

MID-WESTERN
HEALTH BOARD

**PROSTITUTION
IN
THE MID WEST REGION**

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CHILDCARE & FAMILY SUPPORT SERVICES

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EXECUTIVE SUMMARY

This report sets out the findings of a research study undertaken by the Mid-Western Health Board investigating the nature and extent of prostitution in the region. The study was brought about due to the growing concerns of the Health Board regarding the health and welfare needs of individuals who may be involved in prostitution in the area. While the focus of the study is on all individuals seen to be involved in prostitution, specific attention is given to juveniles who are affected by or vulnerable to becoming involved in prostitution or situations of exploitative sexual activities.

Methodology

The research methodology involved the following:

1. a literature review of recent national and international studies and reports on prostitution;
2. interviews with key informants of statutory and voluntary agencies in the Mid-Western Health Board region and in other regions where services responding to prostitution exist;
3. a seminar in order to identify issues and enable the exchange of information between agencies;
4. interviews with those known or suspected of involvement in prostitution.

The Main Findings

The research aimed to provide an overview of the extent of prostitution in the Mid West. Information gathered was, however, limited by the very nature of prostitution itself. Activities are generally covert and low key, and persons in prostitution are reluctant and rarely, if ever, admit to their involvement. Detection of cases, therefore can be extremely difficult.

Furthermore, definitions of prostitution relating to the exchange of sexual favours based on commercial or non-commercial returns, the legal age of individuals involved and the consensual participation of the individuals are all issues that complicate the disclosure processes. Individuals at a young age who are sexually active and also involved in the abuse of drugs and alcohol can equally belong to the same focus group as they are seen to be at high risk of disease, unwanted pregnancies and exploitation similar to the typical stereo type prostitute.

It is believed that any estimates of the number of people involved in prostitution are considered to be a significant underestimation of the actual situation, nevertheless, the research established that a number of individuals, both male and female, are involved in prostitution in the Mid West region. In Limerick city, approximately thirty females and up to twenty males are believed to be working full- and part-time on the streets. Some operate on a seasonal basis only, depending on times of financial pressure such as Christmas and holidays etc.

There were five prosecutions in Limerick city in 1996 under the Criminal Law Sexual Offences Act, 1993 for 'soliciting or importuning for prostitution' and 'loitering with intention of prostitution'. The overall national figure was 35 prosecutions and relate essentially to the major cities i.e. Dublin, Cork, Galway and Waterford.

There were no prosecutions in other parts of the Mid West region. While the majority of activities are more apparent in Limerick city, agencies and personnel working throughout the region believe that prostitution in some form exists in many other rural towns and villages in Clare and Tipperary. However, little concrete evidence exists to substantiate these perceptions.

In the course of discussions with the Gardaí and child care personnel in the Limerick area, it is estimated that there are approximately 10-20 young people¹ in the Limerick area who could be identified as being involved or suspected of being involved in some form of prostitution. However, there are major difficulties in securing concrete and tangible proof that the youths are involved in commercial sexual activities which creates difficulties in prosecuting punters or in protecting the youths involved.

Generally, the situation in the Mid West appears to be typical of situations in other regions and countries where prostitution does not necessarily discriminate on the basis of age, gender, class or urban/rural divides.

Factors Influencing Involvement in Prostitution

In the course of the research, the factors influencing involvement in prostitution were also considered. Those identified include experience of the following:

- Poorly functioning 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.

While the vast majority of individuals who experience many of the above circumstances do not become involved in prostitution, emphasis is on the increased probability of those involved or entering prostitution to have experienced one or more of the difficulties. The factors influencing a young person's involvement in prostitution are similar to the above but can also include poor and underdeveloped sense of personal power and boundaries, member of a deviant peer group, and the pressure to acquire material goods to compete with peers.

¹ Gardaí suggest that the number includes those up to 19 years of age.

Another important reason suggested as to why some youths become involved in prostitution relates to their need to experiment and explore their sexuality. Given the size of Limerick, the close knit community of other rural towns in the Mid West region and 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 but which simultaneously lead them into encounters with prostitution. Some of the juveniles frequently have difficulties in leaving the group once they are involved. Difficulties can relate to their fears for their own personal safety or to their need for social contact which they feel cannot be met outside the group.

Problems of Those Involved in Prostitution

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 who are dealing with the stress and stigma of being involved in prostitution. Such addictions can further exacerbate an individual's inability to safeguard their personal safety and their carelessness in not using condoms and practising safer sex. The report emphasises that those problems can affect both client and worker and in some situations, the families of both.

