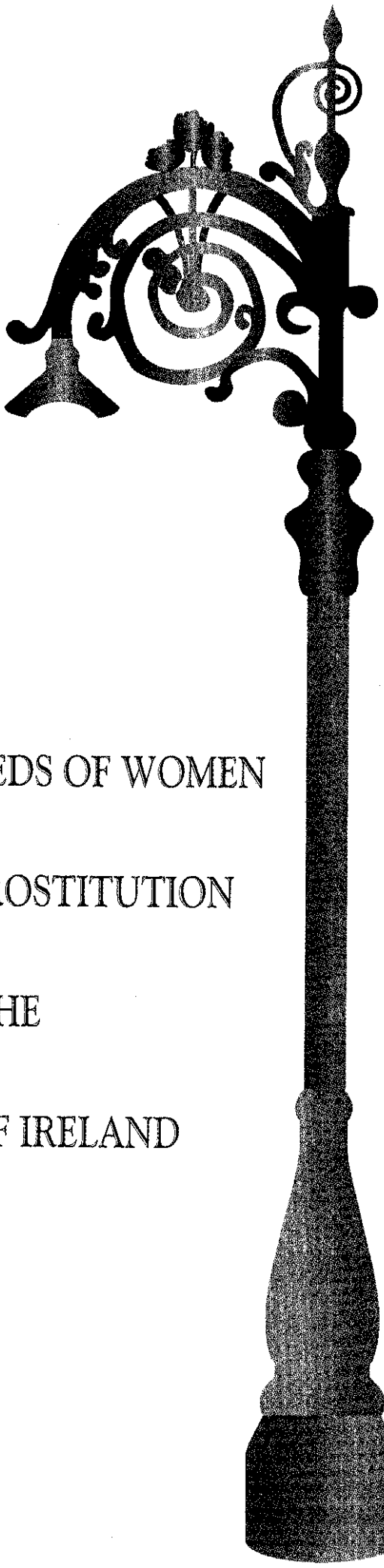
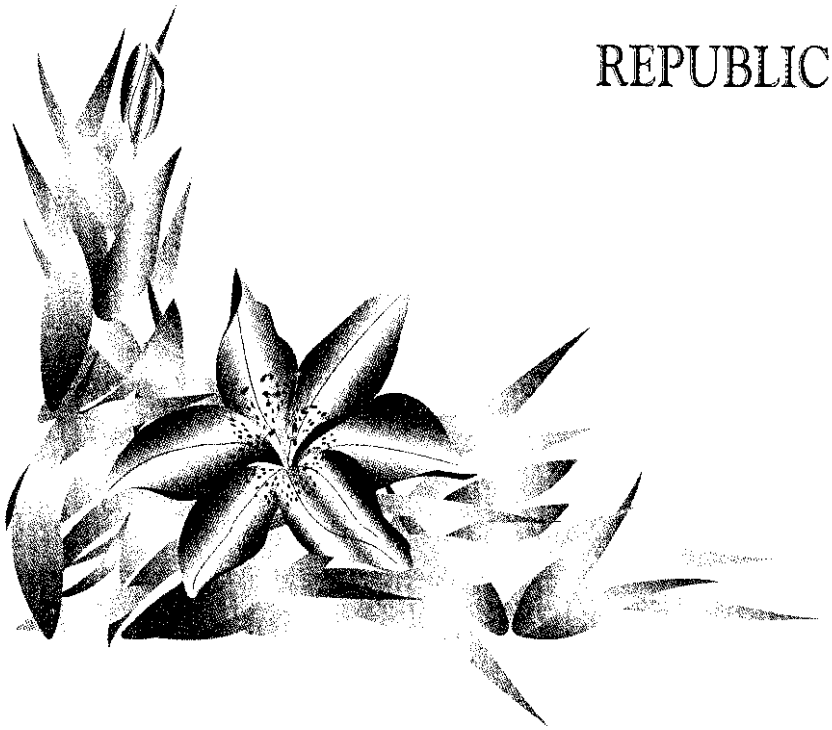
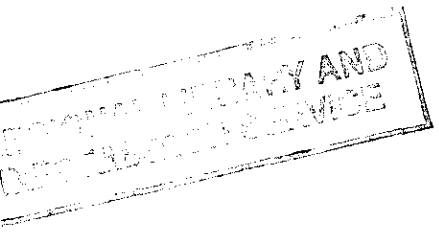
The health needs of women working in prostitution in the Republic of Ireland (3.00 MB)



THE HEALTH NEEDS OF WOMEN WORKING IN PROSTITUTION IN THE REPUBLIC OF IRELAND





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

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INTRODUCTION

This report has been commissioned by the Women's Health Project[1], Dublin, as part of the EUROPAP[2] Project. It presents an overview of female prostitution[3] in the Republic of Ireland and specifically of the health services which are available to women working in prostitution, with particular reference to HIV prevention measures.

The outline 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 their 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; how does it work in practice, what are the views of the law enforcers and of the women to it. The issue of health service provision will then be moved on to. The services which currently exist for women working in prostitution will be examined. Health service providers will give their views on existing services and their perception of the needs of women in prostitution and the women themselves will give their opinion on current services. Finally conclusions will be presented regarding the position of women in prostitution in Ireland with particular reference to health needs and proposals made as to how their needs can be better met.

1 The Women's Health Project is a state funded project in Dublin which provides health services specifically for women working in Prostitution. Mary O'Neill and Deirdre Foran of the Project are co-ordinators of EUROPAP in Ireland.

2 European Intervention Projects Aids Prevention for Prostitutes. The project is part of the 'Europe against Aids Programme'.

3 Although male prostitution does exist in Ireland, it was decided that women working in prostitution would be focused on in this report.

Section 1 METHODOLOGY

A qualitative research approach has been applied to the collation of material for the report. It was felt that this method would provide a better understanding of the situation faced by women working in prostitution and of the health services available to them at the present time. The primary research methods used were interviews and documentary analysis.

Subjects

It was jointly decided with Deirdre Foran and Mary O'Neill of the Women's Health Project (W.H.P.) that twenty women working in prostitution would be interviewed. This number was arrived at on the basis of feasibility within a tight time scale of two months. When the research came to be written eighteen women had been interviewed. This was viewed as sufficient in terms of the time scale and information required for the report. Access to women working in prostitution was facilitated by the Project. A number people from the medical profession, known to have experience of working with women in prostitution were contacted for interview. These included a consultant in G.U. medicine, a consultant in infectious diseases and two genito-urinary medicine (G.U.M.) physicians in private practice. In addition, one worker from the W.H.P. and representatives from other organisations working with women in prostitution were contacted by the researcher, as were members of the Gardai[4]. Staff from the W.H.P. travelled to the largest cities throughout the country[5], on the basis that S.T.D. clinics existed in these areas and thus women in prostitution may use the services they provided. The Director of Community Care and doctors and nurses in the S.T.D. clinics visited were interviewed, in addition to members of the Gardai and any religious/voluntary organisations[6] who are working with or whose work brings them into contact with women working in prostitution. Thus, any significant local variations could be identified while simultaneously gaining an overview of the situation on a nation-wide basis.

The Women's Health Project (W.H.P.) mainly deals with women involved in street prostitution working in a particular area of Dublin. Most of these women have already developed an awareness of their health needs and of the health risks which face them in their working lives. Attempts were made to include women working in other forms of prostitution (e.g. massage parlours) and from other areas of the city. Two of the women who attend the Project were employed by the researcher in order to facilitate contact and interviews with women working in different settings and areas. It was felt that women working on the street would be better able to contact other workers, explain the research being undertaken by the Project and encourage women to come forward for interview.

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4 Garda (Singular), Gardai (Plural) refers to members of the Garda Siochana, the Irish police.

5 Cities/towns visited were Cork, Galway, Limerick, Sligo and Waterford.

6 This refers to the Ruhama Womens Project, which offers a range of services to women working in prostitution in Dublin. At present it is exclusively an outreach service.

It should be noted that the women who participated in the interviews are not being presented as a representative sample of women working in prostitution in Ireland. Certain types of prostitution such as parlour based, brothels and escort agencies are much more difficult to reach, both in terms of provision of health services and for research purposes. While there is some representation from women in these types of work in the report, most of the women who were interviewed are involved in street prostitution, although some have in the past worked in parlours.

Management of the Interviews

Most of the interviews with the women were held in the W.H.P. The location was always of the woman's choosing. Two interviews with women working in massage parlours, who were reluctant to participate in face to face interviews, were conducted over the telephone. Travel expenses were paid to some women to facilitate their participation in the research. A number of the interviews were brought about by the two women who were employed as research assistants and special thanks are due to them for their time, effort and support for the research.

