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**Male Prostitution:
What is the Best Approach?**

A Strategy Document for Working with Males in
Prostitution in the Eastern Health Board Area

&

Compilation of National and International
Reports.

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Introduction.

Last April 1999 I was requested to provide an overview of the Males in Prostitution for Mr. Martin Gallagher, Programme Manager for the AIDS/Drugs Service Eastern Health Board. I have assembled this strategy document detailing the situation in the EHB region, including recommendations for implementation of a service aimed at males in prostitution (especially young males and perhaps youth in general). Also part two includes a compilation of various National and International reports. I hope you find this useful in your respective agency and work area.

Later this Year the Gay Men's Health Project will organise an-inter agency conference to discuss this document and on the setting up of a service for the above. As the co-ordinator of the Irish section of the European Male Prostitution Network I hope to formalise the establishment of the Irish network.

Finally I would like to thank Mr. James Conway (Director AIDS/Drugs Service EHB) and members of the Gay Men's Health Project, David Wyse, (Senior Counsellor), Ronan Watters and David Carroll (Outreach Workers) and Cathrine McCarthy (CWO) Baggot St., Clinic, for their feedback on this presentation.

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What is the Best Approach? Male Prostitution in the Eastern Health Board Region.

Introduction

Male prostitution in the Eastern Health Board (EHB) and other regions continues. The Men in Prostitution Report¹ and other recent national² and international reports³ detail many of the issues for both males in prostitution and the various agencies that may come into contact with them. The National and International reports included also present ways of working with male sex workers particularly those under 18 years. I would like to highlight some of the issues and offer recommendations on the approach concerning males in prostitution (MP):

Age

Though the majority of males in prostitution are over 18 years of age there is a significant number who are between the 15-17 age bracket. Most begin selling sex around the ages of 13-15.⁴ In the EHB working party report (1997) 38 males and females (thought to be involved in prostitution) out of the 57 detailed were between the ages of 15 and 17. As reports suggest a common experience is that underage persons involved in prostitution have great difficulties in talking about it and are very suspicious of any contacts with agency staff. Particularly, social workers and hospital or statutory health or residential staff.

Working Sites

Prostitution continues mostly in public venues, such as toilets, parks and quays, it can occur in railway stations, shopping centres also. Some of these areas would have a high number of gay men cruising (men meeting other men). Socialisation at public site is a main attraction for many of the men, as many of them are under 18 and gay, have no money for or they cannot get into the gay bars or clubs. Paid sexual activity usually takes place in these sites or in cars, hotels or saunas.⁵ There is a small number of MP's operating through small ads promoting mobile telephone numbers or through e-mail.

Sexual Orientation

The wide range of sexual identity of those selling sex corresponds to the GMHP 1997 report, 59% gay, 22% bisexual and 19% heterosexuals. Some of those not gay are exploring their sexuality and may become involved in prostitution by accident rather than design.

Social Class/Education levels.

Though male sex workers come from a wide spectrum of society the bigger number are usually from working class and very deprived backgrounds. Many of the middle class and more confident gay men operate through adverts/mobile telephones. Most have left second level education with a very small number continuing on to third level.

Sexual Health/Mental Health/Drug Use

Awareness about HIV and sexual risks is usually higher among the gay identified males. The heterosexual and the bisexual males may have higher sexual risks with their current female

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¹ Men in Prostitution Report, Quinlan M, Wyse D Et al, GMHP/EHB 1997

² Children in Prostitution, Working Party Report, EHB 1997/ Prostitution in the Mid Western Region, MWHB 1998/Child Prostitution in Ireland, Seminar Report, Focus Ireland 1998.

³ Out on the Streets, Seminar Report, Barnardos (Scotland) et al 1998. /Male Prostitution and Mobility, Report on Training, NIGZ 1997.

⁴ Quinlan et al 1997

⁵ *ibid.*

partners. The female partners rarely know that their male partners are involved in prostitution. Many of the gay identified prostitute's partners were aware of what they were doing. Knowledge about transmission of sexually transmitted infections (other than HIV) and hepatitis screening and awareness is low. Only a small number have had full STI screening. Drug and alcohol use is high particularly poly-drug use (mixing alcohol; hash, coke, and heroin etc.). Dependency can be the reason for many of the heterosexual males becoming involved in sex work. Mental health and learning difficulties can be an issue with a number of the sex workers some of whom may also be taking prescribed drugs.⁶

Violence/Sexual Assault.

There is an increased risk of violence and sexual assault or rape experienced by the sex workers (very few if any of the men report it). Also punters or gay men cruising in the area may be attacked and robbed. A number of the heterosexual males sex workers may also indulge in violence against gay men, to prove they are not gay themselves.⁷

Homelessness/Residential/Foster Care.

Homelessness continues to be a contributory factor to prostitution i.e. 59% of those in the 1997 study experienced homelessness.⁸ Homelessness can be due to difficulties at home, homophobic violence, bullying, sexuality, and sexual or physical abuse. Drug use is another main entry into prostitution for many of the youths. Sex for a bed can be the main reason some gets involved in prostitution.

Continuous runaway from institutional or foster care is also a contributory issue in homelessness and prostitution.⁹

Ethnicity.

Race and cultural difference is becoming more evident in working with males in prostitution. 11% of those interviewed in the MP study were non-nationals or travellers. The traveller was gay and marginalised both from the gay community and travelling community. The others may have been asylum seekers and were identified as heterosexual or bisexual and had women partners.¹⁰

Mobility.

