 106 were drug users. Forty seven were in drug treatment; forty five were intravenous heroin users (IVDU) and 42 were on methadone treatment programmes. Two women were cocaine users who had started using at the age of 16.

Seventy women of the cohort of 106 were Irish and 33 were foreign nationals. The nationality was not known for 5 women. Of the 70 Irish women, 45 were IVDU whereas only 1 of the 33 foreign nationals was IVDU as far as is known. It is not known if these findings indicate that Irish women are more likely than foreign nationals to become engaged in prostitution to fund their drug habits or whether IVDU foreign nationals working in prostitution are more hidden from services. This warrants further study. At least 4 women were identified as being trafficked.

Cusick et al's (2003) concept of trapping factors were used to measure vulnerability in the 9 women interviewed. The aim was to assess if trapping factors are a useful tool which can be adopted by services in Dublin 24. The findings indicated that 4 women were very vulnerable, three were low-medium vulnerable and two were not vulnerable.

Cusick et al (2003) suggested that working outdoors was an indicator of vulnerability because of increased risk of drug misuse and violence. Of the cohort of 106 in this research, it was found that 59 women worked indoors, 35 worked outdoors and 11 worked a combination of both. One was unknown. The field workers emphasised that indoor working is an emerging trend in Dublin and does not necessarily lead to safer working conditions. At least 4 women were reported as trafficked for sexual exploitation.

The research assessed the need for local service provision for women working in prostitution and asked the women interviewed to identify obstacles that prevent women accessing services. Both the women who were interviewed and service providers interviewed emphasized the need for service provision in the Dublin 24 area. The services viewed as most important were health and support and information services for the women to include screening, counseling needle exchange drug treatment options, contraception and referral. All of the women interviewed spoke about the need for a service to be confidential and nonjudgmental while still expressing a fear of being seen and identified attending a service for women involved in prostitution. In terms of the location of a service, it became clear that the location needs to be discreet, possibly located within a building used by another service. Some respondents favored a separate

building but in a centre where the service would not be easily identified.

When asked who should provide the service, the majority of the respondents named the HSE and community and addiction services as key providers. Many favoured a partnership project.

The research findings clearly indicated that a local, confidential, “safe” place for women is urgently required where they can have access to sexual health services, information, advice, counseling and other supports. Prevention work, including education and awareness-raising in schools and among service providers, are also crucial.

In conclusion, the research findings strongly indicated that service provision is essential to address the issues facing the significant number of women identified as being involved in prostitution in Dublin 24. The field workers estimate that those identified in this report are a “snapshot” of those involved or at risk of involvement. Short and long term strategies are required to address the immediate and varied needs of those currently involved by ensuring they have access to health services and support to make alternative life choices. In the short term, key stakeholders should collaborate to identify a location for service delivery and develop an outreach programme. In the longer term, a strategy is required to bring about a reduction in demand for prostitution and address risk factors that make women and girls vulnerable to prostitution. Specific recommendations are given in Section 8.

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The field workers and authors convey their thanks and appreciation to Dr Eamonn Keenan, Consultant Psychiatrist in Substance Misuse HSE; The Drug Treatment Centre Board Ethics Committee Trinity Court; Grace Hill, Task Force Coordinator who gave her ongoing commitment, encouragement and practical support, and the nine women who gave their time to describe their experiences of prostitution in Dublin. Their views are central to this report. Thanks also to the TDTF Health Promotion Subgroup; Linda Latham Co ordinator Women’s Health Project; the Women’s Health Project Team; the Dublin 24 Outreach Team based at HSE Addiction Services Belgard Rd; Veronica Ryan, Senior Outreach Worker; Siobhan Reynolds; representatives of community/statutory voluntary groups/individuals who participated in the Training day and representatives of community/statutory voluntary groups/individuals who took part in interviews as part of the research. Finally, many thanks to the Health Promotion Subgroup of Tallaght Drugs Task Force for their insightful comments on the analyses presented in this report.

1 The Women’s Health Project is a service established by the Eastern Health Board, (now HSE) in 1991 to promote the health and wellbeing of women involved in prostitution. The service provides an outreach, Drop-in STI screening service and an addiction treatment programme for women.

2 NACD report: Cox & Whitaker (2009) Drug use, sex work and the risk environment in Dublin

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Acronyms

Addict	Addiction services
BASP	Brookfield Action Support Project
CARP	Community Action Response Project
FDRP	Fettercairn Drug Rehabilitation Project
FN	Foreign National
GMHS	Gay Mens Health Service
GP	General Practitioner
Hep B	Hepatitis B
Comb B vacc	Combination hepatitis B vaccination
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
HSE	Health Service Executive
INMP	Irish Network Male Sex work
IFPA	Irish Family Planning Association Tallaght
IVDU	Intravenous drug user
JADD	Jobstown Assisting Drug Dependency
KDPPG	Killinarden Drug Primary Prevention Group
n/a	Not available
NACD	National Advisory Committee on Drugs
NDS	National Drugs Strategy
N/E	Needle Exchange
PRIDE	People Related in Drug Education (Family support group)

Rehab	Rehabilitation (residential)
SACAG	St Aengus Community Action Group
Slanu	Community Employment scheme operating from CARP
STI	Sexually Transmitted Infection
SWAN fso	SWAN Family Support Organisation
TDTF	Tallaght Drug Task Force
TRP	Tallaght Rehabilitation Project
WASP	Whitechurch Addiction Support Group
WHP	Women's Health Project
WRENS	Women Reviewing Equality Networking

I Introduction

This section describes the background to the research and its aims and objectives.

1.1 Background to research

The Health Subgroup of Tallaght Drugs Task Force (TDTF) reconvened in January 2007. As part of the Task Force’s strategic planning, a number of health concerns affecting the client group were discussed and it was agreed to focus on prostitution in the area. HSE Outreach Workers/Counselors, Needle Exchange personnel, community workers and other sources of local knowledge were aware of clients involved in prostitution by self-disclosure.

The TDTF Subgroup met with Linda Latham Co-ordinator and Kathryn McGrath Outreach Worker/Counsellor from the Women’s Health Project in April 2007. The Women’s Health Project is a service which was established by the Eastern Health Board, (now HSE) in 1991 to promote the health and well being of women involved in prostitution. The service, located in Dublin 4, provides an outreach, drop-in STI screening service and support service.

Following this meeting it became clear that a feasibility study was necessary to establish if a service, similar to the Women’s Health Project, was needed in Dublin 24. This question had been initially discussed with the Women’s Health Project in 2003 and it was agreed that an action plan should be developed, particularly because research has shown that problem drug users engaged in prostitution are a marginalised group at risk of HIV (Darrow, Boles et al. 1991) and HCV infection (Harcourt, Beek et al. 2001).

At the next Health Subgroup meeting, the members decided there was a need to ascertain the amount of women/men involved in prostitution and what would be the most appropriate service responses. The group felt it was important not to limit the research to drug users and women but unfortunately a research partner for the investigation of male prostitution was unavailable at the time. Wynn Nelson Outreach Worker/Counsellor, Addiction Services HSE and member of the Health Subgroup agreed to contact Kathryn McGrath Outreach Worker/Counsellor of the Women’s Health Project to examine how to move forward. A proposal was submitted to the Drug Treatment Centre Board Ethics Committee Trinity Court by Wynn Nelson in her role as HSE representative on the Health Promotion Subgroup of TDTF with the support of the TDTF, compiled with the full support and assistance of the Women’s Health Project.

The methods adopted included in-depth interviews with nine women known to be currently or previously involved in prostitution (“Women’s interviews”); 37 individual interviews with representatives from 24 community/statutory/voluntary and private service providers (“Community interviews”); observation of areas in Dublin 24 known to be used for soliciting; a survey conducted by the Women’s Health Project; a Training day to inform service providers, and a

search of the internet.

The research was conducted over 18 months. The field workers were Wynn Nelson RGN, Outreach Worker/Counsellor, HSE Addiction Services, Dublin 24, and Kathryn McGrath BSc, Outreach Worker/Counsellor at the Women’s Health Project (Table 1).

Table 1 Background to the field workers

Kathryn McGrath	Kathryn has a BSc in Social Science and a higher Diploma in youth and community work. She initially worked in the homeless sector before moving into addiction services in 1996 in Tallaght, Dublin 24. She joined the Women’s Health Project in 1999.
Wynn Nelson	Wynn qualified as a RGN at St Vincent’s Hospital (1989) and she has worked in addiction services since 1991 as a nurse dispensing methadone and needle exchange to low dose methadone clients from Trinity Court attending Baggot St clinic. Since 1996 she has worked as an Outreach worker/counselor for the Addiction Services HSE, Dublin Mid Leinster in Tallaght, Dublin 24.

1.2 Profile of Tallaght, Dublin 24

This section gives a brief profile of Tallaght, Dublin 24. It is taken from the Tallaght Strategic Plan, 2008-2013 with kind permission of the TDTF Co-ordinator.

The population of Dublin 24³ has increased substantially in the last number of years and expansion is predicted to continue. In 2006, Tallaght had a population of nearly 80,000, which represented a 4.5% increase since 2002. The increase was concentrated in three areas: Jobstown, Kiltipper, and Firhouse Village.

An economic profile of South County Dublin (2006)⁴ indicates that the number of households headed by single parent families in particular areas of Dublin 24 are extremely high exceeding 50% in some areas. Single parent households may be more vulnerable to poverty and social exclusion.

Tallaght has a relatively young population with three quarters of its residents under the age of 45 years and 46% under 24 years of age. A profile of the area in 2002 shows low levels of educational attainment with 25% having left school before the age of 15. Nine of the 15 communities in Tallaght are classified as disadvantaged according to the Trutz Haase Index).

Statistics show the unemployment level among people living in Tallaght to be substantially higher than the national average and some electoral divisions have unemployment levels three

³ The data was gathered for the area serviced by Tallaght Drugs Task Force

⁴ Key Profile for South Dublin Dublin. Trutz Haase Social & Economic Consultants

times the national average. The Census data points to a prevalence of social disadvantage in Tallaght and this is borne out by the 2003 Trutz Haase Index findings which indicate that 60% of the TDTF area is disadvantaged to a greater or lesser extent.

1.3 Profile of Tallaght Drugs Task Force and Health Promotion Subgroup

Tallaght Drugs Task Force (TDTF) is one of 13 Local Drugs Task Forces set up in 1997 to facilitate a more effective response to the drugs problem in the areas experiencing the highest levels of drug misuse. The Local Drugs Task Forces, through improved co-ordination in service provision and through using the knowledge and experience of local communities in designing and delivering those services, have been a fundamental part of the fight against drugs in their communities.

TDTF represents a partnership between the statutory, voluntary and community sectors. TDTF and its partner organisations have made a significant contribution to addressing the drug problem in Tallaght through the provision of locally based responses that complement existing or planned drug programmes and services.

The Task Force is committed to developing a range of quality services across the National Drugs Strategy pillars. As part of NDS requirements, TDTF has a Board and five active sub-committees responsible for the planning and delivery of interventions. These are the sub-committees of Education & Prevention, Treatment & Rehabilitation, Supply & Justice, Health Promotion, and Family Support.

The Health Promotion subgroup is attended by 4 TDTF members and one HSE representative from the Addiction Service. It serves to review proposals directed by TDTF in relation to best practice in health promotion, harm reduction, training and prevention. It provides a forum to identify needs and gaps in service provision and an opportunity to explore ways to address them in consultation with colleagues from TDTF and elsewhere.

1.4 Women's Health Project (HSE)

The Women's Health Project (HSE) was established in Dublin in 1991. It is the only specialised service in Ireland responding to the health needs and harm experienced by women engaged in prostitution. The Women's Health Project provides specialised care to two main cohorts of service users: 1) drug using women involved in prostitution that present and seek support with many complex issues around social exclusion and addiction, and 2) migrant women often fleeing poverty and or conflict. A significant proportion of these women have been trafficked for purposes of sexual exploitation.

Until recently the Women's Health Project staff key worked and care planned victims of labour and sexual exploitation. This is part of a statutory national response to provide protection and support to victims under the guidance of the

Department of Justice Equality and Law Reform following the introduction of the Criminal Law (Human Trafficking) Act 2008. Working with victims of trafficking is intensive and can be challenging. The Women's health project engages with female victims of sexual exploitation and understands the impacts and complexities of the globalised sex industry on women and girls. The Women's Health project experience is that prostitution is in itself a high risk and exploitative situation for women and that risk is compounded by other factors such as drug use, poverty and homelessness⁵.

1.4.1 Sexual Health Clinic

A key element of the work of the Women's Health Project is a drop-in sexual health clinic staffed by an all-female team, which includes a gynaecology/reproductive health doctor, project co-ordinator, nurses, lab staff, outreach workers/counsellors, general assistants and administrative support. The clinic can be accessed one afternoon and one evening a week and no appointment is required. It provides a range of services including:

- A sexual health service, testing and on-site treatment of sexually transmitted infections, cervical smear tests and referral for treatment of pre cancer cells, HIV, Hepatitis, syphilis testing and hepatitis vaccinations. Clients are referred to gynaecological departments in local maternity hospitals, if they have complications
- Education on safer sex and the risks of prostitution for women's sexual health
- Information and support on the risks and consequences of all forms of sexually transmitted infections
- HIV information including risk and treatment options in Ireland
- Advice on all forms of contraception and the risks of relying only on condoms to prevent pregnancy
- Crisis pregnancy support and information on all services in Ireland and abroad
- Advice on staying safe on the streets and while engaging in in-indoor prostitution
- Individual support, in circumstances as when women have been assaulted or raped
- Garda liaison for referrals to Sexual Assault Treatment Unit (SATU) and specific advice regarding criminal threats and assaults
- Needle exchange for drug addicted women, where appropriate and advice on safer drug use
- A community welfare officer is available for referrals on issues relating to social welfare^[1]
- Assistance to women who wish to leave prostitution/sex work by finding alternative means of income

1.4.2 Outreach Work

As well as the sexual health clinic the Women's Health Project engages with women in a number of other ways:

- Outreach work on the streets

⁵ This text was written by the Women's Health project Co-ordinator, Linda Latham

[1] The community welfare officer post has since been lost due to funding cuts

- Outreach to parlours/brothels
- Home visits to apartments
- Mobile Methadone clinic^[2]

Outreach Work on the Streets

Two nights a week, outreach workers make contact with women who engage in street prostitution. Support, advice on clinics etc. and condom distribution is a key element of this work.