Most of the interviews were taped and transcribed with the consent of the interviewee. This was to facilitate analysis of the issues in greater depth. Those who participated were assured of the complete confidentiality of the interviews and that transcription of the tapes would be used for the purposes of the report only, their anonymity being totally assured.

Content of the Interviews

Interviews were standardised regarding main topics. They were drafted with a view to complementing each other so that contrasts and comparisons could be made between the views held by the various participants. In the case of the women working in prostitution the interviews lasted approximately one hour. Questions were divided into sections covering areas of health, the law and biography, with some specific questions and some designed to prompt more general opinions and attitudes. For some, very little prompting was necessary. In the case of health workers, the police and others whose work brings them into contact with prostitution, the interviews averaged approximately forty-five minutes and followed a format similar to that of the prostitutes in terms of topics, although with some variations.

The Questionnaire

In the interests of standardisation within the EUROPAP Project, the questionnaire was compiled on the basis of interview guidelines, supplied by EUROPAP Denmark and on a suggested interview model proposed by Deirdre Foran and Mary O'Neill of the W.H.P.

These questionnaires were combined and altered where necessary to produce the interview structure used in Ireland[7].

The original questionnaire was tested on a pilot basis. Three women working in prostitution were involved in this testing process. They then contributed to any altering of the subject matter or style of question felt to be necessary.

[7] Questionnaires used in the research are available from the W.H.P.

Section 2 THE WOMEN PARTICIPANTS IN THE RESEARCH

This section of the report first examines the personal biography of the women interviewed, in terms of age, education, employment and marital status. The second part discusses their personal experiences with prostitution, the age at which they started working in prostitution, why they started, clients and services and what they see as the advantages and disadvantages of their work.

Biography

Age

The women who participated in the research ranged in age from twenty-two years to forty-four years with 13 (72%) thirty years and over. Although there are younger women/girls working in prostitution in Dublin, some as young as fourteen years (as reported by the Gardai and some of the women interviewed), none could be contacted for interview. The age of the women who participated in the research seems to reflect the age range of women who attend the Women's Health Project.

Education/Work Experience

Only 4 (22%) of the women had continued in the educational system up to the age of 17/18 years. Five (28%) had left school as young as 12/13 years, with the remaining 9 (50%) completing their education at 15/16 years (Table 1).

Table 1. Age of Completion of Education

Age completed education	Number of women n=18
up to 13 years	5
up to 16 years	9
up to 18 years	4
Total	18

Only one of the women had received her Leaving Certificate[8] and two their Intermediate Certificate[9]. Four of the other women had employment qualifications ranging from catering

[8] State examination in Ireland usually taken at 17/18 years on completion of secondary school.

[9] State examination in Ireland usually taken at 14/15 years.

to shorthand and typing. The remaining women (61%) had neither educational nor employment-related qualifications (Table 2).

Table 2. Educational / Employment related Qualifications

Qualifications	Number of Women n=18
State Exams passed	3
Employment Qualifications	4
No qualifications (educational nor employment)	11
Total	18

Over the past three years, 4 (22%) of the women had engaged in work other than prostitution, typically bar, office or factory work. For the remaining women, prostitution was their sole employment over the period.

Children

Most of the women (83%) had children, and one woman was a grandmother (Table 3). In some cases the children were living with their parents, in others the children had grown up and left home.

Table 3. Women with Children / Grandchildren

	Women with Children	Living with Mother/ Grandmother
Children	15	8
No children	3	0
Grandchildren	1	1

In two cases, the young children were in the care of the Eastern Health Board, in two other cases they were living with their grandparents and finally the children of one of the women who was separated were in the custody of their father.

Marital Status

None of the women interviewed were married at the time of the research. Seven (39%) were divorced or separated, three of whom were now cohabiting. Two (11%) of the women were widows, one of whom was now cohabiting. Of the remaining 9 (50%) who were single, four were cohabiting at the time of the interview (Table 4).

Table 4. Marital Status of the Women at the time of Interview

Marital Status	Cohabiting	Not cohabiting	Total
Single	4	5	9
Married	0	0	0
Separated/Divorced	3	4	7
Widowed	1	1	2
Total	8	10	18

Of the 8 women who were cohabiting, in seven cases their partners knew of the work they were engaged in, while one woman had not told her partner. Even where women had told their partners, other members of their families did not know. This is a major cause of stress for the women concerned. One woman commented that she is "always having to tell lies." Another said her biggest fear is her name being in the papers. This is particularly true of women with teenage children. "I have a fairly normal family life - the kids don't know anything. They are too young. They think I go to work in the evening time."

When asked about their partner's employment status, half of the women with partners stated that they were not working. This can be a source of problems as in law 'a person who knowingly lives on the earnings of a prostitute shall be guilty of an offence' (Criminal Law Bill 1993, Sect. 10). Therefore these men could be classified as 'pimps', although all of the women interviewed stated that they were working independently and did not have a 'pimp'.

In only 2 (11%) cases were the women's male partners intravenous drug users (I.V.D.U.) One woman was no longer with this partner and stressed that she had always used condoms with him. The relationship of the other woman, who was herself an I.V.D.U. had also broken up because "he had given her too many hidings" (i.e. beatings). Her ex partner had tested positive for HIV and she was now awaiting her test results. Of the 8 women presently cohabiting, 3 expressed concern over the level of alcohol consumption of their partners.

In summary, the women interviewed ranged in age from early twenties to mid forties. Educational attainments varied, however most had left the education system at a young age without qualifications. Few had engaged in other forms of employment apart from prostitution or if so for only short periods of time. Some of the women had children, one had grandchildren. None of the women interviewed were married at the time of the research although almost half were cohabiting. In almost all cases, partners knew of the work the women were engaged in. Two of the women stated that ex partners had been I.V.D.U. and three had worries regarding their partner's alcohol abuse. All of the women stated that they were working independent of any male protector or 'pimp'.

Personal Experiences with Prostitution

Age/length of time working in prostitution

The age at which women had started in prostitution ranged from 15 years to 41 years. Five (28%) women had been working for up to five years, seven (39%) up to ten years and two (11%) women had been working for over twenty years. For one third of the women the work was occasional, being returned to in times of financial need.

Why did they start ? *"I'm out there for my daughter, to bring her up"*

All of the women stated that they started working in prostitution for financial reasons. The majority (15) needed money for bills, living expenses etc.. Three had run away from home when young and others were single parents and were having to provide support for themselves and their children. The three remaining women had financial problems for reasons of alcohol, drugs and gambling respectively. Two women, in addition to their financial reasons for starting work in prostitution, said that it provided them with company and friendship, "someone to talk to".

Sexual Abuse *" To me it (prostitution) is a continuation of my abuse"*

Six (33%) of the women had been sexually abused as children and 2 (11%) had been raped during their teenage years by persons outside their families. The majority of these women felt that this experience had influenced their decision to start work in prostitution. One woman said "I don't think I could have gone on the street otherwise. With my first client I did the same as I did with my abuser, the only difference was I got a fiver."

Types of Work *"You're not answerable to anybody"*

Most of the women were involved in street work, with 2 (11%) women working in parlours. However, career profiles varied. Six (33%) of women had past experience of other types of work, mainly parlour and escort. When asked which type of work they would prefer, 5 (28%) stated a preference for street work. The main reason given for this was that "you are your own boss, you are not answerable to anybody", "you are independent, the money is yours". Another reason given was that the job could be more quickly done on the street, "the quicker the better" being the sentiment expressed. One woman felt that the parlour was "more personal" you had to "take off more clothes" and "spend more time with the client". The parlours did offer advantages such as being out of the cold and getting "less hassle from the Gardai", however the independence and anonymity of the streets were preferred. Only one of the women who had been involved in both types of work preferred working in parlours, firstly for reasons of safety and secondly, because "you were less likely to be seen by someone you may know".

Five (28%) of the women had worked in various cities in Ireland outside of Dublin. These being Cork, Limerick, Waterford, Sligo and Galway. While three (17%) had worked outside of Ireland in the UK., Europe and one in the Middle East.

Clients and Services

Most of the women work nights or evenings with some alternating between the two. The two women who were parlour based worked mostly days. The numbers of hours and days worked varied between those interviewed. This was often dependent on how good or bad business was. Cars, flats, hotels and 'Bed and Breakfasts' were the most work locations, with clients being both regular and casual.

The services offered to clients were standard throughout all those interviewed. The list of services provided includes; Chat/company, vaginal sex, oral sex, hand relief, massage. Three of the women offered bondage services. None of the women would agree to anal sex with a client and two would not do oral sex.

