

WOMEN WORKING IN PROSTITUTION : TOWARDS A HEALTHIER FUTURE

Second Report prepared for EUROPAP and the Eastern Health Board
(Women's Health Project)

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Running like an insistent motif through Eric Hobsbawm's Age of Extremes, The Short Twentieth Century, 1914-1991, is his conviction that those who have lived to the end of this century have witnessed or experienced one of the most terrible, bloody and cruel periods over the span of centuries. The ideology of militarism and warfare invoking the destruction of millions of civilians as well as killing and maiming countless soldiers has dominated this century. Environmental disasters brought about by human error and deadly diseases threaten life on the planet even as those who live on it delude themselves into believing that the twentieth century is the most progressive, enlightened and technologically advanced mass culture ever attained.

A barometer of a civilisation is the way society regards and treats its outcasts. One of the recurring horrors of the twentieth century has been the systematic brutalising of methods of torture leading to a scale of violence against women and children unprecedented before 1914. With the vast industry that involved men in world wars, prostitution in many countries was officially sanctioned. The construction of twentieth century prostitution is part of the climate of militarism in this century. The legalising of prostitution by states and its accepted geography in many cities by police authorities conceal disturbing values within state policy.

One of the three aims of the early twentieth-century suffragist movement was the reform of prostitution. Together with the acquisition of the vote and economic equality for women, the persistence of violence against women in the context of prostitution has been pursued vigorously throughout the century by the feminist movement. What was under-estimated until recent feminist theory confronted it was the pervasiveness of a belief in the superiority of the male hierarchy leading to the subordination and annexation of women. The term "metaphysics of sex" came into its own during the decades between the two world wars. Based on a fixed doctrine of essentialism - that there is an essential, albeit natural difference between men and women - essentialism invariably offers a reductive concept of women. Influential proponents of its doctrine in those years were philosophers such as George Simmel and Jose Ortega Gasset and central to their thought was the axiom that though there are two sexes, there is but one culture, male, in which the female shares. The debate on this sexual difference rapidly moved into the sphere of psycho-analysis in the mid century still influenced by essentialism. Thus Jacques Lacan proposed that "there is no relation between the sexes" accepting Simmel's opinion that there was something "tragic" about the relations between the sexes. Though essentialism is less visible within the feminist discourse on the nature of difference, it still influences the role and function of prostitution in the community.

This is quite insidious in countries where Catholicism bears on state ideology in moral issues. In Ireland, the general climate of philosophical and psychological “essentialism” was greatly strengthened by the catholic church’s adoption of scholastic theology based on the writings of Thomas Aquinas. Enshrining the doctrine of an immutable natural law based on divine law and the fatherhood of God, the woman as mother in the family setting was given a constitutional identity in Bunreacht na hEireann. Catholic and state morality idealised in the married mother of children, while at the same time treated the “fallen” woman as sinful and contemptible. Gradually with the visible resumption of the woman’s movement in the late sixties attitudes changed, but it was not until the 1980’s that studies of the role of female prostitution began to be published steadily. The recognition of women’s studies as units in higher education greatly facilitates research. The report prepared for EUROPAP and the Eastern Health Board is one such example. Prepared by Ann Mane OConnor, using the facilities of the Women’s Education, Research and Resource Centre in University College Dublin, “The Health Needs of Women Working in Prostitution in the Republic of Ireland” is a significant contribution to the changed perceptions around the situation of women working in prostitution. Post-patriarchal Ireland will declare its presence with a mighty groan of protest against the violation of the woman’s body and reports such as this will have prepared the way.

Introduction

This report has been commissioned by the Women's Health Project as part of the EUROPAP¹ PROJECT. It follows from the report which was produced in 1995 in presenting an overview of female prostitution in the Republic of Ireland and of the health services available to women working in prostitution, with particular reference to HIV prevention measures.

The structure of the report will be as follows. Firstly the methodology used in compiling the report will be discussed, secondly a brief biography of the women working in prostitution who participated in the research will be given, followed by their personal experiences in relation to work; the age they started, how long they have been working, why they started etc. The next section of the report will deal with the law in the Republic of Ireland in relation to prostitution. The issue of health service provision will then be addressed; services which are available will be outlined and the usage and attitudes of women working in prostitution towards them given. Finally, conclusions are presented and proposals made as to how the needs, health and other, of women working in prostitution can be better met.

¹ European Intervention Projects Aids Prevention for Prostitutes. The Project is part of the 'Europe Against AIDS Programme'.

Section 1. Methodology
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The model for the research carried out this year is based on the 'EUROPEAN PEER SUPPORT PROJECT' for drug users. To date projects using this model have trained drug users as peer interviewers who have successfully carried out research among other drug users, with regard to how they started using drugs, safety issues around drugs etc. "There is now a growing acknowledgement that peer support and peer education can be effective in reducing risk behaviour in injecting drug user communities" (Developing Peer Support for Drug Users, Irish Seminar, Nov. 29th-Dec.1st 1995) Peer support occurs between people of similar interests and backgrounds, it involves empowerment, trust and equality, with inside information and knowledge from personal experience being positive aspects of the model. This approach to data collection has already been successfully implemented among drug users in Dublin, while France, Germany and Belgium are also involved in similar initiatives.

Due to the invisibility of prostitution in Irish society, there can be difficulties in reaching women working in prostitution, particularly the more hidden forms. It was partly for this reason that the report produced in 1994 (*The Health Needs of Women Working in Prostitution in the Republic of Ireland*) as part of EUROPAP '95, focused mainly on women working in street prostitution in the Dublin area. The research, however, demonstrated how women working in prostitution are often better able to contact other workers and encourage them to participate (two women working in prostitution were employed by the researcher in order to facilitate contact and interviews with women). It was for this reason, following from one of the recommendations contained in last year's report, that this 'Peer Support Model' was adopted, i.e. women who are themselves working in prostitution would administer the questionnaires. It is hoped that with support and encouragement, the women who successfully applied as peer interviewers will continue with further education and self development courses.

Applications and Training

Peer interviewer positions were advertised in January of this year through leafleting by outreach counsellors from the W.H.P and by encouraging attenders at the drop-in clinic to apply. Intensive outreach work by counsellors from the Project was undertaken, over the previous months, particularly targeting women working in the more hidden forms of prostitution, specifically those based in parlours. It was as a result of this outreach work and the development of relationships of trust between health workers and women working in prostitution, that a number of the applicants for the peer interviewer positions, came from women working in this area, some of whom had had no previous contact with the Women's Health Project.

In February of this year selection of candidates and training of peer interviewers took place. Five women were selected for the positions and training took place over a three day period. The women chosen work or had worked in various areas of prostitution; street, parlour, escort and from home.

During training the content and structure of the questionnaire were decided upon and guidelines set by the women on

- a) how to engage the interviewee,
- b) how to disengage the interviewee,
- c) Issues of confidentiality

Initially the women were shocked regarding the nature of some of the questions to be asked in the interviewing process and expressed hesitation about asking them of their peers. However, following discussion and role play, some of the questions were modified. In addition barriers which may have existed between staff from the W.H.P. and the women working in prostitution were broken down, with perceptions on both sides being altered. What emerged was a sense of being more comfortable with one another, and a feeling of partnership between those present.

Peer interviewing

Immediately on completion of training, contracts were signed between the peer interviewers and the Women's Health Project and the interviewing process commenced. Letters of authorisation and identification badges were issued from the W.H.P, stating that the women concerned were authorised to carry out research on behalf of the Eastern Health Board and EUROPAP. A time limit of two weeks was initially set for the interview process. This was not however strictly adhered to, with interviews continuing for up to three weeks. This was due to the success of some of the interviewers in contacting and persuading women to participate in the research. Meetings were held between interviewers and Mary O'Neili and Deirdre Foran of the W.H.P, and the researcher on a regular basis, during the research period, with feed back from the interviewers being given, problems arising discussed and new questionnaires being issued.

Subjects

Eighty-six interviews were carried out in total by the peer interviewers with women working in prostitution, with eighty-four valid for the purposes of the research (two questionnaires were not fully completed). In comparison to the report produced in 1995, the women who participated in the research this year work in different types of prostitution including; street, parlour, escort and call-out work. Most of the interviews were carried out in Dublin, while one peer interviewer travelled to Cork to interview women working there. Interviews were also conducted by the researcher with a member of the Gardai, a representative of the RUHAMA Project² and Dr. Joe Barry, Drugs AIDS Co-ordinator of the Eastern Health Board.

Evaluation

An evaluation day was held on completion of the interview process. This was attended by Mary O'Neili and Deirdre Foran of the W.H.P., the peer interviewers and the researcher. Issues which had arisen during the course of the research were explored and discussed. All of the peer interviewers

² The RUHAMA Women's Project is a voluntary organisation run by the Good Shepherd Sisters.

highlighted the positive response of women working in prostitution towards the research (a payment of £10 was made to each interviewee, in some cases this was declined by women interviewed) and the levels of trust and co-operation displayed in completing questionnaires. For the peer interviewers themselves, participation in the research process was viewed as being valuable in that it provided them with the opportunity to “have a say”, a voice, in what may happen in the future.

