



*An analysis of service need
and service provision for
males in prostitution in the
Eastern Region*



“Such a taboo ...”

Written by:

Tara Grimes B.A.

Researched by:

Bernice Donoghue B.A., M.A.

INMP Report Steering Committee:

Ana Liffey Drugs Project (Brian Melaugh)

Focus Ireland (Ailis Ni Charthuigh,, Fidelma Cullen)

Gay Men’s Health Project (Mick Quinlan, David Carroll, Ronan Watters)

Open Heart House (James O’Connor)

Proofing and Editing:

Sue Gogan

Printed by:

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Layout

Mick Quinlan

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“SUCH A TABOO”

ACKNOWLEDGEMENTS

It is one of the functions of the work of the Gay Men’s Health Project (GMHP) to raise awareness on the issue of males in prostitution. In the course of our research programme we have become increasingly aware of the gaps in policy, information and awareness that exist at all levels of Irish society on the problems raised by this issue. In 1997 a research programme was initiated with a study on the reasons as to why males become involved in prostitution. That study focussed on the people themselves who engage in the practice.

In 1998 the GMHP became member and country co-ordinator for the European Network Male Prostitution (ENMP). Soon after it established the Irish Network Male Prostitution (INMP) with Open Heart House, Ana Liffey Drugs Project and Focus Ireland. This small group of voluntary and statutory agencies began meeting and in 1999 the 1st Forum on Male Prostitution was held in Dr Steeven’s Hospital. This Forum (opened by Mr Martin Gallagher who, at that time, was the Programme Manager of the AIDS/Drugs Service of the Eastern Health Board) provided the opportunity for an exchange of views on the issue of male prostitution and was addressed by local and international speakers. A 2nd Forum was held during the final drafting of this report.

This publication “Such A Taboo” is a result of the 1st forum and it also augments the perspective of the previous 1997 study. We confined our researchers to the views of the people who respond to or address the needs of males in prostitution, the service providers. Much thanks must go to the researchers Bernice Donoughue and Tara Grimes and the respondents, to Sue Gogan for proofing and editing and to Martin Gallagher now ACEO Service Delivery, East Coast Area Health Board and Cate Hartigan ACEO Child Care for their contributions and support.

It is therefore with great pride that we are able to present this report to help to continue in raising awareness and hopefully implement a cohesive service for males in prostitution in the Eastern Region Health Authority area and also act as a resource guide for other Health Board regions.

Mick Quinlan
Co-ordinator
On behalf of the Irish Network Male Prostitution

May 2001

Forward

In the last few years I had the possibility to meet and exchange information with many different projects all over Europe, providing services to men selling sex to men. The European Network Male Prostitution (ENMP) formalised this exchange, in order to share experiences with services across the borders. Besides common developments within Europe (e.g. migration, mobility, etc), each country and region has to deal with a specific background and specific issues and problems. Prostitution itself, as well as service provision is influenced by the socio-economic context of each country, which makes it necessary to develop proper methods and strategies, according to local needs.

Most of the ENMP partners agreed that the exchange on national and local level leaves much to desire. As only a small number of services are supported by local or national networks. The exchange on European level is mostly the one and only possibility to discuss methods and to develop new strategies. The experience shows that specific service provision for male sex workers is the exception, rather than the rule. Male sex workers are contacted by different agencies, but they are mostly not addressed and identified as those. The relatively small number of men and younger males, selling sex to men, the taboo on male sex work and the difficulties to receive funding, discourage agencies to develop specific services in this field. Other agencies need to be sensitised in order to become more aware of the needs of male sex workers, who might use their service as well.

In 1998, Mick Quinlan of the Gay Men's Health Project in Dublin became the National co-ordinator of the ENMP. Due to the situation in Ireland and the above mentioned outcomes, he started to focus on the development of a network in Ireland. In 1999, I was invited to the 1st Forum Male Prostitution, which resulted in the establishment of the Irish Network Male Prostitution (INMP). A 2nd Forum held in March 2001, involved service providers on National and European level, as well as (former) sex workers.

Without regard to the future work that needs to be invested in, I am convinced that the Irish Network will succeed in networking to support the development and improvement in services for male sex workers.

This report highlights the actual situation within Ireland on a practical and theoretical level and is an excellent and supportive guide for service providers, dealing with male sex workers. Lets hope that other countries follow this example, so all of us will be able to talk about "Such a Taboo..." in the future!

Katrine Schiffer

Co-ordinator European Network Male Prostitution

“SUCH A TABOO”

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EXECUTIVE SUMMARY

In 1992 the Gay Men's Health Project was set up by the Eastern Health Board to address the needs of gay and bisexual men. Through the outreach services offered it became apparent that there was a need for specific services for males in prostitution. In 1997 the Gay Men's Health Project carried out the first piece of Irish research that is specific to males in prostitution in contrast to previous studies, which, have focused primarily on women or children in prostitution. This report "Such A Taboo" was commissioned by the Irish Network Male Prostitution (INMP) and is supported by the Gay Men's Health Project and the funded by the East Coast Area Health Board; these findings suggest that there is a need for specific services for males in prostitution.

The aim of this report is to examine current service provision for males in prostitution in Ireland and to give recommendations for the development of services in the future. In carrying out this piece of research both primary and secondary research methods were used. The primary research consisted of semi-structured in-depth interviews with eleven organisations, ten of which have been identified as providing services that are accessed by males in prostitution. The respondents were drawn from four organisations in the voluntary sector and seven in the statutory sector. A qualitative methodology was chosen because of the sample size that had been selected and because this methodology is more appropriate to understanding the individual's perception of a situation.

Because of the stigma attached to male prostitution, it is an area that gets little if any media coverage. Covert by nature, the laws governing prostitution have served to push it further underground. There is no national data on male prostitution in Ireland. Knowledge on the area is scarce and fragmented. Most of the service providers that were interviewed were aware that males in prostitution were accessing their services, however, none were able to quantify this. When asked to define what they understood male prostitution to mean, service providers gave a broad range of answers. Some referred to a cash exchange but the majority defined it as sexual contact as a necessity for survival.

Service providers outlined what they understood the needs of males in prostitution to be: a safe place to talk, access to accommodation, health services, including mental health, physical health, harm reduction strategies; legal, economic and social services. A number of service providers were of the view that underage males in prostitution had specific needs and should be separately catered for. The main reasons given for the need for separate services for this group related to legal issues and the vulnerability of young males in prostitution.

The respondents identified Services needing development as outreach services and centralised services. Outreach services were seen as a necessary way to make contact with the client group, to build relationships and to establish trust. It was asserted that a centralised service could provide a safe place to talk in a non-judgemental setting. The majority of respondents highlighted the need for an integration of services and a co-ordinated approach if the needs of males in prostitution are to be adequately addressed. A number of respondents suggested the INMP as a starting point for a co-ordinated response. Since it is already established, it would seem like an obvious network from which a service could be developed.

The majority of respondents highlighted the need for greater training and knowledge on the area of male prostitution if they are to feel comfortable with discussing the issues and spotting the possible indicators that a male is engaging in prostitution. The training needs, as outlined by the service providers, can be categorised into five main headings: access to information, sexuality issues, health promotion and harm reduction strategies, legal issues and youth work skills. Respondents highlighted the need for policies and guidelines to reinforce and clarify the work that they do. Also identified was the need for policies with regard to underage prostitution. A number of respondents felt that they had a lot to contribute with regard to policy development.

These policies and guidelines could be researched and lobbied for from within a working group such as the Irish Network Male Prostitution who already have an in-depth knowledge and understanding of the issues at hand. The network is made up of a multi-disciplinary team of service providers who, in some way, come into contact with males in prostitution. The INMP, although in its infancy, has attempted to raise the issues and create awareness around male prostitution and, as suggested, since it is already established it seems like the obvious starting point from which to develop a comprehensive service. This group is made up of various service providers and could act as a steering committee for future development of services. A co-ordinator, reporting to the Network would have service provision for males in prostitution as their specific brief and would be answerable to the committee. This arrangement would facilitate an integration of services and ensure a co-ordinated response.

A number of recommendations arise as a result of this research on (i) the type of service that males engaging in prostitution need and (ii) the way these services can best be developed. Augmented with childcare services and An Garda Síochána for underage persons. These recommendations are outlined and discussed in chapter six.

1.1 Introduction

In this chapter we outline the aims and objectives of the report and describe the methodology that was employed. The context within which the report is written is discussed with reference to the lack of information on the area of male prostitution and its underground nature. We examine the difficulties in accessing the client group and the legal issues regarding prostitution; the content of the report is outlined and we conclude with an explanation of the definitions we have chosen and our reasons for adopting a particular terminology.

1.2 Aims and objectives of the report

The aim of the report is to examine current service provision for males in prostitution and to give recommendations for the development of services in the future.

The objectives of the study are:

- To outline and discuss service providers' understanding of male prostitution.
- To profile the backgrounds of those involved in prostitution.
- To investigate possible reasons for engaging in prostitution.
- To highlight the lack of knowledge about male prostitution.
- To profile the services presently being used by males in prostitution.
- To examine the impediments to accessing these services.
- To profile the services that need to be developed for males in prostitution.
- To explore the training needs of service providers.
- To investigate the liaison structures and relationships between the various service providers.
- To outline future developments in procedures, inter-agency co-operation and policy development.
- To give recommendations for future policy development and service provision.

1.3 Methodology

In carrying out this piece of research both primary and secondary research methods were used. Primary research consisted of semi-structured in-depth interviews, with eleven organisations, ten of whom have been identified as providing services accessed by males in prostitution. The respondents were drawn from four organisations from the voluntary sector and seven from the statutory sector. All interviews were taped and transcribed (see Appendices for interview schedules); confidentiality and anonymity were assured. A qualitative methodology was chosen because of the sample size interviewed and because this is more appropriate to understanding an individual's perception of a situation. Qualitative research is concerned with insight, whereas quantitative research studies the relationship of one set of measures against another.

The organisations identified for the purposes of this research represent the following services:

- Homeless services
- Drugs services
- Gay men's health and welfare services
- STI/HIV/AIDS/sexual health services
- Counselling services
- An Garda Siochana
- Social workers
- Services for young offenders
- Services for females in prostitution

The decision to interview representatives of these services is based on the findings of the 1997 study carried out by the GMHP. To protect anonymity those that were interviewed from the voluntary sector are identified as VOL 1, VOL 2, VOL 3 and VOL 4. Those that were interviewed from statutory bodies are identified as STAT1, STAT2, STAT3, STAT4 etc.

1.4 Context

In 1992 the Gay Men's Health Project was set up to address the needs of gay and bisexual men. Through the outreach services offered it became apparent that there

was a need for specific services for males engaged in prostitution. In 1998 the Gay Men's Health Project became a member of the European Network Male Prostitution (ENMP, 1999) as country co-ordinator. An Irish Network Male Prostitution was then set up, (INMP). The network consisted of agencies offering a broad range of services. The INMP organised the 1st Forum on Male Prostitution in Ireland in December 1999(appendix 2). Over forty people attended the forum, from various agencies in the Eastern Region Health Authority Area.

Most of the agencies that attended were aware that males in prostitution were using their services, but were unable to say to what extent. There is no recorded data available from which to compare trends or emerging patterns in Ireland. Little research has been done on the area and much of the information that is available has been compiled on a European level rather than being specifically Irish. The forum highlighted the need for training for service providers if they were to feel comfortable with discussing male prostitution. Also highlighted was the need for training on identifying indicators that a male might be engaging in prostitution. Because of the stigma attached to male prostitution it is an area that gets little if any media coverage. Media reporting on the area of male prostitution has for the most part been sensationalist and laden with homophobic assumptions. Covert by nature, the laws relating to prostitution have served to push it further underground. This research study has been commissioned by the Gay Men's Health Project and the INMP as a result of their findings which suggest that there is a need for specific services for males in prostitution, (GMHP, 1997).

1.5 Content of the report

Chapter 1 outlines the aim and objectives of the report. It describes the methodology that was employed and the reasons for adopting that methodology; the context within which the report was written is outlined in this chapter and the definitions that were used are explained.

Chapter 2 outlines and discusses what is currently known about male prostitution in Ireland with regard to the available literature and most recent studies. It looks at current legislation regarding male prostitution, highlighting the need for policy development and amendment.

Chapter 3 provides an insight into service providers' attitudes to male prostitution. In this chapter we analyse the reasons why males get involved in prostitution and we discuss the backgrounds of the males involved. Highlighted is the lack of knowledge surrounding the area of male prostitution and possible causes for this deficiency. Finally we discuss the legal impediments with regard to accessing the necessary services.

Chapter 4 gives an overview of the services currently being availed of and profiles the types of services that need to be developed. It examines the perceived restrictions in accessing those services, highlighting the need for current service

provision to be developed further. Finally, it outlines the structure of future service provision based on the recommendations and suggestions of service providers.

Chapter 5 outlines the training needs of service providers and the format that this training should take. It highlights the need for a greater awareness in current service provision. Finally it discusses the needs with regard to policy development and procedural guidelines for those working with males in prostitution.

Chapter 6 highlights and discusses the recommendations which arise as a result of this research. It profiles the type of services that males engaging in prostitution need and the way in which these can best be developed.

1.7 Definitions used

No one term definitively encapsulates the reasons why males engage in prostitution. Much of the available literature has been written within a European context and the term sex worker is used to describe those who work or are engaged in prostitution. This term is too broad, in our view, and could also be used to describe workers involved in any aspect of the sex industry. For the purpose of this research the term *males in prostitution* is used; this term refers to the fact that for some it is not a life choice or a chosen career. For the purpose of the literature review the term sex worker is used when discussing service provision outside Ireland.

1.6.1 The underground nature of male prostitution

There is a huge stigma attached to male prostitution both among the males involved in the industry and by society in general. A significant percentage of those involved are heterosexual and may be involved in relationships with a female. The repercussions of disclosure would impact on their lives and relationships in a lot of different ways. For many, prostitution may be something that they have done a few times and, as such, the men involved do not regard themselves as prostitutes as is the case with males in prostitution who are also prisoners. There is an unwillingness to access the services that they may require because of the legal implications, this is particularly so for underage boys. For some it is an exploration of sexuality and they may risk being thrown out of the family home should it come to light that they are having sex with men. For males who have grown up in residential care the discrimination and stigma associated with male prostitution among peers has further compounded the clandestine nature of male prostitution. Mandatory reporting will mean that a young boy engaged in prostitution risks prosecution should he identify himself. Homophobic attitudes and heterosexual assumptions have also been contributory factors in keeping male prostitution underground. Many of the customers who avail of the services of males in prostitution are in heterosexual relationships and they also play a role in further consolidating the clandestine nature of male prostitution. This research focuses on males engaging in prostitution and not on their clients.

1.6.2 Access to client group

Poor indicators and the stigma attached to prostitution have been significant impediments in identifying the client group. One of the main findings from the INMP Forum in December 1999 was the need for more training in the area of appropriate language and terminology, possible indicators and sexual awareness; these need to be addressed if agencies are to identify and meet the needs of males that engage in prostitution.

Because of the stigma attached to prostitution, service providers expressed fear at approaching those whom they suspect are involved in prostitution for fear of jeopardising the relationship that has been built up with the client. Therefore service providers can only work with those who have taken the initial step and have made the decision to identify themselves as being involved in prostitution. There is no specific service provision for this client group and lack of resources has meant that those who might be in a position to access this group are not always able to do so.

1.6.3 Legal issues

The laws governing prostitution are those outlined in the Criminal Law (Sexual Offences) Act, 1993. Under this legislation it is an offence to loiter with intent to solicit, with the result that prostitution may have become even more hidden and the client group more difficult to access.

“This law has had the effect of driving prostitution underground, making outreach work more difficult and placing men working in prostitution at greater risk, both in terms of awareness of and access to health services and in terms of reporting incidents of violence to the authorities” (GMHP, 1997:30).