Various reasons were given by the women for turning down potential clients, the most common being if a man was dirty, very drunk, aggressive, or not wanting to use a condom. Over half of the women spoke of relying on instinct or "gut feelings", in relation to clients. If there were any feelings of unease, "if there was something shifty about him" or if there was a certain look in his eyes", they would turn him down. In some cases the client accepts this refusal, in others the woman may increase the price in an effort to get him to leave, or if he

becomes aggressive she may be able to talk him into a calmer state. However, 10 (55%) of the women described occasions where clients reacted violently. One woman told of how she was nearly strangled, another received a broken jaw and another ended up with six stitches in her lip. One woman said that "there are times when you can calm someone, if not you can maybe talk them into giving you a lesser hiding, it depends on your own humour".

Advantages / Disadvantages of working in prostitution *"The job itself"*

When asked about the advantages and disadvantages of the work, responses were similar to those given to the reasons for starting work in prostitution. Fifteen (89%) saw the money as the main advantage. For those with young children it also provided more flexible working hours and so allowed them to spend time with their children. For 3 (17%) the job provided company and the opportunity to meet people. One stated that in doing this type of work you were helping society in that "it stops men from attacking others". The main disadvantage of working as a prostitute for the majority of those interviewed was "the job itself". "I don't like anything about it except the money". "Your dignity goes". "I hate it, you have to turn yourself off". Other disadvantages mentioned were violence and danger, health risks, harassment and humiliation from the Gardai and the cold. A major disadvantage mentioned by most of the women, was the stress the work caused, both in terms of the work itself and also because as one woman stated "you are living a lie, there is the constant fear of people finding out".

In summary, the age at which women started working in prostitution ranged from 15 years to 41 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, with three women needing money for alcohol, drugs and gambling reasons respectively. Almost half of the women had been sexually abused or raped during their childhood or teenage years. Most of the women interviewed were involved in street prostitution while two worked in parlours. Over half had experienced violent clients in the course of their work. For almost all, the advantages of the work were seen in terms of finance and flexibility of working hours, whereas the biggest disadvantage was the job itself, loss of a sense of personal dignity and the stress of "living a lie".

Section 3 THE LEGAL SITUATION

Current Legislation

The current legislation in Ireland covering prostitution is the Criminal Law (Sexual Offences) Act 1993 (Appendix A). 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. The principle effects of the new legislation are set out below.

Soliciting

The Act makes it an offence to solicit or importune another person or other persons for the purposes of prostitution. This replaces previous laws on soliciting or importuning for the purposes of prostitution which were ruled inoperable by the courts in the mid 1980s. The offence applies to soliciting or importuning by a prostitute or client, and applies whether the prostitute, the client or the third party is male or female. The soliciting or importuning can take place in or from a motor vehicle. The penalty on conviction can now be a fine of up to £1,000 or three months imprisonment or both. Previously the fine was between £2 and £7.

Loitering

The Act contains a new section on 'loitering for purposes of prostitution', which gives Gardai the power to direct a person to leave a street or public place where he/she has reason to suspect that the person is loitering in that street or public place in order to solicit or importune 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, committed, however, where a person fails, without reasonable cause, to comply with a direction from a Garda (Criminal Law Sexual Offences Bill, 1993, Explanatory Memorandum, p.2), (i.e. where the person refuses to move away).

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. This meant that before the introduction of the 1993 legislation, the gardai had little contact with the women in terms of law enforcement and few cases were brought before the court.

Under the practical operation of the 1993 legislation, as expressed both by the women and the Gardai interviewed, a member of the Gardai who observes someone on the street loitering with the intention of prostitution can direct that person to leave that place immediately. If the person refuses to leave that place immediately the Garda can arrest them. Problems arise in relation to where the woman moves on to, and after what duration she returns to her original position. If for example, the woman leaves the street and returns some time later, it is questionable as to whether she has broken the law. This point and others will have to be contested in the courts to be clearly defined. At the present time, the process of contesting the law has not begun as it would require one of the women arrested to plead 'not guilty' in court in order to initiate the procedure. Most of the women are reluctant do this as it would mean their names being made public (through the media)[10].

Views of the Gardai Interviewed

Effects of the New Legislation *"A period of turmoil"*

All of the members of the Garda Siochana who were interviewed[11] accepted that the new law had created difficulties for women working in prostitution, particularly those working on the street. Whereas previously the women had been allowed to operate without excessive interference and the Gardai, in many cases, were attempting to build a better relationship with the women, the new in legislation has produced a necessarily more confrontational relationship between the women and the Gardai.

The law has created difficulties for the Gardai also. Firstly, there are problems of interpretation. Because the law is not clearly defined it puts Gardai in a predicament as enforcers of the law, in that there are different interpretations which can be taken. Secondly, the view emerged that the law is being used by residents and other interest groups in an effort to "get the women off the streets." Residents are complaining about noise levels, cars driving around the area and women who are not working in prostitution being approached by men seeking their services. The Gardai interviewed feel that they are caught in the middle of this conflict and have to be seen to be taking action. One of them stated that "it is a period of turmoil for the Gardai, they have to find their feet also with the new legislation. The women don't realise the Gardai are only doing their job". Another pointed out that "the Minister makes the law, we only carry it out".

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[10] Thanks to Mary Ellen Ring (Barrister)and Moirin Moynihan (solicitor) for their assistance in clarifying the legislation.

[11] All the Gardai who participated in the research did so on an individual basis and were not representing the views of the organisation to which they belong. Therefore, generalisations cannot be made from the views they expressed, either for their organisation or their sex.

In relation to the issue of residents complaints, a Bangarda (woman Garda)[12], while agreeing that problems of public order must be dealt with, felt that more police activity should be focused on the clients rather than the women. "It is the clients who are creating the public nuisance - driving around approaching women who are not working. If the clients were not looking for them, the women would not be there".[13]

The new legislation is technically gender neutral in that it allows for the arrest of both prostitutes (male and female) and clients soliciting for prostitutes (either from the street or a car). As for prostitutes, a client also gets the opportunity to move on when directed by a Garda, before being arrested. In most cases the client in his car, will leave immediately. While the woman will usually leave also, she will often return to her place of work after a period of time, thus breaking the law, although as stated previously this has not been clearly defined. While the law clearly allows for the arrest of clients as well as prostitutes, the majority of the Gardai interviewed did not see the problem as lying with the clients and showed more sympathy for the clients point of view. Thus, although the law is gender neutral in concept, for the most part "men seeking the services of women are not charged", as one Garda put it.

None of the Gardai interviewed felt that the new law was having the effect of driving the women underground. If it were strictly enforced this may happen, but that was not the case at the present time. One Garda stated that it was actually making the streets safer for the women due to the high level of police activity around them.

Change in the Law needed ?

When asked their views on whether there should be a change in the law the majority of the Gardai interviewed supported some form of legalisation of prostitution, although all were initially reluctant to give an opinion. For them this meant the establishment of licensed brothels. The women's safety was put forward as one reason for supporting legalised brothels in that they would not then be as vulnerable to attack as they are on the street. Secondly, health care and prevention measures could be more easily directed towards women working in prostitution.

However, the major reason given for some form of legislation, was for reasons of control and public order. Prostitution on the streets is a problem for the Gardai. Legalised prostitution in the form of licensed brothels would give the Gardai a much greater level of control over the situation than they presently have. The brothels would be clearly defined

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[12] One female member of the Gardai was interviewed and three males, in Dublin.

[13] The Bangarda interviewed felt that the problem lay with the clients also. However, her views cannot be considered representative of the views of all Bangardai.

and known as such. "They would be named and accounted for". Licences would be issued to them. The women in the brothels could undergo regular health checks. Clearly, for the Gardai legalisation in this form addresses problems of control and public order on the streets, although possibly proving even more restrictive for the women who would work in such brothels. A problem foreseen by one of the Garda interviewees, in relation to licensed brothels was that in Irish society those going to prostitutes do not want to be identified and may not want to use a known brothel.

The Bangarda interviewed did express some reservations on the issue of legalisation. From a police point of view she agreed with legalisation of prostitution in that it would be safer for the women to be in off the streets and that at least if women were inside parlours/brothels they could have some control over who their clients are. However, as a woman, the Bangarda felt she had some difficulties with the legalisation of prostitution in relation to women being abused and abusing their bodies. She did not want to express these views in the interview, stating that her personal feelings should not be brought into it.

Training

The need for training in relation to working with women in prostitution was expressed by all the Gardai who took part in the research. All said they would participate in training if it was provided. One of the main reasons for this would be to gain a better understanding of what prostitution is all about. In addition, it was pointed out that more than training, what is needed is a greater awareness on the part of the Gardai. "The women we are dealing with are just ordinary women. They are human beings, not criminals." Another Garda suggested the need for training in relation to the development of social skills.