Mobility of male sex workers has increased throughout Europe. Whereas few male sex workers migrate to Ireland the reality is that many sex workers travel around Ireland, the main cities being Dublin, Belfast, Cork. Many would travel to other countries especially Britain and Holland. This mobility has always existed with many young gay men, some of whom may end up in prostitution to make ends meet.¹¹

Services

There are no specific services for males in prostitution in the Republic or the North of Ireland. MPs may come into contact with the following agencies; The Gay Men's Health Project, GUM Clinics in St James Hospital and the Mater Hospital, Merchant's Quay Needle Exchange, EHB Needle Exchanges, Ana Liffey Project, Focus Ireland (outreach and hostels),

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⁶ *ibid.*/EHB 1997/MWHB 1998

⁷ Quinlan et al GMHP 1997.

⁸ *ibid.*

⁹ Out on their Own, Young people leaving care in Ireland, Focus Ireland 1998.

¹⁰ *ibid.*

¹¹ AIDS & Mobility, The State of Affairs in Europe 1998

EHB Hostels, Social Workers and Drug Treatment Sites, Cuan Dara, Trinity Court and other EHB AIDS/Drug clinics, Open Heart House etc. Those attending do not necessarily tell the staff of what they are involved in. Service agencies have serious concerns in relation to working with males in prostitution.¹²

Outreach

Outreach continues to be the main ways of making contact with male sex workers. 90% of those interviewed in the study were contacted on site, (I.E. Burgh Quay, Phoenix Park) at different times of the day, between 4.00pm-6.00pm and 10.00pm-1.00am. Apart from the study in 1997 very little contact has been made with male sex workers, though the GMHP and Focus Ireland outreach worker/s come into regular contact with a few MPs through their work. Again a small number of men would attend the GMHP Drop-In or other STI clinics. (The situation will change somewhat in June 1999 with the advent of the two new outreach workers for the GMHP).¹³

Punters.

Many of the men who buy sex are middle class; heterosexual married.¹⁴ They and other men may also have issues in relation to sexuality, sexual health awareness etc. Agencies such as the Gay Men's Health Project are more likely to come into contact with these men and also work with them in regards to HIV prevention.

Paedophilia.

Definitions of paedophilia vary and have caused confusion about what is the best approach to the issue of youths in prostitution. Many of the men buying sex do not fall into this category, as paedophiles operate in a more clandestine way, I.E. through family or friends, networks and are usually more intent on pre 13 year olds.¹⁵

Pimping.

Pimping is not as common in the male as in the female prostitution area. Though cases exist of peer group pressure, or "passing on" and arranging contacts.¹⁶

Recommendations.

The recent reports and conference papers both from Ireland and abroad promote recommendations in approaches to both supports for those involved in prostitution or prevention of prostitution. They also highlight issues for those working in this area. Some of these recommendations are presented in the report compilation later, particularly the detailed ones from the Men in Prostitution Report¹⁷. Below is presented immediate recommendations from the Gay Men's Health Project to Mr. Martin Gallagher the Programme Manager AIDS/Drugs service EHB.

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¹² GMHP 1997/EHB 1997/MWHB 1998

¹³ GMHP Draft Report 5/1999.

¹⁴ Quinlan et al GMHP 1997.

¹⁵ MWHB 1998.

¹⁶ Quinlan et al. GMHP 1997

¹⁷ Quinlan et al GMHP 1997.

Planning Approaches to working with Males in Prostitution.

Below are some immediate proposals to help formulate a response to the issue. These are not comprehensive but suggest a way to build up a consensus to the best approach needed in this area.

Statutory Responsibility,

There is an issue of statutory responsibility to those under 18 and the complications of dealing with under age male sex workers. Reporting exploitation or under age sex, the issue of illegal acts such as prostitution and drug taking need to be addressed in a constructive and helpful manner so as not to alienate the young men or compromise workers.

Policy and Procedures.

Interagency contact and the freedom of information act means clear policies and procedures need to be drawn up to provide a guide to and protection to the male sex worker as a client and to those working in the area. (This is also needed in relation to young lesbian, gay or bisexual and transsexual clients).

There are no known policies or procedures in dealing with male sex workers. As it is, many social workers and care workers and other agency workers may act on own initiative when dealing with male sex workers. Some, when dealing with those who are gay contact the Gay Men's Health Project.

Outreach.

Prioritise Outreach to males and youth involved in prostitution.

Outreach work is the main way contact is made with many of those involved in prostitution. Focus Ireland and Outreach Workers from the GMHP and the Women's Health Project meet some of those involved in male prostitution. (Meetings between the above agency workers is ongoing).

With the employment of two outreach workers from April 26th the GMHP can devote some more time to observe and work with many of those involved in prostitution. The new outreach workers will prioritise outreach in the public sites and therefore work more closely with those involved in prostitution.

Multi-Agency

A partnership approach with selected agencies.

As reported above many male sex workers use various agencies at one time or other. Some agencies have emphasis on one type of approach over another, therefore one agency may not fulfil the extent of services that is necessary in this area. As there is perhaps a need for both a preventative and support approach (especially with under 18s) this means it is not possible for any one agency to carry this work alone.

Physical/Emotional and Sexual Health.

One stop health agency for youth to include young males in prostitution

Many agencies provide some of the above on an ad hoc basis without any contact with other agencies who may also be involved with the client. The issue of confidentiality and access to health care for minors is a difficult one at the best of times. It is clear that the needs of 15-

years olds are different to older individuals. They cannot readily access medical treatment including the HIV test, Hepatitis blood tests and vaccinations etc. Their issues regarding HIV prevention, sexual health, require specific strategies of engagement perhaps different to that of prevention of prostitution.

As yet there is no youth centred health service available in Dublin providing a combination of the above. Because of marginalisation a special health centre for male prostitutes *only* may not be appropriate.

Home, Foster Care Institutional Care.

New ways of providing accommodation /care particularly to lesbian, gay or bisexual identified youth. The issue of gay/lesbian sexuality among young people needs to be addressed as many of them end up running away from home or care institutions and are becoming involved in prostitution to survive. Inappropriate foster/residential care is an issue (Focus Ireland 1998) requiring specific attention. New approaches to foster and residential care needs to be looked at (Albert Kennedy Trust, Britain).