In 1993 sexual contact between consenting males was decriminalised in compliance with a European Court ruling. The legal age of consent is 17. Section 2 of the Health (Family Planning) Regulations, 1992, however, provides that contraceptives may be supplied to an individual if “they are supplied to that person for the purpose of preventing HIV or any other sexually transmitted disease”. Article 2 (3) states that information must “not appear in a publication apparently directed to persons under 17 years of age” thereby making it illegal to directly target persons under 17 with information on contraceptives.

The Child Care Act, 1991 states that any child under the age of 18 is protected under a statutory framework and service providers have a responsibility to report any allegation or suspicion of child abuse. In 1997 the Non-Fatal Offences Against the Person Act was passed. Under this legislation a person aged 16 can

consent to medical treatment without the consent of a parent or guardian. This legislation “includes any procedure undertaken for the purposes of diagnosis” (Section 15). In the case of a child who is under the age of 16 it is illegal to provide medical treatment or carry out HIV testing without a parent or guardian present.

There is a need to clarify further interpretation and implementation of the 1993 Act so that access to health and related services is not impeded. It is recommended that An Garda Síochána and the INMP should meet to discuss and clarify those issues and perhaps make recommendations for change where necessary.

2.1 Introduction

In this chapter we discuss the findings of Irish research in this area and examine Irish attitudes towards males in prostitution, with an examination of the legislative provisions relevant to the area. Finally we discuss comparative issues such as outreach, drop-in and education facilities and services in other European countries.

There is very little published material on the subject of male prostitution in Ireland. In 1997 the Eastern Health Board published its findings of the Working Party on Child Prostitution, whose focus was primarily women and children in prostitution. That report based its findings on a sample size of 57 children and concluded that “the children who are most vulnerable are those with a variety of social problems ... they have diverse needs which require a range of services”(EHB, 1997: 16).

McElwee and Lawlor carried out a study on prostitution in Waterford City, *Prostitution in Waterford City, A Contemporary Analysis*; a qualitative research method was employed. The findings were based on a sample size of six respondents, five of whom were female. Further to this, interviews were carried out with professionals who came in contact with prostitutes. This study concluded, “a specific service for prostitutes ... is badly needed, which has a clear philosophy and policy agenda” (1997:6). The Gay Men’s Health Project carried out the first research study in Ireland that is male specific, *Men in Prostitution*. They employed a qualitative method of research, based on a sample size of 27. The research examined current service provision for males in prostitution. In profiling the respondents the report concluded that the “issues of homelessness and drug use raised in this study represent crucial reasons as to why men engage in prostitution” (1997: 24). One of its recommendations were that a “specifically designated project for men working in prostitution be established” (1997:28).

In 1998 research was carried out on prostitution in the Mid West Region, *Prostitution in the Mid-West Region*. This study focused primarily on juveniles who are affected or perceived to be at risk of becoming involved in prostitution; the findings of this study are based on service providers’ experience of the issues. One of the main recommendations to come from this research was the need to establish “drop-in services that provide a safe environment ... outreach services involving counselling, advice and practical assistance” (Mid Western Health Board 1998:5). An analysis of child prostitution in the Dundalk area was carried out in 1998, *Children at Risk in the Dundalk Area*. This research based its findings on the experience of local voluntary agencies. As with the

aforementioned studies, this study “confirms the need for specialist services” (Toner R 1998:3). Barnardos have also carried out research, *Children on Inner City Streets in Dublin*. This 1996 study focuses on children and thus neglects to address the diverse profile of males in prostitution.

Male Prostitution: What is the best approach? was published in 1999 by Mick Quinlan. This report in two sections, the first outlines the various profiles of males in prostitution, the second provides a compilation of national and international reports on the area of male prostitution. This report reaffirms the need for a “comprehensive approach to the needs of those involved in prostitution ... which safeguards the young person and supports them at the same time allowing them to make safe choices” (GMHP 1999:6). In December 1999 the Irish Network Male Prostitution held its first forum in Dr Steven’s Hospital, it was attended by both national and international agencies. Feedback from small group discussions highlighted the need for “inter-agency co-operation” and a “comprehensive service plan” (Forum Report INMP,2000). Kearins, in her book *Rent*, carried out a qualitative study on male prostitution in Dublin. Her research consisted of interviews with eleven males engaging in prostitution in the Dublin area. Kearins maintains that males in prostitution are a “marginalised, disenfranchised, criminalised and misunderstood section of Irish society”(2000:13).

Because there is no specific service for males in prostitution, knowledge on the area is limited. National data is largely based on estimates from within the judicial or medical systems. For the purpose of this research, that literature, which is available from the few studies, conducted in Ireland is summarised and discussed below.

2.2 The Irish situation

Few definitive studies have been carried out on males in prostitution. In the study carried out on males in prostitution in Ireland by the Gay Men’s Health Project, 16 of the 27 respondents identified themselves as being gay, six as bisexual and five identified themselves as heterosexual (1997:6). Kearins’ study, based on a sample size of eleven, found “of the prostitutes whom I interviewed, five professed themselves to be homosexual, four heterosexual and two bisexual” (2000:22). One has to recognise that in both cases the sample size was small, however they can be viewed as representative to an extent. These findings suggest that there is no “one type” of male prostitute and males get involved for different reasons, some as a career choice and others out of necessity.

Two other research studies have been conducted: *Prostitution in the Mid West Region* (1998) and *Eastern Health Board Working Party on Children Prostitution* (1997); neither take account of the sexual orientation of the respondents. This omission may have been due to an oversight or may have been considered irrelevant, nonetheless sexual orientation can provide crucial insights into understanding the reasons for engaging in prostitution.

For those who are involved in street prostitution, it is usually out of necessity and it is more likely to be younger males. In the research carried out in 1997, based on a sample size of 27, 16 had experienced homelessness at some stage and 14 were unemployed at the time of research (Gay Men's Health Project, 1997:5).

For some prostitutes it is a chosen career. They "may have their own home and work from there. They are generally better educated and often identify themselves as homosexual or bisexual and choose to be involved, this group includes escorts and masseurs." (Kearins, 2000:24). This group is generally agreed to be in the minority and accounts for a very small percentage of those involved in prostitution.

Of the 27 men who participated in the study carried out by the Gay Men's Health Project, in 1997, ten had injected drugs at some stage and 13 made a connection between this and their involvement in prostitution. Kearins found that "the ready availability of drugs on the streets and from clients augments the degree of vulnerability to substance abuse and works to facilitate addiction" (2000:49).

Prostitution does not always involve a cash exchange, for some it is the exchange of sexual favours in return for food or shelter. Homelessness, drug and alcohol addiction are identified as the most common reason for males to become involved in prostitution. When service providers were asked to outline what they saw as the most common background for males in prostitution, it was perceived as "involving unemployment, poverty, addiction and abuse (Gay Men's Health Project, 1997:20). This correlates to findings of the Mid Western Health Board:

"Many individuals work in prostitution in order to obtain drugs/alcohol in exchange for sex. In some cases, the nature of the work and the related stresses contribute to forming or exacerbating the habit as individuals use drugs/alcohol to help them cope with their situations" (1998:14).

Although these studies cannot claim to be representative of all males engaging in prostitution, they seem to suggest that the majority of males engage in prostitution through necessity.

2.3 Irish attitudes to males in prostitution

Prostitution, as has already been discussed, does not always involve an exchange of sexual acts for money, nor does it always involve two homosexual males. There is no "one type" of male prostitute, there are those who become involved through need and there are those who get involved through choice. In the research carried out by the Gay Men's Health Project, 27 respondents were asked why they had got involved in paid sex work. Answers varied: for one man, who had started at the age of 13 it was the "idea that someone wanted you, the money came after". For another respondent it was about "being approved of". For many

it was “for the money” or “the only way on the streets” (1997:17). In the 1998 study by the Mid Western Health Board it was concluded that “the stigma, social isolation, fear of discovery and the view of being judged as the ‘lowest of the low’, even within a criminal sphere, places insurmountable pressures on many which have serious psychological ill-effects”(1998 :15).

Male prostitution is as old as its female counterpart yet within society it remains virtually invisible. There is no direct service provision for those involved, no national policy, and the laws that relate to prostitution serve to criminalise those who are involved. Kearins maintains;

“Male prostitutes in Ireland constitute an extremely under-identified, under-served and, all too often, misinterpreted population. The lack of recognition of this sub-culture is largely determined by a constellation of societal myths or beliefs regarding what it means to be a male and straight in Irish society” (2000: 20)

2.4 Complications relating to underage prostitution – a legal conundrum?

The recent report of the Eastern Health Board’s Working Party on Child Prostitution found that 57 children under 18 were involved in prostitution. This is a conservative figure because child prostitution, by its nature, is an underground phenomenon. The report also found that the majority of those involved in prostitution were homeless or had been homeless at some stage. These findings concur with the Barnardos findings that “young people end up on the streets for varied reasons and with different problems, drug abuse, homelessness and involvement in prostitution” (1996). This suggests that prostitution is engaged in out of necessity rather than as a career choice. In the research carried out by the Gay Men’s Health Project, respondents were asked at what age they had had first paid sexual contact. Based on a sample size of 27 it was found that “four were aged 13 years, while three were 20 years of age, the remainder were in the 14 to 19 year age group” (GMHP, 1997:8).

Under Irish legislation the legal age for a male to have sex with a male is 17 years. There is no specific legislation regarding underage prostitution in Ireland other than what is referred to in The Childcare Act, 1991. This Act “provides the statutory framework for the care and protection of all children under the age of 18” (Department of Health, 2000: 6). Under this Act there is a statutory responsibility to report any allegation or suspicion of child abuse. Sexual abuse is defined in the *Policy Guidelines* as:

“The use and exploitation of people for sexual gratification. This includes inappropriate touching, fondling, rape and other sexual assaults. It also includes any behaviours, gestures or expressions that are or can be reasonably interpreted as being seductive or sexually demeaning” (Department of Health, 2000: 6).

The lack of specific legislation on underage prostitution highlights particularly for the under 17 year old age group what is a danger and contradictions between what is considered sexual abuse and consensual sex between two males. In addition, mandatory reporting whilst it is seen as an absolute necessity in relation to child care can in some instances compromise the work that service providers do in the area: the fear being if an under age prostitute discloses what they are involved in the service provider will be obliged by law to report that child. Boys engaging in prostitution who are aware of the laws surrounding it are less likely to come forward to access services that they may need for fear of prosecution. When a child turns 18 they will then generally be taken off the caseload of the social worker involved.

In the research carried out by the Mid Western Health Board on underage prostitution it was concluded that “many will not use condoms and do not consider themselves at risk of contracting sexually transmitted diseases and AIDS or HIV” (1998:11). In a report published in 1992 it was affirmed that “in the absence of a cure for the disease or a vaccine against infection preventive measures must remain at the forefront of government policy” (National AIDS Strategy Committee, 1992: 63). Under current structures there may be legal issues of underage prostitutes availing of the services provided to combat the spread of HIV infection and other sexually transmitted infections; and it is illegal to give condoms to an underage boy, it is also illegal to directly target males under the age of 17 regarding information on contraceptives.

The question of Medical also gives cause for concern. The Non-Fatal Offences Against the Person Act, 1997 stipulates that a boy or girl under the age of 16 is unable to receive testing for STI or HIV without having a parent or guardian present. Because of their transient lifestyle males in prostitution are prevented from accessing mainstream services, a medical card, GP etc and thus are more at risk. In order to address the needs of underage males in prostitution, the legislation, which addressed access to health care, needs to be reviewed. Research by the Gay Men’s Health Project called for the needs ‘of 15 to 18 year olds to sexual health care (with or without parental consent) to be examined’ (Gay Men’s Health Project, 1997:29).

Obviously the issue of access to the health services should be determined by the child care services and appropriate protocols developed for referrals from agencies specifically targeting males in prostitution.

2.5 Services in other countries

At present in Ireland males in prostitution use a myriad of services such as services for the homeless, drug services, STI clinics, and many other support services. (Gay Men’s Health Project, 1997). There is however no one specific service that can address their needs in a holistic way. The Mid West Health Board, in their study, concluded that “a variety of services will, therefore, be required not only to

assist those who wish to get out of their situations, but also to assist those who are likely to remain within” (1998:13). In a recent publication, *Hustling for Health*, male prostitution was looked at in a European context and service provision was discussed.

“most projects offer a wide range of services to sex workers, which while not directly focused on health care, contribute to workers’ personal welfare, self esteem and ability to control their own lives, so improving their chances of being able to adopt a healthier lifestyle. These include: legal advice, housing/homelessness, childcare, social benefits and insurance, health insurance, civil/human rights, education, exit routes out of prostitution, empowerment/assertiveness, childhood sexual abuse, exploitation / forced prostitution, introduction to other services/ referral and advocacy” (European Network for HIV/STD Prevention in Prostitution, 1998:15)

The services available in other countries will now be outlined and discussed in relation to outreach, drop-in and educational facilities.

2.5.1 Outreach

Street outreach is used in most European countries as a means of making contact with the client group and linking them into the necessary services. “The fact that sex workers are an extremely mobile group and a population which constantly changes its profile, makes outreach work necessary” (Eurocap and Tampep, 1998:19). Barnardos spoke of the need for “outreach workers to make contact with young people on the street, building up confidence and rapport” (1996). Outreach was found to be “the main way of making contact with male sex workers” (The Gay Men’s Health Project, 1997:3). One of the main recommendations of the Mid-West Health Board was that “outreach work should be established for counselling and advice particularly in situations where it is unlikely that juveniles will approach services themselves”(1998:28).

There are many different types of outreach, these include outreach in bars, clinics, family planning services or train stations. In Hamburg, Germany, door-to-door outreach is used. In this case a doctor does outreach from the local health service along with a cultural mediator, who makes visits to apartments where they know prostitutes are living and sometimes working from. The results are that the client is more at ease in familiar surroundings. It also means, “that medical issues can be dealt with straight away by the doctor”(Europap and Tampep, 1998:20). It is also hoped that having made initial contact, the client will feel more confident about accessing services at the main clinic in the future.

Outreach is also done in bars, this usually involves condom distribution or leaflets advertising health services with directions and opening times when services can be accessed. In Turin outreach has been used in train stations, in this instance they

were targeting a non-national group whom they knew used public transport. Outreach workers travelled on trains with the client group. This was seen as a useful way of making contacts and building up relationships. “Very young homeless sex workers often use train stations as meeting places, to keep warm and go to the toilet when they have nowhere else to go” (Europap and Tampep, 1998:24).

For the past seven years C.L.A.S.H. have been operating street outreach with young men who sell sex. This organisation is based in central London, the main client group are male and female sex workers, young homeless people, injecting drug users and gay and bisexual men. C.L.A.S.H. provide “support and information about HIV and sexual health and safer drug use ... practical materials such as condoms and clean injecting equipment where appropriate” (C.L.A.S.H., 1999: 2). Their objectives are “to empower clients to make informed choices about their health, to refer and access clients into local services and to offer information and expertise to other agencies about client groups and outreach work” (C.L.A.S.H., 1999: 2).

2.5.2 Drop-in centers

Outreach is an effective way of making contact with the client group but “opportunities for more in-depth work are often limited by the location, street activity or police presence” (C.L.A.S.H. 1999:5). A drop-in centre is usually located in the area of prostitution “for easy access to local sex workers and open at times when sex workers are active, offering a place to talk to project staff and each other, pick up condoms, use the toilet and relax.” (Europap and Tampep, 1998:33). Centres can offer sexual health clinics, as is the case with the Women’s Health Project, East Coast Area Health Board. They are safer for the workers involved and can offer satellite services such as advice on drug or youth services. Within the same building there is the scope to offer the same service to different groups. In the case of male prostitution this could mean that a service for underage and older clients could operate at different times and handled by the child care services where appropriate. It can also offer anonymity where other groups use the building and it isn’t obvious why a client is visiting the building. In Germany free language classes are offered to migrant workers at drop-in centres.

