

Outreach Work with a "Hard to Reach Group"

# DRUG USING WOMEN WORKING IN PROSTITUTION

The Women's Health Project, Eastern Health Board, Dublin, Ireland  
and  
European Intervention Project, AIDS Prevention for Prostitutes  
Supported by the EU DGV under its programme "Europe against AIDS"

1999



**EASTERN  
HEALTH  
BOARD**

BORD  
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AN OIRTHÉ



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Finally and most importantly, I would like to sincerely thank the women who participated in the study and who contributed their experiences and their time. While they represent a group of women who are generally unseen and 'hard to reach', they have health needs which must be identified and addressed for their benefit and that of society as a whole. Hopefully this report will also lead to better understanding and awareness of the issue of prostitution in Dublin.

Mary O'Neill



# Background

In 1988, an Eastern Health Board (EHB) outreach programme commenced with three outreach workers who were working in public health nursing at the time. The main aim of the Outreach team was HIV prevention, with drug users being the main target group, especially those not in contact with other services. A harm reduction approach was used, promoting safer injecting techniques and safer sex. In 1991, it was decided to commence a specific project for women working in prostitution, the Women's Health Project (WHP). This was motivated by concerns being raised in other countries about numbers of women infected with HIV mainly contracted through sexual intercourse. While a small number of drug using women were working in prostitution at that time as shown by the peer research carried out in 1996, by 1997 the numbers were starting to increase. It became clear from outreach work and from the WHP that these women had specific needs but were not availing of the services provided at the clinic. There are now approximately 400 female intravenous drug users involved in prostitution in Dublin (estimated Garda figure). The Women's Health Project has had contact with 260 of these. Many others are attending Eastern Health Board's AIDS/Drugs Services.

This study was carried out by the Women's Health Project as part of the EUROPAP/Eastern Health Board Project.<sup>1</sup> It follows reports produced in 1995<sup>2</sup> and 1996<sup>3</sup> looking at the health needs of women working in prostitution in the Republic of Ireland and presents an overview of the current situation regarding female prostitution in Dublin with particular reference to drug using women working in prostitution. Comparisons are made with the previous research carried out in the Eastern Health Board.

This study attempts to profile some of those drug-using women working in prostitution. Seventy-seven interviews were carried out. All of the participants in the study had a previous history of drug taking. Drugs used were mainly the opiates, heroin and methadone, cocaine or ecstasy. 83% (64) had injected drugs in the previous month.

The study also aimed to identify women who were not attending health services and who, therefore, had most need of outreach services. As all the participants in the study agreed to give their current and family of origin address, it is planned to do a follow-up study in five years time. The strictest confidentiality will be observed with regard to the information provided by these women.

Numerous studies have highlighted the fact that women working in prostitution who are drug users, particularly intravenous drug users (IDUs), appear to be a different population<sup>4,5</sup> from those who are non-IDUs. Many work primarily to feed their habit, they tend to be younger and have the least favourable health risk profile amongst all women working in prostitution. It is often more difficult to attract women who are drug users to the health services, although they may be the ones in greatest need of the services provided. This research also highlights significant levels of homelessness among the women interviewed.

# The Women's Health Project

The Women's Health Project (WHP) was established in 1991 in one of the two red light street areas in Dublin. To date, it is the only state service provided specifically for women working in prostitution in the Republic of Ireland. The Project consists of a Drop-In Medical/Counselling Service and an Outreach Service. The Drop-In Service consists of a sitting room in the WHP, in which the women can sit, drink tea and coffee, and chat to friends and staff. The Outreach Service is provided by staff from the WHP who visit the women in their place of work and provide services there.

The overall aim of the Project is HIV prevention amongst the women and their clients while trying to improve their general health and well-being at the same time. HIV prevention is mainly achieved by condom distribution, advice on safer sex, advice on safer injecting and needle exchange for drug users, and offering STD screening and other health checks. The need to provide a wide range of health services soon became apparent once the project started. Cervical smears, STD screening, contraception, Hepatitis B and C, and HIV testing were made available as well referral as appropriate. Outreach is street and parlour based and provides the women with a service at their places of work. For the past two years street outreach has concentrated on targeting injecting drug users (IDUs), but with staff shortages and increased violence on the streets this has become increasingly difficult. In addition, increased Garda vigilance has resulted in the women moving indoors to work, resulting in a safer working environment for them but making it more difficult for the outreach staff to establish contact. Only eight to ten women will be working on the streets on any night now. This has reduced the effectiveness of outreach work and has implications for public health policy in this area.

The Project is staffed by an all female team including doctors, nurses, a laboratory technician, counsellors, outreach workers, a general assistant and a secretary. No appointment is necessary; the services are free and operate on Wednesdays from 2.00-4.00 p.m. and on Thursdays from 8.30-10.30 p.m.

It was necessary to provide an evening service to facilitate easy access for women during their working time. The success of the Project is attributed to the informal approach of the staff and the value attached by the women to their centre, often referred to as 'the club'.

During needle exchange sessions, women are advised about drug treatment and referral is made, if required. Methadone is not prescribed in the centre but easier access to drug treatment, through a mobile unit commenced in May 1999.<sup>6</sup> Outreach work to drug users is difficult as they are mostly in a hurry and hard to reach. Outreach is defined as a community-orientated activity undertaken in order to contact individuals or groups from particular target populations, who are not effectively contacted or reached by existing services or through traditional health education channels.<sup>7,8</sup>



# Section 1

# Methodology

A combination of qualitative and quantitative research methods was used to gather the material for this report. It was felt that the use of both approaches would provide a better understanding of the situation faced by drug using women working in prostitution and of their use of the health services available to them at the present time. The primary research methods used were interviews and documentary analysis.

## *Recruiting of participants*

Recruiting women to participate in this study was difficult because many of the eligible women who were known to the health services, did not avail of those services regularly. Even when they did attend the services provided for them, they were often in a hurry and, therefore, reluctant to participate in the quite lengthy interview that was necessary. Previous knowledge of their work patterns, including the times when they were usually working and the areas in which they worked, proved extremely helpful in facilitating the researcher to inform the women of the study and encourage their participation. Almost a third of the 77 women who participated were recruited for the study while working on the street. A further 20 were recruited in Haven House and a hostel for homeless women.<sup>9</sup> Of the remainder, 19 were contacted when they visited the Women's Health Project, 12 while they were in prison, 4 when they attended Eastern Health Board Drug Treatment clinics and 1 while working in a massage parlour. One was contacted by phone. For practical reasons, the place where they were actually interviewed varied from this, as shown in Table 1 below.

***Table 1. Place of Interview***

<b>Place of Interview</b>	<b>Number</b>	<b>Percentage</b>
Haven House	20	27%
Women's Health Project	19	25%
Car	13	17%
Prison	12	16%
Health Centre (recruited on the street)	4	5%
Woman's own home	4	5%
Eastern Health Board Clinic	3	3%
Bed and Breakfast	1	1%
Café	1	1%
<b>Total</b>	<b>77</b>	<b>100%</b>

## ***Management of the Interviews***

Many drug-using women are either in a hurry to make money for a fix or to make enough money to meet their target for the night so that they can go home. For this reason, it was important to meet women at their place of work or at locations which were convenient for them and where possible of their choosing. Those who participated were assured of the complete confidentiality of the interviews and that their personal details would only be used for the purposes of the report and the ongoing research.

## ***Subjects***

Despite the difficulties relating to the time involved and identifying an acceptable location, seventy-seven women agreed to participate in the research. This high number is a reflection of the trust which has developed between staff from the WHP and women working in various forms of prostitution in Dublin.