Training.

Training for all staff in statutory and NGO youth services.

Linked in to all of the above is the need for relevant training for staff in the following subjects: homophobia, the needs of lesbian, gay, bisexual youth, sexual health, family planning etc.

Strategy Conference.

Hold a strategy conference in Dublin.

There is a need to develop strategies to work with men who sell sex including those under age. To help evaluate and plan and implement the next stage the Gay Men's Health Project is proposing to hold this conference later in 1999. This conference will focus on developing strategies for working with males in prostitution in the Eastern Health Board Area. Over one or two days the conference will hold workshops on ways to implement many of the above suggestions and look to examples in Europe. It will be organised by the Gay Men's Health Project. It will:

- Look at ways to work with the clients.
- Look at issues regarding age.
- Look at creating safe environments for young gay/bisexual and heterosexual youth involved in prostitution.
- Look at providing services to older men.
- Devise partnership approaches among selected agencies.
- Look at the development of a Youth Centred Service to include GUM, Sexual Health, Birth Control, etc. Counselling, Support. Welfare. Drug awareness and counselling, drug treatment issues, needle exchange.

Participants:

All relevant agencies and organisations will be invited to send front-line and management staff to this conference. (Including Gardai, DOHC and social workers & directors).

An agency from Britain to present ways they work with MPs especially of working with 18+, 17 year old and younger males; IE CLASH or the Young Men's Project London, Yorkshire MESMAC.

The Albert Kennedy Trust (Britain) to explain how they provide an alternative to foster care for young lesbians or gays, bisexuals.

The co-ordinator of the European Network Male Prostitution to provide an overview of the European situation and responses.

One male in prostitution to speak.

Invitees will be asked to discuss this presentation and bring some proposals to the conference on ways forward and how to implement an action plan.

A working group is to be set up from the conference with a remit to report back no later than three to four months.

Networking.

This conference will mark the foundation of the Irish section of the European Male Prostitutes Network (Of which the GMHP is country co-ordinator).

Conclusion.

As mentioned previously many reports over the last number of years have dealt with youth prostitution some with male prostitution. Recommendations have been made and issues highlighted. Perhaps it is now time to implement some of those recommendations.

What is the best Approach?

Through dialogue and partnership the EHB can be the vehicle to implement a comprehensive approach to the needs of those involved in male prostitution. The above paper and the report extracts shows clearly there is no one approach to the issue of males in prostitution though they do show the patterns of involvement. Many services offer approaches they feel is relevant to the particular client group not necessarily dealing with the issues of gay or bisexuality and the needs of these people. Hopefully we in the Eastern Health Board region will be able to devise an approach, which safeguards the young person and supports them at the same time allowing them to make safe choices. Perhaps the best approach is to listen to the young people themselves and provide a service that reflects their needs. It's all to do.

Part Two.

Males In Prostitution

What is the Situation?

**A Compilation of National and
International Reports.**

Males in Prostitution: Resume of National and International Reports.

Included here are abstracts from various reports in relation to men selling sex to other men. It is an accompaniment to the briefing document and proposals to the Programme Manager Mr. Martin Gallagher. In sections there are direct quotes otherwise many have been abbreviated, the reports themselves are available from the source or by photocopy from the Gay Men's Health Project.

A). Report of the working party on Children in Prostitution, EHB (9/1997)

This report was drawn up to look at the extent of the problem and to make recommendations. A daylong seminar was held with participation from voluntary and statutory bodies.

There are no accurate figures of the extent of child prostitution in Ireland.

The report shows a strong relationship between homelessness and prostitution.

Pathways into child prostitution are a combination of the following factors

1. Being a victim of severe emotional damage, including sexual abuse.
2. Having parents with histories of involvement in prostitution.
3. Growing up in a criminal sub-culture
4. Sexual confusion/orientation problems
5. Being "groomed" by paedophiles. (p6)

At this time there was no study in Ireland of young men or boys in prostitution, though a presentation of the GMHP's report was given at the seminar. (p6)

Into the extent and features of the problem, the working party distributed a questionnaire to participants and 57 were validated of these it showed 57 children were involved in prostitution, most of them soliciting on the streets (10 of the 57 were 18, 9 were under 15, 38 were 15 to 17). 25 of the 57 were male. 46 of the 57 experienced homelessness. (p8)

The ways into prostitution are different in some respects for boys and girls. Confusion regarding sexual identity is another route through which children, usually males will enter prostitution. Young males who are unsure of their sexual orientation, and most likely will have low self-esteem, are easy prey for older men to exploit. (p12).

Some of the Recommendations:

1. Sufficient numbers of quality placements which children can readily access.
2. Specific services are required which is accessible and flexible enough to respond to the diverse needs of these children in a non-stigmatising environment.
 - (i) Food, shelter showers.
 - (ii) Drug treatment, medical assistance, counselling and child guidance.
 - (iii) Centre based and outreach services.
 - (iv) Such services should operate by night and day, seven-day week basis.
3. Specific training for staff.
4. Further research.
7. The eastern Health Board should make a number of submissions regarding certain legal anomalies, which exist. Criminal Law (Sexual Offences) Act 1993, Consent to Medical Treatment Bill 1979.
8. More formal links need to be established between the voluntary and statutory services to maximise communication, co-operation and co-working. (p16/17)

Comment This EHB working party report contains no mention of the needs or issues for young people who identify as lesbian, gay or bisexual and their entry into prostitution, survival sex, or of

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homophobic violence visited on them at home, or in residential or foster care. Nor does it mention the drugs issue and the fact that young male persons who identify as heterosexual sell sex for money to men to acquire money for drugs. Though submissions were made and a presentation was given at the seminar there was no representation of the Gay Men's Health Project on the Working Party. (Mick Quinlan).