A drop-in centre can work well in conjunction with an outreach service. Mobile units are used in Holland, England and France. These units can initiate contact with the sex worker and encourage them to use the drop-in service. Drop-in centres can also provide a base for help-lines, as is the case in Denmark, Finland and France. They operate a 24-hour counselling service with separate lines for male and females in prostitution. Help lines can provide a non-threatening anonymous way for males in prostitution to access the services that they need. This is a particularly useful service for underage prostitutes where the stigma attached to prostitution prevents them from coming forward. In the 1997 report on men in prostitution in Ireland it was recommended, “that a designated centre, club

or drop-in be established, where men engaged in prostitution can go, talk and access services” (Gay Men’s Health Project, 1997:29).

2.5.3 Education

Peer education has been used in mainland Europe for migrant sex workers “... to provide a person who is a go-between, who knows the customs and codes of the host country as well as those of the minority group”(Europap and Tampep, 1998: 25). In this instance it has worked for cultural mediation. Within an Irish context, peer education could work with regard to education on harm reduction, information on services available and also for the purposes of providing emotional support.

“Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies” (WHO, 1986)

The Gay Men’s Health Project currently offers services to males in prostitution on two levels, outreach and peer education. In November 2000 ENMP and UNAIDS with funding and support from the European Youth Foundation of the Council of Europe organised a seminar in Budapest of young male sex workers (facilitated by 3 agency workers). As members of the European Network, The Gay Men’s Health Project sent two males to take part in this peer training. The aim of the training was to provide a platform male sex workers, to network share knowledge with others to examine how prostitution affected them and to strengthen their self-appreciation. (ENMP 2001) A report on this will be available from ENMP and also included on their website later in 2001.

CHAPTER 3	SERVICES PROVIDERS KNOWLEDGE OF MALE PROSTITUTION
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3.1 Introduction

This section discusses what service providers understand male prostitution to mean and outlines where they perceive it as taking place. It examines possible explanations as to why men engage in prostitution and highlights the lack of knowledge and ambiguity in this regard. It highlights some impediments to service provision: stigma, poor indicators and a lack of recorded data. Finally it discusses the issue of underage prostitution and associated complications.

This research is based on a sample size of eleven service providers who were identified on the basis of previous research by the Gay Men's Health Project (1997), which suggests that males in prostitution access these services chosen. They are comprised of seven statutory and four voluntary agencies.

3.2 Service Providers' definitions of male prostitution

None of the respondents shared a common terminology when referring to males in prostitution. Choice of terminology depended on the age of the male and the reasons for involvement in prostitution. The following are a list of the most commonly used terms for males in prostitution: male prostitutes, sex worker, rent boy, doing rent, working, showing, on the game and a barker.

Some service providers felt that the term prostitute is too narrow and suggested a life choice involving a cash exchange. "With the word prostitute I have the image of an older person with a regular patch with regular clients, it's back to the word prostitution is it organised, disciplined and structured and then its back to younger boys where it's crisis" (VOL1).

Others felt that slang words such as "rent boy" sounded derogatory to the client group. "I would never say to boys that I know they are involved in prostitution or are a rent boy. I would refer to it as a business, so as not to degrade them" (VOL 3). Others thought that the term sex worker was too broad and could also be referring to those who work in any area of the sex industry. It was generally agreed that this term is more commonly used in mainland Europe. "I don't like sex worker it's not specific enough, when I first heard that I didn't know what it meant, it could also cover the man who runs the sex shop". (STAT 1). A number of respondents said: "we reflect what we pick up from the client" (VOL 1). This lack of clarity around terminology highlights the complex nature of male prostitution and the lack of knowledge about the area.

Of the eleven service providers interviewed three defined prostitution as involving cash or financial support. The definition of prostitution varied depending on the service provider and the client group with whom they work. Agencies that worked with an older client group were more likely to use words like money or financial support while those working with younger males talked about trading “support and friendship for sex”(VOL1). The definition also changed depending on where the prostitution took place.

While some respondents identified male prostitution as taking place in escort agencies it was generally felt that those who worked through agencies were more in control of their situation. This group was more likely to be from a middle class background and got involved as a career choice rather than through economic necessity. What was generally agreed was that those who did it as a chosen career were in the minority and most got involved through economic necessity.

“The majority of contact that we have...guys in the park, there is a high incidence of drug use, homelessness, marginalisation, working class background. The guys who work for agencies are more in control of the sex that they sell...more middle class, more articulate, talking about what they do and the reasons why they do it” (STAT 7).

While some of the service providers did describe it as, to their knowledge, involving money, for many it was “the exchange of sexual intimacy for a reward outside of a relationship. That reward can be cash, drugs, food, shelter or simply affection” (VOL 2).

For some service providers a definition of prostitution as a cash exchange was too narrow and this was particularly relevant with regard to underage prostitution, in their experience it could also involve benefit in kind such as taxis, drink or drugs.

“I see it as the commodity of sex. The reasons why people sell sex are many and varied, with the kids that I work with it is for survival, it’s not an exploration of sexuality. It’s not always a cash transaction, it can be benefit in kind for example accommodation or drugs. A lot of times it’s not money it can be friendship or protection” (STAT3).

Many felt that underage prostitution was based on exploitation and vulnerability rather than a life choice. “It’s not just about financial support, it’s mixed with relationships...and then it’s about someone who has control of the situation who could manipulate vulnerability, can eventually lead to financial gain, also somewhere to stay or feed a drug habit” (VOL 1).

Service providers also referred to those who are involved in prostitution on the fringes, where it may have happened a few times but it is not a regular occurrence. This was with reference to prostitution in prisons and particularly underage boys where there was confusion about sexual orientation “...with young boys involved

in male prostitution there is often confusion around sexual orientation, also there is more stigma around being gay than being involved with prostitution. So they would have a fear around that being known” (VOL 1). Prostitution in this instance was seen as experimentation.

3.3 Service providers’ knowledge of where male prostitution takes place

There are well known number of areas where male prostitution is engaged in, (GMHP 1997), parks, street, mobile telephones and now the internet. Though most respondents to this report acknowledged that the information that they had was for the most part speculative. The GMHP 1997 study contains some of these details.

None of the respondents were sure and conceded that it is harder to quantify and harder to notice because of the underground nature of male prostitution. “Women are much more open about where they work, they will ask if you have any condoms....with the boys it’s totally different. It’s not talked about, they talk around the issue. It’s taboo” (VOL 4). This attitude was particularly prevalent with underage prostitution. One interviewee felt that younger boys were less likely to be seen on the pub scene because of age restrictions and were more likely to be involved behind the scenes.

“In terms of age the public prostitution is usually younger, up to 30, the majority would be 17 to 25. Some have the same customer for years and they will stop the street stuff. Under 16’s are very hard to reach. We are less likely to see younger boys in the Park because of the risk of being picked up by social services” (STAT 7).

Other factors relating to underage prostitution have contributed to it being kept hidden and out of view. These factors can be identified as associations with paedophilia and the stigma within the street culture itself. “Sometimes when asked about what they do at the weekend the reaction was that it was unspeakable and they don’t see crime as unspeakable. Which to me sounds like male prostitution, they see prostitution as unspeakable” (VOL1). This would suggest that within the street culture many forms of crime carry a degree of credibility, this is not the case with prostitution.

3.4 Reasons for male prostitution

Service providers felt that the reasons why males get involved in prostitution are numerous with usually more than one contributory factor.

“The reasons why people sell sex are many and varied, with the kids that I work with it is for survival, it’s not an exploration of sexuality. It’s not always a cash transaction it can be benefit in kind for example

accommodation or drugs. A lot of times it's not money it can be friendship or protection" (VOL 1)

For the purpose of this research we will discuss each of the possible reasons given in relation to underage boys and men. Listed below are the main reasons that service providers maintained men get involved in prostitution. Of all of the reasons that were given, drug addiction and homelessness were thought to be the biggest contributing factors.

- Sexuality
- Coming from a background of care institutions.
- Unstable family backgrounds
- Social and economic factors
- History of sexual abuse
- Drugs and alcohol
- Homelessness

3.4.1 Sexuality

Of the eleven services providers interviewed two thought that sexuality was a possible reason for involvement in prostitution. "with young boys in prostitution... there is more stigma around being gay than being involved in prostitution" (VOL 1). One service provider felt that in the case of those who are already marginalised it's an outlet for socialisation, they feel excluded from the gay club or pub scene and prostitution provides a platform for expressing their sexual identity. "In the case of marginalised groups a lot don't feel that they can access the gay groups, they see this as very middle class...prostitution gives a more easy route in" (STAT 7). For underage males in prostitution some felt that experimentation and uncertainty regarding sexual orientation could be the initial reason for involvement in prostitution. This experimentation then developed into a means of earning money. "It may be to explore homosexual feelings. Survival could be robbing, scamming or prostitution. It's done for the same reason, getting from one day to the next"(STAT 3).

3.4.2 Care background

There is no conclusive evidence to support a background in care as a reason for involvement in prostitution. Some respondents, however, maintained that it is a factor which can increase one's vulnerability and thus lead to prostitution. A number of respondents referred to young boys who have a background of care institutions as being emotionally disturbed and suffering from low self-esteem.

These young boys are more vulnerable and more susceptible to becoming involved in prostitution.

One respondent highlighted the need for better aftercare when leaving residential care. Having to cope alone with little training in life skills can often exacerbate their vulnerability. “A lot of boys that we see have just come out of care, or foster care, when they come out they have no safety net, so anyone can pretend to care for them and they will walk into it” (VOL 1). One service provider felt that if a boy was in care, the opportunity for experimentation or sex with other males presented itself more readily and so could start a pattern for life “... I think when boys leave care their sexual history is mapped out” (STAT 4).

3.4.3 Unstable family backgrounds

On consideration of the factors of background and up-bringing most of the service providers feel that males in prostitution are more likely to come from unstable backgrounds.

“...it is usually people who are living in the margins, who come from dysfunction. In my experience they would have come from broken homes, backgrounds of sexual abuse or a history of mental illness. I have found them to be highly sensitive people” (VOL 3).

One respondent asserted that usually there is a background of addiction and unemployment. “Generally they come from a working class background, perhaps parents unemployed, fairly large families, usually involved in heroin addiction”(STAT 2); “Economically mostly from broken homes”(STAT 4). While some interviewees acknowledged that a number of males in prostitution come from a “good background, some well educated”(STAT 2), the majority maintained that “predominantly it is from disadvantaged and working class backgrounds”. (STAT 7).

3.4.4 Social and economic factors

Social and economic factors were viewed by all of the respondents as possible reasons for engaging in male prostitution. “As a lifestyle it can offer money...like any scene once started its difficult to give up...a lot more money than they would get for some jobs” (STAT 6). This concurs with the findings of the study carried out by the Gay Men’s Health Project on male prostitution, which found that over half of the men that participated in the research were unemployed. (GMHP, 1997)

Another respondent maintained that males in prostitution do not always come from a background of social deprivation, but felt that background did play a role in terms of the type of prostitution they engage in. “Background could affect the place of work...those from deprived backgrounds might end up in the park, whereas those from an upper class background might end up in a brothel or sauna”

(STAT 3). Social and economic factors will be discussed at greater length in section 3.4.6, which deals with homelessness.

3.4.5 Drugs and alcohol

Service providers identified drug addiction as the most common reason for involvement in prostitution. “with drug users they tend to have left school early with less job opportunities so they have little other means to get drug money” (STAT 6). This is in keeping with the findings of the research carried out by the Gay Men’s Health Project in 1997. The majority of males in prostitution who took part in the research were found to use one drug or more. Ten had injected drugs in the past.(1997:17) “With drug abuse there is a desperation for money and so that could be the driving factor” (VOL 3).

In the case of underage 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 prostitution” (STAT 3). Another felt that violence and addiction “...goes with the circumstance of being involved in male prostitution” (STAT 7). One respondent when asked if he thought that many are using drugs, replied; “I would say that the majority are, if not all” (STAT 3).

3.4.6 Homelessness

In the 1997 study on male prostitution, out of a sample of 27, ten were homeless and 16 had experienced homelessness at some stage in their lives. These findings concur with the experience of the service providers who took part in this research. Some respondents cited homelessness as the primary reason for becoming involved in prostitution either in exchange for money to survive, or in exchange for a bed for the night. One service provider linked homelessness with prostitution to sexual orientation. “...some people who became homeless because of being gay, then drifted into prostitution” (VOL 1). Not only was homelessness suggested as a reason for getting involved in prostitution, one respondent maintained that it kept people involved. Homelessness creates a situation where people cannot claim social welfare or any other benefits such as a medical card. “Homelessness is one reason that keeps people in prostitution, people in transient situations ... problem’s with getting dole, getting work ” (STAT 7).

3.4.7 Sexual abuse

While there is no definite correlation between sexual abuse and male prostitution, research carried out on female prostitution has found such a correlation and so speculative comparisons can be made. Seven out of the eleven service providers interviewed found that a history of sexual abuse was an influential factor in men getting involved in prostitution. One service provider said that

“...boys that are fundamentally straight but may have been abused and are confused about their sexuality. The money factor is important, they get involved for economic reasons, if you have been abused then it is easier to sell, or to use it, especially if they are at risk or insecure” (STAT 4).

Another service provider felt that if someone had been abused this can be a reason for a male to turn to prostitution “Some get into it through abuse and the need to feel used and its nothing to do with sex”. Ennew researched underage prostitution in England and found a definite link between, prostitution and sexual abuse, this however remains to be researched in Ireland. (Ennew, J, 1986:95).

3.5 The need for greater knowledge and access to information

The majority of service providers that took part in this research referred to the paucity of information available on male prostitution. Respondents also acknowledged the need for greater knowledge about the area. Listed below are some of the reasons why service providers felt male prostitution has remained covert and, for the most part, misunderstood.

- The underground nature of prostitution
- Underage male prostitution
- Poor identification procedures
- The stigma surrounding male prostitution
- The lack of clarity with regard to definitions
- Lack of recorded data

3.5.1 The underground nature of male prostitution

As will be outlined in Chapter Five, there is a huge need for training and education in the area of male prostitution. Very little is known about males in prostitution by society in general or by the service providers who come into contact with them. This can partly be attributed to the lack of research in the area, but it is largely due to the clandestine nature of male prostitution. One service provider talked about his experience “Overall, men do not want to talk about it. The ones who have come forward have been requesting crisis intervention and have identified themselves as gay” (STAT 7).

Prostitution, by its nature, allows for transience and one service provider made the point that someone may be working in prostitution for as long as a year before services are aware of the situation. Outreach workers may have suspicions that a male is engaging in prostitution, but until they actually see him engaging with a

customer they cannot be sure. It is only through constantly visiting the same area that some factual conclusions can be drawn. As was previously mentioned male prostitution is more likely to be hidden, particularly underage prostitution; because of this it is almost impossible to gauge how many are engaged in prostitution at any one time.

The overall sense from the service providers is that there are several contributory factors which have resulted in male prostitution going underground and staying there. One reason for this could be that heterosexual males who are involved in prostitution are less likely to identify themselves because of the stigma and possible repercussions that a disclosure might have. The GMHP found that of the 27 males who took part in the research five were heterosexual. (1997). These findings concurred with the experience of one of the interviewees "... usually straight in relationships, some with children, their need arises from drug use" (STAT 2). One service provider thought that "...it has gone underground because of homophobic fears" (STAT 7). Most service providers maintained that regardless of sexual orientation men involved in prostitution were less likely to talk about it "Some would disclose, but it is very unlikely, women are much more open" (STAT 5).

3.5.2 Poor identification procedures

Poor indicators have posed problems for service providers who may come into contact with males in prostitution. Because of the sensitive nature of the area, most service providers said that they would only approach someone if they were completely sure that they were involved in prostitution. With very little training in the area, most spoke about having to rely on gut instinct or subtle hints that someone is involved in male prostitution.