Those interviewed recognised that some members of the Gardai have problems in working with women in prostitution and may occasionally be verbally abusive towards them. In addition they accepted that their may be differences in approach between the more experienced Gardai (detectives) and the young, uniformed Gardai with whom the women come into contact on the street. It was felt that the development of awareness and education in the training of new recruits would help to overcome such problematic attitudes as may exist. "We all have deep down prejudices that need to be worked through. These should be discussed and acknowledged while in training". One Garda said the training should involve experienced Gardai talking to inexperienced Gardai. Another felt that even though the police are there to enforce the law, they also have a responsibility to get to know the women and develop some trust between them. In so doing a woman could feel able to contact the police if she was ever attacked by a client or pimp. At present many women are reluctant to do so. This point was supported by all the Gardai interviewed.

All of the interviewees felt that the law is inappropriate. The women are not criminals and yet the Gardai must enforce a law which treats them as such. One Garda pointed out the absurdity of the situation whereby the "state recognises prostitution through the Department of Health (the Women's Health Project), on the other hand it has laws against it". Instead it should be recognised and acknowledged that prostitution exists and worked on from that realistic starting point.

The point must be made that Gardai do not volunteer to work in this area of the police activity, but are chosen to. Thus, although most of the views of the Gardai interviewed converged, the level of interest shown in the subject varied.

Views of the Gardai outside of Dublin

Two Bangardai were interviewed in Galway and Waterford respectively, as was a Garda from Cork and Limerick by outreach counsellors from the W.H.P. In most of these places the Gardai reported having little contact with women working in prostitution and thus no reason to enforce the new legislation. Even where there were women working in prostitution, known to the Gardai, particularly in Cork and Limerick, the law was not being strictly implemented unless it was for reasons of public order i.e. the women were "causing trouble or fighting".

Views of the Women Interviewed

Harassment

Of the women who participated in the research sixteen (89%) have experienced some degree of harassment from the Gardai while working. Only two (11%) stated that they are "left alone" and never see the Gardai. Both of these women are working in massage parlours. On the other hand, seven (39%) women interviewed felt that they were regularly harassed, while nine (50%) stated that it was occasional. No relationship emerged between the level of Garda activity and the area the woman worked - the degree of harassment seemed more related to the individuals (Garda and woman) involved.

Attitudes of the Gardai

Only one woman interviewed was satisfied with the attitude of members of the Gardai towards her while fifteen (83%) were critical of Garda attitudes. The two women working in the parlours did not come into contact with the Garda and therefore did not want to express

an opinion. Only one woman expressed a dislike of the attitude of all Gardai, stating that "they treat us like dirt". The remainder, while expressing dissatisfaction with Garda attitudes in general, said that there are differences between individual Gardai. A strong sentiment expressed by the women was the difference in attitudes between young, uniformed Gardai and the plain clothes Detectives. "The rookies are the worst". "They are straight from training and are abusive and ignorant". Generally, the women do not see the young uniformed Gardai as being in any way understanding. Their experience of them is rather of being abusive (verbally), excessively authoritative and aggressive. One woman said "they are letting you know they are in control", while another felt that young uniformed Gardai saw the women as easy targets for arrest. Three (17%) of the women who complained about the attitudes of the Gardai, focused particularly on Bangardai, feeling that "they are the worst". One woman, talking of her experience, stated that "Bangardai feel they have the right to call us anything". Another said that the Bangardai were the most verbally abusive. In comparison, the plain clothes Gardai (Detectives) were perceived as being much more understanding in their dealings with the women. Although criticised also, 11 (61%) of the women felt that they were "okay" or in some cases "very sympathetic". Thus, a clear distinction emerged between younger, less experienced Gardai and the older, plain clothes Gardai who have in most cases developed a better working relationship with the women.

Would you go to the Police if attacked by a client ?

The often negative experiences the women have had with the Gardai have not surprisingly influenced their willingness to go to the Gardai if attacked by a client or pimp. Only 3 (17%) women said they definitely would, in two of these cases the woman had been attacked and reported the incidents. The Gardai in both cases, had in the women's view, taken the matter seriously and treated them well. One of these women stated that she would always now go to the Gardai "some clients think they can do anything to you and you won't report it". The remaining 15 (83%) women interviewed, all expressed doubts and hesitancy in going to the police saying they would seek Garda assistance only if badly hurt. Three of these stated that it would depend who was on duty, while one felt she would not seek help from a uniformed Garda. Another said that there were certain stations that she would not go to. This woman told of how she had been badly treated in a particular station in that her complaint was not taken seriously. She felt so humiliated, she did not stay to press charges.

The change in the legislation is another factor contributing to women's reluctance to report attacks. Two (11%) of those who would not go to the Gardai said that they would have previously, but since the change in the law they were afraid that they might be charged. One woman told of an experience where a client was being threatening towards her. Another woman working with her phoned the police. However, when they arrived she was told that if "she had not been there it would not have happened to her". Because the women working in

certain areas of the city form a close knit group, such bad experiences are communicated to other women, thus, they too are discouraged from coming forward if attacked.

In addition to these factors, 4 (22%) were concerned that if they reported an attack to the Gardai it could result in their names appearing in the papers. Both of the women working in the massage parlours said that this was their biggest fear, while for the remaining women it is a constant worry and one of the factors which would deter them from seeking Garda assistance.

The New Law - its Effects

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. Also, because of greater Garda presence there has been a decline in the number of clients seeking services. Thus many of the women have experienced a drop in their income. For some this has meant increasing pressure with regard to payment of bills etc. Only the two women working in parlours did not feel their working conditions had altered. However, one did say that there was now an atmosphere of tension in the parlour.

This increased pressure to maintain a certain level of income is leading to greater risk taking on the part of the women. Two women who normally work during the day are now having to work later in the evenings in an area of the city which is particularly unsafe, thus placing themselves in greater danger. 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. Seven (38%) of the women felt that this was a dangerous effect of the new law. "Before you only had to look out for the clients, now you are looking out for the Gardai as well".

Three (17%) of the women felt very strongly that the new law is leading to the emergence of pimps (male protectors) and therefore, an increase in violence and intimidation on the streets. One said "anyone with enough money to rent an apartment and a mobile phone can go into business as a pimp. These men are offering protection and a "safe house" to women who are working. "They leech (latch) onto the women providing protection and paying bail, that's when the violence comes in".

Another effect of the law predicted by 3 (17%) women was that increasing numbers of women would be unable to pay fines and would end up in prison. Until the new legislation fines ranged from between £2 and £7, the fine is now £250 for a first offence, with a maximum fine of £500 for further offences. Alternatively women would have to work harder

to pay the new fines and therefore would be charged more often by the Gardai thereby appearing in court and facing more fines.

Proposed Changes to the law

All of the women felt strongly that they are not criminals and should be "left alone" by the Gardai. Some feel that they are providing a service for clients and a release for men's sexual needs thus perhaps preventing rapes and sexual assaults. Although not asked in the questionnaire six women (33%) said they thought that prostitution should be decriminalised or a return made to the situation which existed prior to the new legislation (no arrests, unless 'caught in the act'). Only two (11%) women favoured legalisation. One of these women had worked in a European country where there were identified districts for prostitution and permits and medical cards issued to the women. She felt that this was a better system in that proper medical checks could be made, it meant fewer very young women on the streets and residents could not complain. However, for the other women legalisation was seen as overly restrictive and decriminalisation was the preferred option.

Conclusions

A mixed relationship exists between the women and the Gardai. The women accept to an extent that the Gardai have a task to carry out, they must enforce the law. Some of the Gardai attempt to do this in a sympathetic, understanding manner, while others with perhaps less experience were reported to be more abusive and show greater disregard for the feelings of the women. Bad experiences which the women have had tend to be talked about which discourages others from approaching the Gardai.

The new legislation has caused problems for women and Gardai alike. From a Garda point of view it has provided for a greater degree of public order. However, because terms are ill-defined, it is open to interpretation, and thus its enforcement to some extent, is open to the discretion of the individual Garda. The women in turn are experiencing a greater level of harassment from the Gardai. They feel they are being treated like criminals, which they do not consider themselves to be. It is then, more difficult for the Gardai and women to build any level of trust, which is essential if the women are to feel able to seek police assistance if necessary.

Finally, while the Gardai interviewed saw the solution as legalisation, most of the women found this option overly restrictive of their actions and work situation and instead favoured the option of decriminalisation or simply being left alone. As one woman said, "we are suffering because of the change in homosexuality laws. Women are suffering again because of men, this time gay men".

Section 4 HEALTH SERVICES

Current Health Service Provision

The outline description below of current health service provision has been compiled from a range of sources, with information being provided by the Women's Health Project and discussions during interviews.