Problems experienced by adults can also affect juveniles. However, the effects on young persons are seen to be much more serious particularly where young people have not yet reached full maturity. The impact of involvement can adversely affect the youth's long term social, psychological, sexual and emotional development.

There are additional problems regarding detection as exploitive situations where adults are involved with children tend to be more highly organised to ensure secrecy. Young people are less able to recognise and less assertive to express their abuse and needs. Furthermore, detection of the exploiting adult can be made more difficult as many do not fall within the common perception of the 'child abuser' or paedophile. Many can be 'ordinary' men, fathers, brothers, uncles, colleagues from all different walks of life and social classes. Such individuals are not always males and in some cases, the young person can be introduced to the 'trade' by parents and other members of the family.

A further complexity relates to the general denial by many parents and adults of young people's sexuality or to many adults' inability to deal with a young person's sexual exploitation. Their negative or shocked reaction can distance the young person even further and discourage discussions on matters of a sexual nature, making reporting even less likely.

Recommendations for Services

At present there is no particular agency in the Mid West region designated to specifically deal with prostitution. Nevertheless, services that address the broad risk factors for both young people and adults entering into prostitution are perceived to be crucial in the provision of both preventative and intervention measures. The report therefore emphasises the importance of a multi-agency approach by services that directly or indirectly come in contact with persons at risk of involvement in prostitution or exploitive sexual activities.

As the research had a specific focus on juvenile concerns, the report highlights the issues relating to juvenile prostitution and underage sex, and the growing problems for teenagers, parents and the community as teenagers appear to be sexually active at an increasingly younger age. Services have reported that they are more frequently faced with the dilemma of deciding when youths are in control of their own situation, when they are being sexually exploited or when certain sexual behaviours or activities are harmful to their welfare and development. It is important therefore for service 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.

The report also makes a number of other recommendations and highlights the importance of providing the following:

- increased information to parents and younger age groups at schools on issues of sexual abuse, health risks related to unsafe and underage sex, peer pressures 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.

It is further recommended that increased attention be given to services that respond to those who are directly affected by prostitution or unsafe sexual practices in terms of:

- increased health promotion programmes on AIDS/HIV and other sexually transmitted diseases;
- extension of the STD clinic to encourage a wider attendance from all sectors in the community;
- specialised training for staff dealing with victims;
- outreach services involving counselling, advice and practical assistance.

There is undoubtedly a problem of prostitution in the Mid West region. In addressing those problems, the report emphasises that the above recommendations are offered within the context of the need for a response at three levels: (1) the wider community; (2) groups who are at risk of becoming involved in prostitution, other unsafe sexual practices or abusive behaviours; and (3) those directly involved in prostitution.

In order to progress the above recommendations, it is proposed that a Health Promotion / Information Officer and an Outreach Counsellor/Project Worker

be appointed by the Health Board. The estimated budget required to fund these appointments and services as outlined in the recommendations is £85,000.

INTRODUCTION

This study was undertaken by the Mid-Western Health Board with the aim of assessing the nature and extent of prostitution in the Mid West region. It was instigated on the basis of a growing awareness of the health and welfare needs of individuals involved in prostitution in the area and the growing concerns by child care services within the region regarding the possible involvement of young people in exploitative sexual activity. While the focus of the report is on the health and welfare needs of all those seen to be involved in prostitution, particular attention is given to the issue of juvenile involvement. This report does not seek to address any of the moral issues of sexual equality, nor the decriminalisation or abolition of prostitution.

Prostitution is a complex and difficult concept to clearly define. Prostitution broadly embraces the exchange or sale of sex for cash or kind. It generally involves an individual sexually engaging with other individuals on a commercial basis. What has emerged from the findings of this report is that prostitution does not relate only to the commonly held image of the prostitute *as a woman from a particular social class, over twenty, walking the streets dressed in particular attire.*

A central finding to come from the research is that prostitution does not discriminate between individuals on the basis of age, class or gender nor do activities always fall within strictly defined boundaries. The indicators are that the more vulnerable the persons involved are, the more secretive and well hidden the activities are maintained and therefore less open for detection. This is particularly serious in terms of the welfare of juveniles. Young people comprise one of the most vulnerable groups involved in prostitution, the report places all discussion concerning juvenile prostitution within the confines of sexual exploitation. Therefore in this report, two levels of analysis are used to examine prostitution:

- The first level relates to the issues of all groups and is generally directed to adults.
- The second level applies specifically to juveniles where it is believed additional and more serious problems exist.