"In five years I only know two cases of male prostitution that were confirmed. On an ongoing basis I have suspicions but there are difficulties in identifying it. It's very difficult to spot ...sometimes we hear comments from the other young lads as a way of raising concerns that they may have" (VOL 1).

Other service providers spoke about having to be aware of possible changes in spending power as an indicator that someone is involved in prostitution. "... sometimes it's having money or items that they bought, you have to have an overall picture of the person. If you know that they don't beg and they still have drugs where do they get the money?" (STAT 3). These indicators are probably valid; but if the indicators are misunderstood it can compromise the relationship between the client and the service provider. Not knowing exactly what indicators to look for can result in males who are in prostitution being overlooked.

3.5.3 The stigma surrounding male prostitution

In the experience of service providers, the stigma surrounding male prostitution has meant that those involved feel they cannot open up to the service providers or to their own peer group. One respondent spoke of this experience “... they had a low status with their peer group and would be bullied, someone who is open about male prostitution can be leaving themselves open to this with our client group” (VOL 2). Another service provider felt that by approaching someone that they suspect as being involved in male prostitution they could cause problems for the client in question. “We can’t cross that line and talk about men having sex with men because it is such a taboo” (VOL 1). The stigma attached to male prostitution can sometimes result in “slagging or beatings”(VOL 1). Some males involved are afraid that they will be perceived as being gay if they openly admit to working as a prostitute. This could affect future chances of having a heterosexual relationship. “I think the perception is that they are gay and that is why there is a reluctance to openly say that they are working, [they are] then presumed to be gay, a girl would not be interested”(VOL 4). This misperception and stigmas regarding male prostitution have resulted in further difficulties in reaching the client group.

3.5.4 Underage

If male prostitution in general is clandestine then underage prostitution is even more so. The primary reason is the stigma within the peer group, which has meant that underage boys are even less likely to disclose than their overage counterparts. “... it is looked down on in the peer group so there is a risk of being ostracised by the rest of the group if they find out. “A boy would need to be very desperate to choose that route”(VOL 1). The legislation governing prostitution may have played a part in making it more difficult for services to access the client group. Most of the respondents claimed that a client faced with mandatory reporting will be wary of accessing services in general. The consensus among service providers was that while clients may be more wary of accessing statutory services, they will be more likely to access a voluntary service.

Some underage boys that are involved in prostitution may still be living at home, and risk being evicted should a disclosure be made. This has also been a contributory factor in those involved being less willing to come forward. Service providers have identified these factors as having acted as significant impediments in gaining more knowledge or insight into underage prostitution. Obviously childcare services will have a role in this regard to deal sensitively with the issues involved for underage prostitution.

3.5.5 Lack of recorded data

Most of the respondents claimed that males in prostitution were accessing their services, however, none could say to what extent this was so. In the case of underage prostitution, workers are obligated by law to pass on any suspicions they

may have; any information that is passed on to social workers, is then recorded. However, in the majority of cases service providers felt that because of the sensitive nature of prostitution they could jeopardise a relationship with a client by asking if they were engaged in prostitution, unless they were sure that it was so.

The clients who access services are not asked specifically nor is it recorded formally whether they are involved in prostitution. “if you have a good working relationship you can ask, we can’t assume, or if we bump into them while working then we know” (VOL1). With so little data available it is almost impossible to draw any comparisons or to study any patterns in male prostitution in Ireland. This highlights the need to record data and the need for further research. Without data it is difficult to ascertain exact numbers of males engaging in prostitution, what services they are accessing, what their needs are and what services need to be developed for them.

3.6 Difficulties dealing with underage males in prostitution

Under the Childcare Act of 1991 any “allegation or suspicion of abusive interaction with children must be reported immediately to the relevant Health Board for investigation” (Department of Health, 2000:34). This Act covers children up to the age of 18. It is important to note that if a child is 15 or under sexual acts are regarded as statutory rape. Since 1993 sexual activity between two men is no longer illegal, the age of consent is 17.

For the majority of service providers interviewed, they have promulgated that mandatory reporting will mean that a client group who was already suspicious of statutory agencies is now even less likely to come forward.

“Yes we have a statutory responsibility which we follow through. But it is difficult, if we are identified as the source then it damages the relationship with the young person. If a case goes to court ... its awful for a young person to have to tell their parents, they may never be able to go home again, it’s a tricky area” (VOL 1).

For some service providers the legal issues regarding underage prostitution has meant that their work is restricted, this is particularly so in relation to health issues such as harm reduction.

“They are not going to come forward if they think they are going to be prosecuted...there is a huge fear. It’s difficult. They know if we ask them directly about sexual contact they will lie about their age...in this instance legal issues are very negative ... it limits our work”(STAT 7).

It is therefore necessary that childcare services be asked to intervene where appropriate and deal sensitively with the issues of harm reduction.

3.7 Conclusions to this Chapter

When asked to define what they understood male prostitution to mean, service providers gave a broad range of answers. Some referred to a cash exchange but the majority defined it as sexual contact as a necessity for survival. It was generally agreed that males involved in prostitution usually came from an urban background. Possible reasons for this were given as incidences of drug abuse and homelessness being less prevalent in rural areas. Also it was felt that there are less opportunities in a rural setting, as male prostitution requires anonymity. One service provider thought a possible cause for this lack of visibility could be “people have patches that they use, so coming from the country they are more likely to use pubs or saunas, the Park is used by people from Dublin” (STAT 7). Where the services providers encountered males from a rural background engaging in prostitution, sexual experimentation was given as the reason for involvement. Incidents of males from the travelling community becoming involved with prostitution were also rare, and occurred usually when they had come from a background of care. Service providers were aware of non-nationals engaging in prostitution but the incidence was low.

Numerous locations were mentioned as places where prostitution could take place, however respondents conceded that due to the stigma attached and its underground nature, male prostitution is more likely to be hidden and out of view. Mobiles phones were identified as having had a significant influence in changing the nature of prostitution and where it occurs. A variety of reasons were suggested as causes for males engaging in prostitution: sexuality, a background of care, sexual abuse, social and economic factors, unstable family backgrounds, drug and alcohol abuse and homelessness. Service providers said that drug and alcohol abuse and homelessness were the most common contributory factors. Listed below are the main difficulties identified by respondents in accessing males in prostitution and addressing their needs;

- The underground nature of male prostitution
- The stigma surrounding male prostitution
- Poor identification procedures
- A lack of recorded data

The lack of recorded data has presented difficulties in ascertaining exact numbers of males engaging in prostitution and the services, which are being accessed by them. Service providers identified further complications relating to underage prostitution. The stigma within the peer group has meant that underage boys are even less likely to disclose than their overage counterparts. Respondents maintained some aspects of legislation may have restricted their ability to work law have restricted their ability to work effectively, particularly in relation to harm reduction and safe sex practice. A number of interviewees said that mandatory reporting requirements in particular have meant that a client group who may already be wary of statutory agencies will be even less likely to come forward for fear of prosecution.

CHAPTER 4	DEVELOPING SERVICES FOR MALES IN PROSTITUTION
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4.1 Introduction

Chapter Four outlines the services that males in prostitution are using at present. It will profile and discuss respondents' assessment of the services needed by males in prostitution. It examines the obstructions, which have been identified in accessing existing services. Finally it describes the type of services that respondents maintain need to be developed.

4.2 Services being used at present

None of the service providers that were interviewed provide a designated service for males in prostitution. The Gay Men's Health Project research findings indicate that males in prostitution use a range of services (GMHP, 1997). Due to the small sample size, it has to be recognised that males in prostitution may use many other services. These were the sectors that were identified as services, which are accessed by males in prostitution:

- Homeless services
- Drugs services
- Gay men's health and welfare services
- STI/HIV/AIDS/sexual health services
- Counselling services
- An Garda Síochána
- Social workers
- Services for young offenders

4.3 Specific services for males in prostitution

A number of respondents felt that, by its very nature, prostitution suggests that there is a need for a specific service: "it's not just the work, it's why there is the need to work" (VOL 2). Respondents identified social and economic factors as possible reasons for males engaging in prostitution. Listed below are the main needs of males in prostitution as outlined by the respondents:

- A safe place to talk
- Access to accommodation

- Health services
- Legal/economic and social services
- Services for underage males in prostitution

4.3.1 A safe place to talk

Several of the service providers interviewed stated that the most basic need for men engaging in prostitution was the need to talk. Respondents agreed that whatever format this support would take, men would need to feel that it was “a safe place to go” (STAT 6), with a “supportive environment” (VOL 4) in a “non-judgemental setting”(STAT 3).

“I think they need a safe place that they can trust, that whatever issues they have in relation to male prostitution they can talk about it. They can’t talk to their peers, social workers or family. I think we also need to provide information on harm reduction, medical issues, some sort of counselling, and from there, help in moving them into another lifestyle. The main need is to talk” (STAT 3).

Because of the stigma attached to male prostitution and its underground nature males in prostitution may never have had a chance to discuss what they do with peers. One respondent spoke about the need to feel that what they do is normal. “it’s very isolated, can’t talk to friends ’cause of the underground nature... a service where they can feel normalised, where they can talk about sexual orientation, this service can then provide more information” (VOL 4). A number of respondents maintained that this need should be addressed in a counselling format with a structured support group, while others felt that it should be very informal. “Some place they can go for a chat and a coffee, friendly atmosphere. Formal rigid structures would not attract people” (STAT 6). Another interviewee spoke about what their needs were as “as human beings” (VOL 4); the need of any human, not to feel demonised or stigmatised. As such their needs are “having some where to go maybe around general support” (VOL 4). A number of respondents claimed that a service that provided a safe place to talk could then provide a pathway to link males in prostitution into the other services that they may require. The general consensus among respondents was that “once they access one service and find it friendly they will be more likely to link into another service that they need” (STAT 1).

4.3.2 Access to accommodation

In Chapter Three homelessness was cited as a significant reason for men becoming involved in prostitution: “ In general they are looking for accommodation” (STAT 3). In the short term it was felt that males in prostitution “usually need basics, a bed for the night, food, a wash or some emotional support

... they need primary health care” (VOL 1). One service provider described this “for homeless it may be a room with showers and lockers, being able to access services that they may need. it should have flexible opening hours”(STAT 6).

Homelessness was also felt to be a factor, which would keep someone in prostitution. Without an address people have problems in accessing services such as social welfare or medical cards. Service providers maintained that if the need for accommodation was addressed this could provide linkage into other services. It was felt that the need for accommodation contributed to the development of a range of other needs: “not being well in the general sense, from sleeping rough and the way that they live” (STAT 2); “I think that male prostitutes have all the other problems that anyone sleeping rough would have” (STAT 1); “ In general they are looking for accommodation. They need medical intervention, maybe to forward an application for drug treatment, they may need a placement or intervention for their family" (STAT 3). “Homeless people are four times more likely to suffer ill health, a lot of them don’t even have medical cards... housing needs might also address other needs” (STAT 1). A number of respondents acknowledged that the problem of access to accommodation applies across the board; and they expressed frustration that at present there is no one service that can adequately address this.

4.3.3 Health services

Male prostitution is a high-risk activity. Combined with other activities that the client group is often involved in, such as homelessness and drug use, the health risks to those involved rise substantially.

“STI screening, HIV physical check up. They might need to get a medical card and register with a GP. They need help taking care of themselves, they have issues around nutrition, addiction, mental health problems. They also might need psychiatric services. In some cases it’s therapy for abuse, only in cases where they are able for therapy. If they have addiction problems the abuse may have been the reason that their addiction problems started but they have to recover from the addiction before they can handle therapy for the abuse. In their current situation they are too vulnerable to face up to what they have suffered through abuse. A lot that we meet are not able for therapy” (STAT 5).

Males in prostitution have numerous health needs, for the purpose of this research health needs have been divided into three sub-categories;

- Harm reduction
- Physical health
- Mental health

Harm reduction services

Most service providers agreed that “male prostitutes and drug users are a high risk group for HIV and AIDS” (VOL 1), and “specifically, there is a need around sexual health”(STAT1). This risk is increased for underage males in prostitution who “might not use safe sex practice because there is more money if they don’t use condoms, so they may be more at risk than gay men”(VOL 1). One respondent maintained that in this instance policies such as the Family Planning Regulations, 1992, posed problems regarding underage males so that if you “ ... issue condoms to a 14 year old, there are issues around that” (STAT 1).

Other issues with regard to safe sex practice that service providers felt needed to be addressed were the health risks of “Hepatitis A, B, C and STDs” (VOL 2). Service providers see the need to reach the target group: “they need to be educated” (STAT 4). One service provider, however, talked about the difficulties in doing this: “what can we do to reduce that when there is such a reluctance to openly discuss it”(VOL 1). Because there is no specific service to address their needs “the main problem is to get in touch with them so that they can feel comfortable in talking” (STAT 5). Service providers identified health needs as: education, condom distribution, awareness about the risks involved and the need for regular check ups and screening.

Physical health

One service provider felt that the primary need was to “link them into the services”(STAT 1). Many males in prostitution have health needs because they are not registered with a GP or have no medical cards. “Most people already suffer from a lot of ill health from living on the streets” (VOL 1). Many of the service providers felt that homelessness and addiction posed the biggest threat to the physical health of males in prostitution. “I would see a need for a very good service to help them tackle their drug problem, if they could get that need addressed they could sort out their life and maybe earn money otherwise” (STAT 2). One agency maintained that in order to tackle addiction problems they need to be able to access methadone programmes more readily. They also thought that it was necessary to be able to “forward an application for drug treatment” (STAT 3) on behalf of a client. The occupation, in itself, puts those involved in danger of physical threat or violence and one service provider saw the need for “a lot of stuff around violence and addiction, stuff that goes with the circumstance of being involved in male prostitution” (STAT 7). Males in prostitution may suffer violence as a result of their work, but may not feel able to report the incident. Services must be more user friendly in order for males in prostitution to feel able to say that they have suffered violence.

Mental health

All of the service providers agreed that males in prostitution are more likely to suffer from low self-esteem and lack of self worth caused by the lifestyle they lead or past life experiences.

“In general they suffer from mental ill health in some form or another. I might know that they suffer from depression but it may not be diagnosed. Their lifestyle would lead to mental health issues, but it’s hard to differentiate if the mental health issues are solely because of prostitution” (STAT 3).

One service provider talked about noticing “suicidal tendencies and para-suicide cutting”(VOL 2). Another agreed that “they could be prone to depression, lack of self worth”(STAT 1) and felt that this was compounded by “ problems getting support within their own peer group”(STAT1). One respondent talked about the need to work “on self esteem, negative patterns from childhood and the need to change that” (VOL 3).

4.3.4 Legal, economic and social services

There are many gray areas in relation to how service providers should work with males in prostitution, especially those that are underage. Because of the fear, which may be real or perceived, clients are very often wary of accessing current services. One service provider said; “because of statutory rules, to target them would be setting them up to report them” (STAT 6). Therefore the legal needs of males in prostitution are based on realistic social policies and amendments to procedures in order to allow them to access services. One service provider also referred to legal needs with regard to “immigration” and “non-nationals” (STAT 7). Most respondents had not come into contact with many non-nationals engaged in prostitution, however, as numbers of non-nationals entering the country are increasing there is possibly a need for more proactive emigration services.

As mentioned previously, respondents cited social and economic factors as contributing to males engaging in prostitution. Homelessness was also referred to as one of the reasons why males become involved in prostitution. “Socio-economic, legal they have the needs of any other group of young people: access to housing, finance are all part of their needs. As well as all these, they are vulnerable and so have special needs also” (STAT 5). One respondent, when speaking of the economic needs of males in prostitution, raised the point that it is: “money to get out of the country, to break a deadlock, get accommodation ... looking at alternative employment, help with social welfare, all the issues that are common to other marginalised groups” (STAT 7).