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. The Project is based on the south side of Dublin. It was established by the Eastern Health Board in 1991 with the aim of targeting women working in all areas of prostitution. "It was recognised that these women have particular needs which they were unable to avail of within existing services. The clinic provides a health service which is sensitive to the special needs of these women." (W.H.P. leaflet). Services provided by the Project comprise: information, advice and counselling, liaison and referral, education and support, tea/coffee and free condoms. Medical facilities include sexual health advice, cervical smears, HIV testing, Family Planning Advice. Prior to September 1993, STD screening was also offered to the women, however, this is no longer the case and the future of such testing is under review. The Project has two components through which services are delivered: 1) An Outreach team, "which is both street and clinic based and provides women with a service at their place of work, including advice, referral, support and condoms," (W.H.P. leaflet), 2) A drop-in clinic operates once a week in the evening. "The clinic is staffed by an all female team comprising doctor, nurses, counsellors and outreach counsellors." (W.H.P. leaflet).

No other specific service for women in prostitution exists in Dublin. 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 H.I.V. and A.I.D.S. In addition S.T.D. services are provided in Cork, Galway, Limerick Sligo and Waterford. 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, one of whom has been interviewed. However, unless the woman who seeks the service is entitled to a medical card, a fee must be paid for the service provided. In the private sector is also a religious voluntary organisation which works with women in prostitution, called the RUHAMA Women's Project. The project is purely Dublin based. This was established in 1989, with the aim of offering an enabling and befriending

service to those women involved in prostitution. An important aspect of RUHAMA policy is to develop services in response to the women's expressed needs. The Project also tries to raise awareness about the attitudes, prejudices and structures in society that oppress women in an effort to influence policy to change this," (RUHAMA leaflet). The aims of the project are listed in Appendix B. Services provided by RUHAMA include outreach work, health care, social work, counselling, justice and legal issues, hospital work and social activities, among others. At present it works on an outreach basis, although plans are being developed to establish a Drop In Centre for the women, where skills-training, education and counselling will be on offer.

Almost all of the women interviewed had heard of and been in contact with Sister Jennifer McAleer of the RUHAMA Project. Many sought her for support in relation to personal matters and turned to the W.H.P. for health related advice and care. RUHAMA and the W.H..P. work in close liaison with each other, with referrals and non-confidential information being exchanged between the two.

Views of the Service Providers

In order to gain an overview of the provision of services and attitudes of health workers to women working in prostitution, those interviewed in Dublin included a male consultant physician working in infectious diseases (I.D.), a female G.U. physician working in private practice, a representative from the RUHAMA Project and a representative from the W.H.P. Thus, the views outlined below are those of Dublin based health workers only.

In addition to these Dublin based interviews, staff from the W.H.P. visited cities outside of Dublin (Cork, Galway, Limerick, Sligo and Waterford) to interview relevant workers in these locations. These views are discussed at the end of this section.

Contact with Women in Prostitution

All of those interviewed worked directly with women in prostitution, the representatives from RUHAMA and the W.H.P. having most contact ranging from between ten and fifty women weekly. In the case of the infectious diseases clinic, most of the women who attended had been referred there and only a small number were working in prostitution. Those women in prostitution who used the private practitioner had to pay for the services they received and no specific numbers were available as these tended not to be ongoing patients.

Numbers of women / Types of Prostitution

The estimated numbers of women working in prostitution in Dublin, stated by those interviewed ranged from one hundred to six hundred. The representative from RUHAMA proposed the higher figure, perhaps because since the RUHAMA Project operates on a purely outreach basis, more contact is made with women who do not avail of other state or private services.

All types of prostitution, street, brothel/parlour and escort were thought to exist in Dublin. The most difficult types of prostitution to reach in terms of provision of health services were seen as massage, brothel and escort work and those involved in occasional prostitution who do not see themselves as working in prostitution. The representatives from the RUHAMA Project and the W.H.P. also pointed out that the new legislation regarding prostitution had initially driven some women underground, which made it more difficult to meet women on the streets on an outreach basis.

Background of Women in Prostitution - as perceived by health workers

All those interviewed agreed that women working in prostitution come from mixed backgrounds in terms of class. However, it was thought that the majority tended to have a socially deprived background, some with problems of sexual abuse or a history of abusive relationships. Many, it was perceived, are working class women with little education or training. A difference emerged between those in contact with state services and the RUHAMA Project and those who used services provided by the private practitioner. The physician in question had previously worked with the state service and felt that contact was being made with a different spectrum of women in the private sector, with more middle class women and students who are working in prostitution coming to her attention.

Services for Women in Prostitution

Both the Women's Health Project and the RUHAMA Project provide a designated service for women working in prostitution, the W.H.P. being a more medically oriented counselling service and RUHAMA a personal counselling and support service (the services both these organisations provide are described more fully on pages 19 and 20). Other services as described under 'Current Health Service Provision' (p.19) are available to all members of the public and are not specifically designated for women working in prostitution.

The two doctors interviewed, said that they felt adequately trained to provide a service for women working in prostitution. The representatives from RUHAMA and the W.H.P. felt that although adequately trained, additional training would be welcome in H.I.V. counselling

for women who are dying or bereaved and in terms of issues around prostitution, in order to create a better level of awareness

Attitudes / How can the Women's Needs be Met ?

All those interviewed agreed on the importance of the health needs of women working in prostitution and on the importance of educating the women to be aware of the health risks they face. The main concern of the consultant physician in relation to prostitution was the spread of H.I.V. He put forward two approaches in an attempt to tackle the problem: firstly, efforts should be made to reduce the numbers working in prostitution and secondly, because prostitution will continue to exist, however small the numbers, there is a great need to educate prostitutes in terms of health and to "maximise care of S.T.D.s".

The G.U.M. physician also stressed the importance of education, in addition to health services being available for the women, as she felt they were particularly lacking in knowledge on S.T.D.s and to a lesser extent, on H.I.V. and A.I.D.S. She felt very strongly that the W.H.P., where she had previously worked, should provide a full S.T.D. screening service in addition to counselling. To offer only a partial service, she pointed out, is a wasted opportunity. Finally she felt the extension of outreach programmes was vital in making contact with women.

In addition to health needs, the representatives from the W.H.P. and RUHAMA tended to perceive needs in a wider context. The W.H.P. interviewee felt that more personal counselling should be available as many of the women have been through traumatic experiences in their past. She also felt that supports should be put in place for women who want to get out of working in prostitution. This was something that all of the women working in prostitution interviewed had said would be very difficult to do in terms of financial loss and because the close bonds between the working women would be missed. Finally, she felt it was important that the women be empowered and that they get involved in the provision of their services. Similarly, the representative from RUHAMA stressed that most of the women she made contact with have all the needs of working class women. In addition to health, they have housing and financial needs, education and training needs; they need to build up their self esteem. She stressed the importance of services being developed in response to the women's expressed needs.

Views of the Women Interviewed

This section examines general health issues in relation to women working in prostitution and more specifically their sexual health and health in the workplace. Finally, the women's own views of the services will be presented.

General Health

Almost all of the women who took part in the research, regularly attend for smear tests (Table 5). Ten (55%) of those women receive this service in the Women's Health Project, with three (17%) attending the National Maternity Hospital (Holles Street) and the remainder their G.P. or the Family Planning Clinic.

Table 5. General Health Services availed of / General Health Problems Suffered

Service used/ health problem	Number of Women n=18	
	yes	no
Smear Test	17	1
Breast examination (self or doctor)	9	9
General Health Examination	13	5
Suffer from General Health Problems	9	9

The figure for breast examination was not as high. Only half of the women interviewed had themselves examined or had a doctor examine their breasts (Table 5). Of those women who did not examine their breasts, one did not know how and the others had "not thought of it". Half of the women stated that they suffered from general health problems. Of these, three suffered with asthma and additional chest infections and another from bronchitis. One woman told of how she was taken off the streets suffering from pneumonia and had to be taken to hospital. Standing out in the cold, she pointed out, is a major factor in causing such illnesses. Two of the women had low blood pressure and one high blood pressure. One of

these women also suffered badly with nerves and stress and was on tablets for this reason. Another woman had a stomach ulcer for which she was supposed to maintain a proper diet.

Problems of stress were again talked of by the women when asked what drugs they took orally. Six (33%) said they took painkillers, often for headaches and backaches "from standing around", and three (17%) also took valium or anti-depressants (Table 6). Similarly, fifteen (83%) of the women interviewed smoked cigarettes, thirteen of whom stated that they smoked a lot more while working. Seven of the women said that they drank alcohol both before and during work. They said that this was also for social reasons rather than being primarily stress related. The amount of alcohol consumed before and during work varied. Some of the women interviewed said, for example, that they might have "a drink" in a pub before starting work and maybe another "drink or two" while working. This raises the issue of individual women's ability to negotiate for safe sex with clients.

Table 6. Numbers who were I.V.D.U. users, drank alcohol while working and/or smoked cigarettes.