B). Men in Prostitution. (GMHP/EHB 8/1997)

In August 1997 the Gay Men's Health Project (GMHP), Eastern Health Board (EHB) with part funding from EUROPAP and the support of Gay Health Network published a pilot study of 27 men in prostitution. 19 Service providers responded to a questionnaire. The objectives of the study was to: 1) Describe existing service provision for men working in prostitution in Ireland (through interviews with men working in prostitution and service providers), the perceived needs of male prostitutes in Ireland and the extent to which their needs are being met. 2) Highlight the issue of men in prostitution.

Personal Profiles

The summary of main findings showed that the age range of those interviewed was from under 17 years to 45, with the majority between 18 and 25. Most had left education at 14-16/ most were unemployed at time of the research/ 59% had experienced homelessness. Most men identified as gay (59%), with 22% as bisexual and 19% as heterosexual. Half of the men stated they had a partner at the time of the research. In most cases this was male.

Personal Experiences.

Age of first paid sex was between 13 and 20 years. / Locations for meeting clients included parks, clubs, toilets, bars and saunas. Customers were mostly viewed as being middle class/ ranging in age from 30 to 60 years. / Over 40% of the men selling sex were forced to have sex or engage in particular sex acts.

Health Issues.

Sexual services provided were standard throughout, including hand relief, oral and anal sex. The degree of condom use varied greatly. Almost half of the respondents were offered money for unsafe sex. / Over a 25% felt there were not at risk of getting HIV. / A similar proportion had never had a blood test for HIV. / Of the 17 men, who had tested for HIV, only 7 had received counselling before the test. / Only 30% had had screening for sexually transmitted infections. Drug taking was common among the majority of those interviewed, while over 33% inject or had injected drugs

Service Providers.

At present there is no specifically designated service for men working in prostitution. Almost none of the agencies could estimate the numbers working in prostitution in their area. Most of the agencies felt that they may have contact with the clients of men working in prostitution. It was felt very important that men working in prostitution were consultants regarding the type of service provision needed. / All respondents favoured more training. / The research was welcomed in that it will help to raise awareness of the issue of men in prostitution in Ireland and provide some insight into their particular needs.

Recommendations. (The entire recommendations from the report)

With the results of this research, the gay Men's health Project is pleased to lead the development in this area. It makes the following recommendations.

Awareness.

1) The information emerging from this study to be used cautiously and sensitively by agencies, individuals and the media so as not to further marginalise men who work in prostitution, endangering their safety or driving them further underground.

Service Provision.

2) That a specifically designated project for men working in prostitution be established under the Gay Men's Health project, EHB. Also that a specifically designated resources be allocated to the Gay men's Health project to enable expansion of the project, this would provide for the;

- **co-ordination and development of further outreach for gay and bisexual men and other men who have sex with men**
- **the punters**
- **implementing peer projects among the above groups**
- **improving the sexual health knowledge of male prostitutes**
- **promoting safer sex with both paying and non paying partners**
- **increasing the availability of condoms**
- **improving sexual health and social care-STI screening, support group, development courses etc.**
- **encouraging and maintaining contact with relevant services, homelessness, drugs, etc.**
- **furthering research regarding the needs of men in prostitution**
- **offering training to relevant agencies and professionals**

3) Men working in prostitution must be consulted and involved in the provision of services, which meet their needs.

4) That those involved in the provision of STI and HIV pre-test counselling be encouraged to specifically address the issues of buying and selling sexual favours.

5) That service providers in the voluntary and statutory agencies who may work with men in prostitution be offered training on material raised in this research to initiate and/or develop staff awareness and skills in order to meet the needs of men who engage in prostitution and to help staff to deal with any issues/difficulties they may have.

Specific service providers are nominated in this report;

- **Homelessness services**
- **Drug Addiction services and HIV services**
- **STI services**
- **Hospital casualty services**
- **Gardai**
- **Social Workers**
- **Community Welfare Officers**

6) That a designated centre/club/drop-in be established where men engaged in prostitution can go, talk and access services.

7) That service agencies be encouraged to create friendly environments for lesbian, gay and bisexual clients, acknowledging this through printed statements and charters and providing *safe spaces* for gay, lesbian and bisexual clients to assemble.

8) That the rights of 15 to 18 Year olds to sexual health care (with or without parental consent) be examined.

Violence

9) that the hospital casualty staff be offered specific training by the proposed designated project in sensitively dealing with physical violence experienced by men in prostitution.

10) that the Gardai through their liaison with the lesbian and gay community work closely with the proposed project to further encourage the reporting of assaults and violence.

Legal Issues

11) That the Criminal Law (Sexual Offences) Act introduced in 1995 be reviewed and amended. This law has had the effect of driving prostitution underground, making outreach work more difficult and placing men working in prostitution at greater risk, both in terms of awareness of access to health services and in terms of reporting incidents of violence to the authorities.

Research

12) That further research be commissioned in the co-operation with EUROPAP, the GMHP(EHB), the Gay Health Network and other statutory and voluntary agencies working with men in prostitution.

13) That EUROPAP initiate a separate European network for men working in prostitution and those working with men in prostitution.

Homelessness

14) That the needs of the homelessness person, particularly gay, lesbian and bisexual be studied, particularly in relation to cases where traditional family structure may not work.

15) Young people may be experiencing homelessness are placed in a vulnerable position. The issues of sexuality can contribute to this homelessness and vulnerability. The above research and the research carried out by the Women's Health Project and the Combat Poverty Agency all highlight this situation. This research calls for the establishment of a Task Force on Homelessness among Young Men, by the Eastern Health Board, to include people who have direct experience of working with men in prostitution, to provide an achievable care plan for homeless young men which takes cognisance of sexuality, sexual orientation, addiction and prostitution. This consultative group could resource the Programme Manager in the EHB with strategies for service development appropriate to the needs of young men and assist in costing and resourcing same.