## ***Content of the Interviews***

The interviews were structured and followed a standard proforma. Questions were divided into sections covering personal details, partner profile, drug use, health and the law, with some specific questions and some more open-ended questions to allow opinions to be expressed.

## ***The Questionnaire***

The questionnaire was designed on the basis of the experience of applying the previous questionnaires used by the WHP in their research into women in prostitution in Ireland. Some questions were added to reflect the fact that this year's study had a particular focus on the effects of drug use on these women's lives.

# Section 2

## In the Research

# Participants

**This section of the report summarises:**

- (i) the personal demographics of the women who participated in the research; their ages, previous employment, living conditions and the number of children;
- (ii) profiles of the partners of these women;
- (iii) personal experiences of these women in relation to prostitution, the age they started working, the length of time they have been working, why they started, their clients, the services they offered and their working conditions.

### *i) Demography*

#### **Age**

The women who participated in the research ranged in age from eighteen to forty-five years. The majority of the women were in the 20 - 27 year age category, with a mean age of 24 years, while 18% were over thirty years.<sup>10</sup>

Age Band		No. of Participants
13	15	0
16	19	5
20	23	31
24	27	23
28	31	5
32	39	10
40	45	3
<b>Total</b>		<b>77</b>

The age of participants differ from that in the 1996 study where the majority of women were aged between 25 - 44 years and less that a third were under 27 years.<sup>3</sup>

#### **Children**

Two thirds of the women interviewed had children (51 - 66%). However, two thirds of these women who had children did not have them living with them ( $34/51 = 67\%$ ). This contrasts with the research carried out in 1996 where the majority of the children were living with their mothers.<sup>3</sup> This also corroborates the findings of a study carried out in England<sup>4</sup> which found that, of the women working in prostitution who had children, non-drug users were more likely to be caring for their own children themselves, with drug using women relying on family or friends to care for their children.

Most of the women in this study with children had one or two children. As the women interviewed were generally younger, it is reasonable to assume that most of these children would themselves still be young. Child rearing can be particularly difficult for drug using women because of their often-chaotic lifestyles. They may sometimes be reluctant to access health services because of the attention they receive which may focus on the matter of childcare, especially if they disclose that they are working in prostitution. Another problem that has been highlighted in this area with regard to expectant drug using women is their poor record of antenatal attendance.<sup>11</sup>

<b>Table 3. Numbers of Children</b>		
	<b>No. of Women</b>	<b>No. of Children</b>
	25	1
	16	2
	3	3
	6	4
	1	7
<b>Total</b>	<b>51</b>	<b>17</b>

### **Accommodation**

In recent years public authority housing has become increasingly difficult to obtain in Dublin and private landlords are more selective about prospective tenants. Women with children, particularly drug users, are not welcome and, therefore, find it increasingly difficult to obtain suitable accommodation. This is highlighted in Table 4 below, which shows that almost half (45%) of those who participated in the research were homeless at the time of the interview. This has particular implications for women who are using drugs and who, due to a lack of accommodation, may find it difficult both to access and to continue participating in drug treatment programmes. While twenty-one women stated that they were living in the family home at the time of the interview, this was only a temporary arrangement in some cases. In addition, some of these women would temporarily stay away from home due to their chaotic lifestyles. Legislative and policy developments in Ireland in the last ten years have begun to tackle homelessness. The 1988 Housing Act provided a definition of homelessness for the first time.<sup>12</sup>

<b>Table 4. Accommodation Type</b>		
	<b>Tenure Type</b>	<b>Nos.</b>
	Private Flat	9
	Public Authority Corporation Housing	11
	Family Home (mostly Public Authority also)	21
	Homeless	35
	Friend's Home	1
	<b>Total</b>	<b>77</b>

A meeting on drugs and homelessness services in Dublin, held in the Iveagh Hostel in October 1997, highlighted the fact that a large proportion of those who were homeless and had a drug problem were in the 15-20 year age group.<sup>13</sup> In many instances agencies will not take the risk of providing them with shelter because of their chaotic behaviour and lifestyles.

The report of this meeting also points out that the majority of these young homeless drug users are using several drugs and that a number of them, particularly the young female drug users, are turning to prostitution to feed their habit and to provide accommodation (as are some male drug users). While being homeless, many of these young people will not disclose this information for a variety of reasons when in contact with outreach workers from the homeless agencies.

### **Education/Work Experience**

Although the questionnaire contained no questions relating to educational level attained by the women interviewed, a Health Research Board study of drug users in 1991 found that 42% had left school before fifteen years of age.<sup>14</sup> The research carried out by the WHP in 1996,<sup>3</sup> found that 52% of women working in prostitution had left school between 14 and 16 years. Sixteen years is the legal age up to which one must remain in education in Ireland. Therefore, it is most likely that those who have left school before that age will have done so with no qualifications. Of the women interviewed this year, only 26 (34%) had been engaged in work other than prostitution.

## **ii) Partner Profile**

Just over half of the women stated that they had a regular partner at the time of being interviewed. This is almost the same as the findings of the study carried out in 1996.<sup>3</sup> When the women interviewed are categorised by place, it can be seen that those who were not on a drugs treatment programme and accessed drugs on the street, and those in prison were more likely to have a current partner.

Regular partner by category of woman  
(place of treatment/access to drugs)

	EHB	Trinity Court	Doctor	Prison	Mobile Unit	Street	Total
Current Partner							
Yes	4	3	1	7	0	24	39
No	8	1	3	5	2	19	38

### **Does your regular partner know about your work?**

Of the 39 women who had partners, more than half of those partners (23 - 59%) knew the sort of work they were doing. This is, however, less than was found in 1996, where 74% of the partners knew about the work the women were engaged in. As was the case in the previous research,<sup>3</sup> even where women had told their partners, very often other members of their own families did not know. This continues to be a major source of stress to these women, who may have to lie about their work to their family and friends and who may have no-one to discuss their work experiences with.

**Table 6. Partner's Knowledge of Work by category of woman**  
(place of treatment/access to drugs)

	EHB	Trinity Court	Doctor	Prison	Mobile Unit	Street	Total
Knows About Work							
Yes	1	1	1	5	0	15	23
No	3	2	0	2	-	9	16

Though the figures are small, it appeared that proportionally more of the partners of women who accessed drugs on the streets and those who were in prison at the time of the research knew about the work the women were engaged in than the partners of women in other categories.

### **Support/Protection at Work**

Almost half of the cases where the woman's work was known to her partner support/protection was provided for the women at work by their male partners. This is a significantly higher figure than in the previous study, where there were only eight cases out of eighty four women in which the women interviewed stated that their partners provided protection for them while they were working.<sup>3</sup> This increased presence of male partners accompanying women to work is also noted by O'Neill (1997).<sup>15</sup> Proposal for services for drug users in the North Inner City Eastern Health Board Internal Report. "While most state they are present to provide security, it is also motivated by the 'easy' money which is used to finance the next fix. Sometimes the scenario is that the money made with the first punter/client is given to the male partner who in turn goes off to score'. When he returns, the fix is put in one syringe, he injects first (generally having the bigger half) and the woman uses second. The dominance and control held by the male partners over their female partners is unhealthy for the women"<sup>14</sup> as is the risk of HIV, Hepatitis B and C transmission".

### **Partner's Employment Status**

When asked about their partner's employment status 87% of the women with partners stated that their partner was unemployed. This is a higher level of unemployment among partners than was "reported in 1996,<sup>3</sup> when only 55% of the women interviewed reported that their partner was unemployed. Under present legislation 'a person who knowingly lives on the earnings of a prostitute shall be guilty of an offence' (Criminal Law Bill 1993, sect. 10).<sup>16</sup>

### **Partner's Drug Use**

In this study, 74% of the partners of these drug-using women were themselves intravenous drug users, with only a quarter stating that they were not.