Section 2. The Women Participants in the Research

This first section of the report outlines the personal biographies of the women who participated in the research; their ages, educational background, past employment and marital status. The second part examines their personal experiences in relation to prostitution, the age they started working, the length of time they have been working, why they started, clients and services and what they see as the advantages and disadvantages of the job.

Biography

Age

The women who participated in the research ranged in age from eighteen years to fifty-four years. The majority (73%) of the women were in the 25 - 44 years age group, while three (5%) were under twenty years and four were fifty years or over.

Table 1. Age of Women Participants

Age Band	No. of Participants
15-19	3
20-24	11
25-29	14
30-34	11
35-39	24
40-44	13
45-49	4
50-54	4
TOTAL	84

Of the women interviewed who were working in Cork (9 in total), the majority were in the 35 to 39 age category, with all being over 25 years.

Education/Work Experience

Of the women interviewed, 33 (39%) had continued in the educational system up to 17/18 years of age. This contrasts with the educational profile of the women interviewed last year, where only 22% had continued in education up to that age. Six women had left school as young as 12/13 years and therefore had only completed primary education, with no participation in secondary level schooling. The majority of the women (52%) left school between 14 and 16 years. Sixteen years is the legal age up to which one must remain in education in Ireland, yet over one-third of the women interviewed had left school before this age, with the likelihood of having no qualifications.

Table 2. Age of Completion of Education

Age Completed Education	Number of Women
Upto18yrs	19
Up to 17yrs	14
Upto16yrs	24
Up to 15yrs	10
Up to 14yrs	10
Upto13yrs	2
Upto12yrs	4
Unknown	1
TOTAL	84

Forty-four (52%) of the women had previously been engaged in work other than prostitution. For the majority of these women past employment typically included factory, office, shop, bar and hotel work. (This corresponds to the employment pattern of women in Ireland, where the majority of women in the labour force work in the service sector). For the remaining women (33 - 39%), prostitution had been their only employment,

Marital Status

The majority of the women in the research (51%) stated that they were single at the time of the research.

Table 3. Marital Status of the Women Participants

Marital Status	Current Position			
	Cohabiting	Boy/Girl Friend	No Partner	Total
Single	13	21	9	43
Married	-	-	-	16
Separated	7	6	9	22
Widow	-	-	3	3
TOTAL	20	27	21	84

* Two women identified themselves as bisexual, both stated that they had male and female partners at the time of the interview.

Twenty-two women (26%) were separated, sixteen (19%) were married and the remaining women (4%) were widows, Again this contrasts with the results of the research undertaken in 1995, where none of the women interviewed were married. Of those who stated they were single or separated.

41% had a boyfriend/girlfriend and 31% were cohabiting. Thus of all the women interviewed, 25% did not have a partner at the time of the research.

Of the women who had partners (63), in the majority of cases (47-74%) their partners knew of the work they were doing. As one woman expressed it, “my partner didn’t know what I worked at first, when he found out he wasn’t happy, but it was my own choice to work at this and when he saw my bank balance he came around”. In 17% of the cases where women were married or cohabiting, they had not told their partners about the work they were engaged in, although some of these women felt that their partners “probably guessed”, it was “just something that was not talked about”. As was the case in the research last year, even where women had told their partners, other members of their families did not know. This continues to be a major source of stress for the women involved, who may have to lie to family and friends, who may have no-one to discuss their work experiences with and who have to live with the fear of their names appearing in the newspapers or the Gardai calling to their homes.

When asked about their partner’s employment status less than half (45%) of the women with partners stated that they were working. Where women were married or cohabiting, in 39% of cases their partners were unemployed. This was more clearly the case in Cork, where in seven out of nine cases, partners were 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). For this reason these men could be deemed under law as guilty of this offence, although in only eight cases did women interviewed state that their partners provided protection for them while they were working and only three of these women were living with their partners.

In only four cases (5%) were the women’s partners intravenous drug users (I.V.D.U.), two of these were partners who women described as providing protection for them while working. In both these cases the women were under twenty years (and drug users) and the men involved were unemployed. In the case of three women whose partners had died, the partners in question had been intravenous drug users,

Children

Most of the women interviewed had children (64 - 76%) and eleven were grandmothers. Fourteen women had between four and seven children. Where women had children, the majority (46) were of school going age and were living with them at home. In other cases children had grown up and left home or were in foster care (in three cases).

Summary

Most of the women interviewed were aged between twenty-five and forty-four years. A greater proportion of women had continued in the education system up to 17/18 years than was the case in the research in 1994. However, the majority had still left school between fourteen and sixteen years

and therefore had few or no educational qualifications. Most of the women had previously been in • work other than prostitution, typically office, factory, bar/hotel and shop work. The majority of women stated that they were single, however, of all the women interviewed, only 25% did not have a partner at the time of the research. In most instances partners knew of the work they were engaged in. In four cases the women's partners were intravenous drug users.

The women interviewed in Cork were of a higher age profile than those in Dublin, with most being between 35 and 39 years of age. This may, however be related to the age of the peer interviewer and therefore her target group for interviewing. The educational background and work experience of the women in Cork was similar to women working in Dublin. Most women were married or cohabiting and in almost all these cases partners were unemployed.

Personal Experiences with Prostitution

Table5. Age Started Working in Prostitution

Age	No. of Women
13-15	4
16-18	10
19-21	17
22-24	8
25-27	14
28-30	17
31-33	5
34 - 37	4
35 +	5
TOTAL	84

Age Started Working/Length of time working in prostitution

The age at which women started working in prostitution ranged from thirteen years to forty-nine years, with most women starting between the ages of nineteen and thirty (67%). Four women (5%) had started work in prostitution between the ages of thirteen and fifteen. Of the women interviewed in Cork, most had become involved in prostitution at around thirty years of age.

The length of time women had been working in prostitution varied enormously, with some women working a few months and three women working for up to thirty years

Table 6. Length of time working in prostitution

No. of years	No, of Women
> 1 yr	1
1 - 4 yrs	28
5 - 9 yrs	23
10-14 yrs	19
15-19 yrs	8
20 - 24 yrs	2
25 - 30 yrs	3
TOTAL	84

Why start ? “what! save in a couple of years would have taken me a life time in a normal job”

Almost all of the women (78 - 93%) stated that they had started work in prostitution for financial reasons, specifically “money for bills”. In nine of these cases the financial need was related to problems with alcohol or drugs. The remaining women cited needing money for alcohol, drugs or pimps as their reasons for entering into prostitution.

Two of the women mentioned childhood abuse as influencing their decision to start work in prostitution. Unlike the research in 1995, this year’s questionnaire did not contain a specific question regarding childhood sexual abuse, instead it was one of the options which could be chosen as a reason for starting to work in prostitution. The reason it was not specifically asked, was that during the training process, the women who were to conduct the interviews expressed discomfort about asking their peers what they considered a very personal, possibly overly intrusive question.

Although financial reasons were given by most of the women for starting work in prostitution, in a number of cases this was not because the women in question were experiencing ‘absolute’ levels of poverty, but rather to improve their material quality of life, for some it was to buy a flat or an apartment, for others “to have a better lifestyle” and/or not to have to “be scrimping all the time”.

Types of Work

Over 45% of the women interviewed worked in parlours only, while almost a quarter (23%) worked on the streets. However the two were not mutually exclusive with twenty three women engaged in more than one form of prostitution at the time of the interview. This was more likely to be the case for women on the street, with over half of them engaged in other forms of prostitution - parlour, escort and agency (call-out) work.

Table 7. Types of Work Done

	Street	Parlour	Call-out	Escort
Street	19	16	3	1
Parlour	16	39	1	2
Call-out	3	1	2	0
Escort	1	2	0	3

In contrast, of the women working in parlours, this tended to be the sole type of prostitution they were engaged in at the time of the research. Of the women interviewed, thirty-nine worked exclusively in parlours, nineteen worked exclusively on the streets, three worked for escort agencies and two did call-out work only. For most of the women interviewed in Cork (6-67%), parlour work was the sole type of prostitution engaged in.

Advantages and Disadvantages of Working on the Streets / in Parlours

“it’s too dangerous on the streets”

When asked about the advantages and disadvantages-of working on the streets or in parlours, the women who worked in parlours felt that it was a safer environment in which to work, with security, comfort, privacy and discreteness being cited as reasons by most. “I wouldn’t work on the streets, they scare me”, one woman commented. Another advantage of working inside was that “on the streets you could be seen by someone you know”, “you’re on view”. “Dublin being a small place - you could be seen”. Working conditions of cleanliness and hygiene were viewed as other positive aspects of working indoors by the women interviewed.

Not surprisingly, the women who worked on the streets, while accepting that it can be more dangerous and less comfortable, felt that the major advantage was that “you are your own boss” and that “you don’t have to answer to anybody”. “Nobody tells you what to do, you come and go as you want and you can work any hours”. Some women also felt that they were “too old to work inside”.

While some women felt less harassed by the Gardai while working inside, others felt that this was changing, with more attention now being focused on the parlours.