Data for this report are compiled from the professional observations and insights of agencies and statutory personnel in the Mid West who provide direct or indirect services to persons involved in prostitution. It is noted that given the covert nature of prostitution, an important consideration for those contributors has been the issue of confidentiality. For this reason, references that would identify particular individuals and agencies are omitted. Furthermore, it is stated that persons in prostitution are reluctant and rarely, if ever, admit to their involvement. This indicates that the estimates of the number of people involved in prostitution are considered to be a significant underestimation of the situation.

The report is divided into five parts.

Part 1 of the report outlines the objectives of the research and the methodology used to compile the data for analysis and discussion.

Part 2 defines 'prostitution' and the categories by which those in need of services can be prioritised.

Part 3 identifies common factors which place adults and juveniles at risk of entry into prostitution and the problems which are experienced by individuals subsequent to involvement.

Part 4 examines the situation in the Mid West region and presents estimates of adults and juveniles involved in prostitution.

Part 5 presents a summary of the report and outlines recommendations for services to address the needs of those who are likely to become involved in prostitution, those who are currently involved and those who wish to leave. This last part will be divided between services for all categories and services specifically designed for young people.

PART 1

OBJECTIVES

The specific objectives of the study were as follows:

1. To explore the nature and extent of prostitution in the Mid West region;
2. To identify the various health, welfare and related issues associated with prostitution for the following groups:
 - a) Persons working in prostitution;
 - b) Families of persons working in prostitution, particularly children;
 - c) The client group²;
 - d) The community;
 - e) Policy makers, service providers and agencies.

It was envisaged that the study would offer recommendations regarding the health and welfare needs for the above groups (a) to (d) and the measures, where possible, to be taken to address those needs by group (e).

METHODOLOGY

The information for this research was compiled on the basis of the following:

1. A literature review was undertaken of recent studies and reports on prostitution from Ireland and overseas.
2. Interviews with key informants of statutory and voluntary agencies were undertaken in the Mid-Western Health Board region and in other regions where services responding to prostitution exist.
3. A seminar was arranged in order to identify issues and enable the exchange of information between agencies³.
4. Interviews with those known or suspected of involvement in prostitution were undertaken.

It should be noted that the high degree of co-operation between the Gardaí throughout the region and the health board contributed significantly to the compilation of data at all levels of the research.

² 'Client' refers to the clients of the persons working in prostitution.

³ During the seminar, Mary O'Neill of the Women's Health Project in Dublin, Mick Quinlan of the Gay Men's Project, Dublin and Claire Barry of Focus Point Ireland provided an overview of their organisation's services and their experience of working with those involved in prostitution.

PART 2

DEFINING PROSTITUTION

Although there are common threads connecting the various groups involved in prostitution, clear differences specific to the gender, age and class divides are identified. Some of the primary characteristics relating to these divides in Ireland have been outlined by recent studies⁴ and through discussions with health personnel who come in contact with those involved in prostitution in the course of their work.

The common perception is that when discussing prostitution, the individuals involved are normally the female 'prostitute' or 'sex worker' who sells sexual favours to a male 'client' or 'punter' who pays for those favours with cash. There may be an additional person involved, the 'pimp' who 'protects' the woman's interests and takes a percentage of the payment in return for his services. It is also generally believed that the female 'prostitute' is from a poor background and is in the 'business' to support her children. The reality, however, can be quite different and beyond such stereotypes.

Terminology

An important issue at the outset of this study was to establish the appropriate terminology and categories by which information could best be compiled. Prostitution comprises groups of individuals who offer or are forced or pressurised to offer sex in return for money, material goods, 'a spin around town in an expensive car', attention or affection. These groups extend beyond the stereotyped female mentioned above to also comprise of both males and females from children to adults. They can be in positions of control, abuse or victimisation depending on their age, maturity or vulnerability.