Over half (56%) of the men who were injecting were not on a methadone course, while 10%<sup>4</sup> were in prison at the time of interview. Of the partners who were receiving methadone treatment, three were on maintenance programmes and four were on detoxification programmes. The places where these male partners were receiving treatment included at Eastern Health Board clinics, from private GPs and one was receiving in-patient detoxification at the Beaumont Hospital.



## Summary

**Compared to the research carried out in 1996,<sup>3</sup> the women who participated in this study:**

- tended to be younger, ranging in age from eighteen to forty-five compared to the age range of twenty-five and fifty-four years in the 1996 study.
- had less children, who in most cases were being cared for by someone else.
- were more likely to be homeless.
- were as likely to have partners as the non-drug using women interviewed in the 1996 study.
- their partner were less likely to know the sort of work the women were engaged in but, where
- they did know, were more likely to be providing protection for them at work.
- most of the male partners were IVDUs themselves and most were not on a methadone -treatment programme.

### *ii) Personal Experiences in Prostitution*

#### **Age Started Working**

The ages at which these women started working in prostitution ranged from 13 to 39 years. Significantly, 35 (45%) of the women started working between 13 and 19 years of age, which raises the issue of child prostitution. This is in sharp contrast to the 1996<sup>3</sup> research in which the majority (67%) of women reported that they were between 20 and 30 years when they started working in prostitution, while only 14 (17%) women reported they were between thirteen and eighteen at the time.<sup>3</sup>

A study of drug using women in prostitution carried out in the UK. provides a similar picture, with 63% of women admitting to starting working in prostitution before the age of twenty.<sup>17</sup> This and another study carried out in Dublin<sup>5</sup> support the view that women using drugs are more likely to take up prostitution at an earlier age.

**Table 7. Age Started Working in Prostitution**

Age	No. of Women
13 - 15	3
16 - 19	32
20 - 23	24
24 - 27	7
28 - 31	4
32 - 39	7
<b>Total</b>	<b>77</b>

**Why they started working in prostitution**

Women were asked to list from a number of options their reasons for entering prostitution in order of importance. Again differences between non-drug using and drug using women are demonstrated by their responses.

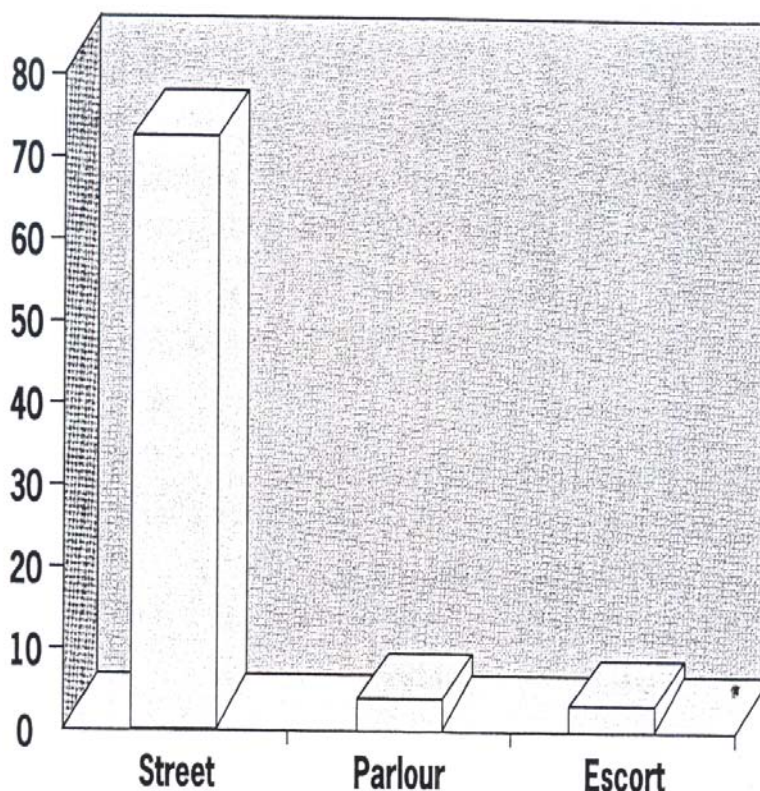
In the 1996 study, financial reasons were cited by most women for starting working in prostitution, mostly to pay bills, to 'have a better lifestyle' or to improve the material quality of their lives.<sup>3</sup> While the main reason given by the women in this study was also financial, in most cases it was to "make money for drugs" (83% - 64), with only 12% needing money for bills for rent or food, or for clothes for their children. Other reasons suggested included to make money for their partner because of being made redundant. One woman who was a lesbian reported that she was lonely and wanted to meet a woman. Another woman reported that she was introduced to the work by an aunt who was also working in prostitution and who advised her that it was "easy money". 21% of the women indicated that childhood sexual abuse had had a bearing on their decision to enter prostitution.

**Types of Work**

The majority (95%) of the women interviewed were working on the streets, with the remaining women working in massage parlours and only one worked for an escort agency. This reflects the fact that it is difficult for drug using women to get employment in massage parlours, if their drug use is known.

In addition, working on the street has the advantage, as stated by the women interviewed for the 1996 research, of allowing you "to be your own boss", "nobody tells you what to do, you can come and go as you want and you can work any hours".<sup>3</sup> These are conditions which may also suit drug using women.

**Table 8. Place of Work by number of Women**



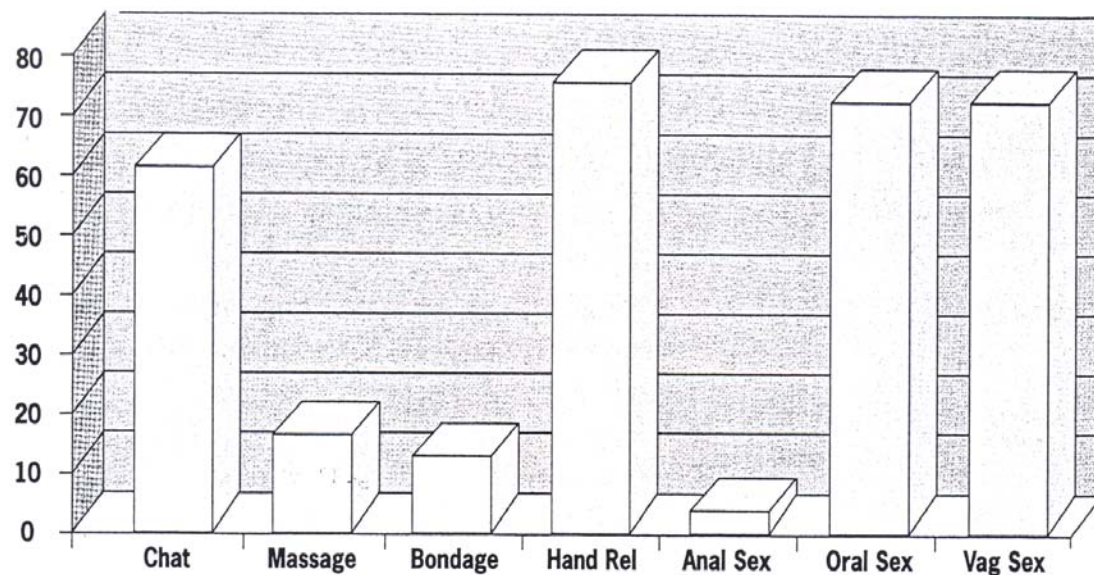
#### **Services offered to Clients**

The services offered to clients by the women interviewed included chat/company, massage, hand relief, oral sex, vaginal sex, anal sex, and bondage, with the majority of women providing vaginal sex (92%), oral sex (92%) and hand relief (96%). Penetrative vaginal intercourse and hand relief were the most frequent sexual services offered by the non-drug using women interviewed in the 1996 study.<sup>3</sup> Women working in prostitution may prefer to offer alternatives to penetrative sex, but most clients request and succeed in getting penetrative forms of sex.<sup>18</sup> Anal sex was provided by two of the women. However, no individual woman offered anal intercourse as her most frequent service.