Clients and Services

The average number of clients a woman would see per day/night/shift ranged from between two and ten. This was related to how good or bad business was. Most women had regular clients with work locations including; cars, streets, parks, flats, hotels or parlours depending on the place and type of work the woman was engaged in. Twenty-five (33%) of the women interviewed in Dublin had worked/also worked outside of the Dublin area; in Cork, Galway, Limerick, Waterford and Dundalk, with some of these women engaged in a “nation-wide service” operated by mobile phone. The cities/towns covered by this service include Cork, Galway, Sligo, Limerick, Killarney, Tralee, Kilkenny,

Waterford, Carlow town, Athlone and Cavan town. In addition, four women (5%) had worked outside of Ireland, in the UK and the USA, None of the women interviewed in Cork stated that they had worked outside of the Cork area.

Table 8. Services Provided by the Women

Service	Provided	Not Provided	Unknown	Total
Vaginal sex	76	6	2	84
Oral sex	71	11	2	84
Anal sex	5	77	2	84
Hand Relief	80	2	2	84
Bondage	21	61	2	84
Massage	61	21	2	84
Chat/Company	64	18	2	84
Other	6	76	2	84-

The services offered to clients by the women interviewed included; Chat/company, vaginal sex, oral sex, anal sex hand relief, massage, with the majority of women providing vaginal sex (90%), oral sex (84%) and hand relief (95%). Anal sex was offered by 6% of the women, which contrasts with the research last year where none of the women offered this service.

The majority of the women interviewed in Dublin worked from the south side of the city (52-69%), with nine (12%) of those who participated working on the northside of Dublin. None of the women who carried out the interviews work on the northside of the city, with no applications being received from this area. The research carried out in 1995 found these women to be very isolated, with little motivation to seek out health services. One of the recommendations of the report was the extension' of the Women's Health Project service to the northside of the city. However at the present time no services exist on this side of the city. Most of the women interviewed in Cork worked in parlours in the city centre, while those involved in street prostitution tended to work from the docks area or close to hotels in the city.

The 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. This was particularly the case as perceived by women working in parlours.

Levels of Violence

Although some of the women interviewed had not noticed any increase in the level of violence recently, almost 60% (48) of the women felt that this was the case. A number of women (14) related this to the increasing number of young drug addicts working on the streets. They pointed out that

men would often be “hanging around these women while they were working”. Some of the women said that for the first time they were nervous of being robbed by other women working on the streets. This increase in the numbers of young women who are working on the streets in order to finance a drug habit was highlighted also by the members of the RUHAMA Women’s Project who were interviewed. This, they felt, was a phenomenon which had arisen in a very short time and was increasing, with important implications for policy.

Only two of the women interviewed in Cork felt that levels of violence were increasing and no mention was made of it being drug related. This perhaps reflects the fact that most of the women interviewed in the Cork area are involved in indoor work.

Another aspect of the increase in violence, pointed out by some women, was the perception that it was no longer easy to report attacks to the police because now “you could be charged”. One woman commented, “it has always been dangerous, but it has increased. Clients are aware, the law has changed and are aware that the women don’t want to go to the police”.

Almost 40% (32) of the women had experienced problems in making a client leave them or them getting away from a client. This was often related to the customer being drunk and “not being satisfied” with the service provided. “Usually when they drink too much and don’t enjoy themselves, then it’s your fault”. Seventeen (20%) of the women had been beaten up by customers and nine (11%) had been forced by clients to have sex. One woman described it as being “forced to have free sex with the client because he felt he didn’t get value for money”. In addition, one woman had been sexually assaulted. In the majority of cases where a woman had been forced to have sex with a client, the woman in question worked on the streets and would not tend to report the attack to the Gardai.

Advantages and Disadvantages of Working in Prostitution

“The bad thing is having to hide, the good thing is that it keeps you independent”.

“I have been able to provide for my children without being dependent on any man”.

When asked about the advantages and disadvantages of working in prostitution most of the women interviewed felt that the money, the standard of living it provides and “the freedom it gives” was the main advantage. “The financial rewards are great, the children don’t have to go short of anything”. “It gives you a better way of life for your children”. Flexible working hours and being your own boss were also seen as positive aspects of the job.

The main disadvantages of the Job were “having to live a double life” and the fear and stress related to being “found out” by family, friends or neighbours, “the constant fear that some one will recognise you”, getting arrested and your name being on a record”. Loss of self-esteem and feelings of shame

and of being degraded were mentioned by some of the women (12 -14%) as were the health risks involved. One woman stated *“I hope the job always bothers me a little bit, I’d feel I had lost myself totally if it didn’t”*.

In summary, the age at which women started working in prostitution ranged from 13 years to 49 years. Length of time engaged in the work also differed, with some women working for over twenty years. All of the women had started work in prostitution for financial reasons, mainly relating to living expenses or to have a “better lifestyle”, with some women needing money for alcohol, drugs or pimps. Over 45% of the women worked in parlours, while almost a quarter were engaged in street prostitution. However the two were not mutually exclusive, with a number of women engaged in more than one form of prostitution. Although street prostitution does exist in Cork, most of the women interviewed there were involved in parlour work only. This may reflect the fact that the peer interviewer who travelled to Cork has contacts/friends working in parlours there. The majority of women, particularly in Dublin, felt that levels of violence had increased recently with a number of women relating this to the increasing number of young drug addicts working on the streets. Another aspect of the increase in violence indicated by the women, was the perception that it was no longer easy to report attacks to the police because of the fear of being charged under the 1993 Act.

A number of women had experienced problems with clients; making them leave, being beaten up, being forced to have sex. When asked about the advantages and disadvantages of working in prostitution most of the women interviewed felt that the money was the main advantage, in addition to the flexible working hours and being your own boss. The main disadvantages of the job were “having to live a double life” and the fear of being “found out”.

Section 3. The Legal Situation

Current Legislation

The following information is taken from a leaflet on the law which has been produced by Mary Cotter of the W.H.P., for distribution to women working in prostitution. The leaflet is currently being processed by legal experts on behalf of the Eastern Health Board.

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

Under the pre-1993 legislation, a Garda 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 new legislation are as follows.

SOLICITING:

Soliciting by dictionary definition means *to invite, to ask earnestly, to beg*. What is meant by soliciting in relation to prostitution ?:

- 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 other 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 Gardai³ the power to direct a person to leave a street or public place where 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

³ Garda (singular), Gardai (plural) refers to members of the Garda Síochána, the Irish police.

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, or knowingly permits 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 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:

- a) Organisation of prostitution - conviction of 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.

On 21st February 1996, the Minister for Justice, when questioned regarding the number of men and women prosecuted for prostitution under the Criminal Law (Sexual Offences) Act, 1993, stated that 12 men and 116 women were prosecuted for various offences under the Act, between 7th July, 1993 and 31st December, 1994⁴.

Views/Attitudes of the Gardai

The research highlighted differences in approach, with some Gardai developing good working relationships with women working in prostitution in their area, others being verbally abusive towards them and some wishing to gain a better understanding of the issues surrounding prostitution. In this regard members of the Gardai participated in the two day training seminar 'Developing Outreach Services for Women Working in Prostitution in Ireland' organised by Deirdre Foran and Mary O'Neill of the W.H.P. This liaison between service providers (W.H.P.) and the Gardai has continued from last year, with a female Garda coming to the W.H.P. every month, to provide advice to women in prostitution regarding reporting of assaults etc: and to build confidence between the women and the Gardai, This is very much appreciated by the women, with increasing numbers seeking Garda support. A solicitor also attends the Project once monthly to provide legal advice.

Attempts were made to contact members of the Gardai for interview, with one Garda eventually participating in the research. He agreed that relationships have to be built between the women and the Gardai, "if anything goes wrong they must feel they can come to us", saying that women would certainly not be charged if they reported an attack. At the same time, however, he stressed that the law must be enforced. He also acknowledged that Gardai can "get thick" (verbally abusive) with the women on occasion,

In relation to the legislation, while he agreed that it introduced a greater element of control from a Garda point of view, for him it could have been stronger i.e. a woman is moved on rather than immediately arrested. While he accepted that issues of interpretation of the legislation were creating difficulties, he felt that the spirit of the legislation implied that when a woman was instructed to leave an area, that meant for the entire night. In his view legalisation of prostitution would be the best

⁴ Given in oral answer to a Parliamentary Question, in Dail Eireann, on 21st February, 1996.

option, from a control, security and health point of view. He felt, however that Irish society was not yet ready for this approach⁵.

Views of the Women interviewed

“You Won’t teach us about the law, we’ll teach you” (comment reportedly made by a Garda to one of the women interviewed)

The majority of the women interviewed had contact with the Gardai. This was more the case for women working on the streets than for those in parlours, eighteen of whom had had no contact with the Gardai. In most cases ‘contact’ was experienced by the women involved as harassment, usually resulting in their being questioned, moved on, in ten instances being charged and in fifteen cases the parlours in which they were working at the time being dosed.

While acknowledging differences between individual Gardai, the women’s experience of the Gardai was for the most part, of them being abusive, ignorant and lacking understanding. A number of women, as was the case in the research carried out in 1995, focused on the attitudes of some Bangardai, who they felt were particularly abusive, often it was felt, in order “to prove themselves” to their male colleagues,

How would you feel about going to the police if attacked by a client or pimp?