Addiction

16) That the experience and specific needs of gay men who are availing of drug treatment services be assessed with the assistance of the EHB's Gay Men's Health project, to explore the extent to which these services take into account issues of sexuality and self esteem development as being components in addiction intervention and recovery.

Challenge

17) That the recommendations contained with the Department of Health's document, produced by the National Consultative Committee on Health Promotion, Report of the Sub-Committee on Young People be implemented.

18) That the underlying issues of homophobia (the fear and ignorance leading to prejudice, discrimination and violence) associated with men who have sex with men, specifically those who participated in prostitution, be challenged.

Though this research only represented a small sample of men involved in prostitution in Ireland, it was the first comprehensive study of the subject and helped raise the issue and needs of men in prostitution. Men were contacted in cruising areas, park and quays and through gay community news. The men use public sites for socialising and is also used for cruising making them more integrated, this points to one of the difference between men and women working in prostitution. Under age and limited economic circumstances mean that many of the gay identified men would/could not use

C). Prostitution in the Mid West Region: Mid-Western Health Board(2/1998)

"This report sets out the findings of a research study undertaken by the Mid-Western Health Board investigation the nature and extent of prostitution in the region"(p2). In relation to juvenile prostitution and the factors influencing involvement in prostitution, those identified included experiences of the following:

- * Poorly functioning of families of origin
- * Parents and siblings involved in prostitution
- * Running away from home, homelessness and placements in care.
- * Poverty, social isolation and long term unemployment.
- * Physical and sexual abuse in childhood or teenage years.
- Alcohol and drug abuse and addictions.

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As to why some youths become involved in prostitution relates to their need to experiment and explore their sexuality. With the absence of any safe social meeting places for the gay community, many male juveniles resort to situations which provide them with opportunities of meeting gay men which simultaneously lead them into encounters with prostitution. (p3/4)

Subsequent to their involvement, both adults and juveniles can experience additional problems relating to their personal health and safety. Individuals can face threats of physical violence, muggings and rape and the sexual health risks relating to HIV/AIDS and other sexually transmitted diseases. Furthermore, alcohol and drug addictions emerge frequently as an outcome for those dealing with the stress and stigma of being involved in prostitution.

Recommendations for Services

Stating that there is no particular agency in the Mid west region designated to specifically deal with prostitution. The report emphasis the importance of a multi-agency approach by services coming into contact with persons at risk.

Juvenile prostitution and underage sex, and the growing problem for teenagers, parents and community as teenagers appear to be sexually active at an increasing younger age. It is important for providers and policy makers, that where possible, a distinction is made between juvenile prostitution/sexual exploitation and consensual underage sex, as there is a vital defining difference between the two.

-increased information to parents and younger age groups at school n issues of sexual abuse, health risks relating to unsafe and underage sex, peer pressure and personal empowerment.

-drop-in services that provide a safe environment for young persons to socialise and receive health messages on safer sex and information on relevant voluntary and statutory agencies.(p3/4)

In order to avoid risks of identification or stigma by individuals, services should be available within a setting which provides services to all young people and where the juvenile involved or at risk of prostitution would not be easily detected by the general public.

-outreach, extension of STD clinic, specialised training for staff. (p28).

-a co-ordinated approach by the partnership of several agencies should be developed to provide a range of services.

-mobile clinics should be considered.

-individuals involved in prostitution should be consulted regarding the development and provision of services. Peer involvement-will create a more accessible and approachable service.

-a network with other projects established in other health board areas.(p28)

D).Child Prostitution in Ireland, Papers from a Seminar Organised by Focus Ireland (10/1998).

Rosie Toner presented, "finding language which is acceptable to everybody is difficult. Expressions like child prostitution, children at risk, vulnerable young people, are all used interchangeably. In our project we have reframed the expression "child prostitution as sexual abuse of children by abusing adults" (p.13)

A border town has additional problems of punters who take children across the border.(p14)

Poverty, unemployment, violence in the home, drug and alcohol abuse by parents, exploitation whilst in child care services, young mothers with little social support and young men confused about their sexuality, who have never had a chance to speak to a gay man (p14). We offer a walk in shower and laundry facilities, food making facilities, one to one contact, group work, life skills education, pregnancy testing and we issue condoms. We also offer fast track services to a medical practitioner. Outreach service.(p14/15)

To trust an adult is difficult at the best of times. Living in a small town makes it twice as difficult for young people to seek help. It is very insular and conservative.

We decided not to advertise the service. If it became known it was focusing on prostitution, in a very small community, it would not be used.(p16). (*Rosie Toner*, Youth Initiative in Partnership Project, Dundalk.

Mick Quinlan asked participants to think back when they were 14, 15 and 16. What was it like for you especially if you identified as lesbian, gay or bisexual? Is it any different today for young people of the same age? It is timely that the sexual health and sexuality issues are highlighted around the issues of homelessness and prostitution. Agencies need to create environments which encourage clients to come forward (if they wish) and acknowledge their lesbian, gay or bisexuality. This in turn will mean dealing with society's view of homosexuality and bisexuality (homophobia and heterosexism), both to the client or punter or the professional in the job. (p1)

There is confusion and contradictions around the age of consent, which are 17 for both heterosexual and homosexuals. In the North of Ireland the age of consent for heterosexuals is 16 and 18 for homosexuals. Exploration of gay sexuality is usually done in secret (unlike heterosexuality) which can lead to marginalisation and develop into risky situations.

Homeless youth or runaways become sexually active early on. A survey in the USA of 775 runaways and homeless adolescents in three cities showed that 98% had engaged in sexual intercourse, and 49% had their first sexual intercourse at age 13. (p 2)-(from Kral, Molner et al, 1997). Punters or stalker, who is usually an adult male, may have unresolved issues relating to their own sexuality. (p2).