**Table 9A. Services Provided by the Women**

Service	Provided	Not Provided	Unknown	Total
Vaginal Sex	71	4	2	77
Oral Sex	71	4	2	77
Anal Sex	2	74	1	77
Hand Relief	74	3	0	77
Bondage	11	0	66	77
Massage	15	0	62	77
Chat/Company only	60	0	17	77

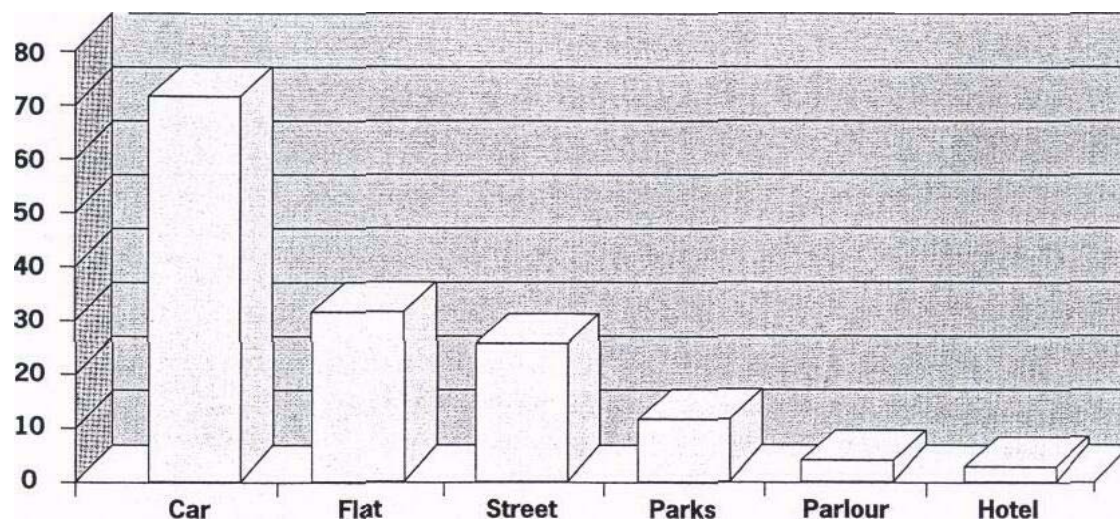
**Table 9B. Services Provided**



#### **Services offered to Clients**

The women reported using work locations which included, in descending order of frequency, cars, flats, streets, parks, parlours and hotels.

**Table 10. Location of Work**



## **Services offered to Clients**

No questions were asked regarding clients in the research this year.

In the 1996 study<sup>3</sup> women described clients as coming from all backgrounds and age groups; married/single, rich/poor, middle class/working class.

However, the most common type of client was described as being married, middle class and over forty years of age.

A fairly similar profile of clients emerged in an UK study<sup>4</sup> which provided information about clients who used prostitutes in the Manchester area. It drew on information given by both the women and their clients. The social profile of the clients presented in the study was as follows:

- the men were aged from 19-61 years old, with a mean age of 39 years,
- 60% of the men were married or living with a partner,
- regarding employment, the broad picture was of men who held down responsible jobs and had reasonable disposable incomes,
- most of the men said that they had contacted prostitutes on the streets. Men using saunas preferred this to the street because of the cleaner environment, less risk of arrest and the reduced likelihood of the women being drug users.

**In summary**, the age at which the drug using women in Dublin started working in prostitution ranged from 13 to 39 years. Significantly, 45% of these women started working between 13 and 19 years old, which raises the issue of child prostitution. While the main reason given by the women for starting work in prostitution was financial, in most cases this was to “make money for drugs”. The majority of these women were working on the streets.

# Section 3

## Health

This section examines general health issues in relation to women working in prostitution and more specifically in relation to their drug use, sexual health and health in the workplace. Current health service provision with regard to drug treatment services is then outlined. The overlap between drug use and prostitution is acknowledged in studies from other countries.<sup>17</sup> These studies also raise concerns as to whether the women involved provide free sex for a fix/turn on'. While the women were asked about that in this research, all denied it, but it remains a possibility.

### *Health of the Women Interviewed*

#### **General Health**

On-going general health problems affected almost 30% of the women who were interviewed, with chest infections, frequent colds and sore throats being mentioned by them. In addition to these general health problems:

- 29 (38%) of the women reported having attempted suicide.<sup>18</sup>
- 19 (25%) of the women suffered from diagnosed depression and had received treatment from either a psychiatrist or GP.
- 27 (35%) of women had Hepatitis C.  
(Note: There was some overlapping between these groups.)

#### **Alcohol/Drug Use among the women**

When women were asked which of a list of drugs they had used in the past month, it emerged that a range of drugs were being taken as shown in Table 11A below.

(Note: Most of these women were taking more than one drug at the time of the research.).

<b>Table 11.</b>	
<b>Alcohol/Drug Use in the past month among all of the women</b>	
<b>Drug</b>	<b>Number of Women</b>
Heroin	65 injectors 1 smoker
Methadone (Clinic)	29
Methadone (Clinic and Street)	8
Methadone (Street)	30
Cocaine	40
Ecstasy	16
Benzodiazepines	51
Anti-depressants	21
Cannabis	33
Alcohol	29
Cigarettes	59



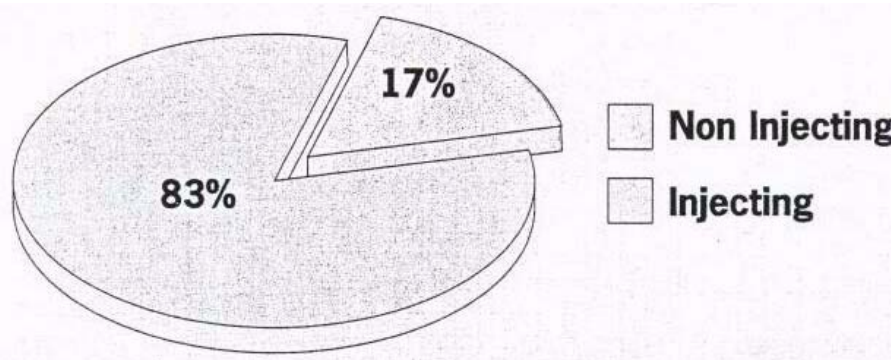
**Table 11B.****Alcohol/Drug Use (in the past month) among the 12 women in prison**

Drug	Number of Women
Heroin	11
Methadone - Prison	7
Methadone – Street	4
Cocaine	6
Ecstasy	4
Benzodiazepines	8
Anti-depressants	3
Cannabis	6
Alcohol	4
Cigarettes	12

Table 11B shows the types of drugs which were used by the twelve women who were in prison at the time of being interviewed. It is important to note that the question refers to drugs taken within the previous month and may, therefore, have been taken before the women were admitted to prison. Five of the women had not taken methadone in the previous month. As the table shows, eleven of the twelve women had taken heroin in the past month. Benzodiazepines are commonly prescribed tranquillisers; these and the anti-depressant drugs may have been administered to the women by the prison doctor.