Outreach to Parlours/Brothels/Apartments

Since 1994, the Women's Health Project has provided an outreach service to massage parlours/brothels/apartments. Staff have developed a good rapport with many women working in the parlours. An increasing number of women now work from private apartments, outreach workers will in certain circumstances visit women. The project has developed safety guidelines for workers.

1.4.3 Education / Training

The Women's Health Project provides a range of training to Statutory/NGO and service groups. Training can be tailored to meet the group's needs.

Topics include;

Trafficking of human beings for sexual exploitation
 Harm of prostitution- physical, psychological and societal.
 Contraception
 Sexually transmitted infections
 HIV/ Hepatitis
 Sexuality
 Women's health Services
 Routes in/ out of prostitution
 Addressing prostitution in your service

1.5 Aims and objectives of research

There were two main aims to the research:

- 1) To quantify the number of women working in prostitution within the Dublin 24 area and/or from Dublin 24 but working elsewhere.
- 2) Identify the most appropriate services and/or responses to meet the needs of the client group

The research objectives were as follows:

- Describe communities, statutory agencies, voluntary organization and private business' knowledge of prostitution in Dublin 24
- Map social/physical work settings where prostitution occurs
- Ascertain a profile of the client group by interview
- Describe/identify health services accessed by client at present
- Identify gaps in service provision and make recommendations for future development.

1.6 Research methods adopted

Two specific qualitative questionnaires were designed to obtain information on the number of women involved in prostitution in the Dublin 24 area; where prostitution takes place (ie social and physical work setting such as indoors/outdoors) and what are the most appropriate service responses. The questionnaires are presented in Appendices 3 and 4. The first questionnaire was used for face-to-face interviews with women currently or previously involved in prostitution ("Women's interviews") and the other was used to explore service providers' knowledge of prostitution in their area ("Community interviews"). Every attempt was made to avoid bias and the interview approach was planned carefully to ensure anonymity.

Secondary data included examination and comparison of data of published Irish research reports including:

Kelleher Associates et al (2009) Globalisation, sex trafficking and prostitution: The experiences of migrant women in Ireland, prepared by the Immigrant Council of Ireland in co-operation with the Women's Health project and Ruhama.

Cox & Whitaker (2009). NACD report on drug use, sex work and the risk environment in Dublin.

1.7 Definitions and terms used in report

For the purposes of this research, the Health Promotion subgroup of Tallaght Drugs Task Force (TDTF) agreed to adopt the following definitions of prostitute and service provision.

Prostitution: The definition agreed by the Ethical Board Trinity Court and also adopted by the Home Office UK (2004) is used in this research, as follows:

"Exchange of sexual services for some form of payment – usually money or drugs"

Service provision: "All services that address the physical, psychological and emotional health of the target group"

Women's interviews: Nine women known to be currently or previously involved in prostitution were interviewed for the research

Community interviews: 37 representatives from 24 services, mostly located in Dublin 24, participated in the research by means of questionnaires and interviews.

In this report, the term sex working/sex worker and prostitute/prostitution/women working in prostitution are used interchangeably and should not be taken to reflect any bias on the part of the authors.

Please note that the NACD report on Drug Use, Sex Work and the Risk Environment in Dublin (2009) is cited as Cox & Whittaker (2009) in the text.

[2] The mobile clinic providing harm reduction and methadone dispensing ceased operation on 11 April 2010

2 Context

This section sets the context to the research by drawing on relevant national and international literature.

2.1 Explanation of terms “sex work” and “prostitution”

A central and as yet unresolved debate in this field of research is the question of terminology, ie which terms most accurately describe men and women who exchange sexual acts for money or goods. Groups who support use of the terms prostitute or women/men working in prostitution say that these terms reflect the coercion and lack of choice which many people may experience. Promoters of the terms sex work/sex worker argue that these are less emotive and reflects the evidence that at least some people have choice and choose to earn a living in this way.

Cox & Whitaker (2009) used the terms sex work and sex worker in their research on behalf of the NACD. Cusick et al (2003) used the terms sex work and sex worker because – they argue - these terms focus on occupation and reject assumptions and labels about individuals’ choice of occupation⁶. However, Cusick et al (2003) use the terms prostitute and prostitution for young people under the age of 18 because the term sex worker implies that children are working.

On the other hand, researchers into trafficking for sexual exploitation argue that the terms prostitute/working in prostitution for both adults and young people better reflect the circumstances under which trafficked people may be forced to work (O’Neill et al 1999).

These examples illustrate the complexity of the debate. The published literature indicates that, in reality, women and men who sell sex are a heterogeneous population. Kelly & Reagan (2000) emphasized that we should think in terms of a continuum between full choice and no choice; this is supported by the work of Cusick et al (2003). By studying over 680 published research studies on Medline, Harcourt and Donovan (2001) identified 25 different types of sex work based on worksite and principal mode of soliciting clients or sexual practices. They concluded that no single term covers the full range of practices and experiences that exist.

2.2 Legislation in Ireland

Sex work/prostitution itself is not an offence under Irish law. However, the Criminal Law (Sexual Offences) Act of 1993 prohibits soliciting or importuning another person in a street or public place for the purpose of sex (This offence applies to prostitute and client.). It also prohibits loitering for the purpose of prostitution, organizing sex work/prostitution by controlling or directing the activities of a person involved in prostitution, coercing one to practice sex work/prostitution for gain, living on earnings of the sex work/prostitution of another person, and keeping a brothel or other premises for the purpose of sexual activities. Advertising brothels and sex work/prostitution is prohibited by the Criminal Justice (Public Order) Act of 1994.

2.2.1 Trafficking

Criminal Law (Human Trafficking) Act, 2008 and Government response

The Government enacted the Criminal Law (Human Trafficking) Act, 2008 which is effective since 7th June, 2008. It contains measures to criminalise trafficking in adults or children (under 18 years of age) for the purposes of labour, sexual exploitation or the removal of organs. The Act makes it an offence to sell or offer for sale or to purchase or offer to purchase any person for any purpose. Penalties of up to life imprisonment apply in respect of these offences. It is also an offence to solicit for sex work/prostitution a person who s/he knows or has reasonable grounds for believing is a trafficked person. The penalty can be up to 5 years imprisonment.

Interdepartmental High-Level Group

An Interdepartmental High-Level Group was established by the Minister for Justice, Equality and Law Reform to draw up a National Action Plan and recommend the most appropriate and effective responses to tackle trafficking. The Group comprises representatives from various Government Departments and Public Service Bodies. It is co-chaired by the Director General of the Irish Naturalisation and Immigration Service (INIS) and the Assistant Secretary in the Department of Justice, Equality and Law Reform with responsibility for crime issues. The Group is supported by five interdisciplinary working groups, one of which deals with trafficking for sexual exploitation.

Anti-Human Trafficking Unit

The Anti-Human Trafficking Unit was established in February 2008 to ensure that the State’s response to trafficking is co-ordinated. It works closely with both State and non-governmental organisations. The Unit is also responsible for the implementation of the National Action Plan to Prevent and Combat Trafficking of Human Beings in Ireland. The Plan focuses on: Prevention and Awareness Raising; Prosecution of Traffickers; Protection of Victims, and Child Trafficking.

The Plan, which was published by the Minister for Justice, Equality and Law Reform on 10 June, 2009, sets out the structures to facilitate ratification of the Council of Europe Convention on Action against Trafficking in Human Beings and the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children. The main aim of the National Action Plan is to ensure that Ireland’s response to human trafficking is appropriate to the nature and scale of the problem and in line with international best practice. The Unit maintains close links with the Garda National Immigration Bureau (GNIB), which is actively involved in the fight against the trafficking of human beings into and within Ireland.

⁶ The term sex worker follows UK Government guidance (Department of Health, UK 2000).

Blue Blindfold Campaign

Ireland participates in a European initiative known as the G6 Human Trafficking Initiative, which includes the UK, Poland, Italy, Spain and the Netherlands along with Interpol, Europol and Eurojust. These six countries agreed to run awareness-raising campaigns in their countries to raise awareness of the problem of human trafficking with the public and law-enforcement agencies. The Irish campaign commenced with a joint press launch by the Minister for Justice, Equality and Law Reform and the Garda Commissioner on 21 October, 2008. The key theme of the campaign is 'Don't Close your Eyes to Human Trafficking', and the image of the blue blindfold represents the risk of people having their eyes closed and being unaware of the crime that may be going on around them. Given the nature of the crime, victims may be reluctant and frightened to come forward. The campaign is designed to encourage the public to share any suspicions or information with the Garda Síochána, who will then investigate them accordingly.

Further information on the indicators of human trafficking and the campaign is available by visiting www.blueblindfold.gov.ie.

2.2.2 Violence against women

Following on from the study on domestic violence entitled *Making the Links* (Kelleher Associates and O'Connor 1995) commissioned by Women's Aid and the report of the National Women's Council of Ireland on sexual crimes (1996), the Task Force on Violence against Women was established. In April 1997, the Report of the Task Force was published and in December 1997, the National Steering Committee (NSC) on Violence against Women was set up to implement the recommendations of the Task Force report. This became Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-based Violence. It provides a dedicated, resourced office at Government level to deliver a co-ordinated, whole-of-Government response to these forms of violence. Cosc was established in June 2007, and its remit covers domestic, sexual and gender-based violence against women and men, including older people.

Cosc supports and works closely with service providers (both state and non-governmental organisations) that support victims and treat perpetrators.

This work includes:

- Raising awareness about the level and impact of these crimes and of local services that are available for victims
- Developing strategies for preventing and dealing with these crimes in line with best international practice
- Further developing standards for service delivery and for training programmes
- Putting in place positive actions which work with perpetrators
- Facilitating the implementation of internationally established best practice throughout the sector
- Working with relevant bodies to put together a body of

research which will inform future policy directions

- Representing Ireland at international fora, such as EU meetings
- Proposing legislative and policy change

There is growing evidence that sexual abuse/domestic violence is widespread in Ireland and the victims can be male or female. Within the domestic environment sexual abuse may involve women being coerced into group sex and other activities by partners who threaten to withhold housekeeping or abuse the children if they don't consent. There is an urgent need for more evidence-based research locally and nationally.

2.3 Profile of people involved in prostitution in Ireland

In 1996, the Women's Health Project profiled 84 women involved in prostitution (O'Connor et al, 1996). Of these, 73% were aged 25-44 with 5% under the age of 20 and 5% over the age of 50. 52% had left school between the ages of 14-16, 39% between 17-18 years and 7% left with primary school education only. Fifty one percent stated they were single at the time of interview (no partner, boyfriend, co-habiting); 26% were separated; 19% were married, and 4% had been widowed. Seventy six percent were mothers.

The majority of women entered prostitution between the ages of 19 and 30 (67%). Nineteen percent had worked in the field for 10 to 14 years, 23% for 5 to 9 years and 28% for between 1 and 4 years. Forty five percent worked in parlors and 23% on the streets; many worked in more than one place.

In 1999, O'Neill & O'Connor conducted a survey of 77 drug using women engaged in prostitution. At the time of interview, one third were working on the street; 20 were living in emergency accommodation; 19 were accessing services at the Women's Health Project; 12 were in prison; 4 were attending EHB drug treatment clinics and 1 was working in a massage parlor. Compared to the research carried out in 1996, there was some indication that respondents were younger, more likely to be homeless, and their partners were likely to be intravenous drug users and not on a methadone programme. The age at which they became involved in prostitution ranged from 13 to 39 years; 45% started working between the ages of 13 and 19 years. The reasons given were mainly financial and included the need to fund drug habits.

Levels of health awareness varied, particularly with regard to the low number of women who had been screened for STIs; the high number of women who did not return for HIV test results; low levels of action when condoms malfunctioned and the number of times when safe sex was not practiced. It was also found that while 90% of women used barrier methods with clients, 70% did not use them with partners. This trend has also been seen in international research (cited in O'Neill & O'Connor, 1999) and raises issues for safe sex education.

In 2009, Cox & Whitaker conducted research for the NACD to identify risk factors in the lives of drug using sex workers in Dublin. Of the 35 participants, 31 were female and 4 were male, 3 of whom self-described as gay. The average age was

32 and 68% were parents. One in 4 was homeless at the time of interview. 88% were in receipt of methadone maintenance but also used heroin (65%); cocaine (29%) and crack cocaine (15%). High levels of unsafe sex and injecting practices were reported.

2.4 Nationality and trafficking of women and minors for sexual exploitation

The research studies by the Women's Health Project (1996, 1999) and Cox & Whitaker (2009) described in Section 2.3 did not consider nationality. Our knowledge of foreign nationals engaged in sex work/prostitution in Ireland is based primarily on two studies concerning trafficking of women for sexual exploitation (Ward & Wylie, 2007 and Kelleher Associates et al, 2009). Ward & Wylie (2007) reported on probable sex trafficking of 76 women between 2000 and 2006. They provided evidence that 34 women came from the former Soviet Bloc and 29 women from Africa (Nigeria, "Africa", Kenya and Cameroon). They also reported from international research which suggests that the majority of trafficked women into Europe and the USA since 1994 appear to be central and eastern European nationals. This was also indicated by Gardai raids on lap dancing clubs in 2003 (Bailey, 2004 cited in Ward & Wylie (2007) where most of the women were from "Eastern Europe".

Kelleher Associates et al (2009) reported 166 trafficked women for sexual exploitation over an 18 month period between 2007 and 2008. 102 trafficked women were identified. One thousand women were estimated to be involved in indoor prostitution, 97% of whom were migrant women. Of these, 51 different nationalities were identified, 71% of whom were from Africa and 16% from Eastern Europe. Eleven percent were minors at the time of entry.