The following are terms which have emerged from the research and are used to assist in establishing definitions:

- Prostitution** 'Prostitution' is also termed as 'commercial sex work' or 'survival sex'. Within the context of the law⁵, activities involving prostitution are illegal.
- The Prostitute** Adults who offer their services as a matter of choice are generally termed 'prostitute' or 'commercial sex worker'. Their 'clients' are generally termed 'punters'.
- The 'Victim'** Adults who are forced into offering services or young persons under 17 years who provide services to adults are considered 'victims'. Their 'client' group are seen as 'sexual exploiters' or 'abusers'.
- The 'Client'** Legally, all 'clients' are deemed criminals. Generally, males are the vast majority of punters or sexual abusers and are from most age groups and

⁴ **CHILDREN:** *Report of Working Party on Children in Prostitution:* Eastern Health Board, September 1997. (Internal Report).

WOMEN: O'Connor, A.M.: *The Health Needs of Women Working in Prostitution in the Republic of Ireland.* U.C.D., Dublin, 1994.

MEN: Quinlan, M: *Men in Prostitution:* The Gay Men's Health Project (EHB), Dublin 1997.

⁵ See Appendix 1

social classes. In cases of activities involving juveniles, these persons can be 'ordinary' men (and women) and are unlikely to fit most pre-conceptions of 'paedophile'. Their payment for 'services' takes a range of forms varying from the straight payment of cash to some form of domination.

- The 'Pimp'** The 'pimp' figure also falls within the group of exploiters. Their level of 'protection' frequently extends to the protection of their own interests. 'Pimps' are males and females, they can be fathers, mothers, husbands, partners or a member of a young person's peer group. Their 'protection' may cover one individual or an organised group of individuals.
- 'Services'** Services are provided in a range of contact forms including vaginal sex, oral sex, hand relief, massage and bondage services, and in non-contact forms such as chatting, sexualised talk and flashing.

In creating a conceptual framework of the problems and needs relating to prostitution, it has been necessary to look outside the narrow confines of the term 'prostitute', 'commercial sex worker' or 'abused child'. While many of the obvious cases can clearly fall within the remit of either term, the problems which those individuals face can extend to a much wider population. Individuals at a young age who are sexually active and also involved in the abuse of drugs and alcohol can be at an equally high risk of disease, unwanted pregnancies and exploitation similar to the typical stereo type prostitute.

Agencies working with young people have remarked on how sexually active people are becoming at an increasingly younger age and the indifference many youths express about their own personal health care regarding safe sex. Many will not use condoms and do not consider themselves at risk of contracting sexually transmitted diseases (STDs) and AIDS/HIV. Moreover, the lack of care shown about their personal health also indicates that they are unlikely to take adequate precautions regarding their personal safety.

In 1996, the national figure for births to teenage mothers at 18 years and younger was almost 1,600. In the Mid West region, this figure was 135.⁶ This presents some indication of numbers of young people who are sexually active and should be considered as excluding the number of sexually active males and the number of young females who do not become pregnant or complete a full term of pregnancy.

There may be therefore as many needs to be addressed by the health board regarding juvenile sexual practices as there are for juveniles involved in prostitution.

Categories

The following offers three broad categories by which those most in need of attention can be prioritised.

1. **'Persons involved in prostitution'** covers both the sex worker and the client. However, this term identifies more with the adult population and

⁶ CSO: Vital Statistics 1996.

does not adequately encompass all the issues for those involved who are under the legal age of consent. For this reason, juveniles and children under 17 years of age will also come within a separate category.

2. **Juveniles** who are involved in commercial or non commercial sexual activities, will require similar services as adults but will be referred to separately wherever specific issues for the juvenile arises. Whether their involvement is willing or unwilling, juveniles are referred to as being in situations of sexual abuse or sexual exploitation. While this demarcation is obvious for those for example under 14 years of age, it becomes less clear for those older teenagers. It is frequently reported that teenagers are becoming sexually active at an increasingly younger age. This creates a dilemma for services to decide when youths are in control of their own situation, when they are being sexually exploited or when certain sexual behaviours or activities are harmful to their welfare and development. It is important therefore, 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.
3. **Families** of persons involved in prostitution relate to the impact on the families of both the sex worker and the client. The partners of both are at risk of contracting HIV/AIDS and STDs and the children can be at risk of exposure to inappropriate sexual behaviours where activities occur in the home environment.

It should also be mentioned that in grouping individuals within categories of prostitution, difficulties arise with situations where sex is exchanged for rewards which are not clearly visible. Individuals may feel obliged to have sex as a result of pressures from peers, family members or other influential adults, or for personal reasons which do not involve material gain such as affection or attention.