“There is no point, they don’t care”

These negative experiences coupled with the impact of the change in legislation (p.17) clearly account for the women’s reluctance to go to the Gardai if attacked. Fifty-eight (69%) of the women interviewed said they would not report an attack, while three said it would depend on the severity of the attack. For all of the women their reluctance was due to;

- a) fear of the way the police would treat them;
- b) fear that they themselves would be charged;
- c) fear that their names would “get out”.

a) Some of the women had previously reported attacks and felt that they had been treated very badly. One of these women who had gone to the police to report an attack described them as “treating her like dirt”, calling to her home and asking her if she was “on the game” in front of family members. Another woman who had previously gone to the police now felt “there is no point, they don’t care”. This sentiment was echoed by another woman who said “the police don’t talk to you properly. It’s too embarrassing to tell them what you do, they snigger at you and don’t do anything about it anyway”.

⁵ The views expressed are the individuals own and do not represent those of the Garda force.

b) The impact of the change in legislation which occurred in 1993 is another significant factor contributing to women's reluctance to report attacks. Almost all of the women who said they would not go to the police gave the fear of being charged themselves as one of the reasons for this. As one woman expressed it "the police just want your name".

c) In addition to the factors outlined above, another reason for women's reluctance to report attacks was the fear that their name might then "get out", that family and friends would find out about the work they were engaged in.

How has the Change in the Law Affected How/Where you work ?

"I think the Government have made pimps out of themselves with the new fines"

Over half (47 - 56%) of the women who participated in the research felt that the change in the law had negatively affected their work. This was much more evidently the case for women working on the street who felt that its impact included:

- * having to work more nights or longer hours to make the same amount of money as previously; "I used to work two nights at most a week, now I have to work four or five, or wait until they change shift at 10.00pm and come back out again". "You end up having to stay out all hours to get money".

- * constantly being moved on, therefore being much more- "on edge" and getting into clients cars more quickly without having time to assess them, thus increasing danger and risk. "You used to look out for clients, now you're looking out for the police as well. You'll jump into the first car that stops. You can't concentrate on two things at once". "Work has become more stressful, it's nearly impossible some nights". The Garda interviewed did not agree that this is the case.

- * pushing women into more covert forms of prostitution with clear implications for the delivery of health services. "You couldn't work on the street now, police hassle you all the time. I wouldn't mind going on the street again, rather than my home, but I'm afraid of the police taking my name and address". Another woman stated, "I used to work on the street, but the police kept moving me on. so now I work from the house".

Although the change in the law seems to have had a greater impact on women working on the streets, women working indoors have also experienced its impact. Fewer clients has been one effect felt by women in all types of prostitution. One woman, working in a parlour stated that "clients are much more nervous of coming in because of all the raids". "We're always either being raided or sitting there waiting for a raid". Another pointed out that "escort work used to be easy, you never had to worry about the apartment getting raided, now it happens very often".

One impact particularly mentioned by women working in parlours was that "it has made everyone more nervous, people are scared their name will be in the paper" and because of "the manner in which you hear about how police treat women who work at this". For the women interviewed in Cork, the change in legislation seems to have had less of an effect, with only two women feeling it has had an impact on their working lives, that being a drop in client numbers.

What clearly emerged in the course of the research were the differing levels of Garda attention focused on parlours in the city. While some women seemed to experience raids quite frequently or worked in constant fear of raids, for others this was not the case. "They never bother us, I feel the police know we are here and don't come near us". There seems no apparent reason for this. One of the women interviewed felt that perhaps some parlours are more discreet, drawing less attention on themselves from the police and residents in the area. The Garda interviewed agreed that this could possibly be one factor but could not understand the reason for this difference in approach.

In **summary** a mixed relationship exists between the women and the Gardai. Some of the Gardai attempt to be sympathetic and understanding, as highlighted by the Garda who attends the W.H.P. to provide advice and build confidence between the women and the Gardai. However, in most cases Gardai were reported to be abusive and to show disregard for the feelings of the women. Bad experiences which the women have had or heard about discourages them from approaching the Gardai,

The new legislation has had an impact on the working lives of most of the women interviewed. For many work has become much more stressful; constantly being moved on; working in fear of raids and of their identities being exposed. For the majority of the women interviewed the new legislation has meant a decline in their working conditions. Because they are constantly being moved on by the Gardai they are having to work longer hours to make the same amount of money as previously. This has contributed to making working conditions more dangerous, with the increased pressure to maintain a certain level of income leading to greater risk taking on the part of the women. Risks are also being taken in relation to choice of clients in that women are getting into cars more quickly with no time to study prospective clients, with implications also regarding risk taking in relation to HIV/AIDS.

Section 4. Health

This section examines general health issues in relation to women working in prostitution and more specifically their sexual health and health in the workplace. The women's own views of the services and service providers are then presented. Finally current health service provision is outlined in addition to work which has been carried out in the past year.

Health of the Women Interviewed

General Health

On-going general health problems effected twenty (24%) of the women who were interviewed, with chest infections, frequent colds and sore throats being mentioned by a number of women. The majority (59 - 70%) of the women who took part in the research had had smear tests. The reason given by those who had not had a test was that they "had not thought about having one", with five women stating that they "would not know where to go for a test".

Alcohol / Drug Use among the women

Although 66 (78%) of the women interviewed said that they did not take drugs, when asked to indicate from a list on the questionnaire, which substances they may use, it emerged that a number of types of drugs were being taken (Table 9), although not all were perceived as 'drugs' by the women concerned.

Table 9. Alcohol / Drug Use among the Women

Drug	Number of Women
Alcohol	36
Cannabis	14
Ecstasy	9
Sleeping Tablets	8
Valium	7
Cocaine	6
Heroin	5
Methodone	4
Anti-Depressants	2

Note: Most of these women were taking more than more drug (including alcohol at the time of the research. The three women who were taking methodone were also taking heroin. Of the women taking drugs, three stated that they injected and also that they shared needles.

Twenty-six (31%) women stated that they used alcohol before or during work. The amount of alcohol consumed varied, ranging from two or three ‘shorts’ (measures of spirits) or beers, to one bottle of spirits, usually gin or vodka. This clearly raises an issue regarding the woman’s ability to negotiate for safe sex with clients. Many of the women who felt that their drinking was work related, while recognising the dangers involved, in that “you’re not aware of what you’re doing”, nonetheless felt that they “needed it” or that they “couldn’t cope otherwise”. The majority of women, however, did not use alcohol while working, with most stating that “you can’t work with alcohol on you” or “it’s dangerous to mix the two”.

Sexual Health

Almost all (82 - 98%) of the women interviewed said that they knew about sexually transmitted diseases (STDs), yet less only thirty-two (38%) had ever been screened for STDs (none of the women interviewed in Cork had been screened for STDs), Twelve of these women had attended the W.H.P., nine had attended a hospital, six their G.P., three had been screened in other locations had two had had checks outside of Ireland.

Table 10. Location where Women attended for last STD Screening

Location	Number of Women
Women’s Health Project	12
Hospital (not specified)	7
General Practitioner (G.P.)	6
Other*	3
Outside Ireland	2
Mater Hospital	1
St James	1

* A Well Woman Centre 1
 Undisclosed 2

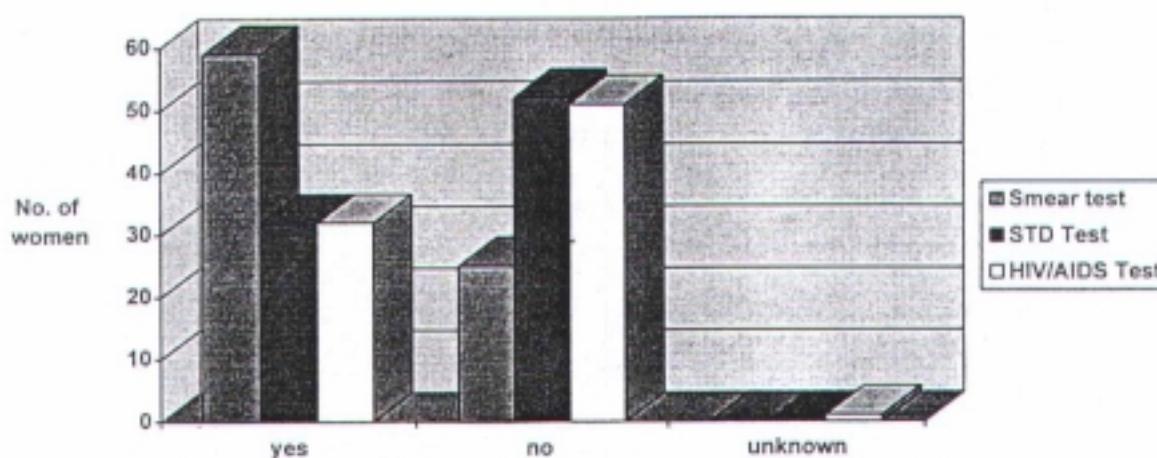
Where women stated that they had attended their G.P., it is not clear if a full screening for STDs had in fact taken place. Most G.P.s would not offer a full screening service unless it was specifically requested. It is more probable that the women in question in fact had a smear test and assumed a screening had occurred. It was also suggested by some of the peer interviewers that where a woman has children, she may assume that the tests and examinations carried out during her pregnancy would detect whether she was suffering from an STD or if the HIV virus was present. This confusion highlights the health implications for women working in prostitution, who feel unable to tell health service providers the profession they are involved in. It was only in the W.H.P. that staff knew of the women’s profession. In almost all other cases women presenting themselves for screening did not tell health providers their about the work they were involved in.