None of the research participants knew they were being recruited for the sex industry. Seventy one percent of the participants had experienced physical violence; 56% reported being raped while being trafficked/prostituted; 22% reported being gang raped in their country of origin, and 6% reported gang rape while being trafficked. The research provided evidence that trafficked women are either controlled by their traffickers or passed over to Irish brothel owners.

There is some evidence that women are specifically brought in for clients of the same nationality. For instance, Ward & Wylie (2007) reported an instance of a Chinese brothel in Ireland for Chinese men with Chinese women working there.

Kelleher Associates et al (2009) report also described the difficulties women face when they arrive in Ireland and, if they manage to escape from their traffickers, the hostile legal and social environment they are likely to find themselves in.

The legal status of trafficked women in Ireland is complex and unsatisfactory: trafficked women can be treated as illegal immigrants if they come to the attention of the Gardai and may be incarcerated or deported.

2.4.1. Trafficking of children into Ireland

Conroy, P (2003) on behalf of the International Organisation of Migration conducted an investigative study of child trafficking in Ireland, one of very few studies published. Their findings are summarised as follows:

- Approximately 10% of unaccompanied minors coming into Ireland are the subject of investigation in relation to criminal trafficking or smuggling by adults,
- Child trafficking investigations deal with children from the former war zones of the Balkans, the coastal countries of West Africa and Romania,
- Many child victims have already passed through another European country en route to Ireland,
- Suspected child victims of trafficking are aged from 3 years old to 17 years old and include both boys and girls,
- A number of unaccompanied children in the Cork region have been removed by unauthorised adults from their accommodation and could not be found later,
- A number of children who have been smuggled into Ireland for so-called humanitarian purposes have in fact been sexually abused by the time they arrive in Ireland. This is also the case for similar children in Northern Ireland.
- Some children coming into Ireland within larger family groups and who are in the care of adults, have later run away claiming either sexual or labour abuse,
- Some child victims are too small or have too little English to explain how they came to be in Ireland; others have been coached or bullied into giving false names and origins.

2.5 Males working in prostitution

Little is known about male sex workers in Ireland, largely because there are no specific services for this client group. The GMHP report, *Such a Taboo*, is 10 years old but it is probably still relevant. The findings indicated that there is no "one type" of male prostitute: "there are those who get involved through need and those who get involved through choice".

Of the 27 respondents in the GMHP study (*Such a Taboo*, 1997), 4 were aged 13 when they first had paid sexual contact; 3 were 20 years old and 20 were aged 14-19 years. In the research carried out by the Mid Western Health Board on underage prostitution, it was concluded that many do not use barrier protection and are unaware of the risks of contracting HIV, HCV and other STIs. GMHP highlighted the barriers young males may experience which prevent them from accessing services and other supports. Mandatory reporting, while necessary in relation to child protection, may prevent young people from seeking help because of the fear that the service provider will be obliged by law to report him/her. This means that some young males (and females) involved in prostitution (through choice or otherwise) are likely to be high risk, hidden from services and very vulnerable.

2.6 Young people involved in prostitution

Few studies have been conducted on prostitution among young people in Ireland. In the UK, Cox & Whitaker (2009) reported that the age of the respondents became involved in prostitution between 13 – 34 (median age 19) and age of first drug use ranged from 7 -39 years (median 13). The study by O'Neill & Whitaker (1997) showed that 45% of the sample surveyed entered prostitution at or before the age of 19 years.

Streetwise Youth in London conducted a survey of young prostitutes and found that 80% began prostitution due to a "severe or desperate shortage of money" (Bluett et al 2000). Moore & Rosenthal (1993), in their study of sex work in adolescence, concluded:

"Realistically speaking, it is unlikely, particularly in times of economic hardship and high levels of unemployment, that teenage sex work will cease. If a young girl can earn large sums of money each day, even though she has to share her earnings with her pimp, she is unlikely to settle for a minimum-waged job. Nor are we likely to be able to ensure a happy and fulfilling, trouble-free home life for all our teenage girls. What we can do is to ensure that young girls who are in difficult circumstances have alternatives to sex work and that those who wish to escape from sex work can do so."

The NACD's research on drug using sex workers (Cox & Whitaker, 2009) in Dublin indicated that most of the 35 research participants were exposed to illicit drugs from an early age and started to experiment from early adolescence. A significant minority were still minors and already dependent heroin users when they became involved in prostitution.

Cusick et al's report (2003) emphasised the importance of developing appropriate protocols and guidelines for service providers in order to accurately identify young people at risk of prostitution. They suggested that most vulnerable children are already in contact with services and that more can be done via the care and criminal justice system to prevent their involvement at an early age. Vulnerable children need support to ensure they are securely housed, socially included and have access to services on the basis of need.

2.7 Grooming of young people

Although there are very few published reports of grooming of young girls for sex in Ireland, there are increasing numbers of reports and convictions in the UK of men grooming young English girls. The Home Office (UK) have produced videos for distribution to schools warning of the risks to young people which include information on teenage boys who lure girls into prostitution with older men by lavishing them with gifts and charm. This is described as "internal trafficking" by the Home Office.

2.8 Homelessness and prostitution

O'Neill & O'Connor (1999) reported that 35 of 77 women

who participated in the research were homeless at the time of interview. Their work highlighted that no fixed address can make it difficult to access services. Cox & Whitaker (2009) in their study of drug using sex workers concluded that homelessness produces risk and limits the effectiveness of harm reduction interventions. They cited Kemp et al (2001) whose research showed that the combined experience of homelessness and problem drug use increases life threatening behaviour including polydrug use, overdose, HIV and HCV infection, and involvement in sex work. They recommended a number of measures including:

- On site hostel Needle Exchange in order to ensure homeless drug users staying in emergency accommodation have access to sterile injecting equipment and associated paraphernalia.
- Ensure hostel residents have access to adequate primary health care.
- Provide flexible hostel accommodation for homeless drug using sex workers/people involved in prostitution which encourages and facilitate recovery and rehabilitation

2.9 Drug misuse and prostitution

The Women's Health Project documented the findings from interviews carried out with 77 drug-using women involved in prostitution (O'Neill & O'Connor, 1999). The drugs used were mainly opiates, particularly heroin and methadone, but cocaine and ecstasy were also used. Eighty three per cent said that they had injected drugs in the previous month. Female IVDUs tended to be younger, working primarily to fund their habit, and they were found to have the least favorable health risk profile when compared with all women engaged in sex work/prostitution. The authors stated that it was often more difficult to attract female drug users to health services, even though they were possibly the ones most in need of the services provided. This study also found significant levels of homelessness associated with drug use among the women interviewed.

In 2009, the NACD published the findings of interviews with 35 drug-using sex workers. The average age was 32. Sixty eight percent were parents. One in 4 was homeless/living in emergency accommodation. Eighty eight percent were in receipt of methadone maintenance. Other drug use was high, including heroin (65%), cocaine (29%) and crack cocaine (15%). Benzodiazepine and alcohol use were also common.

Service providers who participated in the research for Such a Taboo (1997) identified drug addiction as the most common reason for involvement in sex work among males. One participant reported "with drug users they tend to have left school early with less job opportunities so they have little other means to get drug money". With underage male prostitution, one service provider felt that there was a direct correlation between drug addiction and prostitution: "I feel that someone may become involved in drug use and end up being pimped, he may be in debt to the dealer, he can pay his debt off by sex work".

Cusick et al's (2003)⁷ research provided statistically significant figures about drug use and the location of sex work (indoors vs. outdoors) which led them to develop their concept of "trapping factors". Their findings showed that:

- Mean age of first hard drug use among participants who had worked mainly outdoors since starting sex work was 15.8 years whereas it was 17 years for those who had worked mainly indoors.
- 72% who reported problem drug use had worked mainly outdoors since starting sex work compared with 25% who had no experience of drug use.
- 75% of participants who sold sex at <18 years reported they had worked mainly outdoors since starting sex work compared to 51% who first sold sex at 18 years or over.
- 74% of participants who had worked mainly outdoors had convictions for offences other than soliciting compared to 33% who worked mainly indoors.
- 83% participants who had been "looked after" reported that they had worked mainly outdoors since starting sex work compared with 46% who had no experience of being looked after.
- 90% of participants with experience of homelessness reported that they had worked mainly outdoors since starting sex work compared with 43% with no experience of homelessness.

Cusick's concept of vulnerability is discussed further in Section 5.1.

2.9.1 Drug use and young people involved in prostitution

Cusick et al (2003) questioned which comes first: drug use or prostitution. For many young people, there is evidence that drug use comes first and prostitution provides the means to fund the habit (Melrose et al, 1999). In Cusick et al's study, 56% reported starting hard drug use before they became involved in prostitution; 26% reported hard drug use after they started prostitution and 23% reported starting prostitution and hard drug use in the same year.

Risk factors for young people entering prostitution are similar to risk factors linked to drug misuse: influence of peer group, experience of being "looked after", running away, homelessness, and separation from parental care (GMHP, 1997; Kearins, 2000; Cusick et al, 2003).

Cusick et al (2003) describe the "typical" young prostitute as

"Classically vulnerable, young, socially excluded whose involvement in prostitution is another rebellious/daring result of long standing contact with others who are similarly "out of control" Prostitution may well have been a part of their social milieu since childhood. Their sex worker friends (sometimes predatory ones) introduce them to an adventurous way to make more money than they could possibly achieve by legitimate means. In the face of widespread perceptions that the risk of being caught for prostitution-related offences is lower than for acquisitive crime: and added bonuses of "street

credibility", "evidence of being grown up" and perhaps being loved/complimented/admired; vulnerable young people may seize the opportunity and start prostituting relatively unrestrained by social mores not to. Sooner or later – because the two are co-occurring phenomena in the easy-to-access illicit/street markets – they find ready access to drugs in an environment where they are not discouraged from using them; where "everybody else" is using them; and where they most certainly have the money to pay for them"

Trapping factors may strongly influence a person's involvement prostitution, which may make exiting from this way of life particularly difficult. These are:

- Involvement in prostitution and/or hard drug use before the age of 18
- Prostitution "outdoors" or as an "independent drifter"
- Experience of at least one additional vulnerability indicator such as being "looked after" in local authority care or being homeless.

Cusick et al (2003) also found that the more "trapping factors" participants had been exposed to the greater their potential to become very vulnerable. The most damaged and vulnerable participants in the study were exposed to all 3 trapping factors and they shared the following characteristics:

- Young, mean age of first involvement in prostitution was 13.8 years
- Problematic drug users. Once addicted, they continued to be involved in prostitution to fund their habits.
- They were girls
- They were likely to have been "looked after". 78% of this group had been looked after by their local authorities. Of these, 71% were living in or running from local authority care when they first prostituted.
- They had supported at least one "boyfriend's" problematic drug use.

2.9.2 Women involved in prostitution who don't use drugs

There is only limited information in the literature about sex workers/women involved in prostitution in Ireland who don't use drugs (although this was the focus of the ICI/WHP report). In the UK, Cusick et al (2003) found that the environment of sex work/prostitution strongly affects the prevalence of drug use. Parlors and established premises generally run drug-free premises in contrast to the streets where access to drugs is readily available. Their findings showed that of 48 participants, 84% who worked outdoors reported having a current drug problem compared to 13% of participants who worked indoors. These data were statistically significant.

Their research showed that the participants they interviewed who had not been exposed to any of the trapping factors described above (Section 2.4.1) were "independent, business orientated and held positive attitudes towards their sex work". The profile of participants in this group had a mean age of

7 Note that Cusick et al (2003) used the term sex work for adults and prostitution for under 18s in their research.

27 (with none <18 years); they used the internet, adverts and local knowledge to find clients. None of them had a drug problem and past drug problems were relatively minor.

These findings indicate that research into prostitution should always include information on where participants work (ie indoors vs outdoors) which may directly lead to an indication about the nature and extent of an individuals' vulnerability to drug use.

However, indoor prostitution cannot always be associated with "safer" conditions. Giaquinto & Geelmuyden (2005) interviewed sex worker services in Coventry in England who reported that many foreign nationals forced into sex work are incarcerated in apartments and may have no access to services or other help and support. This is discussed further in Section 5.

2.10 Entering and exiting prostitution

2.10.1 Reasons for entering sex work/prostitution.

There have been a number of international research studies into the reasons why women and men enter sex work/prostitution. A range of factors have been implicated, including poverty and financial exclusion, lone parenting, childhood neglect or abuse, family dysfunction, running away, youth homelessness, living in care and drug dependency (see citations in Cox & Whitaker, 2009).

O'Neill & O'Connor's study in Dublin (1999) reported that the main reason women became involved in prostitution was financial, primarily to "make money for drugs" (83%) in contrast to the 1996 study (O'Connor et al, 1996) in which financial reasons were the main reason but "mostly to pay bills", "to have a better lifestyle" or "to improve the material quality of their lives".

Cox & Whitaker (2009) and Cusick et al (2003) reported that the main route into prostitution was through a peer network, particularly if an individual had financial problems and a friend or acquaintance introduced them to sex work. Both reports indicated that the primary reason for entering sex work was financial.

Although the extent is not known, there is growing evidence of women being trafficked into Ireland for sexual exploitation (Ward & Wylie, 2007; Kelleher Associates et al, 2009). The Women's Health Project, the Immigrant Council, Ruhama and Stop Sex Trafficking Cork are the main organizations responding to the needs of these women.

2.10.2 Drug misuse as a "trapping factor"

The extent to which individuals are exposed to the three "trapping factors" described by Cusick et al (2003)⁸ may be determined by the extent to which an individual becomes trapped in prostitution. Twenty nine participants in Cusick's

8 ie. Involvement in prostitution and/or hard drug use before the age of 18; Prostitution "outdoors" or as an "independent drifter"; Experience of at least one additional vulnerability indicator such as being "looked after" or in local authority care or being homeless.

study (n=125) did not appear to have experienced any of Cusick's trapping factors and they were not "trapped" in a situation where drug use and sex work were mutually reinforcing. Eighteen participants were predicted as being vulnerable to trapping effects. They had started problematic drug use before the age of 18 and become involved in prostitution to fund their habits. Most used heroin, crack or both and one reported problematic amphetamine use. All started prostitution on the streets and most continued to do so. All of them were pimped and/or supporting a boyfriend's drug habit. Seventy eight percent had been "looked after" by the authorities and 71% were running from local authority care when they first prostituted. Seventy two percent had experienced homelessness and 69% described this as a reason for their involvement in sex work.