#### **Intravenous Drug Users**

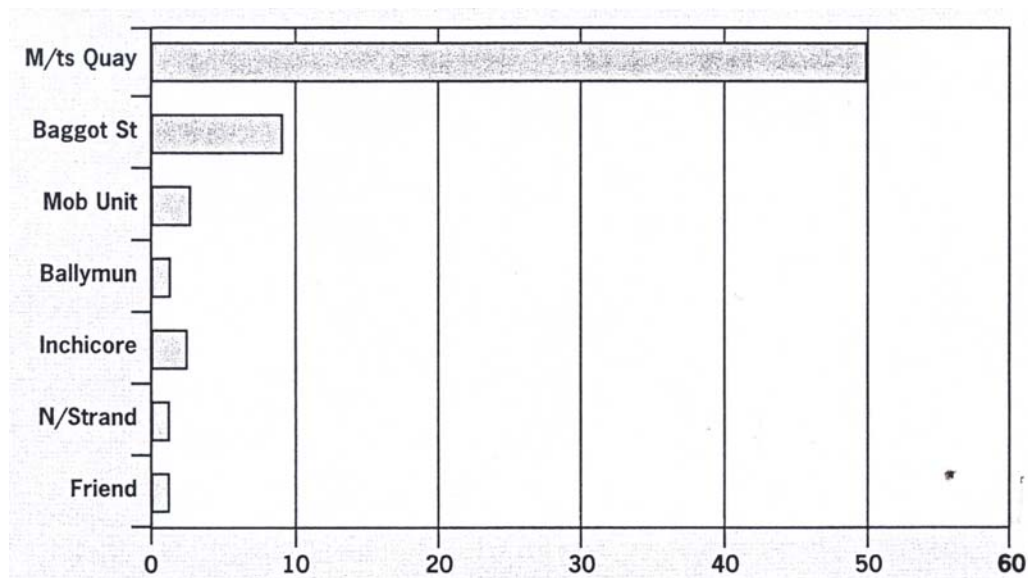
64 (83%) of the women who participated in the research stated that they had injected drugs in the previous month.

**Table 12. Intravenous Drug Users**

Of these women who were injecting, most (78%) were getting needles/syringes from the Merchants Quay Project (Table 13).<sup>19</sup> This Needle Exchange project was set up in 1989 by the Franciscan Community in response to the large number of people in the area who were drug users, HIV positive or both. It is popular among drug users, approximately one hundred and twenty of whom avail of its services on a daily basis. Its daily opening and location make it easily accessible. In 11% of cases needle exchange was being accessed at the Eastern Health Board (EHB) clinic at Baggot Street Clinic, with the remaining women getting them at a range of other EHB access points, the Mobile Unit, Inchicore, Ballymun or North Strand Health Centre.

One woman was getting her needles ‘from a friend’. A quarter of the women who were injecting stated that they had shared needles in the past month.

**Table 13.** Where the women were getting needles from



### Methadone Treatment

Twenty-nine (38%) of those who participated in the research reported that they were on methadone treatment at the time of being interviewed and another 30 that they were self-detoxing. Twelve of those receiving methadone treatment were also buying methadone on the -street. Eighteen (23%) of those who participated in the research stated that they were not taking methadone, either on the streets or in a clinic.

**Table 14.** Sources of Methadone in the previous month

Sources	On Methadone	Clinic only	Street also
EHB Clinic	12	8	4
Trinity Court	4	2	2
Mobile Unit	2	2	0
Doctor	4	2	2
Prison	7	3	4
Self Detox	30	0	30
<b>Total</b>	<b>59</b>		

As can be seen from Table 14 above, 22 of the women were accessing methadone treatment in clinics or from their GP,<sup>20</sup> who in many cases they would have to pay, while seven were receiving methadone in prison. Of the women receiving treatment via clinics/GP, eight were simultaneously buying methadone on the street.

### **Type of Treatment**

All of the seven women in prison were on detoxification programmes, while all those receiving treatment at Trinity Court and almost all of those attending EHB clinics were on maintenance programmes.

<b>Table 15. Type of Treatment</b>			
<b>Place of Treatment</b>	<b>Type of Treatment</b>		
	<b>Maintenance</b>	<b>Detoxification</b>	<b>Low Dose</b>
GP	2	2	0
Prison	0	7	0
Trinity Court	4	0	0
EHB Clinics	11	1	0
Mobile	0	0	2
<b>Total</b>	<b>17</b>	<b>10</b>	<b>2</b>

### **Methadone Treatment**

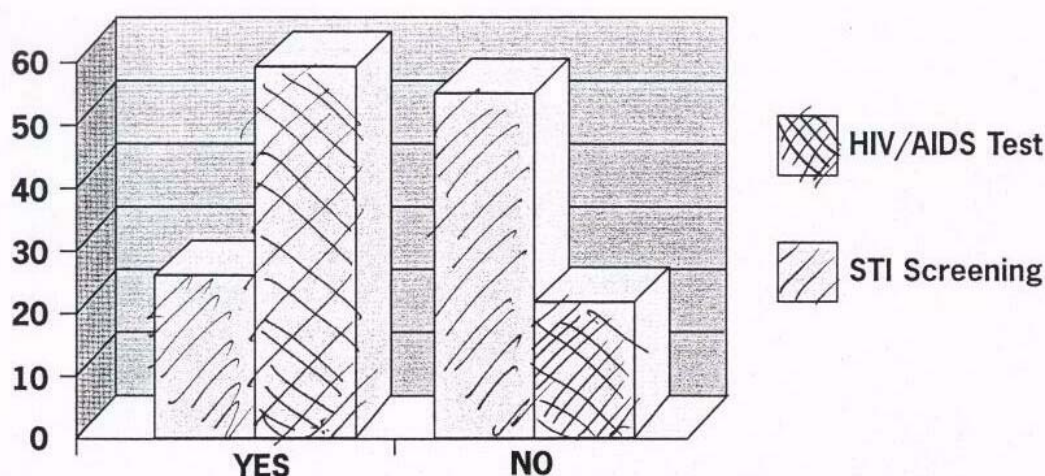
Less than one-third (31%) of women interviewed had been screened for sexually transmitted infections (STIs). Fifteen of the women who had been screened had attended a hospital, five their G.P. and four the W.H.P. This contrasts with the situation highlighted in the 1996<sup>3</sup> research where the largest proportion of the women 12 (14%) who had been screened had attended the WHP for screening.

<b>Table 16. Location where Women attended for last STD Screening</b>	
<b>Location</b>	<b>Number of Women</b>
Hospital	15
General Practitioner (GP)	5
Women's Health Project	4

In nine of the cases, women were diagnosed as having a STI at screening. Another eight women reported having self-diagnosed symptoms of an STI but had not been screened nor were they seeking/receiving treatment.

<b>Table 17A. Health Services Available of by number of Women</b>		
<b>Services Used</b>	<b>Yes</b>	<b>No</b>
S.T.D. Screening	24	53
HIV/AIDS Test	57	20

**Table 17B.** Location where Women attended for last STD Screening



Three quarters of the women who participated in this research had been tested for HIV. This represents a higher proportion than that in the 1996 study where only 32 (38%) had been tested.<sup>3</sup> This situation perhaps arises because the women who attend for drug treatment are automatically offered HIV testing.

Tests were positive in 11% of cases. However, in 28% of cases, the results were unknown because the women had not returned for the test results. It is important to note that women in prostitution are more at risk of HIV infection through injecting drug use than from their clients.<sup>5,21,22</sup>

The prevalence of HIV among prostitutes in a multi-centre study of prostitutes in different European countries was 5%.<sup>23</sup> The high prevalence of HIV in this study may be explained by the fact that outreach has been ongoing with this group since 1988 and has contact with many women working in prostitution who have contracted the infection in the early 1990's.