Twenty-three of the women reported that they had had an STD, while two were not sure. Of the women who had suffered from an STD, in most cases the disease / infection in question was *Candida albicans* (thrush) (12), with pubis pediculis (crabs) (4), human papiloma virus (genital warts) (3) and unspecified STDs (3) also being cited as diseases suffered. In four of these cases the women had suffered from more than one STD. In most cases the women in question had received treatment or had obtained treatment from chemists, however in one instance, where the woman was suffering from a sexually transmitted disease, no treatment was sought.

Table 11. Health Services Availed of by the Women

Service Used	No. of Women		
	yes	no	unknown
Smear Test	59	25 “	-
S.T.D. Screening**	32	52	-
HIV/AIDS Test	32	51	1

**See paragraph on p. 22 questioning whether women were actually screened for STDs,



Almost all those interviewed stated that they knew how the HIV/AIDS virus was transmitted (82-98%), while two of the women interviewed in Cork stated that they did not know. Most, however had not been tested for HIV, with the number at 32 (38%) identical to that for STD screening. Of those who had been tested for HIV, fifteen (47%) women availed of the service in the W.H.P., eight had gone to hospitals, six had gone to their G.P., two had been tested outside of Ireland and one woman had attended a Well Woman Centre.

Almost all of the women felt that more education and training was necessary regarding HIV and AIDS, with some women stating that “the message should be made simpler”, should be “targeted towards the 12 to 18 year age group” and “included in the school curriculum. The need for more clinics was expressed by 41 (49%) women as was the need for longer opening hours and more days of opening (in reference to the W.H.P.). Two women felt that there was enough information available, “people have to listen to it”.

The need for further services was particularly expressed by the women interviewed in Cork, where no designated service is available that has, what women described as, “the proper facilities”. The women there felt that the hospital is “too public”, “people might know you” and that “you can’t tell them what you work at”.

Health in the Work Situation

The stated method of contraception used by all of the women who took part in the research was the condom, with thirty-eight (45%) women taking the contraceptive pill in addition to using condoms. In order to cope with working while having periods, the sponge was used by thirty-seven (44%) of the women, twenty women (24%) did not offer vaginal sex at this time, twenty-two (26%) stated that they did not work, while two women used tampons and one, cotton wool.

Condom Use with Clients

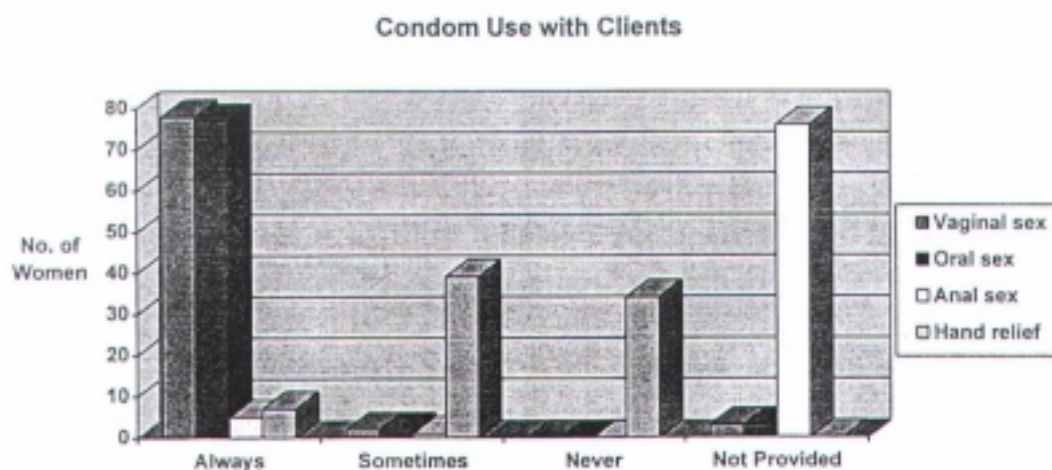
Condoms were almost always reportedly used for vaginal sex with clients (Table 12), with three women not offering vaginal sex to clients. A similar situation existed with regard to oral sex. Anal sex was offered by six of the women, one of whom did not always use condoms. Finally, only seven (8%) women used condoms at all times for hand relief, with thirty-nine women (46%) using them sometimes and 34 (40%) never using condoms for hand relief.

Table 12. Condom Use with Clients

Service	Always	Sometimes	Never	Not Provided	Unknown
Vaginal sex	78	2	0	3	1
Oral sex	77	2	0	3	2
Anal sex	5	1	0	76	2
Hand relief	7	39	34	0	4

When the women who participated in the research were then asked on what occasions condoms are not used, a slightly different picture emerges than that in Table 12. (This could be due to the how the question was asked, or how it was understood or interpreted). While 93% (78) of the women interviewed, stated they always used condoms with clients for vaginal sex, eight women (9%) stated that there were occasions on which condoms may not always be used. The reasons given by six of these women for not using condoms were if ‘more money was offered’, with non availability of

condoms being another reason expressed (in two of these cases the women were injecting drugs and sharing needles also). The remaining two women said they would not always use condoms with regular clients.



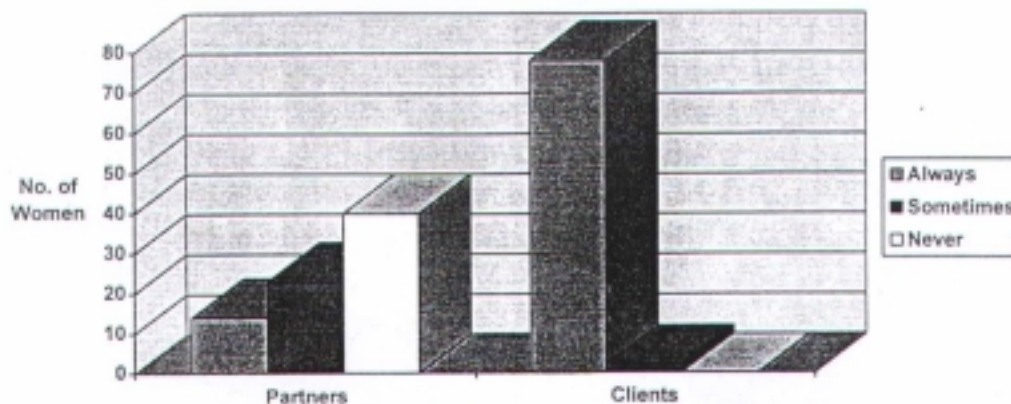
Condom Use with Partners

Almost all of the women interviewed insisted on condom use with clients, as was the case in the 1994 research, however, this pattern is reversed in relation to partners in their private lives.

Table 13. Condom Use with Clients and Partners for Vaginal Sex

Frequency	Partners	Clients
Always	14	78
Sometimes	23	2
Never	40	0

*No partner/unknown = 7



While over 90% (78) of women always use condoms with clients, over 75% never or sometimes use condoms with partners in their private lives. As was the case with the women contacted last year, a clear separation is being made between safe sex practices with clients and partners, by the majority of the women.

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-seven women in the research. In seven cases the women in question sought medical attention from their G.P. or a Genito Urinary Clinic. However, the reaction of most women was to 'do nothing' or 'take a shower or a bath'.

Attitudes towards health workers and health service provision

"They're fine in Baggot Street (the W.H.P.) but I wouldn't tell my own G.P."

When asked about the attitude of health workers when told about their profession, the majority (71-84%) of the women said that they "don't tell anyone", "They're fine in Baggot Street (the W.H.P.) but I wouldn't tell my own G.P." was a frequent comment made. One woman who had told her G.P. said that "he nearly died" when he heard and told her to "give it up". Another woman, explaining her reluctance to tell health workers about her profession said, "I wouldn't tell them, they only snigger at you and think of AIDS".

None of the women interviewed in Cork had told health workers of their profession. For almost all of these women, contact with health services was through their G.P. who "would know your family history".

In comparison with the research carried out in 1995, where 83% of the women interviewed had attended the W.H.P., 53% (40) of those who were interviewed in Dublin this year had never been to the Project, some not having known of its existence until told of it by the peer interviewers. Five of the women who had not used the services provided by the Project felt apprehensive about attending because of fear of "being seen by the other women". "I'd rather go to my own doctor, I don't want to mix with the other girls". Almost all those who had been to the W.H.P, were satisfied with the service provided there, There is a security in using the services provided there, as staff know of the work the women are engaged in. "The staff are very understanding, they know at the clinic what we do" was a comment made by most of the women who had attended. This knowledge of the women's profession also has clear implications in terms of meeting the health needs of the women.