The study also analysed responses of participants who had shown signs of exiting prostitution or had stopped working but who had also experienced problematic drug use. The aim was to identify what factors enable individuals to break the link between prostitution and problematic drug use. They found that whereas sex work/prostitution can be started and stopped in response to financial need and lifestyle choices, drug misuse was constant, regardless of other changing variables in the individual's life.

Cox & Whitaker (2009) showed that many participants in their study of 35 drug using sex workers believed that they would stop sex work once they had gained control of their drug dependency.

2.10.3 Exiting sex work/prostitution

Cusick et al's (2003) study of "trapping factors" offers valuable insight for service providers concerned with helping clients to exit sex work. They showed that "above all else, freedom from problematic drug use is the key to freedom from multiplying vulnerabilities" (eg homelessness, sex work and marginalisation). In Cusick's study, sex workers who were not drug users and who hadn't experienced other trapping factors saw exiting sex work/prostitution as readily achievable, although exiting was not necessarily chosen.

The study recommends that services acknowledge adult sex worker's choice for those that do not experience trapping factors and do not regard sex work as a problem in its own right. For these sex workers, service provision should be focused on sexual health services, harm reduction and safe working practices.

However, many individuals involved in prostitution and sex work are likely to be very vulnerable and require intensive service supports.

2.11 Impact of the internet

Ward & Wylie (2007) were correct when they concluded that the "globalising sex industry is expanding into Ireland". Globally, the adult entertainment industry is huge. In 2000, there were an estimated 280,000 sex industry sites on the

Internet. In 2001, the online adult entertainment industry made US\$1.7 billion dollars, with several web sites making over US\$150 million each (Cockayne, 2007).

The internet provides a unique space and tool for sex workers. Not only can it be used for advertising and finding clients, it can provide a forum for sex workers to meet and share information there is evidence that male sex workers rely more heavily on the internet than women. However, the Immigrant Council Research (2009) identified between 387 and 468 women advertising on the internet at any one time.

Where advertising is illegal in a country, 'cyberspace' provides a space which is difficult to regulate and easy to use, lending itself to sex advertising of any kind. For example, The World Sex Guide provides city-by-city information on buying sex across the globe, including information on prices, the law, police habits, where to go, and what to expect.

The internet also poses huge risks. Hughes (2002) gives an example of how chat rooms provide a forum for 'child predators'. She describes the Baehring case in which a minor was contacted in a chat room and persuaded to leave her US home and travel to Athens. The perpetrator was caught and the girl found but only after Polk County Sheriff's Office, Florida, U.S. State Department, U.S. Customs, U.S. Postal Inspectors, the FBI, Interpol, U.S. Embassy in Greece, the Greek Consulate and Greek police had all been engaged in the search. For young people, there is growing evidence of bullying and intimidation arising from misuse of "sexting" (sending intimate photographs through mobile phones) and conveying of inappropriate images across the web, which may fall into the wrong hands (Guardian, 12 July 2009).

There is also growing evidence of "cybersex addiction" (Cooper, 2002). The Escort Clients Survey (2006) quoted one respondent as saying "I think with the internet it has got too easy to access escort services. I have become addicted and am trying to give up. It is hard as it is an addiction like smoking, drinking, gambling or drugs. I think it will be a growing problem in Irish Society".

For these and many other reasons, services targeting sex workers/people involved in prostitution must recognise the extent of internet sex-related activity and use the same internet technology to engage vulnerable people in appropriate services (See Hughes, 2002).

2.12 Health risks

O'Neil and O'Connor's (1999) research for the Women's Health Project showed that 38% (n=77) of the women in the study had attempted suicide, 25% suffered from diagnosed depression and 35% were HCV positive. Also in 2007 the Women's Health Project reported that of 73 women who attended the medical service, 59 women recorded symptoms related to sexually transmitted infection. These were mainly indoor workers.

The NACD report (2009) reported that of the 35 drug-using

sex workers interviewed, 65% reported having a health check in the 90 days prior to interview. Over 97% had been tested for HIV and 21% were self-identified as HIV positive. Seventy eight percent self identified as being HCV positive. Twenty seven percent said they had received information about the virus, 37% reported having an onward referral; however, only 13% reported ever having received treatment. Less than half the sample (44%) reported having received the Hepatitis B vaccine; 17% had received it in the last 3 months; 19% had received confirmation that the vaccine had worked. Seventy nine percent had been tested for other STIs in the previous 90 days, three of whom had tested positive and received treatment.

2.13 Profile of clients ("punters") in Ireland

In 2006, the Irish Escort Survey published online findings from a survey about clients. The number of respondents was 252. Nearly 40% of respondents lived in Dublin and were aged 25-34. Ninety four percent described themselves as white and 74% had third level education. The mean income was €0-50,000. Forty percent were married or living with a partner. Weekly visits of escort websites was most common (29%); 22% viewed them daily. Seventy three percent accessed the internet from a home computer. Ninety two percent visited escort websites to view escort details; 65% also visited pornographic sites. Eighty eight percent would like to see brothels legalised in Ireland.

Relating to risk behaviour, 26% had been offered unprotected sexual intercourse by female escorts in Ireland and 9% had received it. Fifty six percent had been offered unprotected oral sex with ejaculation into the escort's mouth and 38% had received it. A small percentage (1-3%) had received services from a female aged between 16 and 18 years old. One percent of clients had been offered a female escort aged 14; 2% offered an escort aged 15; 3% offered an escort aged 16 and 9% offered an escort aged 17 years.

Eighty two percent said that they had not met an escort whom they suspected was being physically abused; 17% said they had and 1% said yes, multiple times. Seventy three percent said they had not met an escort they suspected of being forced to work as an escort; 25% said yes and 2% said multiple times. Forty nine percent said they had not met an escort they suspected was on drugs and 45% said they had; 6% said multiple times.

When asked if they would still have sex with an escort they suspected was being exploited, physically abused, forced to work, or using drugs, 50% said no if they suspected exploitation; 75% if they suspected physical abuse; 66% if they suspected the escort was forced to work, and 61% if they suspected the escort used drugs.

2.14 Service response to prostitution

Cusick's study (2003) indicated that a high proportion of her research participants (75%) had used a support service for sex works in the previous 6 months and 54% reported using a

drug treatment service within the last 6 months. Reasons for attending drug services were for advice, support/counseling, Needle Exchange, obtain methadone prescriptions and “to stop using drugs”. Reasons for attending sex services were to obtain condoms, sexual and general health screening and for information, advice and support.

These data suggest that local sex-worker support services are important and are likely to be used. However, in their research on drug using sex workers in Dublin, Cox & Whitaker (2005) identified barriers, which may hinder women (and men) from accessing services. These include:

- “Navigating complex systems” – ie the complexities of the Homeless Services, drug treatment services, other healthcare services and the criminal justice system.
- Stigmatisation and discrimination
- Inflexible access criteria – catchment restrictions, limited opening times
- Waiting lists
- Limited service options – eg lack of detoxification places, services for crack and cocaine users.

There is also evidence that women involved in prostitution may need a high level of support in order to engage with services (St Mungos Briefing paper, 2004). Some of the reasons given were:

- Sex workers, particularly those who are very vulnerable (including foreign nationals) feel stigmatised and may be uncomfortable making contact with mainstream services.
- Fear and lack of trust. Fear appears to be a significant reason which stops sex workers accessing services. Fear is likely to be exacerbated if there is language or cultural barriers or concerns about immigration status. Young people may be afraid to seek help because of legal issues and women working in prostitution who have children may be afraid their children will be taken from them (Giaquinto & Geelmuyden, 2005).
- Many are homeless. One participant in the SWISH study (Giaquinto & Geelmuyden, 2005) reported that she felt “too dirty” to attend the Community Drug Team.
- Chaotic drug users may find it impossible to keep appointments or develop sufficient incentive to begin to change their life styles.
- Service providers may indirectly express prejudice and a lack of understanding of the challenges faced by sex workers/women involved in prostitution, particularly drug-using sex workers, which may further hinder accessibility.

2.14.1 Service accessibility for adults/young people who have been trafficked

The political and legal issues related to trafficking for sexual exploitation are beyond the remit of this report. However, there is ample evidence that trafficked women and children represent a hidden and highly vulnerable population who may live entirely without sexual health or other supports. Evidence from the SWISH project in Coventry (Giaquinto

& Geelmuyden, 2005) indicated that outreach and peer networks are likely to be the only way these women can be reached and even then “it can take years of painstaking effort to make even initial contact” because of the level of control exerted by their pimps.

2.14.2 The value of outreach

In Coventry UK, the local community drug team (CDT) employed a drug worker in 2003 to act as a bridge between two projects that offer support to female sex workers. One of the services (SWISH) reported a 150% increase in the number of women accessing CDT services in the first 12 months following the appointment (Giaquinto & Geelmuyden, 2005). One participant in the study described the impact of this outreach:

“They’ve (outreach worker and CDT) got a very clear understanding of the issues. They are very patient, and excellent out on the beat. They are a good source of information. If I’m not sure about something I know I can just call them. What they don’t know is not worth knowing. Before they got involved the women didn’t trust the CDT. Now they understand what help is available.”

The managers of the sex workers’ projects in Coventry reported that “putting a face to the CDT” had made a substantial difference in attitude towards the CDT. The report *Such a Taboo* (GMHP, 1997) also emphasised the need for outreach, and for services to “become more visible through the dissemination” of carefully considered information and advice.

Once contact has been made, services should use appropriate technologies, including the internet, to provide advice, information and referral on a range of issues including harm reduction, safe sex, drug treatment, accommodation, welfare, education, money management and support. This is particularly important when making contact with young people who may be too afraid to access mainstream services but who are highly vulnerable to exploitation and unsafe practices.

Cox & Whitaker (2009) also highlighted the need to continually fund and develop outreach and existing peer networks. Their report described the different models of outreach, the most common in Dublin being the “public health model aimed at individual behaviour change”. Community outreach, which often uses peer education, can be successful in reaching drug users not in contact with services and “is one of the first steps towards community change and collective action” (cited Rhodes & Stimson, 1998).

2.14.3 Peer education

Peer education can be an effective way to reach hard to reach sex workers/people involved in prostitution. A recent US study on engagement of black female crack users described an effective strategy to engage this client group by linking with general health promotion workers. By disguising their drug education and harm reduction objectives behind the role

of the health promotion team they were able to reach users living in an environment where fear of breach of confidentiality was extremely high. Over a period of time they built trust with a core group who were subsequently trained to expand the network in the community and work in place of the drug workers (Brown, 2003).

Peer education has also been shown to be valuable for sex workers who do not experience trapping factors. These people tend to work alone and may not have access to harm reduction or good practice advice from colleagues or service providers. Information and support from alternative sources are therefore important. Because they tend to be “stable and proactive”, Cusick et al, (2003) proposed that they may especially benefit from peer education and support systems even with minimal encouragement and resources.

2.14.4 Drop-in

Cusick et al (2003); GMHP (1997) and Cox & Whitaker (2009) highlighted the importance of Drop-in centres. Whereas, outreach is an effective way to make contact with all groups of sex workers and young people involved in prostitution, location, street activity or police presence can make it difficult for outreach workers to offer more in-depth support. In contrast, Drop-in centres, where sex workers can come in to talk to staff and their peers, pick up condoms, obtain information and relax can be more effective than outreach particularly if they are located in areas that provide easy access to local sex workers and they are open at times when sex workers are active. Drop-in can be safer than outreach for staff and more in-depth support can be offered. For example, the Women’s Health Project has a Drop-in service, which also provides sexual health services along with an outreach service.

Such a Taboo (1997) describes Drop-in centers in Europe, which work in conjunction with outreach. Mobile units are used in France, the Netherlands and UK. Mobile units can initiate contact and encourage workers to use the Drop-in service. In Denmark, Finland and France, Drop-in centres also provide a 24 hour counseling service and help line which provide anonymous and non threatening support for marginalised groups such as male sex workers and underage prostitutes for whom the stigma and fear attached to their work may prevent them from seeking help.

3. Methods

Table 2 lists the methods used to gather data. There were significant challenges associated with recruiting participants for interview. Individuals were reluctant to participate because of fear of identification and some services were reluctant to participate and remained anonymous because they believed their participation might cause fear of identification among their service users. The field workers succeeded in recruiting 9 women for in-depth interviews and conducted 37 interviews with service providers, representing 24 organisations. The narrow base of the profile of respondents (Appendix 1) does not reflect any bias on the part of the field workers who were disappointed not to be able to recruit more participants representing primary health care and criminal justice services in the area.

Table 2
<ul style="list-style-type: none"> • Training day to raise awareness and consult with service providers about sex workers in Dublin 24 • Interviews with 9 women involved directly with sex work (“Womens interviews”) • 37 interviews with community, statutory and voluntary representatives in Dublin 24 or other relevant agencies (“Community interviews”) • Observation of areas highlighted as possible sites for soliciting in Dublin 24 • Internet search for evidence of people engaged in prostitution in Dublin 24 • Data collection from the Women’s Health Project which involved a survey of 48 sex workers (all women attending the service over 5 month period were asked questions with regard to their knowledge of sex work in Dublin 24)

3.1 Training Day, “Making the Links”, March 2008

The Women’s Health Project and the TDTF Health subgroup facilitated a Training day for local services in March 2008. Participants are listed in Appendix 2. The aims of the Training day were to 1) raise awareness of prostitution in Dublin 24; 2) consult with relevant agencies and individuals working in the area, and 3) document recommendations regarding future service delivery to address the needs of the women involved. The day was attended by 36 individuals representing 25 different organisations, many of whom went on to participate further in the research.