Recent Department of Health statistics on HIV show that, unlike the cumulative figures for HIV infections in Ireland where intravenous drug users account for the highest proportion of those infected with the disease, transmission patterns are changing in Ireland with homosexual spread among males and with heterosexual spread among males and females increasing in relative importance.<sup>24</sup> This is particularly true for females, where in 64% of the 55 new cases of HIV infection in women confirmed by the Virus Reference Laboratory in the period January 1997 to June 1998 were classified as heterosexual/risk unspecified, with only 11% of the newly diagnosed 'women being classified as drug users.

This apparently declining incidence of new infections among drug misusers may be in part due to the huge expansion of drug treatment services in the Eastern Health Board where the majority of drug misusers reside. The figures could also indicate that the Board's strategy of needle exchange/methadone maintenance is proving effective in reducing the incidence of HIV infection in the intravenous drug using population generally. However, women drug users involved in prostitution do not appear to be following this trend.

## Health in the Work Situation

Over 50% of the women interviewed stated that they did not have periods. This is not unusual among women who inject drugs many of whom suffer from amenorrhoea i.e. have no periods, or very often have irregular menstrual cycles. Because drug-using women very often do not have periods, they tend not to use contraception, leading almost to a denial of their sexuality. Problems arise, however, where women have undergone detoxification while in prison and start to have periods again and ovulate. They may then become pregnant soon after being released. In the study group, one woman reported that she was pregnant and was attending for antenatal care, three others reported that they thought they were pregnant but had not attended for a confirmatory pregnancy test at a clinic.<sup>22,25</sup>

## Condom Use with Clients

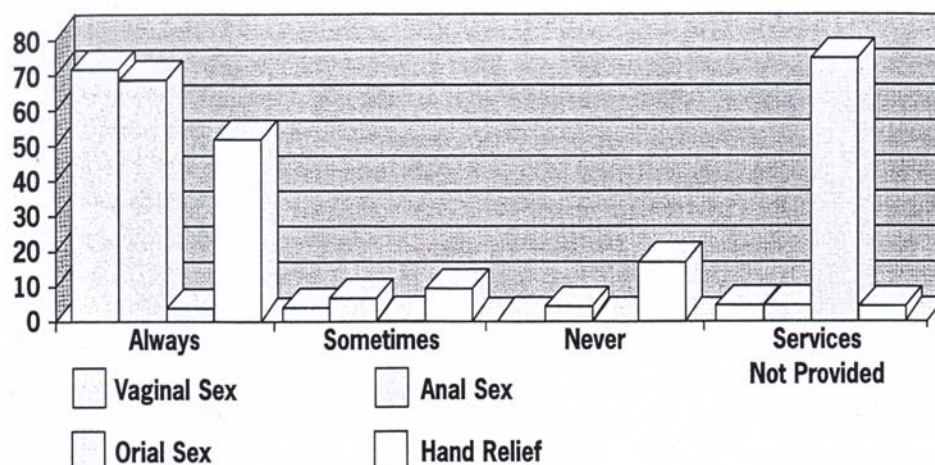
Condoms were almost always reportedly used for vaginal sex with clients (Table 19), with four women not offering vaginal sex to clients. A similar situation existed with regard to oral sex, although six women sometimes or never used condoms in this situation. Anal sex was provided by two women, both of whom always used condoms. Finally, fifty (65%) women stated that they used condoms at all times for hand relief, with eight (10%) using them sometimes and sixteen (21%) never using condoms for hand relief. This is a much higher figure for condom use with hand relief than in the 1996 study where only 8% of women used condoms at all times and 40% never used condoms for this service.<sup>3</sup>

***Table 18. Condom Use with Clients***

Service	Always	Sometimes	Never	Not Provided	Unknown
Vaginal Sex	71	2	0	4	0
Oral Sex	67	4	2	4	0
Anal Sex	2	0	0	74	1
Hand Relief	50	8	16	3	0

When the women who participated in the research were then asked on what occasions condoms were not used, a slightly different picture emerged. While 92% - 71 of the women interviewed stated they always used condoms with clients for vaginal sex, nine women (11%) stated that there were occasions on which condoms may not always be used. The reason given for this by six of these women was if 'more money was offered'. They reported that clients would sometimes offer extra money for unprotected sex, with non-availability of condoms being another reason expressed. However, the majority of women (88%-68) stated that there were no occasions on which condoms would not be used.

**Table 19. Number of Women using condoms with clients**



### Condom Use with Partners

Almost all of the women interviewed insisted on condom use with clients, as was the case in the 1995<sup>2</sup> and 1996<sup>3</sup> research, however, this pattern is again reversed in relation to partners in their private lives.<sup>24</sup>

**Table 20. Condom Use with Clients and Partners for Vaginal Sex**

Frequency	Partners	Clients
Always	15%	92%
Sometimes	18%	3%
Never	52%	0%
No vaginal sex	15%	4%

While over 90% - 71 of women always used condoms with clients, approximately 70% never or only sometimes used condoms with partners in their private lives. As was the case with the women contacted last year, a clear separation is being made by the majority of the women between safer sex practices with clients and partners. This trend has also been observed in international research. In a study of almost 800 Spanish sex workers, 79% reported never using condoms with their private partners, while only 8% said they never did so with clients. Similarly in Amsterdam, 71% of the sex workers interviewed always used condoms during vaginal intercourse with clients versus only 7% with their private partners.<sup>23</sup>

Another anomaly that emerges in the responses to the questionnaires relates to knowledge about STDs and HIV/AIDS and the action taken by women who experienced a condom coming off or bursting, as had happened to twenty-three women in this study. This had happened once to 16 of the women, twice to 3 women, three times to 3 women and four times to 1 woman. In 83% -19 of these cases, the women in question had taken no action, with only two women taking the morning after pill, one going to her G.P. and one woman attending a Genito-Urinary Medicine (GUM) Clinic. This was similar to the findings in the 1996 research,<sup>3</sup> where the reaction of most women



was to 'do nothing' or 'take a shower or a bath'. Over zealous hygiene practices such as douching and use of antiseptics were common among the women. These are, however, not recommended as they break down the natural immunity of the mucous membranes. Such practices are often done to 'cleanse the body after work'.<sup>27</sup>

### **Health Service Provision**

Apart from the WHP, there are no other specific health service for women in prostitution in Dublin or elsewhere in the country. Two hospitals in Dublin provide a dedicated service for Genito-Urinary Medicine. There are also dedicated infectious diseases clinics in two other hospitals which have a full service for the treatment of H.I.V. and A.I.D.S. Outside of Dublin, S.T.I. services are provided on a sessional basis in Cork, Galway, Limerick, Sligo and Waterford. However, in some cases the service operates for only four hours per week. All of these services are for the general public and are not designed to specifically meet the needs of women working in prostitution. The need for services for women in prostitution in the North of Ireland is being addressed by the EUROPAP Project in the U.K.

In the private sector, there are a number of physicians who specialise in Genito-Urinary Medicine in their practices. However, unless the woman who seeks the service is entitled to a medical card, a fee must be paid for these services. Also in the private sector there is a religious voluntary organisation, established in 1989, which works with and on behalf of women working in prostitution in Dublin. The RUHAMA Women's Project<sup>28</sup> provides training, education, rehabilitation and counselling for women working in prostitution. Other services provided include outreach work, social work, advocacy, hospital work and family therapy. The Project works towards the full re-integration of women into society and the elimination of prostitution in Europe. It works very much in collaboration with the W.H.P. in encouraging women to attend the health services.

### **AIDS/Drug Addiction Service – Eastern Health Board**

#### **Description**

The AIDS/Drugs Addiction Service provides a range of services for people and their families who have problems with drug misuse, who are infected with the H!V virus or are at risk of becoming so, and those who have clinical AIDS. These services include prevention, treatment, rehabilitation and aftercare programmes. Services are provided at addiction centres and satellite clinics, which are located throughout the Board's area. There are currently forty-three such locations.