4.3.5 Specific needs of underage males in prostitution

Of the eleven interviewees six claimed that underage males in prostitution had specific needs and should be separately catered for. One respondent maintained that:

“there needs to be a specialised service, underage boys are still in the developmental stage. It may be something they have tried or it may be

confusion around sexual orientation ... I think the service needs to be more specialised for boys under 17, their needs are different ... I think younger males may need individual work, it's a life choice for older men" (VOL 1).

The main reasons given for the provision of separate services related to legal issues and the vulnerability of young males in prostitution: "yes these are particularly vulnerable... it might not be appropriate for them to avail of mainstream services" (STAT1). Three of the respondents were undecided and thought that a mixed group could offer peer support. Respondents identified the need to talk and to feel normal about what they work at as fundamental. "To split the group could isolate them, this could be a good thing and a bad thing, sometimes there can be support from older males in prostitution for the younger ones. It should be decided by people who know more about the area" (VOL 2).

Under the Family Planning Act, 1992, underage males may not be able to access contraceptives. The Non-Fatal Offences Against The Person Act (1997) stipulates that a male under the age of sixteen cannot avail of HIV or STI screening without a parent or guardian present. Underage males in prostitution need a service that can address their specific needs, a service where the service providers can do their job in meeting their clients' needs and without being in violation of the legal provisions.

4.4 Impediments to accessing services

All of the respondents were quick to acknowledge that within the services that exist, including their own, there are several factors inhibiting males in prostitution from accessing the services they require. These factors were identified as:

- Males in prostitution not identifying themselves
- Confidentiality issues and mandatory reporting
- Over-stretched resources
- Fear of accessing services
- Fear of accessing services, which are identified as gay services

4.4.1 Males in prostitution not identifying themselves

None of the respondents could quantify the number of males in prostitution using their services. One of the main reasons expressed as an unwillingness by males in prostitution to say that they are engaging in that activity. "Because we don't ask this as a standard question we don't always know, it is up to the client group if they want to divulge this...we don't know number wise how many there are" (STAT 5).

Respondents claimed that there are several possible reasons for this unwillingness to identify themselves, the two main ones being the legal consequences and “the stigma that is attached with being a male prostitute” (STAT 2); “One of the main issues is around disclosure, if we meet them in the environment then its out in the open and its ok to talk about...we can’t cross that line and talk about men having sex with men because its such a taboo”(VOL 1). As mentioned in Chapter Three, poor identification procedures have posed problems for service providers’ “its not easy when you can’t identify the client group” (VOL 2).

4.4.2 Confidentiality issues and mandatory reporting

Males engaging in prostitution require regular screening for STI’s and HIV. In the case of underage males in prostitution, many of the sexual health services are inaccessible, without a parent or guardian present. One service provider gave an example of a boy who thought he was at risk of HIV infection. When he was informed of the issues with regard to medical consent he refused to come forward and did not access the necessary services. Medical consent is governed by the Non-Fatal Offences Against The Person Act,1997. This legislation stipulates that a child under the age of 16 cannot avail of medical treatment or testing without a parent or guardian present.

4.4.3 Over stretched resources

Many of the respondents spoke about the need for more resources if they were going to address the needs of males in prostitution. “We would prefer to refer them on to a service that has more time to spend with them individually” (VOL 1). When asked if they had thought about providing a service for males in prostitution one service provider said “ideally we should, there are gaps in the service at the minute we just don’t have the time” (STAT 1). Although most respondents identified the need of clients to talk, when asked if they could provide this one service provider said; “if they want structured counselling on a regular basis maybe not” (VOL 2).

When service providers were asked if they could refer males in prostitution on to the services that they require, specifically housing or accommodation, most claimed that although they did make referrals most also recognised that the services that they refer to are also over-stretched. “Around housing and accommodation we can refer them to Charles Street (Community Welfare). We can offer advice but that’s it. Housing is linked to a lot of problems but we can’t do very much” (VOL 2). Another service provider spoke about over-stretched resources in relation to drug services.

4.4.4 Fear of accessing agencies

Several respondents recognise that marginalised people in general, but males in prostitution especially are wary of accessing services because of the nature of the

business. The consensus among interviewees was that males in prostitution are more wary of statutory services or those identified as being statutory than they are of voluntary agencies. “The client group is a very suspicious one ... they definitely see a difference between statutory and voluntary ... clients are wary of social workers” (VOL 2); “People are less likely to be suspicious of voluntary agencies, it’s more acceptable for the service user” (STAT 1). Specifically one service provider found “the older and more streetwise they are the more wary they are, less so with voluntary services” (STAT 3).

4.4.5 Fear of accessing services identified as gay

The consensus among respondents was that the Gay Men’s Health Project are well placed to provide a service for males in prostitution, however, a number of respondents raised the point that the name could be off-putting for those are not gay. “The Gay Men’s Health Project is more equipped to deal with it” (VOL 1); “... the Gay Men’s Health Project by its name could put them off because they aren’t gay” (STAT 3). This was seen as particularly relevant for underage prostitutes who may view it as “ a bit old fashioned ... with too many connotations” (STAT 4); “it should not be the gay men’s health project because they are not all gay”(STAT 6). From this, the general consensus would seem to be that the Gay Men’s Health Project have the knowledge, skills and training necessary to set up a service for males in prostitution, the name however would alienate those who do not identify themselves as being gay. In this case the name acts as a deterrent to accessing the service. “The Gay Men’s Health Project has the skills but in relation to prostitution the term gay is exclusive and off-putting. We need to move away from labelling we need a more holistic approach” (VOL 1).

4.5 Services that need to be developed

Although respondents identified the services that need to be developed, most agreed that more research is needed and that before a service could be set up there would have to be consultation with those involved in prostitution. Notwithstanding this, most had ideas about the type of services that need to be developed. These will be outlined and discussed below.

4.5.2 Outreach services

As has already been discussed, service providers identified a reluctance on the part of males to disclose involvement in prostitution as being an impediment to accessing services. A number of respondents maintained that outreach work could address this.

“One of the main issues is around disclosure, if we meet them in the environment then it’s out in the open and its okay to talk about it. For example if we see them picking up punters. We have done outreach with the Women’s Health Project, and they then felt comfortable in

talking about it. Relationships can be built, if it can be done in the open” (VOL 1).

Outreach was also seen as a useful way to make contact with males in prostitution and access their needs. “We need more resources...and to do more outreach work....if we had more outreach workers we would have more of an understanding of their needs” (STAT 7). One service provider who did not work directly with males in prostitution said

“We need a network that does outreach in the area of male prostitution that we can say anonymously that we know or suspect someone is involved in male prostitution. They can then link up with the boy in question. That way we know they are being catered for” (VOL 1).

“There is a stigma attached with being a male prostitute” (STAT 2). Some of the respondents asserted that males in prostitution would access outreach more readily than a specific centre for males in prostitution. “I think if there is anything developed in a building, there is a barrier psychologically for straight people, the name of the building will intimidate people” (STAT 4). One service provider thought that outreach would be more useful particularly in relation to underage boys. “I can’t see a drop-in working for under-18’s. Unless somebody wants something that couldn’t be offered through the outreach” (VOL 1). One respondent maintained that outreach could be a way of addressing the difficulties regarding disclosure. “It’s very difficult for the person to disclose what they are doing...with outreach they don’t have to say anything it’s obvious what they are doing, they don’t have to explain to the worker” (STAT 6). Several interviewees maintained that outreach work is necessary to build a relationship with the client and to establish trust. “If they could know that outreach was ongoing they would feel more comfortable and are more likely to start opening up” (VOL 1); “outreach is really the only way to find out what people want and need. ... The main problem is to get in touch with them so that they can feel more comfortable in talking. Its about breaking barriers of mistrust” (STAT 6).

As to who should run this outreach service the majority felt that it should be someone who already offers a service.

“I feel there could be more proactive outreach work done on the ground ... [it] would be preferable to use a service already in existence, they might not use a specific service because of the stigma ... if the issue of male prostitution comes up we need much stronger links with a service that works directly with the whole area of male prostitution ... the Gay Men’s Health Project is more equipped to deal with it, if our ... team could work with that team it would be great, we could then offer a specific service” (VOL 1).

In relation to underage prostitution, one service provider felt that “outreach is no good for children who aren’t on the streets” (STAT 3). Others felt that a “satellite service something similar to those that operate for the drugs services would be useful”(STAT 4). One respondent maintained that “there is still the risk of being stigmatised maybe co-operation, a link through the services and there is a contact person through the services. On the street male prostitution is really looked down on. It takes a long time before issues relating to sexuality are talked about. In general terms it’s still taboo” (STAT 2). Some respondents maintained that outreach could be developed by one service, while others thought it would be better for services to work as a group. In any event, it still remains the case that unless an outreach service is developed it is very difficult to access the client group.

4.5.2 Centralised services

It was agreed by service providers that men engaging in prostitution needed “... a service where they can feel normalised, where they can talk about sexual orientation” (VOL 4). In order to offer this a centralised service is necessary, “there needs to be a safe place that they can trust” (STAT 3). One service provider maintained that a drop-in centre could provide “something that is easy to access where they don’t have to talk about being on the game if they don’t want to” (VOL 3). The need for a centralised service was identified by one service provider as “someplace they can go for a chat and a coffee, friendly atmosphere” (STAT 6). Some service providers asserted that the stigma attached with using such a service would prevent males from using it. “... a free phone line would be better, that way there is no worry about being seen using the phone” (STAT 3). What was generally agreed was that there is a need for “an integrated service with a continuum of care” (STAT 1).

4.6 Integration of services

The majority of respondents felt that there has to be an inter-agency approach to service provision for males in prostitution, if the needs of males in prostitution are to be adequately addressed. None however, felt that they were familiar enough with the issues or adequately trained to offer the services necessary. “There needs to be a more co-ordinated approach...a working group ...we must be sure with inter-agency work that they share the same ethos”(STAT 7).

One service provider spoke about the advantages of an inter-agency approach. “If there was a team approach the team could be made up of other people from different agencies on shared ground. Many skills could be shared...we could liaise with them, meet them, as a team we don’t have a lot of time” (VOL 2). Another service provider spoke about the role that they could play in such an approach; “if our outreach team could work with that team it would be great, we could then offer a specific service” (VOL 1). Two service providers thought that “a contact

person” (STAT 2) “whose job it was to liaise between the existing services and men in prostitution” (STAT 5) could work well.

4.7 A co-ordinated response

Describing what they saw as the service that needs to be developed, one respondent said “we need a network of organisations that have outreach, a co-ordinator for a year with that brief ... a working focused group that specifically talks about male prostitution”(STAT 7). Another respondent asserted that a co-ordinated response should come from all the agencies rather than one specifically, the fear being that “if it is set up in isolation it stays in isolation” (VOL 4). Some respondents expressed reservations about such an approach. “While a multi-agency approach is good for information sharing, for carrying out actual work it would be better with one agency” (STAT 4). Another service provider felt that it could be “specific at a certain point. The aim should be that they avail of mainstream services and mainstream services should adapt to deal with this group” (STAT 1).

When asked which agency was best suited to develop a specific service for males in prostitution, five of the respondents said the Gay Men’s Health Project. It was felt that “the term gay is exclusive and off-putting ... it is labelling, but the Gay Men’s Health Project are in a good position to set something up” (VOL 1). One respondent pointed out that they are “working in the area already and could be developed further”(VOL 3). One suggestion was that:

“ the Gay Men’s Health Project use their expertise and call it a different name, maybe a one-agency response with a multidisciplinary team, they can book sessions with the services that they don’t have. It’s very important to keep the focus on prostitution in a broad sense, to keep the issue of homosexuality in the background, this is necessary for young people. I don’t know about older men we need a support service for prostitutes whether they are gay or not” (STAT 3).

In 1998 the Gay Men’s Health Project became the country co-ordinator of the European Network on Male Prostitution and formed the Irish Network. A number of service providers suggested the INMP as a starting point for a co-ordinated response. One respondent pointed out that since it is already established it would seem like the obvious network from which a service could be developed. It would be vitally important that the child care service would take responsibility for those under 18 but coordinate their response with INMP. This group, which is made up of various service providers, could act as a steering committee for any development of services. An employed co-ordinator whose brief would be specifically service provision for males in prostitution would be answerable to this committee. This would facilitate “a working, focused group that specifically deal with male prostitution” (STAT 7), “a co-ordinated approach from all agencies with expertise from relevant agencies” (STAT 6).

4.8 Conclusions to this Chapter

Males in prostitution are currently using a range of services, none of which specifically address their needs as prostitutes. This chapter has outlined the services that males in prostitution need as identified by service providers and discussed the various factors inhibiting access to these services. Unless these impediments can be addressed and overcome little can be done to realistically addressing the needs of males in prostitution. This is particularly so in the case of underage prostitutes. These issues can only be addressed collectively in a working group that is designated as providing a service for males engaged in prostitution. It has considered the services that need to be developed, utilising the expertise of a range of service providers and building on the research and knowledge that is already there. Listed below are the needs of males in prostitution as identified by respondents;

- A safe place to talk
- Access to accommodation
- Health services
- Legal, economic and social services
- Specific needs for underage males in prostitution
- Outreach services
- Centralised services

CHAPTER 5	TRAINING AND POLICY DEVELOPMENT
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5.1. Introduction

This chapter will outline and discuss the training needs as highlighted by service providers, profiling the most beneficial format of training delivery. It examines the way in which services can be made more accessible for males in prostitution. Finally it highlights the need for effective government policy regarding the area of male prostitution.

5.2 Training needs

Of the eleven service providers interviewed only four had received any training in relation to male prostitution. Two of the four were agencies that actually work in the area and they also provide training for others. While the other two had received training in sexuality issues and homophobic attitudes, it was acknowledged that this was not specific enough and they would need further training if, as service providers, they were to adequately address the needs of males in prostitution. Two of the statutory agencies interviewed recognised the lack of training on the area of male prostitution in their overall training and thought that it would be beneficial to incorporate this into the college curriculum. One respondent claimed that even those who had trained in the area might need refresher training so that they don't become immune to the sensitive nature of the work involved and "have an awareness on the difficulty that this may pose for the client" (STAT 6). The training needs, as outlined by the service providers, can be categorised into five main areas:

- Access to information
- Sexuality issues
- Health promotion and harm reduction strategies
- Legal issues
- Youth work skills

5.2.1 Access to information

The majority of respondents referred to the dearth of information available on male prostitution and their need for more information. For the purpose of this research the need for access to information will be discussed with regard to three areas:

- General information on male prostitution
- Terminology
- Indicators that someone is engaging in male prostitution

The consensus among service providers was that there is a need for more information on the area of male prostitution in general. “Working with any community, it is important that we are familiar with the culture ... we need to be sensitive; it’s impossible to do outreach with a community that you don’t know anything about”(VOL 3). One service provider spoke about the need for information that is Dublin specific. “I would like information about male prostitution and how it operates in Dublin. The situations that they can get involved in” (STAT 3).

As has been discussed in Chapter Three, the stigma surrounding male prostitution has contributed to a lack of knowledge on the area. One respondent maintained that the lack of information has compounded misconceptions about the area and has contributed to the clandestine nature of male prostitution.

“I need more information...if we are not sure what we are doing they will pick up on it... outside of work we don’t hear anything about it in the media, the public don’t know anything about it, it’s never talked about in a human way...therefore there are misconceptions about the whole area” (VOL 1).

A number of respondents asserted that a lack of information affects service delivery. The need for information has meant that service providers may have to rely on what they can pick up from clients. “Some of my information is picked up from kids, but I need concrete information. Then I am armed. If I can show that I have knowledge on male prostitution they are more likely to open up. Otherwise they will treat me like I’m stupid” (STAT 3). The needs with regards to access to information, was summarised by one respondent:

“we need to be reminded what to look for...what the issues on the ground are, we need information sharing. Feedback from outreach workers...something that a client may find [that] makes the service difficult to access. What we hear can be subjective, it’s from clients,

we would like to hear from other agencies, doing things like that we become more comfortable with the issues” (STAT 5).