The Training day assisted the field workers prepare for the community-based interviews by 1) formal introductions to participating agencies; 2) dissemination of information, and

3) raising awareness of key issues. The day also benefited the participants by providing an opportunity to network for future referrals and to establish inter-agency co-operation.

At the end of the day, the participants were asked to complete an evaluation, which included a question about what aspects of the training they had found most useful. Participants reported that the most useful information was (in order of interest): trafficking, myths about women in sex work, networking, information about the Women’s Health Project, and addressing issues about responding to sex workers within services.

3.2 Interviews with nine women involved in prostitution (Women’s interviews).

It is notoriously difficult to recruit participants in this field of research. Wynn Nelson and Kathryn McGrath used their existing contacts, links with the local Addiction Service HSE outreach team and networks to recruit ten women for in-depth and structured interviews. This was a considerable achievement and the figure compares favorably with the larger NACD research (NACD, 2009), which recruited 35 drug-using sex workers. One woman stepped down after interview and her information was transferred to the Community interviews. The remaining nine women who were interviewed (“Women’s interviews”) reported that they were pleased to put their views and recommendations on record. The questionnaire is shown in Appendix 3.

The interviews, conducted by the 2 field workers, gathered information on the following topics:

- Profile of interviewees, background, routes into sex work, drug use and risk behaviour
- Social and physical work setting (outdoor/indoor)
- The number of women working in prostitution within Dublin 24 area and/or from Dublin 24 but working elsewhere.
- Identification of relevant services/responses

The interviews highlighted the need for translation of the information sheet, consent form and questionnaires into different languages.

3.3 Interviews with community-based and statutory and voluntary representatives in Dublin 24 (Community interviews)

The field workers made every effort to recruit research participants from a wide range of sources, including drug treatment providers, family support organisations and HSE services. Thirty seven individuals agreed to be interviewed, representing statutory/voluntary and community services, primarily based in Dublin 24 (Table 5).

The residential rehabilitation centre Ashleigh House is outside of Dublin 24 but takes referrals from Dublin 24. Ruhama and Chrysalis, based in the city centre, participated because it provides services for women engaged in sex work/prostitution.

The questionnaire, shown in Appendix 3, aimed to answer the following questions:

- The numbers involved
- Where sex work/prostitution takes place
- What are the most appropriate services/responses

3.4 Data gathered from the Women's Health Project

In April 2008, the Women's Health Project invited service users to participate in a confidential and anonymous questionnaire, which aimed to gather data about the numbers of women who work in or from Dublin 24 but work elsewhere. Forty eight women agreed to participate.

3.5 Observation of areas noted as possible sites for sex work/prostitution in Dublin 24

The field workers observed areas in Dublin 24 known or suspected to be used by outdoor sex workers/people working in prostitution. Ten street observations at night and during the day were carried out at several locations.

3.6 Internet search to identify prostitution in Dublin 24

The Internet was searched for women involved in sex work/prostitution in the Dublin 24 area who advertised on the web during the period July 2008 to January 2009. The search included sites such as www.escortireland.com

3.7 Data analyses

Data gathered from the Community and Women's interviews was transformed into numerical codes and entered into EXCEL spread sheets. For the purposes of data analyses, data from the EXCEL tables were imported into ACCESS which has a filter and searching system.

The data inevitably contained missing data and would have benefited from the use of a multivariate analysis approach. This was not attempted because the sample sizes were small. However, there are some data that may be statistically significant and these warrant further study.

There were inevitable levels of bias introduced into the research because of the difficulty of recruiting participants, so the findings may not be representative of the wider population working in prostitution. Nevertheless, the findings are important and make a valuable contribution to the body of knowledge about sex working/prostitution in Ireland.

3.8 Presentation of data and ethical issues

Every effort has been made to ensure anonymity of the women who agreed to participate in the research by interview. For this reason, not all data are presented in table form in Section 4 but discussed in the text, instead.

RESEARCH FINDINGS: SECTIONS 4, 5 AND 6

4. Research findings

The data were analysed to answer the two main aims of the research:

- 1) To quantify the number of women working in prostitution within Dublin 24 area and/or from Dublin 24 but working elsewhere and
- 2) To identify the most appropriate service response in Dublin 24.

The findings are described as follows:

Section 4.1 explains how the estimate of prevalence of prostitution in Dublin 24 was obtained

Section 4.2 presents a profile of the 9 women who were interviewed (Women's interviews)

Section 4.3 presents a profile of 97 women who were identified by service providers (Community interviews)

Section 4.4 combines the data from the Women's interviews and Community interviews

Section 5 assesses vulnerability and factors that increase risk of women entering prostitution

Section 6 looks at service provision

4.1 Estimated number of women working in prostitution within Dublin 24 area and/or from Dublin 24 but working elsewhere

The research identified a total of 106 women engaged in prostitution in Dublin 24. This figure was derived from the

9 women who agreed to be interviewed (Women's interviews) and 97 women identified by the community (Community Interviews). Of these, 13 women were identified by the Women's Health Project from a survey of 48 women attending the Women's Health Project.

Participants of the Training day⁹ identified a number of women who were known to the different agencies, including 10 girls being groomed in the area. These women are not included in the cohort of 106.

4.2 Profile of 9 women interviewed (Women's Interviews)

Nine women who were or had been working in prostitution agreed to be interviewed. They were asked a range of questions regarding their nationality, history of involvement in prostitution, drug use, family circumstances and accommodation status. The questionnaire is given in Appendix 3.

The following tables provide analyses of their responses. Information on the obstacles they experienced in accessing services and their recommendations for appropriate service response are presented in Section 6.

Table 3 provides a summary profile, including nationality, current age, age at which they first engaged in prostitution, current work status, age at which they started using drugs, and the drugs they use(d).

⁹ Women identified by the Training Day participants were aged between 16-30 years. Some of the women were on methadone programmes but needed money for their cocaine habit. Others included non-drug using women working in houses/brothels, in surrounding residential areas and apartments in City West. Three women were identified as working in the city centre. There was a report of 5 women who were known to be forced to sleep with their dealers.

¹⁰ n/a means not applicable

¹¹ Also reported using alcohol from the age of 14.

Table 3 Age profile, qualifications and current work status for the nine women interviewed

Nationality	Current age (years)	Age started working (years)	Current work status	Age started using drugs	Drug type
Irish	45	18	Yes	Non drug user	n/a ¹⁰
Irish	29	21	No	19	Heroin
Irish	33	25	No	23 (heroin) ¹¹	Heroin, alcohol
Irish	27	21	No	13	alcohol, heroin, cocaine, non prescribed benzodiazepines, ecstasy
Irish	22	17	Yes	16	hash, alcohol
Irish	40	28	No	21	Heroin, alcohol, hash, non prescribed benzodiazepines and sleeping pills
FN	33	18	Yes	Non drug user	n/a
FN	24	23	Yes	Non drug user	n/a
FN	44	41	Yes	Non drug user	n/a

Six of the women interviewed were Irish and 3 were foreign nationals. Their current age ranged from 22 to 45 years, with a mean of 33 years. The age at which they started working in prostitution ranged from 17 to 41 years with a mean of 23_ years. One woman was 17 when she first engaged in prostitution. A notable finding was the length of time some women have been engaged in prostitution, which ranged from 1 to 27 years with a mean of 9_ years. Five women reported that they were currently working in prostitution and four were not at the time of interview. This does not necessarily indicate they have exited prostitution.

Four of the women were non drug users. Five women reported that they used drugs. Four of these were IVDU (heroin) and 2 of these appear to be chaotic polydrug users. One reported that she used alcohol and hash.

The age at which they started using drugs ranged from 13 to 21 years with a mean age of 18_.

Women were asked the reasons why they became involved in sex work (Table 4). Four of the 9 women reported that financial issues were the key motivating factor to work in this field (“financial reasons”, “easily earned” “better life”). Four of the 9 women reported that drugs were a key reason. One woman cited homelessness. Second reasons were mainly

financial. 3 of the 5 women who described themselves as Irish stated drugs as their first reason.

Table 4 Reasons women started working in prostitution (Women’s interviews)

1st Reason	2nd Reason
Financial	Easily earned
Financial	
Homeless	Easily earned
Drugs	
Easily earned	
Better life	
Drugs	Homeless
Drugs	
Drugs	Financial

Table 5 Family background

Code	Current family unit	Housing type	No. children	Age left home	Reason for leaving home
Irish	Lives with son and relations	LA*	2	<25	Violent father
Irish	Lives with parent	Owner occupier	0	<18	Relationship problems with father
Irish	Lives with parent and siblings	Private rented	0	<25	Marriage
Irish	Lives with 2 families	LA	1	<25	Addiction
Irish	Lives alone	Tus Nua (transitional from prison)	2	<25	Independence
Irish	Lives as a couple	B&B**	2	<25	Independence
FN	Lives with friends	Private rented	0	<25	Seek work
FN	Lives with friends	Private rented	1	<25	Marriage
FN	Lives alone	Private rented	2	<25	Independence

*Local Authority **Bed & Breakfast

4.2.1 Family background of 9 women interviewed

Table 5 summarises information on family background. Two currently live alone; 7 live with parents, friends, and other families or with a partner. At the time of interview, 4 lived in private rented accommodation, 1 lived with a parent in the family home, two lived in Local Authority housing (LA), one was homeless living in temporary B&B accommodation, and one was staying in Tus Nua transitional housing from prison. Six women have children.

Eight of the nine women left home before the age of 25 and one woman before the age of 18. The reasons they left home varied from seeking independence and work (4), marriage (2), addiction issues (1) and difficult relationships with their father (2).

All nine women have qualifications. One woman interviewed had a degree, eight women had a range of qualifications ranging from intermediate leaving certificate combined with a community-based qualification, FAS and FETAC. One woman had been apprenticed as a dress maker.

4.2.2 Area and location of work

Three women primarily worked outdoors, 3 worked in a combination of outdoor and indoor locations, and one woman worked indoors (Table 6). Five worked primarily on the street, 3 responded to callouts and one worked from a friend's home. For those women who said they worked a combination of indoors and outdoors, the combination was street + apartment; street + hotel + car park, and friend's home + car + hotel.

Four women worked primarily in Dublin 24, 3 worked primarily in Dublin 4 and one worked in the whole of Dublin. Second and third locations included Dublin city, Dublin suburbs and areas outside Dublin (Wicklow). Two women worked only in Dublin 4.

Two women also reported soliciting in bars and hotel bars. One was an Irish woman and the bars were in the Dublin 24 area. The other was a foreign national and the bars were in hotels in the city centre.

Table 6 Area of work, where worked and location of work

Nat	Area of work	Where work			Location of work***		
		1st	2nd	3rd	1st	2nd	3rd
Irish	Combo**	Street	Apartment	-	D4	Dubcity	0
Irish	Outdoors	Street	Car	Callout	D24	D4	Dubcity
Irish	Outdoors	Street	Car park	Car	D4	0	0
Irish	Combo	Street	Hotel	Car park	D4	0	0
Irish	Combo	Friend's home	Car	Hotel	D24	Dubcity	0
Irish	Outdoors	Street	Callout	Car	All Dub	Wicklow	0
FN	Indoors	Callout	Own home		D24	All Dub	0
FN	Indoors	Callout	Pub	Hotel	D24	Dubsub	All Dub
FN	Indoors	Call out	Apartment	Hotel	D24	N/K	N/K

** Combination of indoors and outdoors

*** D4= Dublin 4; D24=Dublin 24; AllDub= All Dublin; Dubsub=Dublin suburbs

4.2.3 Medical health and access to services

The nine women interviewed were asked about health checks and STI screening (Table 7). Four women reported they had not had full sexual health screens. 8 of the 9 had blood screening for HIV and Hepatitis B and C. One woman was HIV positive, HCV positive and undergoing treatment for HIV and drug misuse (combination therapy and methadone maintenance) but not in receipt of HCV treatment. 3 other women were HCV positive.

Table 7. Screening received by the nine women interviewed

Nat	Hep B	Comb B vac	STI	HIV	Result	Hep C	Result
Irish	No	No	No	No	n/a	No	n/a
Irish	Yes	Yes	Yes	Yes	Negative	Yes	Negative
Irish	Yes	Yes	No	Yes	Negative	Yes	Positive
Irish	Yes	Yes	No	Yes	Negative	Yes	Positive
Irish	Yes	No	Yes	Yes	Negative	Yes	Positive
Irish	Yes	Yes	Yes	Yes	Positive	Yes	Positive
FN	Yes	Yes	Yes	Yes	Negative	Yes	Negative
FN	Yes	Yes	Yes	Yes	Negative	Yes	Negative
FN	Yes	Yes	Yes	Yes	Negative	Yes	Negative

Table 8 summarises drug treatment services that the women had accessed. Four women were non drug users. Four women were IVDU at the time of interview and were in receipt of methadone treatment. One woman used cannabis and alcohol but she was not IVDU and had not accessed services. One woman had been in residential rehabilitation and had also accessed drug treatment, methadone treatment and counselling.

The women interviewed had accessed a range of services in the Dublin 24 area and elsewhere regarding their health and well being. Eight had attended specific services for women working in prostitution at the Women’s Health Project. Only one attended a public STI screening service at St. James hospital and four had attended the IFPA. Six of the 9 had attended the GP and 4 had accessed addiction services including HSE treatment centres, Needle Exchange and the Merchants Quay Project.

Table 8 Access to drug treatment services for identified drug using women

IVDU	Drug treatment	Methadone	Counselling	Rehab
Non IVDU	No	No	No	No
IVDU	Yes	Yes	Yes	No
IVDU	Yes	Yes	Yes	No
IVDU	Yes	Yes	Yes	No
IVDU	Yes	Yes	Yes	Yes

4.2.4 Summary

The mean age of the 9 women interviewed was 33 years. The mean age at which they started prostitution was 23₂; one woman started at the age of 17. The average length of time they had been working in prostitution was 9₂ years. Six were Irish and 3 were foreign nationals. 6 women lived in private rented or Local Authority housing and owner occupier and 2 lived in the family home. One was in transitional housing from prison. Two women reported homelessness as a reason for entering prostitution but only one was homeless (in temporary B&B) at the time of interview. All women had qualifications.