When asked what improvements could be made to the existing services in the Women's Health Project, a number of proposals were put forward by the women. These were as follows:

- 1. The Project should be open more often and more flexible hours to suit the needs of the women. As one woman commented "if a condom bursts on Monday, you have to wait until Thursday to go there".**
- 2. The S.T.D. screening service should be reinstated at the W.H.P. as soon as possible.**
- 3. A greater degree of privacy should be available for the women attending the Project.**
- 4. Women should be able to make appointments to suit them.**
- 5. A mobile clinic should be set up as part of the W.H.P.**

Health Service Provision

At the present time, there is only one state-provided service specifically for women working in prostitution in the Republic of Ireland, that is the Women's Health Project (W.H.P.). The Project is based on the south side of Dublin, it was established by the Eastern Health Board (E.H.B.) in 1991 with the recognition that women working in prostitution have particular needs which they are unable to have met within existing services (W.H.P. leaflet). Services are delivered through: 1) An Outreach team, "which is both street and clinic based and provides women with a service at their place of work," (W.H.P. leaflet), 2) A drop-in clinic which operates once a week in the evening. Services provided by the Project comprise: information, advice and counselling, liaison and referral, education and support, tea/coffee, free condoms and needle exchange. An ongoing counselling and support service is also available to women who may be HIV positive, outside of clinic times. Medical facilities include sexual health advice, cervical smears, HIV testing, Family Planning Advice.

Prior to September 1993, STD screening was also available at the Project. One of the main recommendations of the research carried out in 1995 was that provision of a full STD screening service at the W.H.P. be resumed. The research found that most women are reluctant to go to Sexually Transmitted Disease Clinics and are not willing to disclose their profession to medical staff there. In the Project where the women's profession is already known, a cervical smear service, family planning, HIV and Hepatitis B and C testing and STD advice and referral are already offered. As was pointed out in the 1995 research, if the woman has agreed to avail of some of these services, it is a wasted opportunity not to offer her a full screening service. In 1995 it was agreed that the service would be restored. However at the time of writing this report, an STD screening service had not been restored (the proposed resumption date is May 1996).

No other specific health service for women in prostitution exists in Dublin or elsewhere in the country. However, there are STD services throughout the country. Two hospitals in Dublin provide such a service, one a dedicated service to genito-urinary (G.U.) medicine, the other run on a sessional basis and funded by the Eastern Health Board. There are also dedicated infectious diseases (I.D.) clinics in two hospitals which have a full service for the treatment of HIV, and A.I.D.S. Outside of Dublin

S.T.D. 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 week⁶. All of these services are for the general public and are not designed to specifically meet the needs of women working in prostitution.

In the private sector there are a number of physicians who specialise in Genito-Urinary, (G.U) medicine in their practices. However, unless the woman who seeks the service is entitled to a medical card, a fee must be paid for the service provided. Also in the private sector is a religious voluntary organisation, established in 1989, which works with and on behalf of women working in prostitution in Dublin, called the RUHAMA Women's Project⁷? The Project works very much in collaboration with the W.H.P. in encouraging women to attend for health services.

Work Carried out in the Past Year

Among the activities undertaken by the Irish coordinators of EUROPAP, Mary O'Neill and Deirdre Foran of the W.H.P. have been; Liaising with health care professionals, outside Dublin, with a view to assessing the health needs of women working in prostitution outside Dublin and developing outreach programmes in these areas (As recommended in the 1995 report); Raising awareness regarding prostitution among health care professionals, outreach workers, Gardai and others who may come into contact with women working in prostitution in the course of their work.

One of the main recommendations of the 1995 research was the development of outreach programmes in areas outside Dublin in order to assess the health needs of women working in prostitution in these areas. It was proposed that this be carried out by encouraging and facilitating visits by health care professionals and outreach workers from outside Dublin to the W.H.P. with a view to setting up their own outreach programmes. In the past year this exchange of information and experience has been initiated with visits by outreach workers from Cork AIDS Alliance and AIDS Help West (Galway). Training sessions were undertaken by Mary O'Neill of the W.H.P. These involved outreach counsellors from Cork and Galway attending the weekly drop-in clinic at the W.H.P. and accompanying outreach counsellors from there on street and parlour outreach.

***Cork**

Outreach to date (taken from a report by outreach counsellor Teresa McElhinny)

The bulk of the work carried out to date in Cork has been in trying to establish contact with women working in prostitution. This has been done through consulting various service providers in the city who may in the course of their work come into contact with women in prostitution.

-The Garda in the city state that they have little contact with women in prostitution and this would mainly arise due to complaints made by the public particularly in residential areas.

⁶ Services to women in prostitution in the North of Ireland will be addressed by EUROPAP U.K.

⁷ The RUHAMA Women's Project is a voluntary organisation run by the Good Shepherd Sisters, further details on the project are in Appendix 1.

- Workers involved in shelters for homeless women believed that, occasionally, women using their services may be involved in prostitution.
- Staff working in the STD Clinic believed that several women working in prostitution were using the service without disclosing this information to staff. They felt that a specific session in the clinic for women involved in prostitution would better facilitate women attending for screening.
- One of the women who was carrying out the peer interviewing in the research this year and who occasionally works in Cork made contact with the outreach worker in Cork. Although she was not willing to have the outreach worker accompany her while in Cork, fearing that it would jeopardise her chances of persuading women to participate in the research, she did agree to inform women of the outreach workers name and contact number, and inform them that free condoms and information would be available.

Future plans for the area:

- 1) Increase in street outreach work.
- 2) Invite the peer interviewer, employed by the W.H.P. this year to visit Cork again to assist in making contact with women while they are working.
- 3) Continue to try to establish phone contact with parlours and women using mobile phones,
- 4) Develop further contact with outreach workers in Gaiway and Limerick, organise exchange visits and where possible establish contact with women working in prostitution who also work in Cork.
- 5) Build up an information base in the areas of Social Welfare, Housing, Legal issues and Health care to provide to women.

*** Galway**

Over the past year a volunteer from AIDS Help West has visited the W.H.P. and accompanied staff from there on outreach work, in order to learn how to approach and make contact with women working in prostitution, In addition to training, another aim of the visits has been to contact women in Dublin who may have links in Galway in order to inform them of the facilities provided by AIDS Help West. Contact will continue with the W.H.P. in Dublin in the future. (See Appendix 2 for complete report)

A conference was held in Galway on 21st March entitled “AIDS Prevention in Prostitution”. The conference was attended by health professionals, nurses, representatives from the Department of Social Welfare and women’s organisations. Presentations were made on the EUROPAP Project and the research which was carried out in 1995 as part of that project by Mary O’Neill and Deirdre Foran. Other presentations included one on “Outreach Work and how to do it”, another on the “Sexual Health of Women” and one on “The Law” in relation to prostitution. In addition training and exchange visits are ongoing between staff from AIDS Help West and outreach counsellors from the W.H.P.

*** Belfast**

Links have been developed with Health Workers and Researchers in Northern Ireland. Cathy Campbell, Health Advisor at the Department of Genitourinary Medicine at the Royal Victoria Hospital, Belfast, visited the W.H.P. in April 1996. At the clinic Cathy was introduced to the members of the staff on duty and shown around the clinic. She also accompanied Mary O'Neill on outreach work, making contact with women working on the streets and in parlours, (see Appendix 3 for complete report)

The 'peace process' in the north of Ireland has resulted in an increase in cross border movement, including prostitution. Liaison and co-operation are essential to the planning of services, both North and South. Plans are currently being made for a meeting which will take place in Belfast later this year.

In addition, liaison with health care professionals from outside Ireland has also taken place:

- Jane Kenny, an outreach counsellor with the W.H.P. visited a HIV/AIDS prevention project for women prostitutes in Cardiff, Wales, January 1996. The project was initiated by Health Promotion, Wales, on a pilot basis to obtain information about the nature and extent of prostitution and HIV risk in Cardiff. The project is presently run by Jill Coles, a single worker based in a community drug team in Cardiff. As the project is run and staffed by only one member of the team, this obviously leads to difficulty and restriction in the extent of the work which can be done. The Project was initiated in September 1990. Initially contact was made with the women by meeting them during the day in traditional red light areas of the city and offering condoms to individual women. Gradually it became possible to leave supplies with the landlady of a local pub who would distribute them to customers working as prostitutes. Initially all contact was made "cold" i.e. directly by Jill, but slowly, as trust developed she was recommended by the women to one another.

The project has expanded and developed to the point whereby the following services are provided:

- outreach by individual worker to the street, saunas, massage parlours, homes/flats and telephone.
- Distribution of free condoms, lubricants etc,
- Advice, support and information on sexual health including safer sex,
- Appointments made for local clinical services.
- Crisis support.
- Information services.

A HIV prevention programme has been initiated, with a leaflet being produced called the "rubber woman" which facilitates the discussion of safer sex techniques, personal safety, use of lubricant and the laws on prostitution. As regards sexual health, Jill provides safe sex workshops formally and informally as required by the women. She will accompany women to the STD clinics as necessary

and make referrals. Her experience has shown that there is a good knowledge of safer sex among women working in the area and that the incidence of HIV and STDs is generally low in the area among prostitutes, drug users and the general public.