None of the service providers that were interviewed shared a common view on what the correct term for males in prostitution should be. What was acceptable for some was deemed derogatory by others. The need for training in terminology was highlighted by one respondent: “training in terminology, it would be very good to know what the words are, with any group of young people we should know the words that they use” (VOL 1).

The respondents were aware that males in prostitution were accessing their services but none could quantify this. Because of the sensitive nature of male prostitution most service providers maintained that they would not approach someone whom they suspected of being involved in male prostitution; they would only approach someone if they were certain of their involvement. Without training in how to recognise that a male client is engaged in prostitution, respondents spoke of having to rely on subtle hints or gut instinct.

“In five years I only know two cases of male prostitution that were confirmed, on an ongoing basis I have suspicions but there are difficulties in identifying it. It’s very difficult to spot ... we might need training on how to spot the signs ... training from those with prior knowledge of male prostitution” (VOL 1).

One respondent highlighted the need for more information about other services working in the area. “ ... More information on the services that are there, we don’t know unless we have a solid link with those working in the area (VOL 1).

5.2.2 Sexuality issues

While all of the service providers expressed a willingness to work with males in prostitution, most acknowledged the need for training in sexuality issues. It was felt that training would ensure that service providers would feel comfortable in dealing with the issues “it is important to be comfortable to talk about sexual acts” (STAT 6).

The consensus among respondents was that sexual orientation is not an issue in working with the client group, however most conceded that “there are still a lot of homophobic attitudes” (STAT 6) within agencies and training could help dispel these. One service provider asserted that being comfortable talking about heterosexual sex did not necessarily mean the same would hold true for talking about males having sex with males. “ They might be comfortable in talking about straight sex, but not male sex” (STAT 5). For one service provider, training in sexuality issues represented the first step in creating an awareness of male prostitution: “a lot don’t recognise homophobic attitudes ... to have an awareness

that any of these groups can at any time become involved in prostitution. So that there is an atmosphere that a boy can come and say that they have become involved in male prostitution” (STAT 7).

5.2.3 Training in health promotion and harm reduction strategies

All of the service providers recognised the importance of promoting safe sex practices and harm reduction strategies to their client groups. While some of the agencies had received training in the area, the majority acknowledged that they lack “training on harm reduction that is male specific, ... training also to increase awareness, practical advice that we can pass on to clients, making it more mainstream” (VOL 2). One interviewee maintained that, although they were comfortable providing ‘tips’ on safe sex practice for women, they needed more training if they were to provide the same service for males in prostitution. When asked what training they felt was necessary for development of services, one respondent replied; “the service providers should feel comfortable in talking about safe sex and sexual practices generally” (STAT 5).

5.2.4 Legal issues

While the statutory agencies interviewed were well versed in the legislation on Mandatory Reporting and the Childcare Act, 1991, there was a lack of clarity on the roles and responsibilities of voluntary agencies. Most of the respondents said that: “it is important to know the law around it, to know issues around it and what the laws say”(VOL 3). The lack of clarity with regard to legal issues was expressed by one of the service providers “what are the legal responsibilities, what are the consequences?” (VOL 2). One respondent felt that “there are a lot of agencies that don’t know the age of consent” (STAT 7). Service providers also expressed a need for training on legal issues on discrimination, as there are no laws that deal specifically with male prostitution.

5.2.5 Youth work skills

Training that is specific to youth work, which incorporates the necessary skills for working with males in prostitution is necessary when dealing with underage prostitution. One respondent thought that training in youth work is necessary and acknowledges the different skills necessary for working with underage males in prostitution.

“Youth work training is invaluable, with young people it’s totally different, it has to be informal, it’s different work with different skills involved. Lots of people have skills which are adaptable and some training is acknowledging that there is a difference. Especially for young boys involved in prostitution” (STAT 6).

5.3 Types of training

Respondents had different opinions on the type of training, which would be most beneficial. Some interviewees felt that workshops were interactive and could facilitate information sharing. A number of respondents said that they would find training from males in prostitution useful, while others expressed fear that such a format for training could be exploitative. Most respondents maintained that they could benefit from inter-agency training, adding that this could provide a platform for discussion and debate.

The types of training that respondents asserted would be most beneficial can be categorised into three main headings;

- Workshops on sexuality
- Training from males in prostitution
- Inter-agency training

5.3.1 Workshops on sexuality

It was generally agreed that before training in the specifics of male prostitution could take place there was a need for workshops on sexuality. “... We have to be more up skilled to being open to sexual orientation. We need more sources of information” (VOL1). One respondent thought: “maybe heterosexual men might feel more uncomfortable because of society’s attitude” (VOL 1).

It was also felt that management should take part in some of this training. This would ensure a common ethos would be formed within the agency. One respondent raised the point that when an agency’s origins are religious based, management may refuse to take on the issues. “If management are scared of issues it is frustrating” (STAT 7). All respondents acknowledged that training should come “from people who work in the area”(STAT 1) with a profound knowledge of the terminology used.

5.3.2 Training from males in prostitution

All of the service providers agreed that training from males in prostitution would be highly beneficial. This form of training is used in the case of females in prostitution and the feedback from those who took part was positive. “People’s assumptions are challenged” (STAT 6).

There were concerns regarding the format that this training should take, with most adding that it would have to be “done in a careful way, an open and practical way, not sensationalist”(VOL 4). There were also concerns that training from males in prostitution could be “voyeuristic” (STAT 7). One respondent, when asked if he

thought that training from males in prostitution would be beneficial, outlined how he felt this training could be delivered effectively:

“Yes but I’d be careful not to abuse them, if they want to yes, but in my experience these guys are not confident enough to talk about it. They could be empowered by giving them a wage, treating it as a job, giving them respect. Like any professional, with dignity”(VOL 3).

5.3.3 An inter-agency approach to training

Service providers acknowledge that males in prostitution use a broad range of services and because of this a lot of skills and information can be pooled and resourced. “We need more contact, linking into each service” (STAT 3). A number of respondents thought it would be beneficial to “have someone in to maybe give a talk on where to refer people”(VOL 4). Service providers could then feel more confident in referring clients on with a greater understanding of what each agency does. “Maybe if I knew more about other services, I could pass on this information through the work that I do”(STAT 2). One respondent felt “being actively involved in services that work with the client group” (VOL 2) would be beneficial.

All of the agencies interviewed found workshops from other agencies very useful and said that more were needed. This would enable them to pass on “practical advice to clients”(VOL 2). This is particularly relevant when the agency does not deal specifically with male prostitution. “ ... Someone who specialised in the area that could give talks, we could be more proactive as an agency” (VOL1).

It was generally agreed that this would promote a better inter-agency approach and a greater continuum of care. While some of the respondents are actively involved in the INMP, others are not, however, the need for such a network was highlighted by one service provider:

“We need a network that does outreach in the area of male prostitution, that we can say to anonymously that we know or suspect someone is involved in male prostitution and they can link up with the boy in question. That way we know they are being catered for” (VOL 1).

One respondent maintained that an inter-agency approach to training could provide a platform for discussion and debate. Training in the form of discussion and debate between agencies was proposed as a way to “enter it on to the agenda and look at awareness”(VOL 4). This type of training could be an appropriate way to “generate discussion”(VOL 4), it could be a way for people to get involved, to feel comfortable in talking about sexuality and to share information.

One interviewee thought, “if there is accreditation at the end people would be more interested” (STAT 6). It was also mentioned that training should take place “in the locality” which would make it more “approachable”(STAT 4).

5.4 Making the service more accessible to males in prostitution

The majority of service providers conceded that they could make their service more accessible to males in prostitution. Listed below are the main suggestions and recommendations from respondents on how they could make their service more accessible for males engaging in prostitution.

- More training in the area
- Making information on males in prostitution more visible
- More resources
- More of an inter-agency approach

5.4.1 More training in the area

Service providers felt that more training is necessary if they are to make the service more accessible to males in prostitution. The consensus among respondents was that if they were trained to recognise the signs that a male is engaging in prostitution they would feel more confident in approaching clients whom they suspected were involved.

Interviewees also highlighted the need for training on sexuality issues so that they can feel comfortable discussing the specifics of male prostitution. It was asserted that such training could benefit work in safe sex practices and harm reduction strategies. A number of respondents maintained that they would benefit from interagency training, from people who have an in-depth knowledge of the area. With a greater knowledge of the services that other agencies offer, they could then offer advice to clients and make referrals.

5.4.2 Making information on males in prostitution more visible

Most agencies agreed that “the client group is a very suspicious one” (VOL 2) and were wary of agencies, statutory ones in particular. This, coupled with the taboo and stigma that is associated with male prostitution must first be addressed if any real progress is to be made.

A number of interviewees acknowledged that they could make information more accessible to and visible for clients. Several service providers asserted that by making information more visible a safe and open environment could be created.

This information could take the form of posters, leaflets or a list of relevant phone numbers.

5.4.3 Resources

Because none of the agencies deal solely or primarily with male prostitution it was generally felt that if they were to adequately address the needs of those in prostitution, they would need more resources, particularly human resources. “We need more resources, manpower, at the moment other work must suffer if we go to the [Phoenix] Park” (STAT 7). It was suggested that perhaps a referral point or contact person within the agency, whose job it is to deal specifically with male prostitution could be employed. This would incorporate the issues on the agenda as part of the agency’s service provision.

One respondent reflected that shortage of resources may result in males in prostitution feeling less able to identify themselves.

“... More resources so that different groups are not slotted in together, they can be separate according to needs. Services at the minute can be very chaotic, which can be off-putting, it needs to be more user friendly, more time to spend with people, therefore it is more open for people with sensitive issues” (STAT1).

5.5 Policy development

Of the eleven agencies interviewed, nine were unaware of all of the legislation and none were aware of any government policy on the issue of male prostitution. The majority of respondents maintained they had “a lot to contribute” (STAT 2) with regard to policy development. Policy however was seen at the other end of the spectrum and could only work in conjunction with creating a greater awareness around male prostitution in general. “There are some around child protection and soliciting, also health promotion policy ... policies that deal specifically with males in prostitution, there are no specifics” (STAT 7). One respondent asserted that policies are necessary “to back up the service” (STAT 1), while another thought there was a need for “policy on integration of services and fundraising” (VOL 2).

Service providers identified the need for policies to address underage prostitution. “From a social work point of view 16 to 18 is difficult, there are loads of discrepancies” (STAT 5). Policies should be drawn up and implemented in conjunction with service providers and the client group. There is also a need for more research on the area. One respondent maintained that policies should be needs based “there is a need to do an assessment on these men and draw up policies based on those findings”(VOL 3).

5.6 Conclusion to this chapter

In research carried out in 1997, on male prostitution in Ireland it was concluded that “Little was known of the experiences of the men involved, apart from hearsay and assumptions” (Gay Men’s Health Project, 1997). Service providers participating in this present research confirmed that this statement was correct up to the presentation of this study. All agencies involved, even if not directly involved with service provision for males in prostitution, acknowledged the need for more training in the area. One agency worker summarised these concerns. “I could have more skills, more knowledge. To be hesitant because you are not sure of the grey areas is not good because if we did that we would not talk to anyone” (VOL 2).

Respondents expressed a need for further training if they are to adequately meet the needs of those clients who they suspect or know are involved in prostitution. “Lots of people have lots of skills which are adaptable and some training is acknowledging that there is a difference. Especially for young boys involved in prostitution” (STAT 6).

Service providers need training around sexuality, indicators, disclosure, referrals and the law. They also need clear policies and guidelines to reinforce and clarify the work that they do. These policies and guidelines must be researched and lobbied from within a working group such as the Irish Network Male Prostitution who already have an in-depth knowledge of the issues at hand.

CHAPTER 6	REPORT CONCLUSIONS AND RECOMMENDATIONS
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6.1 Introduction

In 1997 research was published by the GMHP on the subject of males in prostitution. This groundbreaking study compiled information on the area by asking questions exclusively of males who were involved in prostitution. Now, to augment that work, the GMHP in collaboration with the INMP commissioned this study to assess the responses of service providers.

This report has examined current service provision for males in prostitution and outlined recommendations for the development of services in the future. The objectives were as listed below: To outline and discuss service providers' understanding of male prostitution.

- To profile backgrounds of those involved in prostitution.
- To investigate possible reasons for engaging in prostitution.
- To highlight the lack of knowledge about male prostitution.
- To profile the services males in prostitution are using at present
- To examine the factors inhibiting access to these services
- To profile the services that need to be developed for males in prostitution
- To explore the training needs of service providers
- To give recommendations for future policy development and service provision.

Eleven organisations were interviewed, these were handpicked based on the previous research which suggested that males in prostitution use their services. Males in prostitution use a broad range of services with no designated service addressing their specific needs. Little research has been done on the area and much of the information available is based within a European context rather than being specifically Irish. The information available is based on guess estimates from service providers and a small sample who have openly identified themselves as engaging in prostitution. Knowledge on the area is scarce and fragmented. The underground nature of male prostitution and the stigma attached to it have resulted in the client group being harder to access. A lack of information on the area, combined with tangled and ineffective legislation have been cited as contributing factors in keeping the area of male prostitution clandestine and ill-defined.

6.2 Background Information

There is very little published material on the subject of male prostitution in Ireland. The Eastern Health Board published the findings of the Working Party on Child Prostitution (1997). The focus of this however, was primarily women and children. McElwee and Lawlor carried out research on prostitution in Waterford City (1997). The findings were based on a sample size of six, five of whom were female. The Gay Men's Health Project carried out research specific to males in prostitution *Men in Prostitution* (1997). Their findings were based on a sample size of 27 males engaging in prostitution. That report concluded that "a specifically designated project for men working in prostitution be established" (GMHP,1997:28).

Research has been carried out on prostitution in the Mid West Region, *Prostitution in the Mid West Region* (1998); research has also been carried out on child prostitution in the Dundalk area, *Children at Risk in the Dundalk Area* (1998). Barnardos have also published research, *Children on Inner City Streets in Dublin* (1996). All these studies focused primarily on juveniles and fail to address the profile or needs of males in prostitution.

Male Prostitution: What is the Best Approach? was published in 1999 by Mick Quinlan. This report outlines the various profiles of males in prostitution and provides a compilation of national and international reports on the subject. It highlights the need for "a comprehensive approach to the needs of those involved in prostitution" (1999:6). In December 1999 the Irish Network Male Prostitution held its first forum. The findings of which outlined the need for "interagency co-operation [and a] comprehensive service plan" (INMP, 1999). Kearins, in her book, *Rent*, based findings on eleven males engaging in prostitution. She concludes that males in prostitution are a "marginalised, disenfranchised, criminalised and misunderstood section of Irish Society" (2000:13). The most common reasons cited for involvement in prostitution in all of the studies were, poverty, homelessness and addiction. Although not claiming to be representative of all males involved in prostitution, these findings suggest, that the majority of males are involved through economic necessity rather than career choice.

Mandatory reporting and medical consent issues may compromise the work that service providers do in the area. Boys engaging in prostitution, once they are aware of the legislation, maybe even less likely to access services that they may need, for fear of prosecution.

Existing services in other countries have been outlined and discussed in relation to outreach, drop-in, confidential help lines and education. Based on the findings of their European counterparts, these services can initiate contact with the client group and encourage them to avail of more mainstream services. Help lines can provide a non- threatening, anonymous way for males in prostitution to access the services that they need.

6.3 Knowledge

When asked to define what they understood male prostitution to mean, service providers gave a broad range of answers. Choice of terminology depended on the age of the male and the reasons for engaging in prostitution. Some respondents maintained that the term prostitute is too narrow and suggests a life choice involving a cash exchange. Most of the respondents asserted that slang words are derogatory to the client group. A number of interviewees maintained that the term sex worker was too broad. The majority concluded that they reflect what they pick up from the client.