The service aims to educate the public on problems associated with drug misuse and HIV, and to attract into treatment those clients who have already become addicted. Treatment is provided on an outpatient basis and where necessary as an in-patient. Rehabilitation and aftercare programmes are provided to help clients develop skills with a view to entering gainful employment.

#### **Outreach Service**

The Eastern Health Board's outreach staff's main aim is to promote awareness of HIV/ drugs/sexual health through education, information and support to local communities and individuals who are at risk and to those not currently in contact with services, especially those in 'hard to reach' groups. They assist individuals who are not in receipt of treatment to access services and make referrals to the service most relevant to their needs.<sup>29</sup>

# Section 4

## The Legal Situation

### *Current Legislation*

The current legislation in Ireland covering prostitution is the Criminal Law (Sexual Offences) Act of 1993. While the primary purpose of the Act was the decriminalisation of male homosexuality, to comply with an European Court ruling on this matter, secondary clauses of the Act refer to laws governing prostitution.<sup>16</sup>

Under the pre-1993 legislation, a Garda (refers to members of the Garda Síochána, the Irish police) was only required to testify in court that a woman was a ‘common prostitute’ (i.e. was known). He was not required to testify that the person was loitering. This became inoperable in 1983, when the term ‘common prostitute’ was ruled unconstitutional in that it prejudiced the individual concerned, before their case had even been heard.

The principle effects of the present legislation are as follows:

#### **Soliciting**

Soliciting by dictionary definition means ‘to invite, to ask earnestly, to beg’, but what is meant by soliciting in relation to prostitution? It can be:

- a) Persons offering services.
- b) Persons seeking services.
- c) Persons offering services on behalf of somebody else.

The Act makes it an offence to solicit or importune another person or persons for the purposes of prostitution. The offence applies to soliciting or importuning by a prostitute or client. The soliciting can take place in or from a motor vehicle. Penalty on conviction can now be a fine of up to £1,000 or three months imprisonment or both. Previously the fine was between £2 and £7.

#### **Loitering**

The Act contains a new section on ‘loitering for purposes of prostitution’, which gives Gardai the power to direct a person to leave a street or public place when he/she has reason to suspect that the person is loitering in that street or public place in order to solicit another person for the purposes of prostitution. The section applies to prostitutes, clients and third parties and includes loitering in a motor vehicle. An offence is only deemed to be committed when a person fails to comply with a caution from a Garda. When the person moves to a different place or street he/she must be cautioned again. That person cannot be legally arrested there, unless first cautioned. The Act is not clear on the time limit of the caution. If for example, a woman leaves the street, after being cautioned, and returns some time later, it is questionable whether she has broken the law. This point and others will have to be contested in the courts in order to be clearly defined.

**Sanctions for loitering:**

In court:	1st offence - £250 maximum
2nd offence -	£500 maximum
3rd offence -	can go to prison one month maximum after third conviction and £500

**Brothel Keeping:**

- a) Keeps or manages or acts or assists in the management of a brothel.
- b) Being a tenant, a lessee, occupier or person in charge of a premises and knowingly permitting any part of it to be used as a brothel, e.g. two or more women working in a house even in separate flats constitutes a brothel.

**Sanctions for Brothel Keeping:**

The individual is liable to:

- A fine of up to £1,000
- Imprisonment up to 6 months as a result of being tried in the District Court or up to five years in the Circuit Court, if the Director of Public Prosecutions insists on a Circuit Court trial.
- A brothel owner can be charged with brothel keeping but so too can all Staff in the premises, including reception and cleaning staff.

**Living on the Earnings of Prostitution:**

A person who lives in whole or in part on the earnings of prostitution or who aids and abets prostitution is guilty of an offence.

**Sanctions include:**

- a fine not exceeding £1,000
- imprisonment for a maximum of 6 months, or
- both of the above

**Other Offences Under the Act:**

Organisation of prostitution - conviction with up to five years imprisonment.

**Gardai Powers to Search a House Suspected of Being a Brothel**

Garda powers in respect of a house search are constrained as follows:

1. Gardai must have a warrant signed by the rank of Sergeant.
2. The warrant must be issued by a District Judge and must be used within one month of issue date.

Gardai have the following powers:

1. The warrant authorises the Gardai to enter by force if necessary.
2. The Gardai may demand from any person on the premises their name and address, and if requested, they must provide these. Persons so requested may then ask for a solicitor.

## *Views of the Gardai*

Previous research highlighted differences in approach, with some Gardai developing good working relationships with women working in prostitution in their area and wishing to gain a better understanding surrounding prostitution while others were verbally abusive to them. The liaison between service providers (W.H.P.) and the Gardai has continued from last year, with regular liaison meetings between women working in street prostitution and Gardai and voluntary organisations working in the area. A female TD (Public Representative) has also been involved in these meetings. In addition two female Gardai liaison officers are based in the Southside of Dublin and women can request to see them specifically.

Although no Gardai were interviewed in the research this year, O'Neill (1998)<sup>15</sup> in her paper points out that Gardai have expressed concern about the increase in women drug users and their male partners on their beats. They state that there is an increased level of assaults and robbing of punters which has serious implications. There has also been an increase in complaints from local residents. The result is that the Gardai respond to the problem by directing women to leave the area. Unfortunately this has driven the problem underground, making the job of the women much more difficult and also creating difficulties for the outreach teams. In addition increasing numbers of women have been fined and imprisoned.

## *Views of the Women Interviewed*

### **Level of Violence**

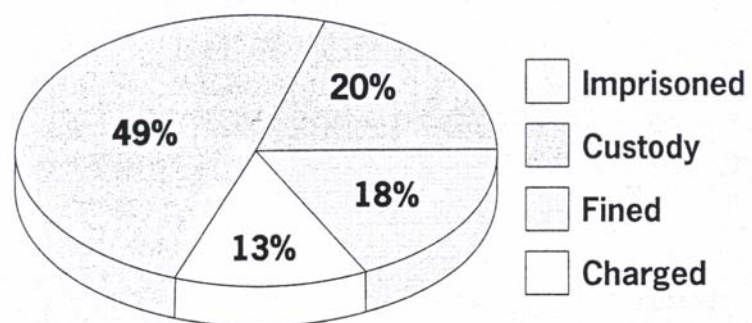
Almost half (48% - 37) of the women interviewed stated that they had been physically assaulted by customers and 24% -19 women reported having been forced to have sex with clients against their will.<sup>30</sup> This is over double the proportion of women who stated that they had been assaulted in the 1996 research.<sup>3</sup> This is perhaps due both to the generally increasing levels of violence seen on Dublin's streets, as reported by women themselves and by the Outreach staff, and the fact that most of the women in the research this year worked on the streets, where they are more vulnerable. 65% of the women who had been attacked had reported the attacks to the Gardai.

Tragically, an indication of this increasing level of violence was the murder in a Dublin red light area of a twenty-three year old drug using woman working in prostitution in June 1998.

### **Experience of the Legislation**

The increased vigilance of the Gardai in implementing the existing legislation, particularly with regard to women working on the streets, is highlighted in the responses of the women. 52% of all the women in this study had been charged with soliciting. This had resulted in 20% of those women being imprisoned, 12% fined and 18% being held in custody.<sup>16</sup>

**Table 21.** Results of being Charged with Soliciting



### Summary

The new legislation has had an impact on the working lives of most of the women interviewed. Its implementation has resulted in many women 'going underground' i.e. working indoors which has implications for public health policy. Over half of the women had been charged and 20% of those had been imprisoned. The increasing levels of violence on the streets reported by outreach workers was confirmed by the women's experiences. Almost a half of these women had been physically attacked by a customer.