Agencies can create safe environments for clients by displaying a poster with the local lesbian/gay telephone helpline or by using the words lesbian, gay or bisexual in promotion material. Referrals to a local identified gay/lesbian agency or worker can provide an opportunity for the young person to share information and needs.

Awareness workshops for agency staff. Information and awareness sessions for service users, establishing a code of conduct for all clients in relation to respect for each other. Similar to anti-racist strategies which have been developed by other agencies.

Homelessness and foster care and addressing the problems 15, 16, 17 year old, lesbian or gay people. Who continually run away from foster care or residential care. Look at the big brother, big sister projects in Britain developed by the Albert Kennedy trust and local authorities. Networking in Ireland and Europe, as part of the European network in male Prostitution.(p4). (*Mick Quinlan, Gay Men's Health Project, Eastern Health Board*).

David Barrett in his presentation on prostitution in England saw the issues in relation to condoms as been similar. One of the ways in which it has moved in England has been as a result of the Gillick judgement. It was about prescribing the contraceptive pill to a teenager under 18. After a very long battle in courts the House of lords determined that the GP was quite right in those circumstances in assessing that the young person was making rational judgements.

For some young people engaging in prostitution is the best of a bad set of choices.

Moral judgements isolate young people.

Looking at a process of service design, which can be a 4 or 5 year process. Looking at the relationship between punishment and welfare and where the child prostitution, the punter and the pimp/fixer stand and how this can change. (p 21/29 *David Barrett University of Luton*)

E). Out on the Streets, Seminar report from a Conference organised by Barnardos, Healthy Gay Scotland and PHACE West. (1998)

Young men who sell sex are invisible to many services, they themselves will tell you how hard it is to approach agencies. They may have experienced prejudice and ignorance, have been referred to inappropriate services and are wary of how confidential a service may be." (Alice O'Flynn, Project Leader Barnardos Scotland p3)

Issues/Needs.

High risk sexual activity
Potential for exploitation
Homelessness
Mental health

Drug use
HIV/AIDS
No money-under 18s are entitled to benefits
Disaffection-not in touch or aware of services
Relationships-difficult relationships with friends, family and partner
Physical abuse-violence from partners family, and homophobic attacks.
(Alan Laurie, Street team Worker, City Centre Initiative, p8)

Motivations

Wanting cash and somewhere for themselves. "I want my own place"
Food, clothing, transport, secure accommodation, a holiday, entertainment, drink, drugs,

Mental Health.

Experience, emotional trauma or depression, being out of step with society, distrust, exclusion the need for affection, feeling trapped, rejected or marginalised. Being "no-good" or feeling old. Loss of power or control, picking up survival skills which may be regarded as neither socially acceptable nor legal.

Leading a secret or double life, no sexual health education. (Tom Lusk, Gay Project Worker, PHACE West, Glasgow, p12 Out on the Streets)

"For many young men selling sex in order to meet their basic needs has become their introduction to sex and sexuality."

The Role of Mainstream Services in Supporting Young Men who Sell Sex. (workshops)

- * Significant challenge for Social Work staff to address the needs of young people, particularly in residential care, in terms of sex and sexuality, sexual identity and sexual health.
- * Staff need training and support to work with young people so that the issues of sexual identity and personal development are tackled positively. Staff need more knowledge, confidence and skills.
- * Young people need to be able to define their sexuality and have identity validated and respected; staff need to create a safe and caring atmosphere for this.
- More support could be offered to young lesbian and gay people in , and moving on from residential care-

(Councillor John Gray, Senior Vice-Convenor, Social Work committee, Glasgow City council. P33)

There is no specific agency that they can turn to for help, many worry that by speaking to a member of Social work staff their position will be compromised and that information will be shared with other workers. They therefore attempt to deal with situations that are beyond their own control with extremely damaging consequences. Young men who sell themselves for sex deserve, at least, a confidential phone line where they can access information, help or just an understanding ear"

(Bryan Cochran-Williams p 34).

No one agency can meet all the needs of this group of young people. It requires a broad range of agencies to co-operate together, each contributing their own particular area of expertise. What-can the voluntary sector make to support the needs of young men who sell sex.

Flexibility, Ability to cross boundaries, Accessibility, The voice of the services users, Specific expertise. *(Sheila Ramsey, Ass director Barnardos p 39).*

Young men involved in selling sex may themselves be victims of crime i.e. they may be subjected to assaults, robberies, verbal or physical abuse or any other type of crime. Young men who themselves May be reluctant to come forward and report such matters to the police for what they consider good reasons. *(Chief Inspector David Hay, Strathclyde Police p41).*

F). The Way Forward, Young Men's Project, (Barnardos London, 10/1997).

Between April and October 1997 Barnardos in London funded a needs assessment to identify an appropriate development plan for the establishment of the Young Men's Project. "To meet the needs of young men selling sex, in a way which will complement, and not duplicate, the work of other agencies in London". >From their assessment the researcher recommended:

The need to work with men under 19 years; the need to target work carefully on the street scene to work preventatively; the need to target work more effectively to previously under serviced locations in London; the need to develop more long term support; and the need for creativity, flexibility, and the young men's participation in the work.

The YMP would work in a preventative, supportive and rehabilitative nature with young men. Using a holistic, multi agency and joint work approach. Street based detached work, covering evenings, weekends, late nights and early mornings, currently not being covered by other projects. Mini-bus outreach work in two ways, one for activities, trips etc. and the other as a mobile resource for information. /support based on the street. Centre based works for individual and group work, activity focused, working with issues and creative ways such as through video, drama, arts and photography.

The YMP aim to provide an effective way of informing practice and policy organisationally and in the wider context. This will work in keeping sexually exploited young men on the wider research agenda. (Introduction p.i)

Joint working in areas such as Sexual Health, Drugs/alcohol, Housing, Employment/Education/Training, peer education, campaigning, sexuality, HIV/AIDS; prison based work, General health. (p13).