Numerous locations were mentioned as places where male prostitution is thought to take place. However, respondents conceded that due to the stigma attached to male prostitution and its underground nature it is more likely to be hidden and out of view, with the exception of the Phoenix Park, where activity is obvious. Service providers thought that the reasons why males engage in prostitution are many and varied with usually more than one contributory factor. Listed below are the main reasons as suggested by respondents;

- Sexuality
- Care background
- Social and economic factors
- History of sexual abuse
- Drugs and alcohol
- Homelessness

The majority of respondents, referred to the scarcity of information available on male prostitution and highlighted the need for increased knowledge about the area. Listed below are some of the reasons why service providers say that male prostitution has remained hidden and largely misunderstood:

- The underground nature of prostitution
- Underage male prostitution
- Poor identification procedures
- The stigma surrounding male prostitution
- The lack of clarity with regard to definitions
- Lack of recorded data

A number of respondents maintained that underage prostitution is even more clandestine than its overage counterpart. Most service providers indicated that the laws governing prostitution have played a part in making it more difficult to access the client group. Mandatory reporting was stated to be a possible reason for the client group to be wary of accessing services. The consensus among service providers was that clients are particularly wary of accessing services identified as statutory.

6.4 Developing services for males involved in prostitution

None of the service providers that were interviewed provide a designated service for males in prostitution. Based on the findings of research carried out by the Gay Men's Health Project in 1997, males in prostitution use a number of services. These were the sectors that were identified as services that are accessed by males in prostitution:

- Homeless services
- Drugs services
- Gay men's health and welfare services
- STI/HIV/AIDS/sexual health services
- Counselling services
- An Garda Siochana
- Social workers
- Services for young offenders

Service providers' were asked to outline the services that need to be developed for males in prostitution. These can be categorised into five headings:

- A safe place to talk.
- Access to accommodation
- Health services
- Legal, economic and social services
- Services for underage males in prostitution

Respondents acknowledged that within the services that exist, there are several difficult aspects which prevent, or can prevent males in prostitution from accessing the services that they require. These are outline below:

- Males in prostitution not identifying themselves.
- Confidentiality issues and the implications of mandatory reporting.
- Over stretched resources.
- Fear of accessing services.
- Fear of accessing services identified as being gay.

Although interviewees identified the services that need to be developed, most agreed that more research is needed and that before a service can be set up there will have to be consultation with those involved in prostitution. Notwithstanding this most had ideas about the type of service that needs to be developed. These are as follows:

- Outreach services
- Centralised services
- Integration of services
- A co-ordinated response

Service providers identified reluctance on the part of males to disclose their involvement as being a factor inhibiting access to services. A number of respondents maintained that an outreach service could address this. Outreach was also seen as a useful way to make contact with the client group and access their needs. Several interviewees maintained that outreach work is necessary to build a relationship with the client and establish trust. A number of service providers asserted that a drop-in service could provide a safe place that males in prostitution can trust. Others maintained that a free phone line could provide a confidential service which clients could access without fear of being stigmatised.

The majority of respondents maintained that there has to be an inter-agency approach to service provision for males in prostitution if their needs are to be adequately addressed. Five of the respondents maintained that the Gay Men's Health Project, having worked in the area already, have a good knowledge of the issues and are thus best suited to developing further services, in conjunction with other appropriate services and agencies. Most, however, had fears that the name could be non-inclusive and off-putting for men who do not identify themselves as gay.

A number of respondents referred to the need for a co-ordinated response from all agencies. In 1998 the Gay Men's Health Project became the country co-ordinator of the European Network on Male Prostitution and formed the Irish Network. A number of respondents suggested the INMP as a starting point for a co-ordinated response. Since it is already established, it would seem like an obvious network

from which a service could be developed. This network, which is made up of various service providers could act as a steering committee for any development of services. An employed co-ordinator whose brief would be specifically service provision for males in prostitution would be answerable to this committee. This appointment would facilitate a working, focused group, including childcare services, that specifically deals with male prostitution. “A co-ordinated approach from all agencies with expertise from relevant agencies” (STAT 6).

6.5 Training and policy development

The majority of service providers conceded that they could make their service more accessible to males in prostitution. In order to do this respondents highlighted the need for specific training in relation to male prostitution. The training needs as outlined by respondents can be categorised into five main areas:

- Access to information.
- Greater awareness of sexuality issues.
- Training on health promotion and harm reduction strategies
- Legal issues
- Youth work skills

The consensus among service providers was that there is a need for more information on the area of male prostitution in general. A number of respondents said that the lack of information has a detrimental affect on service delivery. The need for information has meant that service providers may have to rely on what they pick up from clients. Respondents referred to the need for information regarding terminology, possible indicators that someone is engaging in prostitution; and information about other services working in the area.

Most respondents acknowledged the need for training on sexuality issues. This would ensure that they feel comfortable in dealing with the issues. Respondents recognised the importance of promoting safe sex practice and harm reduction strategies to their client group. While some had received training in the area, the majority said that they would like training that is male specific.

While the statutory agencies that were interviewed were well versed in the legislation on mandatory reporting and the Childcare Act (1991), there was a lack of clarity on the role and responsibilities of voluntary agencies. Service providers expressed a need for training on the legal issues regarding prostitution. Also highlighted was the need for training in youth work skills and that this training should incorporate the necessary skills for working with underage males in prostitution.

Respondents had different opinions on the type of training, which would be most beneficial. Some interviewees felt that workshops were interactive and could facilitate information sharing. A number of respondents said that they would find training from males in prostitution useful, while others expressed fear that such a format for training could be exploitative. Most respondents maintained that they could benefit from inter-agency training, adding that this could provide a platform for discussion and debate.

The majority of service providers conceded that their service could be more accessible to males in prostitution. Listed below are the main suggestions and recommendations from respondents on how services could be more accessible for males engaging in prostitution.

- More training in the area
- Making information on males in prostitution more visible
- More resources
- More of an inter-agency approach

Respondents highlighted the need for policies and guidelines to reinforce and clarify the work that they do. Also identified was the need for policies with regard to underage prostitution. A number of respondents felt that they had a lot to contribute with regard to policy development. These policies and guidelines could be researched and lobbied for from within a working group such as the Irish Network Male Prostitution who already have an in-depth knowledge and understanding of the issues at hand.

6.6 Recommendations

- Specific services need to be developed for males in prostitution. These services need to be accessible and flexible to respond to the diverse needs of males in prostitution. The needs of males in prostitution as identified by respondents can be categorised into five broad headings: a safe place to talk, access to accommodation, health services (physical, sexual and mental), legal, economic and social services. It is recognised that in addressing the needs of males in prostitution, regard must also be given to the factors which leads the individual into prostitution.
- Services need to be more accessible to the client group. In order for this to occur there needs to be greater visibility facilitated by the availability of more information regarding male prostitution. This would contribute to a safe and open environment.
- Outreach services need to be developed. Outreach services are necessary to build relationships and establish trust. It is also necessary to contact the client

group and access their needs. Outreach work can initiate contact with the client group and encourage them to access mainstream services.

- A designated drop-in centre needs to be established. This centre can provide a safe environment for males in prostitution to meet peers and access services. A centralised service could also promote health messages and provide a space in which to address other needs such as advice or counselling.
- Males in prostitution should be consulted regarding the development and provision of services.
- A number of services are aware that males in prostitution are accessing their services, however none can say to what extent. With so little data available it is almost impossible to draw any comparisons or study any patterns in male prostitution in Ireland. This highlights the need to record data and the need for further research. Without data it is difficult to ascertain exact numbers of males engaging in prostitution, what services they are accessing, what their needs are and what services need to be developed for them. Recording data can also enhance a continuum of care.
- More resources, in particular human resources are needed if services are to adequately address the needs of males in prostitution.
- Service providers need training on the area of male prostitution if they are to meet the needs of clients who they suspect or know are engaging in prostitution. Specifically, they need training on sexuality issues, health promotion and harm reduction strategies, legal issues and youth work skills. In addition to this they need access to information regarding the terminology used and education on the indicators that someone is engaging in prostitution.
- Service providers need clear policies and guidelines to reinforce and clarify their work. These policies and guidelines must be researched and lobbied for from within a working group such as the INMP, who already have an in-depth knowledge of the issues at hand.
- The legislation governing prostitution, particularly underage prostitution should be reviewed to ensure that access to health and harm reduction services is not impeded.
- An inter-agency approach and a coordinated response should be developed. The INMP could provide a starting point for a coordinated response. Since it is already established, it would seem like the obvious network from which a service could be developed, including a specialist child care service. This group, which is made up of various service providers, could act as a steering committee for any development of services. An employed co-ordinator whose brief would be specifically service provision for males in prostitution would

be answerable to this committee. This structure could facilitate a sharing of expertise from relevant agencies.

6.7 Roles, responsibilities and relationships

Males in prostitution have been described as the “marginalised, disenfranchised, criminalised and misunderstood sections of Irish society” (Kearins, 2000:13). Males in prostitution use a myriad of services, none however specifically address their needs as prostitutes.

Respondents were aware that males in prostitution use their service. None of them were able to quantify this. The reasons why males engage in prostitution are many and varied, for some it is a career choice, but for the majority it is the result of economic necessity.

Male prostitution is a high-risk activity, combined with other activities and factors which affect the client group such as homelessness and drug use; the health risks to those involved rise substantially. The stigma attached to male prostitution has contributed to a reluctance on the part of males in prostitution to identify themselves.

The majority of service providers acknowledged that there are factors which deter males in prostitution from accessing current services and it was felt that some sort of designated service was necessary. Outreach was judged by most as a valuable method of reaching the client group and accessing their needs. This could work in conjunction with a centralised service, including child care facilities, which would provide a safe place to talk. A number of respondents felt that there has to be an inter-agency approach and co-ordinated response to service provision for males in prostitution if their needs are to be adequately addressed.

In 1998 the Gay Men’s Health project became the country co-ordinator of the European Network on Male Prostitution and formed the Irish Network. Service providers need clear guidelines and policies for working in the area and these must be researched and lobbied for from within a working group such as the Irish Network on Male Prostitution (INMP) who already have an in-depth knowledge of the issues at hand. The network is made up of a multi-faceted team of service providers who in some way come into contact with males in prostitution, and which could be augmented by appropriate childcare services. This network established the first forum, which took place in December 1999. The INMP although in its infancy has attempted to raise the issues and create awareness around male prostitution and since it is already established it would seem like the obvious network from which a service could be developed. This group is made up of various service providers and could act as a steering committee for the future development of services. An employed co-ordinator, whose brief would be specifically service provision for males in prostitution, would be answerable to this committee. This would facilitate... “a working, focused group that specifically deal with male prostitution” (STAT 7), and “a co-ordinated approach from all agencies with expertise from relevant agencies” (STAT 6).

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APPENDIX 1	INTERVIEW ECHEDULE FOR SERVICE PROVIDERS
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1. Name of organisation, interviewee(s) and title(s)
2. Brief description of organisation's activity
3. Brief description of interviewee's work
4. How long has the interviewee been with the organisation? How long in the present position?

1. Knowledge of male prostitution

1.1 Would you give me a description of what you think male prostitution is?

Prompt: what types of male prostitution exists?

Prompt: would you consider men who exchange sex for a bed/shelter/food as prostitutes?

1.2 Would you use terminology other than male prostitute?

1.3 Why do you think men/boys get involved in prostitution?

1.4 Do you think heterosexual men engage in prostitution?

Prompt: Do you consider these men bisexual? Do you have to be bisexual or homosexual to engage in male prostitution?

1.5 Do you think men of any age engage in prostitution? What, do you think, is the average age of male prostitutes? What kinds of backgrounds do you think male prostitutes come from? Prompt: class, rural, urban, other countries, ethnicity

1.6 Where do you think male prostitution takes place?

1.7 In your opinion are there more male prostitutes now than, say, ten or twenty years ago? Has the male prostitution scene changed?

2. Services used by male prostitutes

2.1 To your knowledge do any male prostitutes use your service?

2.2 How do you know they are male prostitutes?

Prompt: Did they say they were? Did you ask? Did you guess? How did you guess?

2.3 Could you give me a rough estimate of how many male prostitutes use your service weekly, monthly, yearly?

- 2.4 Studies have shown that many male prostitutes are homeless, abuse drugs and/or alcohol, are affected by violence, may be underage, are marginalised because of their sexuality. Given these facts why do you think male prostitutes are not using your services more?
Prompt: or are they using your services but have not self-identified or been identified as male prostitutes?
- 2.5 Why did the men that you knew or suspected were prostitutes approach your agency? What services did these clients request? What services did they require, in your opinion?
- 2.6 Were you able to provide the service and what did this entail? Or did you refer them on to other agencies?
- 2.7 If you referred them to another agency, did you follow up on (a) whether they used the service and (b) whether they received the service they needed from the other agency?
Prompt: did the service meet their needs?
- 2.8 In your opinion, are these clients suspicious of agency staff? Are they wary of approaching statutory services? If they are, why do you think this is?
- 2.9 If you weren't able to provide the service and weren't able to refer them to another agency, did you bring this to the attention of your colleagues and the agency in general? If you didn't what were your reasons for not bringing it further? If you did what were your reasons for doing so?
Prompt: to see could your agency provide help/support to the individual concerned?
To discuss the gap in service provision and how your agency could address the gap?
- 2.10 Have you ever worked with underage male prostitutes, or boys that you suspect are prostitutes?
Prompt: how did you know they were prostitutes? Are you aware of the age of consent?
- 2.11 What services did they require? *Prompt: were the services any different from what was required by older male prostitutes? Did they require specific services, possibly related to their youth?*
- 2.10 Were you able to provide the service and what did this entail? Or did you refer them on to other agencies?
- 2.11 If you referred them to another agency, did you follow up on (a) whether they used the service and (b) whether they received the service they needed from the other agency?
Prompt: did the service meet their needs?
- 2.12 In your opinion, are underage clients suspicious of agency staff? Are they wary of approaching statutory services? If they are, why do you think this is?

- 2.13 If you weren't able to provide the service and weren't able to refer them to another agency, did you bring this to the attention of your colleagues and the agency in general? If you didn't what were your reasons for not bringing it further? If you did what were your reasons for doing so? *Prompt: to see could your agency provide help/support to the individual concerned? To discuss the gap in service provision and how your agency could address the gap?*
- 2.14 When you engaged with clients that you believed or knew were working as prostitutes did you consider the situation vis a vis legal implications? Are you aware of current legislation? Are you aware of statutory obligations with regard to reporting minors engaging in sex? What is your organisation's policy with regard to this?
- 2.15 Have you ever had a client that you suspected was engaging in male prostitution and had suffered violence while working? Did they approach any service to deal with the issue? What actions did you take or what advice did you give your client with regard to this issue? *Prompt: could you give them advice and support? Did you refer them to other agencies?*
- 2.15 If you referred a client who was beaten up while working in prostitution to another agency, (a) did you follow up on whether he used the service and (b) what service did he get from the other agency
Prompt: what were his reasons for not using the service? Did he think he had got adequate service? Do you think the service met his needs?
- 2.16 Do you record incidences of violence suffered by male prostitutes? Do you bring it to the attention of the relevant agencies?
- 2.17 What health problems do your male prostitute clients have? And, what health problems do you think male prostitutes might have? *Prompt: physical health, including sexual health, and mental health? Do you identify these health problems, or do they bring them to your attention?*
- 2.18 Does your organisation promote good health practices, and what promotion/prevention strategies do you use? Do you specifically target 'at risk' clients? Do you target male prostitutes or men who have sex with men?
Prompt: safe sex practices; STI/HIV/AIDS prevention; nutritional and other physical needs; mental health needs such as counselling or Psychiatric assessments.
Issues to be examined: promoting openness and acceptance of differing sexual orientations
- 2.19 Have you referred your male prostitute clients with health problems to the relevant services? (a) Have they used the services? (b) Did they consider the service met their needs?