Substance	Number of Women	n=18
I.V.D.U.	1	
Drugs taken orally		
- pain killers	6	
- Valium/anti-depressants	3	
Alcohol taken before or during work	5	
Smoke cigarettes	15	

Only one of the women interviewed had injected drugs (Table 6). She had also, in the past year shared needles. The reason for this was that she was too sick to get new needles herself. She had been attending needle exchange. This woman said that she is no longer injecting drugs and is now on a methadone programme.

Sexual Health

With regard to sexual health the majority of the women who participated in the research have regular (within the past year) S.T.D. checks and have been tested for H.I.V. Twelve (67%) women received S.T.D. checks while for H.I.V. tests the figure was higher at 16 (89%) (Table 7).

Table 7. S.T.D. Services availed of / number of women with S.T.D.s

	Number of Women n=18	
	yes	no
S.T.D. screen	12	6
H.I.V. Test	16	2
S.T.D. diagnosed	5	13

Of those who had not been tested for S.T.D.s, three were not sure what an S.T.D. check involved. One woman had a cervical smear taken by her G.P. and thought that would show up any S.T.D.s that were present. Another woman, who was in hospital for other reasons, assumed that she had been examined for S.T.D.s and the third woman was not sure what S.T.D.s were. Of the remaining three woman who had not been for S.T.D. checks - two stated they did not know where to go, and one did not give a reason, saying that she "just hadn't".

The majority of the women who had S.T.D. or H.I.V. tests availed of the service in the Women's Health Project, with the remainder going to St. James Hospital (Table 8).

Table 8. Location where Women attended for last S.T.D. Screening

Location	Number of Women n=18
Women's Health Project	11
St. James Hospital	1
Never been screened for S.T.D.S	6
Total	18

Note: No full screening for S.T.Ds have been carried in the Women's Health Project since September 1993.

It is notable that the three women who were not sure what an S.T.D. screening involved had had no contact with the Women's Health Project. Both the woman who had hoped a cervical smear test would show up any S.T.D.s and the woman who believed she was checked in hospital had not told medical staff about the work they were engaged in. Thus, through of lack of information these women now considered themselves checked and clear of any S.T.D.s, although this was not necessarily the case.

The majority of the women reported that they were not aware of having any S.T.D.s in the past or at the present time (Table 7). Of the five women (28%) who had suffered from an S.T.D., in four cases the disease in question was genital warts and all of the women had been treated. In the fifth case the woman was suffering from thrush.

Attitude of Women in Prostitution towards Health Workers

Almost none of the women interviewed would tell their G.P. or hospital staff their profession. Only at the Women's Health Project could they feel comfortable in doing so. One woman felt that she "might not be seen the same as other patients if she tells". For some, their G.P. is their family doctor and therefore could not be told. Another woman said that she wanted to speak up for herself and not feel ashamed to say what she worked at, however, when she had done this she was made to feel degraded. "You can see peoples attitude change". Another woman gave the example of going to hospital after being physically assaulted by a client. Hospital staff were told her occupation by ambulance staff. She felt she was treated very badly, left waiting with blood all over her and sneered at by hospital security, "it would not have happened if I'd been an ordinary person". Because of experiences such as these, whatever the attitudes staff may have or display, most of the women prefer to keep knowledge of their work to themselves. In the Women's Health Project, the women's employment is known to the staff and accepted in a non-judgmental manner. Thus women are able to be open with staff and staff in turn are fully aware of the health risks faced by the women and can provide services and information accordingly.

Health in the Work Situation

The stated method of contraception used by all of the women who took part in the research was condoms. Condoms were almost always reportedly used for vaginal sex (Table 9). There was one exception to this, the woman in question stating that with two men she "knew were clean" she did not use condoms. Three of the woman who were interviewed did not offer oral sex to clients, of the remainder, all except one said that condoms were always used for oral sex. One woman stated that they were sometimes used.

Only three (17%) women used condoms at all times for hand relief, seven (39%) said they would use them sometimes depending on the client, and eight (44%) said that they never use condoms for hand relief (Table 9).

Table 9. Use of Condoms for Various Services

Service	Always	Sometimes	Never	Do not provide service
		Number of women		
Vaginal sex	17	1	0	0
Oral sex	14	1	0	3
Anal sex	0	0	0	18
Hand relief	3	7	8	0

Almost all of the women have experienced customers who wanted to have vaginal sex without a condom. Only one woman had not experienced this. She was working in a massage parlour and said that while a few years ago sex was often requested without a condom, this was not the case now. For the remainder of the women the frequency of the request varied from "a lot" to "rarely". Oral sex was the most common service requested by clients without the use of a condom. All of the women, with the one exception mentioned above, stated that they would simply refuse the customer if he did not want to use a condom. He would either have to "agree to use it or leave". Ten (55%) women had experienced a condom coming off or bursting while with a client. Half had taken no action, one woman washed herself with dettol, while the remaining four stated that they had gone to the W.H.P. on its next day of opening to be tested.

Clients Concerns regarding H.I.V.

Over half of the women (10) thought that clients were concerned about protecting themselves from H.I.V. (Table 10). One woman pointed out that clients expect you to take out a condom. Five (28%) of the women felt that clients showed little or no concern, one saying that they "only worry afterwards if you are clean". The remaining three women (17%) felt that it depended on the particular man, with some being "very ignorant" or "just not caring". No correlation emerged between where the woman worked and the level of concern/knowledge clients had regarding safe sex.

Table 10. Views of the Women : Clients Concern in relation to H.I.V./Condom Use

Level of Concern shown by Clients	Clients as experienced by women interviewed
Concerned about protecting themselves/ insist on condom use	10
Depends on the particular man	3
No concern/ do not want to use condoms	5
Total	18

Condom use with Partners

While almost all women said they insisted on condom use with paying partners, this pattern is reversed in relation to non-paying partners (Table 11).

Table 11. Condom use with Partners and Clients for Vaginal Sex

Frequency	Partners	Clients
Always	4	17
Sometimes	3	1
Never	11	0
Total	18	18

Eleven (61%) women stated they do not use condoms in their private lives. Two of these women have been in long-lasting relationships of up to 17 years. For the other women the duration of relationships was from six months to three years. The reasons given for not using condoms in their private lives were in all cases that "your private life is different to work", "he is a regular partner" or she knew he "was okay". Thus a clear separation is made between safe sex practices with paying partners and non paying partners by the majority of the women who took part in the research. When asked if they felt adequately protected from H.I.V. while at work and in their private lives, nine women responded that they did feel

protected. The remainder of the women felt that they could never be 100% certain, there are always fears, especially with regard to being raped or a condom coming off or bursting. Only one woman responded to the question in terms of her private life, stating that you could never be sure if your partner was being faithful.

Health Services Available

When asked about the level of information which is available relating to S.T.D.s and A.I.D.S, over half of the women felt that they do not know enough about the risks they face. "There are so many diseases you need someone to sit down with you face to face and go through them all". This need for one to one discussion was expressed by three of the women who felt they needed more information. Two of the women stated that more information should be available in schools, one suggesting that condoms be made available free to young people.

Most of the women who were interviewed (15 - 83%) had attended the/Women's Health Project at some time and so when asked their opinion of services available and what could be improved, either talked of it or used it as a comparison.

All those who had attended the W.H.P. were satisfied with the service provided there. Almost all felt that staff were friendly and non-judgmental. There is a security for many women in using the services at the Women's Health Project, as the staff there know the work the women are involved in. "In the S.T.D. clinics in the hospitals there are too many questions, in Baggot Street they know us"[14]. "The Project is a very big part of my life since I've gone on the streets". "You don't have to make up lies about why you want tests".

Table 12 . Improvements which could (in the women's view) be made at the Women's Health Project.

Improvements	No. of Women who expressed the view
Open more often	11
Doctor should be available	2
Present service is adequate	4
Never attended Project	3

Note : No doctor was available in the Project from May 1994 to October 1994, this was due to an industrial dispute. Those who said that a doctor should be available also felt that the Project should be open more often.

[14] The Women's Health Project is located in Baggot Street Hospital.

However, almost all the women who use the service at the W.H.P. felt that it should be open more often during the week and more hours per day (Table 12). Two women said that the doctor should be there to provide a "proper service".

Two women felt apprehensive about using the service. One of the women who worked in a parlour, although she had attended the Project on occasion and found the staff "very friendly", felt reluctant to use what she described as a "marked service". For her, using a service specifically provided for women in prostitution means being 'labelled'. Another woman also felt insecure in using the service. Although the staff were friendly she was very concerned about what "they really thought" of her.

The proposals put forward by the women interviewed are as follows;

1. That the Project, as well as providing health services, should also become also a full Drop-In Centre, with women in prostitution perhaps employed in the service.
2. That the project be open more often and at more flexible hours to suit the women's needs and availability.
3. That a Drop-In Centre, similar to the Women's Health Project be established on the Northside of Dublin, to provide health services and support for the women working there.
4. That more information be widely available regarding S.T.D s and A.I.D.S.