"It is argued that a generic service dealing with a range of issues takes a more holistic view of the young person and avoids labelling them in a particular way, for example, as having a drug problem, or as a homeless. It is also argued that a generic service offers a degree of anonymity in that a young person visiting the project could be attending for one of a number of reasons".(p9)-(Shelman, 1996:18)

G). Third Interim Report, European Network Male Prostitution, (2/1999).

This report carried details from various projects around Europe.

G.1 AMOC/DHV in Amsterdam, Netherlands. Clients are primarily German-speaking people, Italians, French and people from Eastern Europe

e. 40% of the clients are underage runaways, psychiatric patients and young men working in prostitution.

Social work on the street, a day care centre, counselling, referral's etc.

G.2 ADZON (Belgium)

A project for male prostitutes in Brussels offering outreach, drop-in, material and psychological help, housing projects, prevention work and assertively training.

ADZON went from trying to get boys out of prostitution to give support and empowerment.

70% of the boys use hard drugs. 50% are Belgium, 25% from Eastern Europe and 25% from North Africa.

G.3 Basis Project E.V. (Germany, Hamburg).

Have three projects. A refuge for male prostitutes, offering a kitchen, laundry room, showers. Regular meals on Monday, Wednesday and Friday) leisure and sport activities. Counselling, welfare, after care to drug users. HIV positive clients and with AIDS. Outreach.

A night shelter and a refuge for street kids at the main train station ("KIDS"). Working at the train station with mobile unit and providing three beds, with a maximum length to it although a transition to a long-term accommodation is the intended goal. To a limited extent male prostitutes who are using drugs can use the night shelter. Basis project has 25 employees, one administrator and 10 outreach workers. Funded from the department of social welfare and youth welfare. The main client groups are polish, Hungarian and Rumanian, the age of the boys (sic0 is between 14 and 35.

G.4 Pro-Center (Denmark, Kobenhavn)

Based in the centre of Copenhagen this is an experimental 3-year project, funded by the ministry of social affairs. It is nation-wide. Counselling, outreach, hotline is provided by two staff working with male prostitutes. Contacting male sex workers using newspaper classifieds and e-mail.

G.5 Working Men's Project (St Mary's Hospital London)

is a specialised health service and research project for men who sell sex to other men. Providing sexual health promotion, HIV prevention to any man regardless of age, ethnicity, spiritual belief or sexuality who sell sex to other men. STI screening, HIV testing etc., counselling. Drop-in by appointment, condoms lubricant. Outreach work in courts, pubs and clubs, escort agencies and massage parlours and on the street.

G.6 Verien Wiener Sozialproject (Austria, Wein)

is subsidised by the City of Vienna municipal Department, Federal Ministry of employment, social services and health. The service is mainly for drug users, needle exchanges, night shelters, social care, short-term employment, rented apartments with support by qualified social workers for one-two years, street work, counselling, safer sex etc., mobile "Big Elephant" 4pm to 8pm at the train station.

G.7 AIDES ILE DE France (France Paris).

Is an outreach prevention project with male sex workers selling sex to older men in inner Paris, Ten volunteers and salaried person provide street and mobile work reaching 50 to 150 boys on Fridays and 10-30 on Wednesdays at the Gare du Nord. There are more occasional sex workers and less professional ones in the last years. More transsexuals. Eastern Europeans, North African and South American and French national make up the prostitution population. Ambiguity about "real" sexual orientation makes outreach particular delicate. Repressive police action and social stigmatisation are important vulnerability factors in regards to HIV with this population. This organisation along with PASST (transsexuals) and Act Up Paris are working together to lobby and create a handbook for men selling sex to men.

G.8 Villa Maraini Foundation (Italy Roma).

This project is working in the Red Cross building in Rome. Working with mainly drug using sex workers, they are setting up a Street unit to work in areas with high concentration of sex workers.

G.9 TADA (Poland).

A national organisation it has a base on the border with Germany (Szczecin) where many sex workers operate, city parks, toilets and pubs, escort agencies, youth clubs and night clubs.

G.10 Cruz Roja Juventud (Spain Gijon and Asturias).

The objective of the project is to develop research and resources for assistance to male sex workers. Similar to many of the above.

G.11 Project Male Sex Work (Switzerland).

Based in many larger cities the Swiss AIDS federation is realising a project for male Sex Workers since 1996. Through street work, Drop-In counselling, shower laundry facilities, free meals etc.

G.12 ARAS (Romania).

Aras and AMOC (Amsterdam) are working on a proposal to work with male and female sex workers. The European commission refused this a short time ago. Other wise it provides services for general population, counselling, information, youth projects, Hotline.

G.13 Gay Men's Health Project EHB (Dublin Ireland).

A report on the project and MP report. To initiate the setting up of a specialised service for men selling sex to other men. A network in Ireland of agencies working or contacting this target group.

H). Male Prostitution and Mobility, Report on Training Berlin 11/1997 (NIGZ, Netherlands).

In 1997 the European Project AIDS & Mobility (NIGZ) organised training for outreach workers who work with (foreign) male sex workers. The training addressed three main areas: knowledge (what do we mean by male prostitution, outreach work, sexual health); Attitudes (attitudes towards (homosexuality and prostitution)); Skills (communication skills, project development). In addition various projects and working fields from the participating countries were presented. A broad variety of methods was applied: Individual work, discussions in pairs, small discussion groups, plenary sessions and lectures. A training guide was published by the Project in 1998.

This training weekend allowed participants to discuss the different methods and opinions in relation to working with male sex workers. It also showed that there wasn't one true way of working and that many agencies had to adopt more than one approach and work with other agencies. It also showed there were many difficulties working in this area, local community, police, legal situation, age of sex workers, drugs, sexual orientation, culture, ethnicity and so on.