- 2.20 In your opinion, what proportion of your male clients that you know (or believe) are engaging in prostitution abuse drugs and/or alcohol?
- 2.21 Have you referred them to the relevant services? (a) Did they use the services? (b) Did they consider the service met their needs?
- 2.22 Do you keep data on your clients? Do you identify those men that have identified themselves as prostitutes? Do you identify those men that you suspect are engaging in prostitution? Do you identify your clients' sexuality?
- 2.23 Does your organisation have specific services for male prostitutes? Is it engaged in developing services for male prostitutes? Has it discussed developing services for male prostitutes?
- 2.24 Is your organisation involved in any networks for males in prostitution?

3. Service Providers' opinions on developing services for male prostitutes

- 3.1 Could you describe what the needs of male prostitutes are?
Prompt: Social, economic, health (physical and mental), legal, sexual, education/training, access to employment, rights to accommodation; specific needs of underage prostitutes; ethnicity/cultural issues.
- 3.2 Could you identify the agencies or services that are at present providing services for male prostitutes?
- 3.3 Does your organisation liaise with any of these services? Have you ever referred your male clients that you know (or suspect) are working in prostitution to these agencies/services? Have you ever had dealing with these services about your male prostitute clients?
- 3.4 In your opinion, do existing services adequately meet the needs of men/boys engaged in prostitution?
- 3.5 Do you think there is a need for specific service provision to male prostitutes?
- 3.6 Could you describe the types of services that need to be developed for male prostitutes?
Prompt: generic versus specific services; multi-agency responses; local and/or centralised services and where they should be located; drop-in centres; outreach services. Issues to be examined: sexual orientation of the client; dealing with matters of confidentiality.
- 3.7 Do you think a new dedicated agency for male prostitutes should be set up? Do you think this agency should also deal with underage male prostitutes?

- 3.8 What types of skills or qualifications should personnel in this agency have?
- 3.9 How could your organisation best work with this agency? *Prompt: inter-agency liaison and working arrangements; intra-agency liaison and working arrangements*
- 3.10 Do you think there should be specific services for underage male prostitutes?
- 3.11 Could you describe the types of services that need to be developed for underage male prostitutes? *Prompt: generic versus specific services; multi-agency responses; local and/or centralised services and where they should be located; drop-in centres; outreach services.*
Issues to be examined: sexual orientation of the client; dealing with matters of confidentiality; parental consent; institutional care and foster homes.
- 3.12 Could you identify agencies or services that are best placed at present to develop and provide services for male prostitutes?
- 3.13 Given the fact that a number of men engaged in prostitution self-identify as heterosexual or bisexual, do you think a service for male prostitutes might become identified as a gay service and therefore alienate these men? What could be done to avoid this?
- 3.14 Do you think your organisation should be developing specific services for male prostitutes?
- 3.15 If you don't think a new agency should be set up, what types of structures could best facilitate the development of services for male prostitutes? *Prompt: inter-agency liaison and working arrangements; intra-agency liaison and working arrangements*

4. Training needs for personnel

- 4.1 Have you ever received training regarding males engaged in prostitution? Or training in skills for working with male prostitutes?
- 4.2 Do you feel confident working with male prostitutes, in general, and underage male prostitutes specifically? Or, if you haven't worked with male prostitutes, would you feel confident if you had to work with male engaged in prostitution?
- 4.3 In any of your dealings with males engaged in prostitution did you ever feel you didn't have the skills to adequately address their needs? Do you think you have the skills to work with these men/boys?
- 4.4 In the past, were you ever uncomfortable talking to males engaged in prostitution about their work? Would you be uncomfortable talking to male prostitutes about their work?
Prompt: for example discussing the types of sex they engage in with clients?

- 4.5 In general, do you feel comfortable talking about sexual matters such as safe sex, homosexual sex, oral sex, anal sex and other related subjects?
- 4.6 Are you familiar with issues related to males in prostitution? Have you read any literature on men in prostitution? Do you keep abreast of the subject in relation to Ireland?
- 4.7 Do you think you need training in the area of males in prostitution? Do you think agencies in general need training in this area?
- 4.8 In your opinion, what training do you need in order to work with men/boys engaged in prostitution? *Prompt: sex and sexuality (at ease with these issues, especially male sex) homophobic attitudes and heterosexual assumptions; dealing with underage male prostitutes; legal issues; issues of violence; health issues; issues of discrimination and marginalisation;*
- 4.9 What format should this training take?
Prompt: workshops; seminars; working with other agencies; working with peers
- 4.10 Do you think it would be useful to get training from men who are, or have been engaged in prostitution?
- 4.11 Do you think that it would be more difficult for women, or heterosexual men to work with male prostitutes?
- 4.12 In general, how do you think you could make your organisation more accessible to males engaged in prostitution?

5. Policy and procedures

- 5.1 Are you aware of government and statutory policy with regard to male prostitution? Homosexual sex? Underage homosexual sex?
- 5.2 Do you think there is a need for policy and procedural guidelines in the area of male prostitution and underage male prostitution?
- 5.3 Would you like to have input to developing policy and procedure regarding males in prostitution?
- 5.4 Do you think there is a need to set up a working group or forum to deal with the issues of males in prostitution?
- 5.5 Would you like to be involved in any networks for males in prostitution?

Many thanks for taking the time to engage in the research

APPENDIX 2	REPORT 1ST FORUM MALE PROSTITUTION
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2rd & 3rd December 1999
Dr Steeven's Hospital

Evaluation: There was a 70% Return Of Evaluation Forms.
 Scoring the presentations High, Medium or Low the results were as follows:

Chart: Question What Worked for You?

Presentations EHB Area	Discussion Groups	Presentations International	Presentation Gardai	Would you be interested in Network	Would you be interested In, Training/Forum
High 42%	53%	74%	53%	Yes 74%	Both 79%
Medium 42%	21%	26%	42%	No 5%	Training only 11%
Low 5%	21%	-	-	-	-
N/A 10%	5%	-	5%	N/A 21%	N/A 10%

Overall International presentations scored 74% highly and local presentations over 40%. 5% scored low. (Many participants wanted more details form the Child & Family Unit ERHA). Importantly though, 74% of respondents wanted to be part of the Network and up to 80% wished for a feedback forum and training.

Individual Comments by 19 Respondents from the Evaluation Forms.

1. Discussion on Sex Abuse: Separation of Sex Abuse and Male gay prostitution
2. More EHB involvement: Group discussions V informative +good opportunity for interagency communication: If possible more personal accounts of –working with male sex workers: something like a day in the life off.
3. Further information on training for staff particularly residential care staff who are very often cannot deal appropriately with the area when it is touched on by children in care: A first hand account would help to open up discussion.
4. Let everybody go to the mermaid
5. Agenda on supporting organisations and the seminar to come up with proposals and a working group on the issues
6. Brainstorm sessions re resources
7. Focus on specific issues on how to identify involvement. How to draw a person out information on services available to link them into.

8. Submissions from groups who are here today. Pooling of resources/directory of the services of those present and those not present-what's on offer to young people.
9. More information on been proactive-and legal situation in Ireland for prostitution and child abuse--how to broach issue with young people
10. Copies of overheads
11. Issues for working with punters: Choice of abuse-the debate!
12. More time to focus on practise issues: Drawing up recommendations for future work and timetables for putting them into action.
13. Fewer speakers and more time devoted to each one. Smaller panel, as there was information overload. I would like some feedback to be posted out of what was discussed and a future plan of action. I think the forum has helped to create a greater awareness of the issue.
14. Small groups on direct work with clients around raising issue of prostitution with clients. Network useful for meeting other workers sharing ideas & experiences plus raising issues: I am interested in been involved in developing in the hospital a service, which is more sensitive to clients who are working in prostitution.
15. More input from social services and more clarification on laws and boundaries to sexual activities on young men in prostitution
16. A list of persons contactable in order to arrange training and support for staff coming in contact with people involved in male prostitution-support the supporters group.
- 18 Development of practical co-operation in general working plan

Feedback from small group discussions.

- ◆ More centralised STD clinics for underage youngsters-up to 21 years of age.
- ◆ General agreement there are males involved in prostitution-most staff have come across them or suspected they were involved
- ◆ Disclosure-is it necessary-many won't disclose due to stigma-shame etc.
- ◆ Services-cuts down harm reduction=information people of services-education
- ◆ Condoms=legal-illegal for under 17. Inform people how to protect themselves-safety issues. Peer Support.
- ◆ What are the alternatives to prostitution? What can we offer as an alternative? If and when they do disclose
- ◆ Interagency co-operation is necessary.
- ◆ All legal issues relating to under 17 year olds?
- ◆ The relationship between client and worker of honesty and trust is essential.
- ◆ Needs of males in Prostitution: Ask them themselves
- ◆ Budget for service plan

- ◆ Comment on it
- ◆ Comprehensive service plan (long term)
- ◆ Partnership of agencies (what works)
- ◆ Different ages/groups of men have different needs
- ◆ Essential need for services: support: Training for staff.
- ◆ Dealing with issues
- ◆ Personal issues
- ◆ Taboos
- ◆ Build up a relationship with the men-trust then issues will be brought up.
- ◆ Taboo subject-denial
- ◆ Staff lack of training
- ◆ Staff uncomfortable with issue
- ◆ Build up skill level
- ◆ Signs-among youth-noticing changes in clothes-money level.
- ◆ Looking at men's motivation
- ◆ History of sexual abuse
- ◆ Other issues apart from homelessness
- ◆ Would the clients work better with male or female staff?
- ◆ Consensual Sexual activity:
- ◆ This becomes blurred with 16-18 year olds
- ◆ Need to identify boundaries of consensual sex
- ◆ Service education options prevention harm reduction communication through peer education.
- ◆ Varying degree of contact with MPs: from daily contact to very sporadic
- ◆ Awareness-child abuse example
- ◆ *hidden from view-even if legal, there would be still marginalised groups
- ◆ 17 doesn't exist in your agency-how are you going to bring it up.
- ◆ Fear of workers
- ◆ Fear of not been able to offer support
- ◆ Lack of training
- ◆ Self esteem –survival sex
- ◆ Work around sexual identity
- ◆ To accept the diversity/variety of reasons that lead men to sell sex.
- ◆ Basic needs: housing welfare etc.
- ◆ (Remembering that these are not issues for all men in prostitution).
- ◆ Interagency approach.

Forum Organisers:

Mick Quinlan (GMHP)

Ronan Watters (GMHP)

Brian Meleagh (Ana Liffey Project)

David Carroll (GMHP)

James O Connor (Open Heart House)

Fedelma Cullan (Focus Ireland)

**1st. Forum Male Prostitution
2nd & 3rd December 1999
Dr. Steeven's Hospital**

Thursday 2nd December.

- 13.30hr** **Registration** (Tea/Coffee).
- 14.00hr** **Opening**
 Martin Gallagher, Programme Manager, EHB.
 Mick Quinlan, GMHP & Co-ordinator Irish Network Male Prostitution.
 Katrin Schiffer, European Co-ordinator, Network Male Prostitution
- 14.30hr** **Presentations** (Situation in EHB Area)
 Focus Ireland (Outreach/Residential)
 Gay Men's Health Project (Outreach/clinical services)
 EHB Child & Family (Director)
 Gardai (Supt. PJ McGowan)
 (Q&A Session)
- 15.15hr.** **Break**
- 15.30hr.** **Continuation of Presentations +Q&A.**
- 16.45hr.** **Tomorrow's Agenda.**
- 17.00hr** **Close**

Friday 3rd December:

- 09.30hr** **Small Group Discussion:** (On own agency reality):
- 10.30.hr** **Break.**
- 11.00hr.** **International Responses.**
 Peter Hogan, CLASH (London, Statutory Agency)
 Gary Richardson, Young Men's Project (Barnardos, London, NGO)
 Justin Gaffney, Working Men's Project (STI Clinic London, Statutory)
 Tom Doyle, Yorkshire MESMAC. (Leeds, NGO)
 Katrin Schiffer, Co-Ordinator European Network Male Prostitution:(AMOC
 Amsterdam, NGO).
 Tom Lusk, PHACE West (Glasgow, NGO)
- 12.00hr** **Lunch**
- 13.00hr** **Continuation of Presentations:**
- 14.00hr** **Small Group Discussions:**
 (Your Ideal way forward for working with MP's in ERHA area).
- 15.00hr** **Break**
- 15.15hr** **Feed Back**
- 15.45hr** **Next Step**
- 16.30hr** **Close**

APPENDIX 3

REPORT 2ND FORUM MALE PROSTITUTION

**30th March 2001
Dr Steeven's Hospital**

This second Forum Male Prostitution in Ireland had a different format than the 1st one held in 1999. With presentations from two ex male prostitutes providing an emotional account of their life experiences. They also talked about the peer training, which took place in Hungary in November 2000. J & J expressed interest in continuing contact with the INMP and to also provide peer work along side outreach workers to males in prostitution. They would also be available for talks to any agency requesting such.

This Forum coincided with the European Network Male Prostitution (ENMP) regional meeting in Dublin and those attending presented the situation in their country, Denmark, Finland and Norway. Both the ENMP co-coordinator and the regional gave an overview of the networks role and output up to now.

A report back on "Such a Taboo" and the situation up to the time of this Forum was also given.

Because of the great interest in the peer presentation and the European one it went over time. The development of the INMP was left to another day and it finished with the with the homophobia workshop. Apart from dealing with the relevant issue for working with men who have sex with men it gave a relaxed and fun time for the participants.

Evaluation.

The participant filled in an evaluation form and were also requested to indicate what they would take back to their agency/organisation from the day. The results were as follows.

Chart: What worked for you?

	ENMP Presentations	Peer Presentation	Homophobia Workshop	Interested in Joining the Network	Interested in Follow-up Training
High	40%	90%	40%	Yes 90%	Yes 90%
Medium	50%	10%	60%	No 10%	-
Low	10%	-	-	-	-
N/A					10%

Overall the Peer Presentation scored highly with the International presentations and the homophobia workshop nearly equal.

Individual Comments by respondents from the Evaluation Forms.

Very informative, particularly the peer group Q&A session.

Would support the peer group define their own needs and have inter agency support as services/support are developed.

Excellent

Good

Excellent presentations from J & J, inspiring-welcome their honesty and courage.

I would like to see a plan develop to work/train and educate services providers that they will begin to cater for the needs of men working/selling sex.

It was very positive and gave me a great outlook on the future developments.

Very good.

Helpful, especially the peer presentations.

Excellent day I found it was informative and challenging. I leave with a feeling of interest and desire to see services develop in this area.

It was a very well organised event.

It was good to see the different organisations.

Highlighted issues for more action.

Practical steps needed for assisting existing agencies to work more effectively with the issues of male sex workers.

Need to support/prepare "Peers" for engagement in Forums such as this-skills development.

Very informative-good exchange of the views and issues.

What will you take back to your agency/organisation:

Name, Claim and Stop (from the homophobia workshop)

Feed back from the Forum

Look to promote discussion to create awareness among colleagues.

Ideas of information about the problem.

An awareness of the issues and the need to become involved and supportive.

Positive feedback, but will keep it confidential.

The need to have practice and research based link within Ireland.

Information for debate/discussion

Highlight progress to date.

2ND FORUM MALE PROSTITUTION
FRIDAY 30TH MARCH 2001
DR. STEVEEN'S HOSPITAL

09.30hr	Registration (Tea and Coffee)
10.00hr	Introduction (Mick Quinlan INMP)
10.10hr	ENMP(European Network) Perspectives from Northern European regional ENMP Group; Denmark, Finland, Norway, UK. ENMP Co-ordinator.
11.10hr	Break
11.20hr	“Such a Taboo” Update on Report so far.
11.25	Peer Work Report from peer training in Budapest by two Irish participants (J & J)
11.55hr	Report from 1st Forum
12.00hr	Further Development of the Irish Network
12.30hr	Lunch
13.30hr	Feedback from Small Groups
14.00hr	Workshop 1 Creating environments 1: Homophobia
15.00hr	Break
15.15hr	Workshop 2 Creating Environments 2: Your workplace
16.00hr	Evaluation
16.15hr	Close