The visit by Jane to Cardiff proved informative and motivating and links to the project will be maintained in the future, (see Appendix 4 for extended report)

- Deirdre Foran of the W.H.P. and local EUROPAP co-ordinator, will travel to Praed St. Clinic in England (it provides clinical services, S.T.D. checks and HIV testing etc. for women).
- Three women working in prostitution in Dublin attended a Jericho Conference in Birmingham in November, 1995, where they linked with other working women in the UK.
- Staff from the HIV prevention unit in the Wirral, Merseyside, England, have visited the W.H.P.

A two day training seminar was organised by the W.H.P. entitled 'Developing Outreach Services for Women Working in Prostitution in Ireland' and held in Dublin on 6th and 7th November. Health care professionals from S.T.D. clinics, outreach workers from around the country, members of the Gardai and women working in prostitution were invited. The agenda included a Tricks of the Trade'⁸ seminar, which was presented by June Taylor-of the Shiva Project in Edinburgh, Scotland. The seminar also included tips on general health and safety in the work situation, especially regarding security and appropriate dress. The seminar proved very successful. Material covered in the seminar confronted the attitudes of those who attended, some of whom found the content of particular sessions quite shocking because of the 'upfront' nature of the presentation. Conferences such as this and previous ones which have been organised by the W.H.P. continue to be important in raising awareness of the needs and concerns of women working in prostitution and encouraging the examination of participants attitudes towards prostitution.

⁸ "Tricks of the Trade", Lynn Sinn Stern, New York.

Section 6. Research Conclusions

The women who participated in the research this year, as was the case in 1995, are not presented as a representative sample of women working in prostitution in Ireland. In fact it is doubtful if such a 'representative sample' exists. The women who were interviewed this year varied in age, educational background, types of prostitution worked in, life experiences and attitudes to the work they are involved in. Clearly then, women working in prostitution are not a homogenous group, although they are often portrayed as such. If health services are to meet the needs of these women, then service provision must take into account these differences.

Of the women who participated in the research, levels of confidence in availing of health services varied. There is a reluctance on the part of most women to tell health care professionals their profession, due to fears of the negative attitudes and prejudices which may be and are displayed. It is for this reason that many of the women had not been screened for S.T.D.s or had H.I.V. tests, while doubts exist as to whether those who assumed they had undergone these tests had in fact done so. In the Women's Health Project staff know of the work the women are involved in and so can properly provide for their health needs. At present, however the Women's Health Project, located on the southside of Dublin is the only such service available in Ireland.

Almost all of the women who participated in the research in 1995 had availed of the services offered by the W.H.P. and therefore were informed to varying degrees, regarding health awareness and expression of needs. In the research this year the same levels of awareness did not emerge, with some women stating that there were occasions on which safe sex would not be practised, due to increased financial incentives and non availability of condoms, among other reasons. This somewhat bleaker picture regarding women's awareness of health risks may however, in part be due to the wider range of women interviewed, rather than any worsening of the situation regarding health.

Few of the women who participated in the research, as was the case in 1995, worked in the northside of Dublin, none of the peer interviewers work in this area of the city, nor were any applications received from here. Many of the women working in this area of the city are particularly economically and socially deprived and isolated. They have poor awareness of their health needs and have little motivation to seek out health services. As was the case in the research carried out in 1995, these are the women which the research had difficulty in contacting and who, in fact, most need to be heard.

Financial reasons were given by most of the women for starting work in prostitution. Most say they are working in order to improve the material quality of their lives and more importantly the standards and lifestyle they can provide for their children.

The increase in the numbers of young women working on the streets in order to finance a drug habit was highlighted both by women working in prostitution and service providers. Because of the

financial needs linked to drug taking and poor awareness of health risks many of these women were not always practising safe sex with clients.

An important factor in relation to the women's health is the distinction made between their working and private lives. This was apparent in the research in 1995 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. This is understandable in that many women working in prostitution in Ireland effectively lead "double lives" with families/friends not aware of their occupation. This distinction functions in relation to safe sex practices, with the result that there are major discrepancies between private and professional sexual practices and consequently serious health risks for all involved.

The research carried out this year highlighted the importance of peer interviewing and the peer support process. It clearly showed that the most effective outreach work can be carried out by women who are themselves engaged in prostitution, particularly in accessing women working in the more hidden forms of prostitution. This is important in terms of provision and design of health services and in terms of the empowerment of the women involved in the process. For this reason it is unfortunate that the peer interviewers who worked so hard in the research this year, feel unable to put their names to the report and take the credit which they deserve. The marginalised position into which society places women working in prostitution prevents them from being identified as individuals, their fear being that the consequences of this exposure would have too great an impact on their private lives.

The continuing negative impact of the legislation was again highlighted this year. The law has created a more confrontational relationship between women and Gardai and added to the stress experienced by women working in prostitution, in terms of working in fear of raids and of their identities being exposed. It has also increased the levels of danger faced by women, particularly those working on the streets, and made them even more reluctant to seek Garda assistance if needed,

In conclusion, women working in prostitution in Ireland continue to be labelled and stereotyped and deprived of their basic rights. Their lives are put in danger by a law that criminalises them. Women working in prostitution are entitled as citizens to have their rights respected. They have the right to a safe and healthy environment in which to work, the right to be able to seek appropriate medical care, and the right to enjoy the protection of the law on the same basis as other citizens. Instead women working in prostitution in Ireland continue to be excluded and silenced. Their voices must be heard and their rights and needs addressed.

Section 7. Recommendations

Recommendations are made below in relation to four main areas: health, the law, peer education, and raising of awareness. A number of these recommendations were made in the research carried out in 1995, however, no action has been taken in the intervening period. This is particularly the case regarding resumption of an STD service at the W.H.P. and the establishment of a service for women working on the northside of Dublin.

Health

- 1) immediate resumption of a full STD screening service at the Women's Health Project. The research carried out in 1995 and again this year, showed that if this service is not available at the W.H.P. then many women will not seek out or receive STD screening.
- 2) Extension of the Women's Health Project in terms of hours and days of opening in order to better meet the needs of women working in prostitution. This should be decided upon in consultation with the women.
- 3) Extension of the service currently provided by the Women's Health Project to the northside of Dublin as a matter of absolute urgency. At present no service (apart from limited outreach) is available for women working in this area.
- 4) Extension of outreach services in order to facilitate contact with young women who are engaging in prostitution in order to finance a drug habit.
- 5) Contact with health workers outside of Dublin must continue in order to assess the health needs of women working in prostitution in these areas and so that a programme similar to that at the W.H.P. can be set up in other Irish cities.

Law

- 6) A review of the legislation needs to be undertaken as a matter of urgency. The law, as it stands maybe putting the lives of women at risk.
- 7) Provision of training for members of the Gardai in relation to their dealings with women in prostitution. While some Gardai do attempt to be sympathetic and understanding, most were reported to be abusive, showing disregard for the feelings of the women,

Peer Support/Education

- 8) Continuation and development of peer support and education. The employment of women working in prostitution as peer interviewers in the research this year was a first step in this process. It clearly showed that the most effective outreach work can be carried out by women who are themselves

engaged in prostitution, particularly in accessing women working in the more covert forms of prostitution. Structures must be put in place to ensure that this continues, with the women themselves also becoming more involved in the design and provision of services.

9) Increased information must be available for women working in prostitution with regard to all their health needs and where services can be availed of. Such information should be presented in an accessible format and most effectively disseminated through peer education.

Awareness/Information

10) A raising of awareness and understanding regarding the situation and needs of women working in prostitution in Ireland should be undertaken by the relevant services, in order to begin to break down the stereotypes and prejudices which currently exist in Irish society towards prostitution.

11) With regard to lesbian/bisexual women working in prostitution, while a lesbian phone line already exists, a free phone line would greatly benefit, particularly lesbian/bisexual women working in prostitution in areas outside of Dublin and offer them the additional support/understanding they may require.

12) Research should be initiated into the 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, then both sides of the equation need to be examined. All the focus (by researchers, the media etc.) is currently on the women who are working in prostitution, particularly since the emergence of HIV and AIDS, with little attention paid to the men involved, without whom after all no demand for the service would exist.

Appendix 1. Ruhama Women's Project (est. 1989)

Services provided by RUHAMA include outreach work, social work, advocacy, counselling, Justice and legal issues, hospital work, family therapy, and rehabilitation, among others. The project has recently launched a series of pre-education and pre-training programmes.

Ruhama Women's Project is a member of the European Coalition for the Abolition of Prostitution. The Project works towards the fuller re-integration and insertion of women in society and the elimination of prostitution in Europe, (taken from the Ruhama Women's Project leaflet)

Appendix 2. Report on Galway - Dublin Link (written by Aids Help West Volunteer)

During an Aids Help West meeting in May of this year, the issue of prostitution in Galway arose, and as our organisation knew very little about the issue, it was decided it would be helpful to contact Mary O'Neill from the Women's Health Project in Dublin as we had previously been contacted by her when carrying out national research on Prostitution in Ireland (EUROPAP research 1995). The report on 'The Health Needs of Women Working in Prostitution in Ireland' estimated that the number of prostitutes in Galway ranged between 0-5.