Participants: (those not already mentioned above in other reports)

H.1 Yo Cardiff (Wales)

Cardiff AIDS help-line aimed to establish an outreach service to young people-primarily under 18-who are working in prostitution in South Wales. It was successful in setting up a multi-agency forum for youth services. The group seeks to:

- Provide a multi agency approach to solve problems
- To facilitate better liaison between police/ outreach workers / other services
- To act in an advocacy role for youth
- To ensure non-replication of services
- To identify differences of roles and delineate acceptable boundaries / collaboration between members
- To act as a focal point for referrals of children at risk
- To quantify possible numbers of children at risk
- To develop policy and procedures
- To co-ordinate resources
- To lobby for more/better services

Statutory Members of the Multi-Forum include:

Local government: Social services: Leaving Care and Young Homelessness and Child Protection Unit, City Centre Management.

Police: Community Safety Officer, Family Support Unit, Cardiff Central Police and British Transport Police.

Health: Community Drug Team, Health Promotion Centre, Applied Public Health, GUM Clinic, HIV co-ordinator.

Education: Health Education Advisory Teachers & Community Education.

Voluntary Sector Members Include:

Barnardos, YMCA, Big Issue, AIDS Helpline and 11 other organisation.

H.2 Subway Berlin (Germany)

Provides a Drop-in service, Advise Centre, outreach Work.

Targets Hustlers, males sex workers and Johns (clients)

Methods: Outreach work, Peer involvement, Advise, Care, Case Work service.

Outreach is first contact, the drop-in is more intensive contact, providing, bunks for sleeping while drop-in centre is open, laundry, showers, meeting point, counselling, self help groups, office for social workers.

For clients to live with HIV and AIDS, to find their sexual identity, to live as a gay or bisexual man, to survive the hustler scene (tips and tricks).

Provide care for homeless hustler, youth work, coming out (as gay) advice, staying out of prison, anti-gay violence work, promoting a sense of community, promoting reappraisal of –sexual abuse-prostitution.

H.3 Bad Boys Project Budapest.(Hungary)

Continue outreach work, social work and medical services at present. Working to open a shelter for the male hustlers.

J). AIDS & STD's and Migrants, Ethnic Minorities and other Mobile Groups; The State of Affairs in Europe. De Putter J. 1998.

“This publication, is the first policy document compiled by members of the AIDS & Mobility network Project” It looks at International mobility, the reasons, the diversity of populations. The political, economic and social consequences on the people who are mobile or migrate. It contains reports from 12 European Countries on AIDS, STD's and other health issues of mobile groups.

K). Poverty, Lesbians and Gaymen, GLEN/Nexus and Combat Poverty Dublin 1995.

This comprehensive report deals with discrimination and the fear of discrimination impacts on the levels of poverty and exclusion amongst lesbians and gay men and to establish the needs of those most at risk of experiencing poverty. The effects on their lives in terms of their relationships with their family and friends, in education and training, in employment and in access to resources such as housing. It may affect their decision to leave home and traditional support networks in search of greater tolerance of their lifestyle. (p viii).

L) Out on their Own, Young People Leaving in Care in Ireland, Focus Ireland 1998.

This comprehensive report deals with the issue of those leaving care in Ireland. It constructed 70 case histories providing an analysis of leaving-care policy and practise, focus group discussion with social workers, staff from special schools and residential childcare staff etc. It covers homelessness, begging, petty crime and the issues of sexual exploitation, and confusion in relation to sexual orientation, with some mention of lesbian and gay homeless youth.

Comment. The report does not comprehensively deal with the sexuality issues and the needs of lesbian and gay youth though it rightly mentions the special needs of young travellers. Neither the references nor the consultative board suggests any input from relevant people specialising in the area of lesbian & gay youth and homelessness and leaving care. (*Mick Quinlan*)

M). Report of the Sub Committee on Young People, National Consultative Committee on Health Promotion, Department of Health and Children. (ISBN NO: 0 86 387 0562).

This report was as developed as part of the Health Promotion Strategy to address the health of young people. Dealing with young people's health in a broader context, issues facing young people, the needs of young people healthy lifestyles peer influences, drugs and sexual health.

Comment. Though there is mention for the need to allow young people to develop an understanding and confidence around their sexuality, there is no mention of lesbian or gay sexuality and the issue facing young people. (*Mick Quinlan*)

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References.

- AMOC (1999), *Third Interim Report, European Network Male Prostitution*,
Amsterdam: Author.
- Barnardoes (1997), *The Way Forward, Young Men's Project*. London: Author.
- Barnardoes, Healthy Gay Scotland et al (1998), *Out on the Streets, Seminar Report*.
Scotland: Authors.
- Combat Poverty, Glen/Nexus (1995), *Poverty, Lesbians and Gaymen*,
Dublin: Authors.
- De Putter J (1998), *AIDS & STD's and Migrants, Ethnic Minorities and other Mobile
Groups; the State of Affairs in Europe*. The Netherlands: NIGZ.
- Eastern Health Board(1995), *Children in Prostitution, Report of Working Party*.
Dublin: Author.
- Focus Ireland (1998), *Child Prostitution in Ireland, Seminar Report*. Dublin: Author.
- Focus Ireland (1998), *Out on their Own, Young People Leaving in Care in Ireland*.
Dublin: Authors.
- Ireland, Department of Health & Children, *Report of the Sub Committee on Young
People, National Consultative Committee on Health*. Dublin: Authors.
- Mid Western Health Board (1998), *Prostitution in the Mid West region*.
Limerick: Author.
- NIGZ (1997), *Male Prostitution and Mobility, Report on Training in Berlin*.
The Netherlands: Author.
- Quinlan M, Wyse D, et al (1997), *Men in Prostitution, Report*.
Dublin: Gay Men's Health Project/EHB.