In conclusion, the degree of contact between health providers and women in prostitution differed between those interviewed with the Women's Health Project and RUHAMA having most contact. All agreed on the importance of educating the women in relation to health risks and the absolute necessity for outreach programmes to make contact with the women. Probably as a result of differences in their professional backgrounds, there was a slight difference in emphasis in relation to the perceived needs of women in prostitution. The two doctors tended to focus on the medical aspect, specifically sexual health, while the two other interviewees, while absolutely agreeing with the importance of this, tended to see needs in the broader context of the woman's life.

Most of the women interviewed did not feel comfortable disclosing their occupation to medical professionals. Only in the Women's Health Project did they feel at ease in doing so. The majority had had S.T.D. screens and H.I.V. tests, mostly at the W.H.P. However, in some cases there was a lack of knowledge, particularly in relation to S.T.Ds. Almost all the women stated that condoms were always used for vaginal sex and oral sex, with few using them for hand relief. However these practices did not translate to their private lives.

A distinction is made by the women between paying partners and their personal relationships, with over half not using condoms in their private lives. Almost all were happy with the service provided at the Women's Health Project. Suggested improvements included longer opening hours, an extension of the service and more involvement of the women themselves.

Health Service Provision Outside Dublin

Views of Service Providers

Cork

Those interviewed in Cork included a representative of the Cork Aids Alliance Group, a Health Visitor/ Outreach worker from the S.T.D. clinic, a public health nurse and a religious sister working in a hostel for homeless women with children.

Of those interviewed only two had come into contact with women working in prostitution. Even in these cases the numbers were very low, ranging from between four and fifteen women per year. The numbers of women working in prostitution in the area was unknown by those interviewed with estimates ranging from 20 to 150. All agreed that street prostitution exists in Cork, with parlours/brothels being mentioned also. Another aspect of prostitution which came to light in Cork is the existence of young girls who go to the docks area of the city, engage in sex not for money but for food and drink, perhaps only for a period of a weekend. Another occasional group tended to emerge when concerts (music) and other big events were taking place in Cork and also during the Christmas period when older women sometimes work on the streets. It was acknowledged that those women who engage in prostitution only occasionally, would be the most difficult to reach in terms of health services, especially as many do not consider themselves prostitutes. It should be noted, however, that most of the service providers had not come into contact with women in prostitution and thus, much of this information is based on speculation.

Health Services Provided

None of those interviewed provided designated services for women working in prostitution. However, both the public health nurse and the representative from Cork AIDS Alliance said that plans were being made for outreach programmes. All said they would avail of more training in the issues surrounding prostitution if provided.

Attitudes / How can needs be met

Those who participated in the research in Cork all expressed similar views on the needs of women working in prostitution. These included support and counselling, advice on H.I.V. and S.T.D.s and free condoms. For all, an outreach programme was essential so that needs could be better met.

Galway

Those interviewed were, an administrator with an A.I.D.S. organisation, two nurses from the S.T.D. clinic in the area and a doctor at the same clinic.

Contact with Women in Prostitution

None of those interviewed were aware of having come into contact with women working in prostitution. Estimates of the numbers of women working in the area ranged between 0 and 5, with those who felt that prostitution did exist in Galway stating that it was mostly brothel based. Most agreed that this type of prostitution would be most difficult to reach in terms of services, especially as some women were thought to be working from their own homes.

Health Services Provided

No specific service for women working in prostitution is available in Galway and no plans exist to set up such a service in the future. All those interviewed felt that although medically trained, more training in counselling would be welcome in order to provide a service for women working in prostitution.

Attitudes / How can needs be met

All those interviewed agreed that the needs of women working in prostitution included personal screening services, information and education on sexual health and counselling services. One of those interviewed, from a non-medical background pointed out that in addition to health needs, societal understanding and acceptance of those working in prostitution is essential. All those interviewed thought that the research was positive in raising awareness and gaining knowledge of the current situation with regard to prostitution. However the majority of those interviewed felt that the services already existed in Galway which women working in prostitution could avail of, what is needed is to inform the women of these services which are available rather than creating a designated service. One person felt that there is a denial of the existence of prostitution and that it is necessary that these women be reached so that they can inform service providers of their needs.

Limerick

Interviewed in Limerick were a H.I.V. prevention worker, a religious sister working with Limerick Social Services (who does outreach work with woman working in prostitution), a doctor from the S.T.D., an administrator with the Family Planning Clinic and a counsellor from Limerick Rape Crisis Centre.

Contact with Women in Prostitution

Almost all of those interviewed had, through their work, been in contact with women working in prostitution, only the H.I.V. prevention worker was not. The level of contact varied greatly, with the Garda, outreach worker and Family Planning Centre seeing up to 10 women weekly, while the S.T.D. clinic saw approximately 10 to 20 women working in prostitution yearly. The number of women working in prostitution in Limerick was estimated to be between 25 and 34, street prostitution being the most visible. However, brothel/parlour based prostitution and escort agencies were thought to exist, although the numbers of women engaged in such covert forms of prostitution is unknown.

Health Services Provided

Virtually no specific service is available for women working in prostitution in Limerick, with the exception of one outreach worker from Limerick Social Services. However the woman in question does not have the facility to distribute condoms or provide any health services. Almost all those interviewed said they would avail of training in relation to prostitution if provided. Areas of training favoured, were wide ranging from social to legal to health issues.

Attitudes / How can needs be met

The feeling expressed by all those interviewed was that health services were adequate in Limerick but that women working in prostitution were not availing of them. An extension of outreach work was seen as a way of overcoming this problem. In addition to health needs, those interviewed felt that the women have needs in relation to alcohol abuse and financial and relationship issues. Improved counselling facilities need to provided for women working in prostitution to address these needs.

Sligo

Interviewed in Sligo were a doctor and nurse from the S.T.D. clinic and the Director of Community Care for the area.

Contact with Women in Prostitution

All of the health care professionals in Sligo agreed that there are a small number of women working in prostitution in the area. However, only one had come into contact with a woman

working in prostitution. It was felt that any prostitution that does exist is hidden in brothels/parlours. It was also believed that occasionally women from Dublin come to Sligo and work from the hotels.

Health Services Provided

No designated service exists for women working in prostitution in Sligo. In fact, there is a lack of services for all women in the area, there is no Rape Crisis Centre, no Well Woman Clinic, nor any voluntary groups working directly with women. Two of the health care professionals said they would avail of training, if provided, particularly in relation to the emotional and psychological needs of women working in prostitution. The doctor interviewed felt sufficiently trained.

Attitudes / How can needs be met

All those interviewed agreed on the need for adequate health care facilities for women working in prostitution. There was a willingness to develop designated services if the need arises. However, at the present time an outreach programme for the area was favoured rather than setting up specific services.

Waterford

Interviewed in Waterford were an Area Medical Officer/doctor in the S.T.D. clinic, a public health nurse and a social worker working in a refuge for women.

Contact with Women in Prostitution

Those interviewed in Waterford had very little contact with women working in prostitution. The consensus of opinion was that prostitution in the area was either very covert or hardly existed.

Health Services Provided

No designated service exists for women working in prostitution in the area, mainly as there is no perceived demand. All those interviewed would be keen to set up such a service if needed. The development of counselling skills was considered particularly important in any future training that may be available and all felt that meeting people who already provide a service for women in prostitution would be an important part of any such training.

Attitudes / How can needs be met

All were extremely interested in the research and committed to finding out more about the subject and if necessary to possibly setting up a service in the future. An assessment of the level of prostitution in the area would first have to be carried out. It was felt that this could best be achieved by outreach workers. If the demand for a specific service did not exist, then

outreach workers could make contact with the women and publicise the services already in place.

In summary, all those interviewed were supportive of and interested in the research. It was considered important in helping to create an awareness around the issue of prostitution and all agreed it would highlight the lack of services currently available. No designated services exist for women working in prostitution outside of Dublin and no research has been carried out to examine the demand for such services. Almost all those interviewed felt that increased outreach work would have to carried out in an attempt both to discover the number of women working in prostitution in the different regions and to assess their needs, only then could plans be developed for future services.