Five women reported using drugs, 4 of these were IVDU and 2 were chaotic in their drug use and one reported using alcohol and hash. The average age for starting drug use was 18₂ years. Four women reported that drugs were the key reason for engaging in prostitution. The four IVDU were in methadone treatment at the time of interview. One woman had received methadone treatment, counselling and residential rehabilitation.

The places where women worked varied from indoor apartments hotels own homes, punters homes and friend’s homes to outdoor works on the streets, in cars and car parks. Three women worked a combination of both. The women worked in all these locations in the Dublin 24 area as well

as other areas in Dublin and around the country (Limerick, Galway, Cork, Waterford and Wicklow). In relation to sexual health, 6 women reported they had a full STI screen and 8 women had tested for Hepatitis B and C, and HIV. One woman was HIV positive and receiving treatment for HIV and drug misuse. She was also HCV positive but not receiving treatment. Three other women were HCV positive.

4.3 Profile of 97 women identified by Community interviews

As described in Section 4, the Community interviews identified 97 women who were engaged in prostitution. Service providers were asked a range of questions about these women (Appendix 4) from which the following data have been compiled and analysed. At all times, data were cross referenced to prevent duplication or double counting.

4.3.1 Nationality, age profile and current work status

Sixty five of the 97 were Irish and 27 were foreign national. Of the 27 foreign nationals, 10 were from Eastern Europe (“Eastern Europe”, Lithuania, Latvia, Kosovo, Albania); 5 were from Africa (“Black”, Gambia); 5 from South America (Argentina, Brazil); 4 were Chinese and 3 were European. The nationality was not known 5 women.

The age was known for 83 women. Of these, 4 were aged under 18 years¹², 9 were aged under 25 and 69 were aged under 50 (with the majority in their twenties and thirties). One woman was in her “late fifties”.

Information about current work status was available for 47 women, of whom 33 said they were currently working and 14 said they were not.

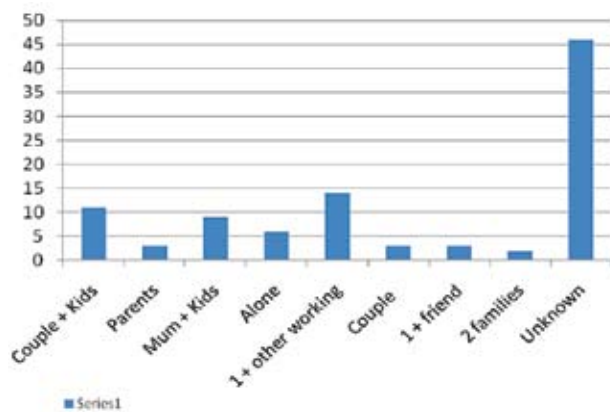
4.3.2 Accommodation status and children

Accommodation status was recorded for 60 women of whom 29 lived in private rented accommodation; 21 in Local Authority housing; 2 in owner occupied premises; 6 were homeless and 2 were in prison.

Information on “who the women lived with” was recorded for 51 women (Figure 1). Fifteen lived with another working person; 11 lived as a couple with children; 9 women lived with their children and 6 lived alone. Three women lived with a friend; 3 lived with a parent(s); 2 lived as a couple and 2 lived as two families.

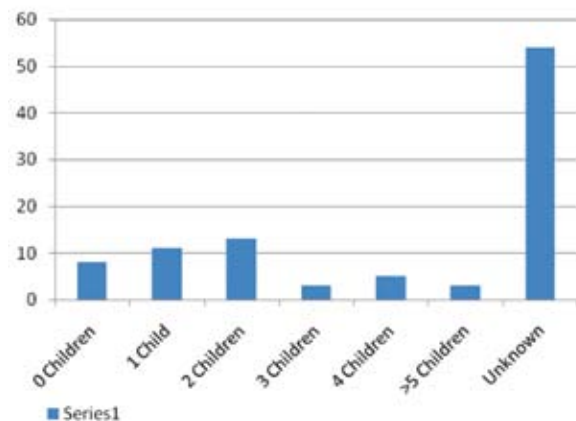
¹² Two aged 16, 1 aged 17 and 1 was a “teenager”

Figure 1 Who women live with



Data about children were available for 43 women of whom 35 were known to have children. Of these, 11 had 1 child, 13 had 2 children, 3 had 3 children, 5 had 4 children and 3 had between 6 and 8 children (Fig 2).

Figure 2 Number of children



4.3.3 Drug and alcohol misuse (Figure 3)

Thirty seven of the 97 women reported they were non IVDUs.¹³ However, 6 of these women were known to use cocaine as a primary drug and 2 were reported to use alcohol.

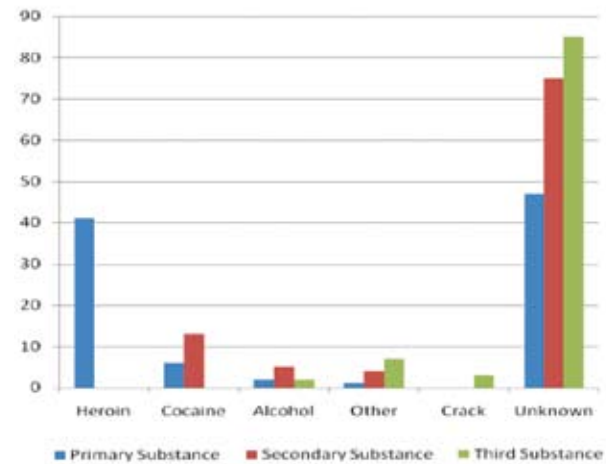
Forty one were known to be IVDU and used heroin as their primary drug. Of these 41 IVDUs, 13 were known to use cocaine as a second drug.

There were 3 reports of crack use but only as a third substance. Overall, insufficient data were obtained to draw conclusions about alcohol use, other than it was primarily reported to be a second substance, ie used with other drugs.

Of the 41 IVDUs, 40 were known to be Irish and one was a foreign national. Of the 37 non IVDUs, 22 were Irish and 15 were foreign nationals.

¹³ Data on intravenous drug use were not obtained for 19 women (20%).

Figure 3 Drugs used



4.3.4 Area and location of work

Information about where women worked was known for 96 women. Fifty four women were known to work indoors. The main places of work were from apartment, homes, brothels and pubs/hotels; 1 worked in a friend's home and 1 from a restaurant. Thirty four women worked outdoors, this was mainly on the streets in city centre and 2 were in a field. Call outs were made to all of these locations. Eight were reported to work a combination of indoors and outdoors.

Information about the primary location of work was known for 83 women. Of these, 38 women were known to work in Dublin 24; 34 in Dublin city, 6 in "all Dublin", 4 in Dublin suburbs and 1 in Cork. Other cities in Ireland were mentioned but these were all recorded as secondary locations.

4.3.5 Who the women worked for

Data were obtained for 78 women, 48 of whom worked for themselves; 19 worked for an agency; 5 worked because of dealer/debt issues; 4 were trafficked; 1 worked for their partner and 1 provided sex in exchange for goods (Fig 4).

Figure 4 Who the women worked for



Because women who work for dealer/debt issues are likely to be vulnerable, these data were examined more closely. The findings are shown in Table 9. The data shows that although 5 women were known to work primarily for dealer/debt, there

were a further 4 women who were known to work secondarily for dealer/debt. Those who reported it as secondary said that they primarily worked for “self”.

Seven of the nine women were IVDUs. Three worked from an apartment, three worked from the street, 2 worked from their own home and one from a friend’s home. Five worked primarily in Dublin 24. Two started working in prostitution at the age of 16. The 2 women who moved into prostitution at the age of 16 no longer work but they were cocaine users at the time of working. No data were available for the remainder.

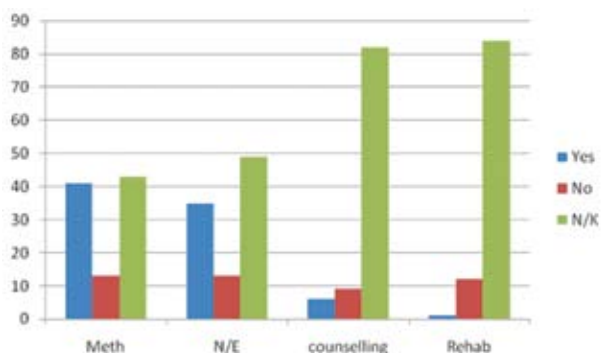
4.3.6 Medical health and access to services

A total of 43 women were known to be in drug treatment and 11 were not in treatment. Of the 43 in drug treatment, 41 were IVDUs (see Section 6.3) and in receipt of the methadone protocol and 2 women were using cocaine and attended counselling. Thirty five of the 41 IVDUs were also known to access Needle Exchange, 4 women were known to be in receipt of counselling and 1 was/had been in residential rehabilitation (Figure 5).

The 2 women using cocaine use were known to be under the age of 18 and in receipt of counselling.

Of the 11 women who were not in treatment, 4 were known to use cocaine as their primary drug and 2 used alcohol.

Figure 5 Types of drug treatment



4.3.7 Summary

Ninety seven women were identified through the Community interviews, two thirds of whom were Irish and one third foreign national. Their ages ranged from under 18 (4 women) to over 50 years (1 woman). Current work status was known for 50% of the cohort and of these, 33 were reported to be currently working and 14 were not.

The majority of women lived in private rented or Local Authority accommodation. Six were homeless and 2 were in prison.

Thirty five women were known to have children with the majority having 1 or 2 children. Three women had between 6 and 8 children.

Forty three women were known to be in drug treatment and 41 of these were IVDUs in receipt of the methadone protocol. Two were using cocaine and in receipt of counselling. Eleven women were not in drug treatment, of these 4 were known to use cocaine and 2 alcohol.

It was also known that 37 of the 97 women were non IVDUs.

Fifty four women were known to work indoors, 34 outdoors and 8 worked a combination of indoors and outdoors. Thirty eight women were known to work primarily in Dublin 24.

The majority of women worked for themselves or an agency. Five women were reported to work for dealer/debt issues. A total of 9 women worked for dealer/debt (when first and second responses to who they worked for were taken in account), two of whom started working at the age of 16. Neither currently works in prostitution.

4.4 Combined data of Women’s interviews and Community interviews (cohort 106)

Sections 4.2 and 4.3 present the findings of interviews with 9 women and interviews with service providers who knew about women working in prostitution. This next section

Table 9 Information known about women who worked for dealer/debt

Work for: first	Work for: second	IVDU	Where they worked	Location of work	Age started	Work now?
dealer debt	N/K	No	Friend’s home	D24	16	No
dealer debt	N/K	No	Own home (family home)	D24	16	No
dealer debt	N/K	Yes	Apartment	All Dublin	N/K	N/K
dealer debt	N/K	Yes	Apartment	D24	N/K	N/K
dealer debt	N/K	Yes	Apartment	D24	N/K	N/K
Self	dealer debt	Yes	Street	Dublin city	N/K	N/K
Self	dealer debt	Yes	Street	Dublin city	N/K	N/K
Self	dealer debt	Yes	Street	Dublin city	N/K	N/K
Self	dealer debt	Yes	Own home	D24	N/K	N/K

combines the data from the two sets of interviews and looks more closely at particular issues relevant to service providers in Dublin 24.

4.4.1 Profile of women (cohort 106)

The exact age of most of the 97 women identified by the Community interviews was not known but most were reported to be in their twenties and thirties which reflects the findings of the Women’s interviews whose average age was 33. A total of 5 women were under the age of 18¹⁴.

The Community interviews identified 6 women who were homeless and one woman from the Women’s interviews was homeless, bringing the total to 7. Two women identified by the Community interviews were in prison and 1 woman from the Women’s interviews was in transitional housing from prison. Otherwise, the majority of women were in private rented, Local Authority, owner occupied accommodation or living with family members.

Fifty two women of the cohort of 106 were drug users. Forty seven were in drug treatment and forty five were intravenous drug users. Two women were cocaine users.

A total of 42 women were identified as working primarily in Dublin 24¹⁵.

4.4.2 Analysis of nationality, drug misuse and engagement in prostitution

Patterns between nationality, intravenous drug use and engagement in prostitution were analysed using the combined data of the Women’s and Community interviews.

The combined data identified a total of 71 Irish women and 30 foreign nationals. No information about nationality was available for 5 women.

Of the 71 Irish women, 45 were IVDU.

Of the 30 foreign nationals, 1 was IVDU.

The foreign nationals were from a broad range of countries, particularly Eastern Europe, South America, Africa and China.

4.4.3 Nationality and who the women worked for

Questions about who women worked for included 9 categories: self, agency, partner, pimp, trafficked, friend, dealer/debt and in exchange for goods. The majority of the Irish women (67%) worked for “self”. Of the 33 foreign nationals, 8 (24%) worked for “self”; 21% worked for an agency, one was trafficked and no data were available for 7 (21%). The three women whose nationality was not known were all reported as being trafficked (4%). These findings indicate that at least 4 women were trafficked.

¹⁴ 1 woman from the Women’s interviews started working when she was 17 and 4 women identified by the Community interviews were under the age of 18

¹⁵ 4 women identified from Women’s interviews and 38 women identified by Community interviews

5 Analysis of vulnerability

The Women’s interviews were analysed using Cusick’s trapping factors. This was done for two reasons: 1) to assess the level of vulnerability experienced by women working in prostitution in Dublin 24, and 2) to assess if Cusick’s trapping factors are a useful tool for Dublin 24 services to measure vulnerability in their clients.

5.1 Evidence of “trapping factors” (Cusick et al, 2003)

Cusick et al (2003) coined the term “trapping factor” to describe factors in women’s lives that may cause them to be vulnerable and at risk. She described women as being “very vulnerable” if they experienced three or more trapping factors (Table 10), the most important of these being involvement in prostitution and/or hard drugs before the age of 18, engagement in sex work outdoors and other factors such as being looked after or being homeless.