I contacted and subsequently met Mary O'Neill in Dublin on behalf of A.H.W. with the aim of training with Mary and making contact with women in Dublin who may have links in Galway, as research in Galway itself was difficult due to the fact the city is small and faces are familiar, street prostitution is practically non-existent and it would seem that any women working publicly are doing so from bars. Prostitution is very hidden in Galway and suggestions of any service is not indicated in the local press.

During my first visit to the Baggot St. Clinic I gained valuable experience accompanying Mary on outreach work covering streets, visiting parlours and also the home base of some of the women working in prostitution, of which I met ten and learned some methods on how to approach and make contact with the women as well as noting the need for different types of condoms in relation to different services. At the clinic I also met some of Mary's colleagues, a member of the Gardai, a legal representative and a fellow outreach worker who gave me some advice in relation to setting up a facility in Galway. I was also able to make contact with prostitutes informing them that A.H.W. was setting up a facility to distribute free condoms to prostitutes in the West and I made some enquiries as to whether or not any of the women I spoke to knew of any 'set-up' in Galway.

On my second visit to Dublin, I again met approximately ten prostitutes while on outreach work with Mary. One woman I met said that she had heard that an operation based in Cork was possibly going to expand to Galway. Although we could not talk then, I hope to discuss this further with her, and she did mention that she would pass on information in relation to A.H.W. to other women.

The main contact I have made in Galway was through an ad in the 'In-Dublin' magazine. The telephone number I rang was a mobile line and it was in Dublin. I explained who I was and where from, the woman I spoke to told me she did visit the clinic in Baggot St. and the operation she was working with were no longer in Galway. The service was a temporary one visiting the West while the Galway (horse) Races were on and that a holiday home was used as a base. During this annual event many women, I was told, travel to Galway from other parts of the country. I did ask her if she knew of any residential prostitutes in Galway and she gave me a telephone number which I rang. The response I got in Galway was very cautious, although I was told that information in relation to A.H.W. would be passed on it was stated quite strongly that there was no need as the prostitutes did use condoms regularly and also had regular S.T.D/check-ups. I got no clear indication of the number of women working from the parlour and was informed that this particular set-up was the only one in Galway. Because the telephone number given was also a mobile number, I couldn't obtain the location.

It would seem most beneficial to continue contact with Dublin as there is evidence of prostitutes knowing each other throughout the country and as the women I spoke to in Galway had heard of the project, it does seem possible to establish more contact in time, especially with the seasonal events held in Galway attracting women from throughout the country. It is the case at the moment that we

still have no contact with prostitutes in Galway and so our facility is still in its early stages, but with further training and liaison an established in Galway will come about.

11/09/95

Appendix 3. Report by Cathy Campbell, Health Advisor, Department of Genitourinary Medicine, Royal Victoria Hospital

I first heard the name EUROPAP in October/November 1995. I was asked by a colleague if I would be interested in working with prostitutes in the Belfast area. I had little knowledge of the facilities available for prostitutes in Belfast or elsewhere in Ireland, but was very keen to become involved.

Within a month a meeting was set up between Catherine Reilly, social worker at the Royal Victoria Hospital, two Good Shepherd Sisters and myself. The two Sisters had long been involved with prostitutes in Belfast, particularly around Sussex Place, and from what I gathered, had developed a very good rapport with them. During our meeting they discussed past experiences and also the difficulties expressed by the prostitutes over the years e.g. abuse, alcohol and drug related problems, HIV, lack of support etc. I was impressed by their realistic approach and understanding of the prostitutes needs,

At a further meeting we tried to highlight problems we as health care workers could encounter in trying to set up an outreach clinic in Belfast. It was agreed that when we next met, hopefully some of the prostitutes would be able to attend to discuss and help us explore what they wanted.

In January 1996 I received a phone call from Anna Ziersch - co-ordinator of EUROPAP UK, who discussed the possibility of visiting the Women's Health Project in Dublin. Contact was made with Deirdre Foran and Mary O'Neill, the coordinators of EUROPAP Ireland and arrangements made.

Mary kindly organised accommodation for me and I travelled to Dublin on 18th April 1996. On approaching Haddington Road where the clinic is based, the first thing I noticed was a sign saying "Baggot Street Community Hospital". I remember thinking what an appropriate name this was, the word 'community' indicating a clinic for everyone.

At the clinic I was introduced to the members of the staff on duty who were an all female team comprising of a doctor, nurse, counsellors and outreach workers. Deirdre Foran kindly showed me around the clinic and explained the various facilities available to those who attended. I was impressed by the size of the building. The waiting room was arranged in such a way that was warm and welcoming, the lights were dimmed, music played from a small radio, tea and coffee were provided and the seating was arranged in a circle to encourage conversation between those waiting to be seen.

Having observed and talked to the various members of staff, I felt that the clinic was organised and had an easy going and friendly atmosphere. Anyone who attended had the option of seeing a counsellor who provided information, advice, condoms, pre and post HIV counselling and support regarding other issues. Each woman who attends has a separate worksheet which is dated and any procedures, condoms, advice etc. is documented per visit for statistical purposes. Other professionals are also invited on a monthly basis - a solicitor and Bangarda, to discuss and advise on issues regarding the law, fines etc.

At approximately 10.00pm Mary O'Neill and I left the clinic to commence the outreach work. We had a holdall each containing condoms and clinic address cards. Our first two calls were to parlours, before proceeding on to known areas where many of the prostitutes worked. Mary's approach was a friendly, non-threatening one. Most of the women appeared to recognise her immediately. We handed out condoms to all of the women we met and chatted to some of them for a short while. Some of the women requested particular brands of condoms. It was usually the thicker, stronger types that were asked for. I noticed that for many of the women, alcohol played a major role in their work, as most of them had some form of it with them whilst waiting for business. Mary documented the date, time and given name of each woman we met on a worksheet. There were women working from all areas of the city, aged between 16 and 45 years. I also noticed several of the women were from the north of England.

I was very aware of the Gardai's presence in the various areas we visited, and on two occasions witnessed the women being told by the Gardai to move on. Mary and I spoke to approximately 15 prostitutes that night and found all of them friendly and appreciative of the service. Our work was completed by around 1.00am

I enjoyed visiting the clinic and participating in the outreach work with Mary. I totally agree with the proposals set out in "The Health Needs of Women in Prostitution in the Republic of Ireland" (section 6) and I hope in the near future that a similar clinic can be set up in Belfast to help those working in prostitution.

Cathy Campbell
Health Advisor
Department of Genitourinary Medicine
Royal Victoria Hospital

Appendix 4. Report by Jane Kenny (outreach counsellor with the W.H.P.) on visit to HIV/AIDS prevention project for women prostitutes in Cardiff, Wales, January 1996.

I visited this project in Cardiff in January 1996. At present the project is run by Jill Coles, a single worker based in a community drug team in Cardiff. The project was initiated by Health Promotion, Wales, as a pilot to obtain information about the nature and extent of prostitution and HIV risk in Cardiff. As the project is run and staffed by only one member of the team, this obviously leads to difficulty and restriction in the extent of the work which can be done and also leads to a risk of danger both on the streets and while visiting massage parlours. In order to combat this, Jill often works with a male member of the Community Drugs Team. Although initially unsure about the approach of using a male worker, it has proved to work very well.

The Project was initiated in September 1990. Jill initially made contact with the women by meeting them during the day in traditional red light areas of the city, she offered condoms to individual women and gradually was able to leave supplies with the landlady of a local pub who would distribute them to customers working as prostitutes. Initially all contact was made "cold" i.e. directly by Jill, but slowly, as trust developed she was recommended by the women to one another.

The project has expanded and developed to the point whereby the following services are provided:

- outreach by individual worker to the street, saunas, massage parlours, homes/flats and telephone,
- Distribution of free condoms, lubricants etc.
- Advice, support and information on sexual health including safer sex.
- Appointments made for local clinical services.
- Crisis support.
- Information services.

A HIV prevention programme has been initiated, with a leaflet being produced called the "rubber woman" which facilitates the discussion of safer sex techniques, personal safety, use of lubricant and the laws on prostitution.

I spent two days and nights working with Jill. Cardiff, like Dublin is the capital city of Wales, although the population of Dublin is approximately 0,5 million more than Cardiff. I found very similar features. The traditional areas of prostitution in Cardiff, the docklands are similar to the quays area in Dublin. Like Dublin, the docklands area is currently being redeveloped with new flats and complexes springing up in the area, making it less socially acceptable for the women to work there. Another similarity I noted was that the women working in the docklands had huge drug and alcohol problems, Most of the women would spend the night in a local pub drinking before going out to work.

As regards the women working in massage parlours and escort agencies, I found them very well organised. They were all advertised as massage parlours and advertised noticeably as such outside. There was high tech surveillance equipment in the rooms, with few complaints from locals due to the efficient manner in which they were run.

As regards sexual health, Jill provides safe sex workshops formally and informally as required by the women. She will accompany women to the STD clinics as necessary and make referrals. Her experience has shown that there is a good knowledge of safer sex among women working in the area and that the incidence of HIV and STDs is generally low in the area among prostitutes, drug users and the general public.

I found my visit to Cardiff informative and motivating and hope to maintain links with Jill in the future.

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