PART 3

PROSTITUTION: PROBLEMS AND NEEDS

For the purpose of this study, priority will be given to the needs of the most vulnerable individuals which are those who are at greater risk in terms of health, welfare and safety. Furthermore, given that there are three broad categories of individuals for consideration, the experiences and consequently the needs of all the persons involved are diverse. A variety of services will, therefore, be required not only to assist those who wish to get out of their situations but also to assist those who are likely to remain within.

This part of the report examines the problems which relate to those directly and indirectly involved in prostitution or activities of sexual exploitation. It is understood that some of the problems originate prior to a person's involvement in prostitution, their situation can, however, exacerbate and reinforce those very same problems subsequent to involvement.

Factors Influencing Involvement In Prostitution

The following are key factors which were identified as placing individuals at risk for involvement in prostitution. These have been independently and collectively documented and referred to by numerous reports and studies (Quinlan, 1997), (Eastern Health Board, 1997), (McElwee & Lalor, 1997), (Finkelhor, 1986), (Jesson, 1993), (O'Connor, 1994), (Kelly et al, 1995), (Manning, 1996), (McAleer, 1994), (Jaget, 1980). It is not suggested that each factor on its own leads to prostitution. Cause and effect can be quite complex and frequently, the constellation of at least two or more factors are important considerations for subsequent involvement.

It is also recognised that the vast majority of individuals who experience many of the following circumstances do not become involved in prostitution. Emphasis is on the increased probability of those involved or entering prostitution to have experienced one or more of the difficulties. Furthermore, the set of circumstances should be viewed within the context of how the person reacted to those set of circumstances.

The most commonly identified factors include experience of :

- Poorly functioning families of origin and involvement in abusive adult relationships.
- Parents and siblings involved in prostitution.
- Running away from home, homelessness and placements in care either at the time or at some point in the individual's life.
- Poverty and low incomes.
- Long term unemployment.
- Physical and sexual abuse in childhood or adolescence (traumatic sexualisation).

- Alcohol and drug abuse and addictions. This may relate to the individual and the individual's partner/pimp where money is required to finance the habit of both or either.
- Social isolation.

General Problems Of Those Involved In Prostitution

In many instances, a person's involvement in prostitution intensifies those initial difficulties and also creates further problems, sometimes at a more damaging level. The links between drugs, homelessness and poverty emerge as crucial and central issues when examining risk factors and subsequent problems for individuals involved in prostitution. The cyclical nature of prostitution, for example, means that involvement in prostitution frequently leads to drug and alcohol abuse.

Many individuals work in prostitution in order to obtain drugs/ alcohol or the money for payment of drugs/alcohol in exchange for sex. In some cases, the nature of the work and the related stresses contribute to forming or exacerbating the habit as individuals use drugs/alcohol to help them to cope with their situations. Furthermore, the amount of alcohol or drugs consumed before and during work raises health issues regarding an individual's ability to ensure safe sex. This is particularly serious where the individuals involved are intravenous drug users and risks of the spread of AIDS/HIV are increased. Studies have highlighted clients' willingness to pay more for sex without condoms. Issues of safe sex can be seriously compromised by the disinhibiting effects of the alcohol/drugs and the need for money.

In addressing homelessness, individuals who exchange sexual favours for a bed/shelter are not always guaranteed a secure home for any long term period. Their activities frequently result in landlords refusing them accommodation, or exploiting them through eviction or overcharged tenancy.

In addition to intensifying these initial problems and key risk factors, the following are additional problems experienced by many subsequent to involvement in prostitution:

- **Personal Safety:** Dangers to personal safety may include threats of physical violence, rape and muggings. Several studies report on the experiences by many involved in prostitution who have been assaulted, physically attacked or threatened⁷. The victim can be either the client or the worker and the violence may be inflicted by the client, the worker, the pimp and in some cases workers have assaulted other workers in defending their territorial patch.

The illegal nature of prostitution and the penalties for those convicted of soliciting, loitering and organising prostitution can create a dilemma for those involved in prostitution when deciding to discuss and report violence and threats of violence to the Gardaí. Research suggests that some

⁷ Sharpe, K.: *Working with Prostitutes*. Policing Today, June 1997; Quinlan(1997); O'Connor (1994).

prostitutes believe that they will not be taken seriously by the Gardaí, that they themselves risk being charged with soliciting and that they experience a different kind of treatment to other citizens when they report rape and other forms of violence⁸. Gardaí in the region, however, have demonstrated in the course of this study that a high level of empathy and concern exists on the part of the Gardaí for those (workers/victims) involved in prostitution.