# Section 5

## Research Conclusions

As in the previous research, the women who participated in the study this year are not presented as a representative sample of women working in prostitution in Ireland. These women were selected because they were known by the staff of the Women's Health Project to be working in prostitution, to be using drugs and to not be accessing the health services provided for their peers. The increasing number of drug using women working in prostitution in recent years is of particular concern, as these women tend to have the least favourable health risk profiles of all women in prostitution.

**a)** Significant differences emerged between women in the 1996 research who were non drug using and the drug using women contacted this year:

- the drug using women tended to be younger;
- in most cases they were not caring for their children themselves;
- they were more likely to be or have experienced homelessness;
- they were more likely to be receiving 'protection' in their work from a male partner.

**b)** Living with drugs causes considerable strains. A woman drug user who is also a mother faces specific problems organising her drug-related needs around her commitments as a parent, especially where young children are involved. Another dimension to the drugs issue for women is dealing with the reality of prison sentences for themselves, their partners, their siblings or their adult children. Prison sentences for drug related offences severely cut across family networks and reduce still further levels of support for women.<sup>2</sup>

**c)** The age profile of the women interviewed this year was much younger than in previous research. The majority had started work in prostitution before reaching nineteen years of age, while two were younger than fifteen years.

While young girls working in prostitution are not known to staff of the WHP, the age profile which emerged in the research is consistent with reports made by voluntary agencies who state that the age that girls/women get involved in prostitution is getting lower. This clearly raises the issue of child prostitution.

**d)** In the research this year, levels of health awareness varied. This emerged particularly with regard to:

- the low number of these women who had been screened for STDs;
- the high numbers of these women who did not return for the results of an HIV test;
- the absence of any action being taken when condoms came off or burst;
- the number of occasions on which safe sex would not be practised, due to increased financial incentives or the non-availability of condoms, among other reasons.



e) Levels of confidence in availing of health services varied among the women interviewed this year. There was a reluctance on the part of most of these women to access health care professionals and to tell them of the work they were engaged in. Drug users neglect their health more and are less likely to use conventional medical services than non-drug using prostitutes;’ Research indicates that early intervention among women drug users could prevent these women becoming trapped in prostitution leading to loss of contact with their families and homelessness.

f) An important factor in relation to these women’s health is the distinction made between their working and their private lives. This was apparent in the research in 1996<sup>3</sup> and again this year. Education in relation to safer sexual practices tends to be related by the women only to the work domain, with many putting themselves at risk in their private relationships.

g) Most of the women gave financial reasons for starting working in prostitution. For the women interviewed in 1996<sup>3</sup> this was to improve the material quality of their lives but for the majority of women who participated in the research this year, financing their drug habit was the main reason given for starting working in prostitution.

h) In recent years, public authority housing has become increasingly difficult to access. Private landlords are selective about prospective tenants and women with children and particularly drug users are not welcome. These women are, therefore, finding it increasingly difficult to identify suitable accommodation. In many instances agencies will not take the risk of providing shelter to drug users because of their unpredictable, chaotic behaviour. Almost half of those who participated in the research were homeless at the time of interview, while some of those who stated that they were living in the ‘family home’, were not permanently residing there. An increasing number of young female drug users are turning to prostitution. Yet many will not disclose this information when in contact with outreach workers from homeless agencies.

i) The continuing negative impact of the legislation was again highlighted this year. Implementation of the existing law has led to a situation where fewer women are working on the streets and these women are instead working ‘indoors’ from houses, flats, etc. This has serious implications for public health policy in this area as it is harder for the services to contact these women who are being driven underground.

Women drug users working in prostitution often work in oppressive situations and are a marginalised group within a marginalised group. Of the women who participated in the research, ‘many had poor self-esteem and felt powerless over their lives, in part is due to their addiction. It is widely accepted that women who feel vulnerable and lack confidence often put themselves in vulnerable situations, which put them at increased risk of contracting HIV infection or other STIs and often leads to assault. Gaining their trust is a slow and difficult process for health service providers. Even when contacted, outreach to these women is often difficult as they are always in a ‘hurry’. Yet these are the women who are in the greatest need of the services that are provided.

# Section 6

## Recommendations

Recommendations are made below in relation to four main areas: health, the law, peer support/education and housing. A number of these recommendations are similar to those that were made previously following the research carried out in 1996 but they bear repeating, particularly with reference to this especially vulnerable and marginalised group of women.

### 1. Health

The hours and days of opening of the Women's Health Project should be extended in order to better meet the needs of all women working prostitution in Dublin. This extension should be decided upon in consultation with the women who currently use the service.

The hours for Outreach work should be extended in order to facilitate contact with drug-using women who are not currently in contact with services.

General STI screening, HIV testing and general health care should be provided for drug users in a dedicated, user-friendly setting.

A liaison social worker from the Eastern Health Board should be appointed to work at the Women's Health Project to address childcare issues

### 2. Law

A review of the current legislation should be undertaken as a matter of urgency. Implementation of the law as it stands at present raises concerns over public health issues. Specialist training should be provided for members of the Gardai in relation to their dealings with women in prostitution.

### 3. Peer Support/Education

Resources should be provided by the Eastern Health Board to develop peer support and education for these women. Very effective outreach work can be carried out by women who are themselves engaged in prostitution, particularly in accessing women in the more covert forms of prostitution.

Structures should be put in place to ensure that the women themselves become more involved in the design and provision of these services.

Increased information must be available to women working prostitution with regard to their health needs and where services can be availed of. Such information should be presented in an accessible format and would be most effectively disseminated through peer education. It should take account of the possibility of a low level of literacy. Health workers, social workers and childcare agencies should be provided with information and training regarding the problems of drug using mothers.

Research should be undertaken into the characteristics of clients seeking the services of women working in prostitution in Ireland. This is crucial, if a greater understanding of the issue is to be developed. Both sides of the equation need to be examined. At present the focus is on the women working in prostitution, particularly since the emergence of HIV and AIDS, with little attention paid to the men involved.

## **4. Housing**

The Commission on Housing should be strengthened to address the issues of homelessness and children.

Funding should be provided to establish a hostel which specifically meets the needs of homeless drug using women.

# **Appendices**

## **Appendix 1**

### **Haven House**

Haven House is a hostel in Dublin for homeless women. It is located on the north side of the city. On the night of 9/11/98 there were 16 women staying at the hostel, 14 of whom were drug users. Of these, 7 were working in prostitution.

## **Appendix 2**

### **Merchants Quay Project**

The Merchants Quay Project was set up in 1989 by the Franciscan Community on Merchant's Quay after they became aware of the substantial number of people in the local area who were drug users, HIV positive or both. The aim of the Merchant's Quay Project is to prevent the spread of HIV through drug use and related behaviour and to provide non-judgemental care and support to drug users with HIV and their families.

Attendance at the contact centre has seen a steady increase in 1997 with an average of 120 clients attending on a daily basis. There has been a marked increase in the number of young people, particularly women, availing of the needle exchange service. These young women represent a particularly vulnerable group and many are engaged in prostitution to support their drug use.

## **Appendix 3**

### **Ruhama**

RUHAMA is a religious voluntary organisation which works with women in prostitution. The project is Dublin based, it was established in 1989, with the aim of offering a befriending service to those women involved in prostitution. An important aspect of RUHAMA policy is to develop services in response to the women's expressed needs. Services provided by RUHAMA include outreach work, health care, social work, counselling, justice and legal issues, hospital work and social activities, among others. The Project works on an outreach basis and also provides skills training, education and counselling are available at their centre.

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On 10th October 1998 the Department of Health implemented a Methadone Protocol. Under the protocol drug users are issued with an identity card, which is given to the pharmacist, who can then dispense methadone on prescription from a registered GP.

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