Table 10 Cusick et al’s (2003) “trapping factors”

Trapping factor
Involvement in prostitution and/or hard drug use before age 18
Sex working outdoors
Experience of at least one additional vulnerability indicator such as being “looked after” in local authority care or being homeless

The findings for the Women’s interviews are shown in Table 11. Two of the women did not appear to be vulnerable, one had a low level of vulnerability, and two were was vulnerable. Four experienced multiple trapping factors (eg chaotic and/or IVDU drug use, outdoor working, HCV and/or HIV positive) and can be described as very vulnerable.

The findings suggest that the concept of trapping factors¹⁶ may be a useful tool to highlight women who are particularly vulnerable. However, the HSE Outreach workers/counsellors emphasised that the distinction of indoor/outdoor working may not be valid as an indicator of vulnerability. An emerging trend in Dublin is the increasing numbers of women known to be working indoors where they may become hidden from services and without access to support if they require it. The Immigrant Council of Ireland 2009 carried out 12 qualitative interviews with migrant women involved in prostitution 7 of the 12 identified as independent the others worked for agencies. They quote directly from these interviews in the research. Those working for agencies spoke of fines and penalties, others spoke of having to be available 24/7 working from 7pm to 5am. One experienced violence another was intimidated and robbed with a gun. Requests for unprotected sex from clients were reported as common.

¹⁶ For more information on Cusick’s work, see Section 2.10.2

Table 11 Indicators of vulnerability in Women's interviews (n=9)

Nationality	Trapping factors	Vulnerability
FN	Started aged 23 Does not take drugs Works indoors	Not vulnerable
FN	Started aged 18 Does not take drugs Works indoors	Not vulnerable
FN	Started aged 41 Does not take drugs Works indoors Psychiatric history	Low vulnerable
Irish	Started aged 17 Drinks alcohol but no other drugs (smoked hash at 16 years) Works outdoors and indoors Cited homelessness as her primary reason for becoming involved in prostitution	Vulnerable
Irish	Started age 18 Does not take drugs but lives with relative who has drug problem Works outdoors Experienced violence at work on several occasions	Vulnerable
Irish	Started drugs aged 13 and Currently chaotic IVDU Works outdoors Experienced homelessness HCV positive	Very vulnerable
Irish	Age started 28 Started drugs (heroin) aged 21 with partner. No longer IVDU but currently using non prescribed medication and alcohol Works outdoors HCV positive	Very vulnerable
Irish	Age started 21 Started alcohol aged 14, heroin aged 23. Currently active IVDU Works outdoors Currently homeless HIV and HCV positive	Very vulnerable
Irish	Start age 21 Active IVDU, started drugs 19 Works outdoors HCV positive	Very vulnerable

5.2 Evidence of grooming in Dublin 24

A number of participants from the Community interviews and Training day provided evidence of grooming of young people in Dublin 24. The Gardai knew of approximately 10-12 girls, aged 14-16 who were vulnerable to grooming and there were reports of a man giving teenagers mobile phones in return for photographs. One young girl was known to be exchanging sex for goods ie new trainers and there were reports of 12-14 year old males exchanging sex for money to pay for their drug habits in Phoenix Park. Although there is little hard evidence, the growing number of reports of grooming and underage sex in return for money or goods is of considerable concern to service providers.

5.3 Observation of areas noted as possible sites for sex work/prostitution in Dublin 24

The field workers observed areas in Dublin 24 known or

suspected to be used by outdoor sex workers/people working in prostitution. They carried out 10 street work observations at night and during the day and noted some activity which may point to soliciting being carried out in particular areas. For example, they noticed on 2 occasions a male parked at night in areas close to those reported as housing apartments used as for prostitution. They were given reports of soliciting in a particular location, which they did not observe. However, they did observe a woman possibly soliciting in one local authority-housing scheme and women loitering around particular shop areas who could possibly have been soliciting. They received reports of areas being used to bring clients/punters, eg a local industrial estate. They did observe cars parked up with male and female passengers on 2 separate occasions.

The purpose of the street work was to gather information about what types of services should be delivered in the future. The Women's Health Project outreach (including supply of

condoms) to women working on the streets in well known areas of soliciting. They advise women on safety issues; establish contact and encourage them into their drop in service where they can avail of a range of services and support.

The street observations in Dublin 24 suggest that there is a possibility of street soliciting in the Dublin 24 area. The field workers concluded that further observations should be made to consider if support for women on the streets is required.

A clear observation of areas where clients/punters go to with the women highlighted strongly the risks to personal safety to the women, as the areas observed were extremely lonely and isolated.

These observations and reports from community/women highlight the need for promotion/education regarding personal safety of the women and the risks involved when choosing areas to go to with clients. Staff need to be cognisant of these risks when working in these areas.

5.4 Internet search to identify prostitution in Dublin 24

The internet was searched for women involved in sex work/prostitution in the Dublin 24 area who advertised on the web. The search included sites such as www.escortireland.com. This search was carried out from July 2008 to January 2009.

The field workers found, on average of 6-10 women aged 20-28 years (Irish and foreign national) advertising specifically in City West (2 specifically in Dublin 24)¹⁷ at any one time.

5.5 Sexual abuse in the domestic environment

Service providers were extremely cautious about disclosing cases of sexual abuse in the home because of fear of retaliation and concern that the victims might be identifiable. Nevertheless, it is evident that domestic sexual abuse is common. Examples were given of women being coerced into sex work to fund their partners' illicit drug habits and to obtain money for food, clothes and other essential home items for their children

6 Service provision

This section analyses the data gathered about the types of services that may be needed in Dublin 24 for women working in prostitution, as identified by 37 interviews with service providers¹⁸ and the nine women interviewed. Questions were asked on the following topics:

- What services are required?
- Where should these services be located?
- Who should provide these services?

6.1 Are services required, which services are required and who should provide them?

Thirty three of the 37 services stated that service provision is required in Dublin 24 for women working in prostitution, 2 said no and 1 record was incomplete. When asked if their service offers specific provision for women in prostitution, 11 said yes (Table 12).

Service providers were asked to select the services they regarded as important.

The findings suggest that the majority of services consider specific service provision in Dublin 24 is necessary. They indicated that an informal, multilingual, anonymous, confidential service is required which provides information, STI screening and referral.

When asked who should provide the service, twenty nine of the 37 stated that the HSE should provide the service, 25 said a community and statutory partnership; 19 said community and 17 said addiction services. Eleven said the Task Force should be the provider and 10 said domestic violence services. Other suggestions included Department of Justice, FAS, Local Authorities, Rape Crisis Centre, Department of Health, EU funded and a limited company with a local management committee.

Many of the respondents felt all the key agencies had a role in service provision eg. Local Authorities providing housing to prevent /address homelessness (Table 13).

¹⁷ The Escort Ireland website does not currently provide a breakdown of areas in Dublin for sourcing escorts, however, the website is being constantly updated and changed.

¹⁸ Some information was not recorded for one service provider, so in some Tables the cohort is 36.

Table 12 Which services are required (cohort 36)

Service type	Number who indicated yes
Information service	32
Safe place to go	30
Counselling	30
Anonymous service	29
Tea/coffee drop-in	28
Drop-in	26
Women's Health Project service	26
Free condoms	26
Needle Exchange	26
Drug treatment	25
Multilingual service	25
Outreach	23
Refuge for trafficked women	13
Peer support	12
7 day service	12
Holistic therapies	11
Public STI service	6
Youth education	4

Table 13 Who should provide the services (cohort 36)

To provide the service	Number
HSE	29
Partnership	25
Community	19
Addiction Services	17
Drugs Task Force	11
Domestic Violence Services	10
Department of Justice	6
Department of Health	3
Ltd. Company	3
FAS	2
Local Authority	1
Rape Crisis Centre	1
EU Funded	1

The nine women interviewed (Women's interviews) were asked to identify barriers to accessing services and encouragements that would facilitate access. The findings are shown in Tables 14 and 15.

Table 14. Barriers to accessing services (n=9)

	1st	2nd	3rd
1	Fear of police	Being seen	Stigma
2	Worry about confidentiality	Being seen	
3	Distance	Being seen	Fear
4	Distance	Being seen	Stigma
5	Distance	Opening times	Being seen
6	Stigma	Distance	Opening times
7	Stigma		
8	Stigma	Not interested	
9	Being seen	Distance	Worry about confidentiality

Table 15 Encouragements that may assist accessibility to services (n=9)

Type of service	Number
STI screening	5
Women's health project type service	4
Contraceptives	4
Counselling	3
Drop in	3
Support	3
Helpline	3
Needle Exchange	3
Condoms	3
Emergency contraceptives	2
7 day service	2

The Women's interviews identified the need for a confidential safe place which they could go to without being seen along with a service offering specific support, ie STI screening, contraceptives, Needle Exchange and psychosocial supports such as counselling, drop-in and a helpline.

The findings from the Women's interviews are in line with service requirements reported by service providers, ie a safe place to go which provides a full range of health supports. It is clear from Table 14 .services need to be mindful of the extent of fear and stigma among the target group which may hinder their access to services.

6.2 Education for women working in prostitution

Twenty four of the 37 service providers stated that education for women working in prostitution was vital, particularly topics such as personal safety, personal development, exit strategies, sex education, employment skills, sexual violence and peer education.

6.3 Education for the community

The 37 service providers emphasised the need to raise awareness of the issues facing women working in prostitution. Improving service capacity to identify and engage women was identified as crucial, as was the need for more information on trafficking and domestic and sexual violence.

The Garda National Investigation Bureau (GNIB), the Women's Health Project, the Rape Crisis Centre, HSE and Ruhama were identified as being most appropriate to provide training for service providers and the community.

6.4 Location of services

This proved to be a difficult question to answer given that both the nine women interviewed and service providers emphasised the need for a discreet, anonymous, confidential, free and easily accessible service whilst at the same time providing STI screening, drop-in, outreach and multilingual facilities.

Suggestions included community drug treatment projects, Tallaght Village, Tallaght hospital and IFPA. Overall, it was felt that it should be in an area where women would not be identified and where another health service was operating to maintain confidentiality and discretion.

6.5 Prevention

It was evident from the Community interviews that awareness raising and education are crucial preventative measures. Tools to identify vulnerability, such as Cusick's trapping factors may prove useful. Services that may encounter women working in prostitution should receive training in identification, intervention and exit strategies.

Three organisations interviewed in this research highlighted evidence of children exchanging sex for goods. Ten to 12 girls who were being groomed were identified by the Garda. Interventions that prevent minors entering sex work are critical. SPHE modules on relationships and sexual health should be made compulsory in schools. A designated person should be identified with the responsibility of promoting relevant SPHE modules in primary and secondary schools.

7 Summary and final conclusion

This study undertaken by HSE Outreach Workers/Counsellors and funded by the TDTF is one of the first pieces of research in Ireland that has 1) specifically focused on the prevalence of sex working in an area of Dublin, and 2) assessed the need for service provision in the area. The findings make a valuable and important contribution to Irish research in this field.

The data indicated that at least 106 women work in prostitution in Dublin 24 or they are from Dublin 24 and work elsewhere. There were also anecdotal reports from Gardai, other service providers and members of the public of young teenagers engaging in sex in exchange for money, goods or drugs; grooming of young girls, and sexual abuse/domestic violence within the home. At least 4 trafficked women were identified. Street observations provided further evidence of the prevalence of prostitution in the area.

In addition to the cohort of 106, an internet search revealed at least 52 escort agencies in Dublin that are widely advertised on the web, two of which operate in or near the Dublin 24 area (Red Cow and City West). Most agencies appear to be "mobile" and operate throughout Dublin. Between 6 and 10 women were found advertising independently on the web from the Dublin 24 area at any one time from July 2008 to January 2009.

In the cohort of 106 women, the average age was early thirties. This finding reflects that of Cox & Whitaker in their study for the NACD which indicated an average age of 32. Four women were under the age of 18 (or started working in prostitution before the age of 18) and one woman was in her fifties. A striking finding from the Women's interviews was the length of time they had been engaged in sex work which ranged from 1 to 27 years (average 9_ years).

A total of 47 women were in drug treatment, of whom 45 were IVDUs. Two of the 47 women were teenage cocaine users and they were attending counselling. Fifty two women were identified as drug users. It wasn't possible to establish the extent of alcohol use other than it was generally used in combination with drugs (eg hash and alcohol; heroin and alcohol).

Two thirds of the cohort were Irish and one third was foreign national. As far as could be established from the data, only one foreign national was IVDU. Interpretation of these findings should be made with care. IVDU foreign nationals working in prostitution may be hidden/unable to access services for a number of reasons and therefore not identified in this research.

At least four women were identified who were trafficked, of the 4 the nationality was not known for 3.

The majority of women appeared to be in stable accommodation, only 7 women were identified as homeless. These findings are interesting when compared with the NACD study on drug using sex workers in Dublin (Cox & Whitaker,

2009) who reported that the majority of sex workers they interviewed “experienced periods of homelessness”. It is likely that at least some of the cohort of 106 in our study would have experienced periods of homelessness but the question was not specifically asked.

The concept of Cusick’s (2003) trapping factors were applied to the data from the Women’s interviews to assess if trapping factors are a useful tool to assist service providers identify women who are particularly vulnerable. Of the 9 women interviews (Women’s interviews), four women appeared to experience multiple trapping factors and could therefore be described as very vulnerable, two were vulnerable; one presented with a low level of vulnerability and one appeared to be not vulnerable¹⁹.

Most of the evidence for sexual health status came from the Women’s interviews who were asked about health checks and STI screening. Four women reported they had not had full sexual health screens. 8 of the 9 had blood screening for HIV and Hepatitis B and C. One woman was HIV positive, HCV positive and undergoing treatment for HIV and drug misuse (combination therapy and methadone maintenance) but not in receipt of HCV treatment. 3 other women were HCV positive. One woman had not received screening.