Section 5 CONCLUSIONS

The women who participated in the research are not presented as a representative sample of women working in prostitution in the Republic of Ireland. Most of these women avail of the services offered by the Women's Health Project to varying degrees and thus, represent the most organised and informed women in terms of health awareness and expression of needs. Many women working in different types of prostitution and particularly in certain areas of Dublin are isolated, have little motivation to seek out health services and have poor awareness of their needs. *These are the women which the research had difficulty in contacting and who, in fact, most need to be heard.*

Of those women who did participate, levels of awareness and confidence in using health services varied. Most had problems in using services which are not designated for women working in prostitution. Fear of humiliation and the attitudes and prejudice of others was a major reason for this, even if in reality it was not always the case. For this reason many of those who were interviewed had not been screened for S.T.Ds or had H.I.V. tests before the establishment of the Women's Health Project and the awareness of the risks they were facing was poor. Thus the women need a specialised service. *At present the Women's Health Project, located on Dublin's southside, is the only such service available in Ireland.*

An important factor in relation to the women's health is the distinction made between their working and private lives. Education in relation to safe 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 public life and consequently serious health risks for all required.*

In addition to working as prostitutes these women have full personal and social lives, they are 'women in their own right'. They have histories; they may have partners, children and family. There are other aspects to their lives apart from prostitution. Health providers must be aware of not only focusing on the women in terms of their work and thus their sexual health. Other aspects of health must also be taken into account; smears, breast examination, pre and post natal care and domestic violence. Also, many of the women pointed out that stress is a factor in their lives arising from their work and excessive alcohol consumption is a problem for some. *Thus a holistic approach needs to be taken to the needs of women in prostitution in terms of their health, both sexual and general.*

In addition to health problems some of the women have had traumatic experiences in the past; they may be living in poverty, they may be in abusive relationships or have been abused in the past. These experiences have to be addressed through the provision of personal counselling and support structures. *Adequate and appropriate service provision contributes to creating a positive sense of self and thus helps women to develop awareness of their health needs, of their bodies and of their personal and social dignity.*

In conclusion, women working in prostitution in Ireland have been rendered invisible. The law criminalises them and society labels and stereotypes them. Until the appearance of H.I.V. and A.I.D.S. little or no priority was given to their health needs. In order to address the issue of H.I.V. prevention now and for the future, a relationship needs to be built with the women and a holistic approach must be taken to their needs so that they themselves can develop an awareness and motivation in relation to their health and sexual practices. In any event, women working in prostitution are entitled as women, as citizens and as members of society to adequate and appropriate services.

Finally, more research must be carried out into prostitution in Ireland. At present, virtually no information is available about prostitution and about women working in prostitution in this country. Women working in prostitution in Ireland are not just marginalised, they are excluded and silenced. Their voices must be heard and their rights and needs addressed.

Section 6 PROPOSALS

1) Provision of a full S.T.D. screening service at the Women's Health Project to be resumed. As seen from the research most women are reluctant to go to the S.T.D. clinics and, if they do, are not willing to disclose their profession to the medical staff there. The Project already offers a cervical smear service, family planning, H.I.V. and Hepatitis B and C testing and vaccination against Hepatitis B and S.T.D. advice and referral. If the woman has agreed to avail of some/all of these services, it is a wasted opportunity not to offer her a full screening service. If the service is not available in the Women's Health Project many women will not receive S.T.D. screening.

2) Extension of the Women's Health Project service to the Northside of the city. At present no such service (excluding outreach) exists for women working in this area. Many of these women are more economically and socially deprived and thus less aware of their own health needs. As an absolute minimum an extension of the outreach services from the Women's Health Project to the Northside of the city should take place.

3) Extension of opening hours of the Women's Health Project in accordance with the expressed needs of women working in prostitution. A consultative process should be initiated.

4) Greater involvement of women who are working in prostitution in the design and provision of services. This would involve women working in prostitution being employed by the Eastern Health Board and provided with support and training. Women who are working in prostitution are best placed to contact other women, to inform them of the services that are available and to offer them support and understanding. This was clearly shown by the employment of two women working in prostitution in the process of this research.

5) Awareness of the less publicly visible types of prostitution (brothels, parlours, private flats etc.) must be developed if adequate health services are to be provided. Women working in prostitution sometimes have more knowledge of these hidden forms of prostitution. This further reinforces the need for their direct involvement in the development and provision of services.

6) Increased information must be available for women working in prostitution with regard to all their health needs and where services can be availed of. In addition to distributing information leaflets, information should be discussed in an informal manner so that questions can be asked and thus, information properly understood.

7) A holistic approach to women's health needs must be adopted. Health services and education focus on the entire spectrum of women's health needs and not only on sexual health.

8) Educational initiatives should be developed and supported so as to enable women working in prostitution to see the entire spectrum of their health and socio-economic needs. The need for educational initiatives emerged very significantly in this research given the distinction made by so many of the women interviewed between their private lives and work lives in regard to condom use.

9) More concerted and structured efforts must be made to develop a better understanding of each others perspectives and closer liaison between health providers, women working in prostitution, legal advisors and the Gardai. The Marino Conferences (Appendix C) provide a useful and positive model as a starting point.

10) A review of current legislation relating to prostitution requires to be taken as a matter of urgency. As has emerged in this research those charged with enforcing the law (the Gardai) are extremely unclear as to it's meaning and interpretation. Furthermore, this legislation appears to have, in practice, a more controlling and punitive impact on women working in prostitution, whatever its intended effects. A working group of interested parties should be set up to examine this issue.

11) A raising of awareness and information level regarding the situation of women working in prostitution in Ireland should be undertaken by the relevant services and organisations. Effective denial of the existence of prostitution will do nothing to address real social and health needs and issues.

12) An assessment must be carried out into the health needs of women working in prostitution outside of Dublin, at present virtually no information exists. This would best be facilitated by the development of outreach programmes in these areas, with the assistance of health care professionals working with women in prostitution in Dublin. This liaison would be part of an ongoing training programme for all those whose work may bring them into contact with women in prostitution.

13) Finally, research on prostitution in Ireland requires to be carried out on a wide range of issues.

Appendix A

Criminal Law (Sexual Offences) Bill 1993, states that ;

"A person who in a street or public place solicits or importunes another person or other persons for the purposes of prostitution shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding £1,000 or to imprisonment for a term not exceeding three months or both." (Section 7)

"A member of the Garda Siochana who has reason to suspect that a person is loitering in a street or public place in order to solicit or importune another person or other persons for the purposes of prostitution may direct that person to leave immediately that street or public place." (Section 8.1)

"A person who without reasonable cause fails to comply with a direction under subsection 1 (above) shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding £1,000 or to imprisonment for a term not exceeding three months or to both." (Section 8.2)

"In this section 'loitering' includes loitering in a motor vehicle." (Section 8.3)

Appendix B

Aims of the RUHAMA Women's Project (RUHAMA leaflet)

* To work with and on behalf of women in prostitution.
* To provide an outreach service to these women.
* To aim at building trusting relationships with them in the context of their particular life situation.
* To build up their self-esteem, by helping them to become aware of their potential and their ability to make choices.
* To engage in individual/family group work with the women, as requested.
* To gradually encourage the active involvement of the women in the running of the Project.
* To provide amenities to facilitate the Project.
* To endeavour to respond to the real needs of the women in accord with the mission of the Project.
* To develop liaison and networking with other agencies, with a view to disseminating information and encouraging the use of suitable community services.
* To assist in the area of prevention and rehabilitation, either directly or in liaison with other agencies.
* To raise awareness of the discrimination, prejudices and injustices experienced by women in prostitution and try to influence policy to change this.
* To engage in research in matters relating to prostitution.

Appendix C

Marino Conference 13th June 1994

The conference was attended by health care professionals working with women in prostitution, i.e. counsellors, nurses, social workers, doctors, etc. Staff of S.T.D. clinics, family planning services and members of many women's organisations also participated. Delegates also included members of non government organisations and religious orders together with the Gardai, legislators and members of Government. There were also delegates who worked with women in prostitution in Thailand, India, the Philippines, Africa, France and the UK. There were also a number of women who were working in prostitution. ('Women in Prostitution in Ireland', EUROPAP, 1994, p.2)

Marino Conference 10th October 1994

The second Marino Conference for 'Women Working in Prostitution' was organised by Deirdre Foran and Mary O'Neill of the Women's Health Project, Irish co-ordinators of EUROPAP. Attending the meeting were women working in prostitution, health service providers and counsellors, members of the Gardai and a solicitor and barrister representing the legal profession. The day consisted of a 'Tricks of the Trade' discussion for staff and a workshop on the same subject for women working in prostitution, given by a woman from SCOTPEP (Scottish Prostitutes Education Programme), in addition to talks given by a Bangarda on the relationship between women working in prostitution and the Gardai and how it can be improved and a barrister and solicitor on the legal issues surrounding prostitution. The talks were presented in an informal manner and discussion and questions were encouraged from all those who attended.

The Conferences have been a positive step in developing an awareness both of the needs and concerns of women working in prostitution and of the perspectives of the Gardai and health service providers and highlighted the extent to which these views coincided or differed. They provide a basis for the process of assessment which must be carried out into the health needs of women working in prostitution in Ireland.

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