The interviews also gathered information about the types of services that may be required in Dublin 24. Thirty three of the 37 interviews with service providers highlighted the need for local service provision for women working in prostitution, information and advice, counselling and provision of a “safe place”. They called for an anonymous service which offered drop-in and a sexual health service such as that offered by the Women’s Health Project. They also highlighted the need for education and awareness raising, both for women sex workers and for service providers. The Women’s interviews reflected the findings of the Community interviews. The nine women identified the need for a confidential safe place which they could go to without being seen, along with a service offering specific sexual health support, Needle Exchange, drop-in a helpline and psychosocial supports such as counselling.

It also became clear during the research that services working with young people must also be trained to identify vulnerabilities that may increase their risk of prostitution. Vulnerabilities include problematic drug and alcohol use, homelessness, early school leaving and experience of being “looked after”. Care pathways are needed so that an at risk young person can be quickly referred to appropriate supports, including a sympathetic and confidential sexual health clinic, counselling, information and advice and other specific help such as financial services and drug treatment.

The location of a service of this kind proved to be a difficult question. Overall, it was felt that it should be linked to another health-related service to maintain confidentiality and discretion. There was a call for the HSE and community and addiction services to be key providers. Many favoured a partnership approach.

In conclusion, it is evident from this research that prostitution is prevalent in Dublin 24. The women vary in the extent of their vulnerability but a significant number are likely to be intravenous drug users. The research appeared to suggest that Irish women are more likely to get involved with prostitution because of drugs than foreign nationals and this warrants further study. It is probable that there are hidden populations of foreign nationals working in prostitution who are drug users but who do not come to the attention of services.

Although only a small number of minors were identified as being involved, there were reports of grooming of young girls which must not be ignored. There was also evidence of women being sexually abused in the home. Service providers who reported this were generally unwilling to disclose information, even of the most general kind, because of fears of intimidation and the risk of women being identified. More concerted responses to issues of this kind are urgently needed.

Although the data were inevitably incomplete, this study offers an evidence-based insight into sex work and prostitution in the Dublin 24 area. A tremendous amount of work was involved in gathering and compiling the data for which the HSE Outreach Counsellors, the TDTF Interim Co-ordinator and participating service providers should be acknowledged. The findings provide valuable evidence which the TDTF and HSE can use to inform future planning of appropriate provision.

¹⁹ Ms Latham, Co-ordinator of the Women’s Health Project, stressed that there are no safe environments, indoors or outdoors, for women working in prostitution

8 Recommendations for improved service provision for sex workers in Dublin 24

The research findings strongly indicate that service provision is crucial to address the issues facing the significant number of women identified as being involved in prostitution in Dublin 24. We estimate that those identified in this report are a “snapshot” of those involved or at risk of involvement. Short and long term strategies are required to address the immediate and varied needs of those currently involved by ensuring they have access to health services and support to make alternative life choices. In the short term, key stakeholders should collaborate to identify a location for service delivery and develop an outreach programme. Exit strategies should be implemented in all service provision. In the longer term, a strategy is required to bring about a reduction in demand for prostitution and address risk factors that make women and girls vulnerable to prostitution.

Specific recommendations arising from the research are as follows:

1. Raise awareness For young people

- Introduce prevention and awareness programmes within schools and community groups for young people. This could be through SPHE and include presentation of videos such as the European Dance4life (www.dance4life.com) and the UK Home Office video on grooming
- Lobby for SPHE modules on health and relationships to become compulsory in schools

For service providers and the community

- Raise awareness through public talks and community services. The Garda National Investigation Bureau (GNIB), the Women’s Health Project, the Rape Crisis Centre, HSE and Ruhama were identified as being most appropriate to provide training for service providers and the community.
- Train staff in frontline services in how to identify women/young people engaged in prostitution or at risk of entering prostitution, how to assess level of risk and how to refer to appropriate service provision.
- Distribute information about services and where to get help in places accessed by women involved in prostitution e.g. health centres, GP practices, libraries and migrant services.

For people working in the sex industry

- Raise awareness of sexual health issues through existing services
- Consider use of appropriate internet technology to make contact with sex workers, raise awareness and promote local services

2. Service provision

- Improve access to free, confidential sexual health screening and treatment
- Consider options for delivering a confidential service, including drop-in, sexual health and outreach at a location in Dublin 24.

3. Further identification of needs

- Commission research to identify the extent of young and adult males working in prostitution in Dublin 24 and conduct a needs analysis for this target group
- Commission research to further assess prevalence of street work in Dublin 24 and conduct a needs analysis

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APPENDICES

Appendix 1 Representatives who participated in Community interviews			Appendix 2 - Participants of Training day organized by the Women's Health Project and the TDTF Health subgroup		
Service type	Service/other	Title	ORGANISATION		Position
Statutory	Community Sargent Dublin 24	Sargent	Tallaght Probation Project		Outreach Worker
Statutory	HSE Addiction services Belgard	GP	Probation Service		Probation and Welfare representative on TDTF
Statutory	HSE Addiction Services Belgard	Outreach Worker	Village Counselling Service		Counsellor
Statutory	HSE Addiction Services Belgard	General Assistant	SWAN		Family Support Worker
Statutory	HSE Addiction Services Belgard	GP Co-ordinator	PRIDE		Family Support Worker
Statutory	HSE Addiction Services Belgard	Outreach worker	Slanu – CARP		Project Worker
Statutory	HSE Addiction Services Belgard	Outreach worker	Garda Siochana, Dublin 24		Garda
Statutory	HSE Addiction Services Belgard	Nurse	JADD		Community Drug Worker
Statutory	HSE Addiction services Belgard	Community person	JADD		Community Drug worker
Statutory	Mary Mercer Medical Centre	Social worker team leader	Dublin12 Domestic Violence Service		Representative
Statutory	Mary Mercer Medical Centre	Social worker team leader	Coolmine Therapeutic Community		Project Worker from Ashleigh House
Statutory	Women's Health Project	Co-ordinator	Garda Siochana, Dublin 24		Garda Sergeant
Community	SWAN Family Support Organisation	Co-ordinator	KDPPG		Project Worker
Community	Ashleigh House, Coolmine Therapeutic Centre	Counsellor	WRENS		Project Worker
Community	KPPDG	Co-ordinator	KDPPG		Project Worker
Community	JADD	Community Drug Worker	BASP		Co-ordinator
Community	JADD	Community Drug Worker	WASP		Project Worker
Community	CARP	Staff	Slanu CARP D.24		Co-ordinator
Community	BASP	Client	St. Dominics Community Response Project (CRP)		Project Worker
Community	BASP	Manager	St. Dominics CRP		Project Worker
Community	Anonymous	Manager	Saoirse Women's Refuge		Outreach Worker
Community	Deonach Probation project	Project worker	Dodder Valley Partnership		Community Development Worker
Community	Deonach Probation project	Project worker	Dublin Rape Crisis Centre		Manager
Community	Swan Family Support Organisation	Counsellor	De Paul Trust		Tus Nua – Project Worker
Community	Flexible Training Unit Dublin 24	Staff	HSE		Outreach Worker
Community	St Aengus Community Action Project (SACAG)	Project worker	HSE		Nurse
Community	Saoirse Women's Refuge	Outreach manager	TRP		Project Worker
Community	Anonymous	Manger	TRP		Project Worker
Community	St Dominics project Dublin 24	Project worker	SACAG		Project Worker
Community	St Dominics project Dublin 24	Project worker	SACAG		Project Worker
Community	FDRP	Co-ordinator	Saoirse Women's Refuge		Key Worker
Private	Member of the public		Pieta House		Representative
Voluntary	Ruhama	Trafficking worker	Probation Service		Student placement
Voluntary	Ruhama	Outreach Worker	Probation Service		Student placement
Voluntary	Chrysalis	Community Drug Worker	Flexible Training Unit		Co-ordinator
Voluntary	Dublin 24 Homeless Advice Unit	Project worker	South Western Regional Drugs Task Force		Co-ordinator

Appendix 3

Questionnaire for Women's interviews
Cohort: Women involved

Introduction:

Interviewers to show photo identification

Information leaflet given and explained

Consent form explained and signed

Personal information:

Name of Interviewer:

Personal Profile

Section A: Management Information*

Participant's initials*

Date of birth*

Gender (F) () (M) ()*

Is this the gender you were assigned to at birth? Yes () No ()*

Do you identify yourself as:

Heterosexual () Gay () Lesbian () Bi-sexual () Other ()*

1. Where do you live? (private/public accommodation, B&B, hostel, homeless, rough sleeper)
2. Who do you live with?
3. What age did you leave home at?
4. Reason for leaving?
5. What age did you leave school at? (qualifications acquired)
6. Did you do any other training/qualifications?

* = Section A: Management information from Maudsley Addiction Profile (Map)

SEX WORK WORK

Definition: "A woman or man who exchange sexual acts for money over a sustained period to time" past or present

1. How did you get involved in sex work? (friends/family/advert/company/phone number/environment)
2. Reasons for getting involved? (Drugs, debts, money, pressures trafficked)
3. Age entered sex work?
4. Who do you work for? (self/agency/other)
5. Where do you work? (Street, escort, agency, phone, independent)
6. How does sex work happen in Dublin 24?
7. How many women do you know involved?
8. What services do you provide? (oral, vaginal, anal intercourse, rimming, fisting, masturbation, bondage)
9. What barrier methods do you use condoms, femidom, dental dam, diaphragm, lubricants, spermicidal pessaries and gels
10. Do you use any form of contraception or barrier method with your regular or casual partner? (male/female)
11. Have you experienced violence at work? (rape sexual assault physical verbal robbery frequency and action taken, detail)
12. What are the circumstances you wouldn't use a barrier method? (money, drugs, punter involved violent/well known to you/trustworthy)

HISTORY OF DRUG HISTORY

I. Section B: Substance use**

Oral = 1 Snort = 2 Smoke/Chase = 3 Intravenous = 4 Intramuscular = 9

Drug use in the 90 days or three months

Substance	days used	Amount used on a typical day	Route
Cigarettes			
Alcohol			
Heroin			
Cocaine			
Street methadone			
Non-prescribed Benzos (valium, roche, etc)			
Amphetamine (speed)			
Cannabis (hash)			
Ectasy			
Other			

Are you on any other prescribed medicine? ** (such as anti-depressants)

Prescribed methadone? **

2. Section C: Health Risk Behaviour**

Have you ever injected drugs?

Yes () No () **

If Yes:

Number of days injected in the past 90 days () Days

Times injected on a typical day in the past 90 days () Times**

Times injected with a needle/syringe already used by someone else () Times**

1. Age started using drugs?

2. What drugs did you first use?

3. Do you use with anyone?

4. Do you share any drug paraphernalia?

5. Have you attended Needle Exchange?

6. Do you take drugs while you work?

7. What are they?

8. Does this affect your work?

** = Section B and C from the Maudsley Addiction Profile (Map)

SERVICES /SUPPORT

Section D: Health Symptoms***

Have you received a medical check up in the last 3 months? No () Yes () GP () GUM Clinics () Drug services ()***

Have you received Hepatitis B Vaccine? Yes () No ()***

Did you complete it (i.e did you go for all 3 injections)? Yes () No ()***

Have you been screened (involves swabs and urine tests) for Sexually Transmitted Infections(Syphilis,genital herpes othe than HIV)? Yes () No ()***

If the result was positive did you receive treatment (e.g. antibiotics)? Yes() No()***

Have you ever had blood tests for HIV? No() Hep C()***

If yes Date of last test***

Did you get the result?***

Would you mind telling me the result?***

If the result was positive did you receive an onward referral?***

If the result was positive have you received any treatment?***

Treatment information**:*

Are you currently receiving any treatment from you drug use Yes() No()***

If you are receiving treatment,what type of treatment are you getting?***

Where are you/have you received treatment?***

1. What other services you have used?(IFP, WOMEN'S HEALTH PROJECT, A&E, GP, MQ, Needle Exchange, Law firm, RCC)
2. What health services/support structures have you used in Dublin 24 ?
3. What services/supports would you like to see available in Dublin 24 for women?
4. What are the obstacles that would prevent women accessing services/supports?
5. Is there anything that would encourage you to use the services listed?

List of services:

IFP: Irish family Planning

WOMEN'S HEALTH PROJECT: Women's Health Project

A&E: Accident and Emergency

GP: General Practioner

MQ: Merchants Quay

R.C.C: Rape Crisis Centre

***= Section D from Maudsley Addiction Profile (Map)

Appendix 4

Questionnaire for Community interviews

Cohort:

Local business people i.e hotels/property rental companies etc
Representatives of community and statutory organisations in
Dublin 24 area.

Introduction

Interviewers to show photo identification
Information leaflet given and explained
Consent form explained and signed

Personal information

Interviewee:

Name/initials:

Name of organisation:

Do you want your name/organisation Y/N

1. Are you aware of sex work in Dublin 24?
2. Where does it happen in Dublin 24?(street, agency , hotel, apartment, car, women/men working outside Dublin 24)
3. Who is involved?(profile)
4. Who do they work for?(self, agency,other)
5. Do you know anyone involved in sex work?
6. Does your organisation provide any services for them?
7. What services/supports are required in the area ?
8. Who should provide them and where should they be located?

Appendix 5

Women's health questionnaire

The Tallaght Drugs Taskforce is carrying out research in conjunction with the Women's Health Project on prostitution in the Dublin 24 area.

As part of this the Women's Health Project is gathering statistics on numbers of women from or working in the area.

Could I ask you a few questions?

We are using initials only when gathering this data and the information is completely confidential, (within same limits as the project).

DATE: _____

1. Are you from the Tallaght, Dublin 24, and city west area?
Y / N (circle)
2. Have you ever worked in the Tallaght, Dublin 24, and City West Area? Y / N (circle)
3. If yes how often? (circle)
Never Seldom (once or twice) Regularly (2+)
4. Do you work in other areas? Y / N (please circle)
Outdoor / Indoor (please circle)
5. Would you use specific services for women in prostitution in the Tallaght area? Y / N (circle)
6. Would you be interested in taking part in the research? This involves an interview carried out by Kathryn one of our outreach staff or an outreach worker from the Tallaght area if you prefer. Interviews should take no longer than 30 minutes
Y / N (circle)

Contact Details:

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Review of Service Provision for Women

involved in

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