- **Health Issues:** Individuals can face many health risks. At a fundamental level, there are risks of illnesses resulting from being regularly exposed to inclement weather. Research, however, on health at this level of those involved in long term prostitution has been limited in Ireland. Studies have tended to focus more on the sexual health risks relating to HIV/AIDS and other sexually transmitted diseases. Problems are seen to arise not only for the worker and the client but also when disease is spread to the partners of both.

The stigma and shame attached to prostitution creates difficulties for both the worker and the client when discussing health concerns with GPs and other medical personnel. Without comprehensive profiles of patients, health professionals are unable to provide comprehensive medical assistance and advice. Health professionals are further limited when compiling and maintaining any form of database and research on individuals involved in prostitution.

- **Alcohol/Drugs:** Many studies highlight the problems of addictions in prostitution. Alcohol and drug abuse can aggravate the seriousness of the problems in terms of finances, personal safety and health. As mentioned above, addictions can be a reason for entry into prostitution and also an outcome for those who are trying to cope with their involvement. For some, the underground and criminal environment in which they operate leads them to direct and easy contact with those who supply drugs.
- **Social Stress and Stigma:** There can be considerable stress on individuals related to denial of their circumstances, leading a 'double life' and being involved in illegal, frightening and secretive activities. The stigma, social isolation, fears of discovery and the view of being judged as the 'lowest of the low' even within criminal spheres places insurmountable pressures on many with serious psychological ill-effects. Suicide is high risk for those involved in prostitution, particularly for those who were diagnosed as HIV positive⁹.

There are additional pressures on those working in prostitution. Fears of the possibility of family members finding out about their involvement, fears of the involvement of social services in their family and risk of losing custody of their children contributes further to the strain of a secretive lifestyle.

⁸ *ibid.*

⁹ Manning, K.: *Female Street Prostitution in Dublin*. Dissertation submitted to the Department of Social Policy and Social Work, U.C.D. for Masters Degree of Social Science (1996).

Juvenile Problems And Needs

The issue of young people involved in prostitution creates serious and urgent concerns for statutory bodies, parents and the community at large. Young people by their level of development and vulnerability have generally greater and more specific needs than adults. As mentioned in the above section relating to 'categories', the concept of juvenile prostitution is viewed within the realm of sexual exploitation. This is particularly the situation where individuals are considered not yet to have reached full maturity and have weaker defense mechanisms regarding threats and attacks to their health and safety, and psycho-sexual development.

The reasons youths become involved in or are at risk of prostitution (or situations of sexual exploitation) can be similar as for those of adults. All of the above risk factors for adults can be applicable to the juvenile situation. However, those risk factors can have further dimensions for the young person. For example, poverty and homelessness can be more difficult issues for the young person to resolve in that youths are not legally old enough to secure full-time employment or housing. The opportunities for survival for many can be based on working in the black economy and living rough. Situations of homelessness, 'hanging around' the streets, the perceived lack of employment and life opportunities and poverty contribute to conditions that increase the risks of youths becoming involved in situations of sexual exploitation or 'survival sex'.

The Exploiter: Adults who are in the position of abuser or exploiter, will be aware of the areas to locate and target such young people and of the level of vulnerability that these young people can be in. They will generally have identified and will take advantage of the young person's weaknesses, will entrap him/her by attending to their needs, and in return will engage the young person in sexual activities.

Situations where adults are involved with young people tend to be highly organised in that considerable planning is required in identifying and entrapping the victim and ensuring that secrecy is maintained at all times. Furthermore, detection of the exploiting adult can be made more difficult as many do not fall within the common perception of the 'child abuser' or paedophile. Many can be 'ordinary' men, fathers, brothers, uncles, colleagues¹⁰ from all different walks of life and social classes.

Targeting may also be facilitated by another adult or member of the young person's peer group. Instances have occurred in some hostel situations where an ex-hostel resident who knows the running of the hostel would easily identify a vulnerable resident and introduce him/her to an exploiting adult or to an organised ring of adults. This person may also be directly involved in the organisation of the activities. Such individuals are not always males. In some cases, young people are introduced to the 'trade' or rather exploitation

¹⁰ Kelly, L. et al: *Splintered Lives*. Barnardos, UK (1995). Pp 18.

by parents and other members of their own family. In the course of this research, fathers have been reported to act as pimps for their daughters and women involved in prostitution have been identified as training their son or daughter into the 'profession'.

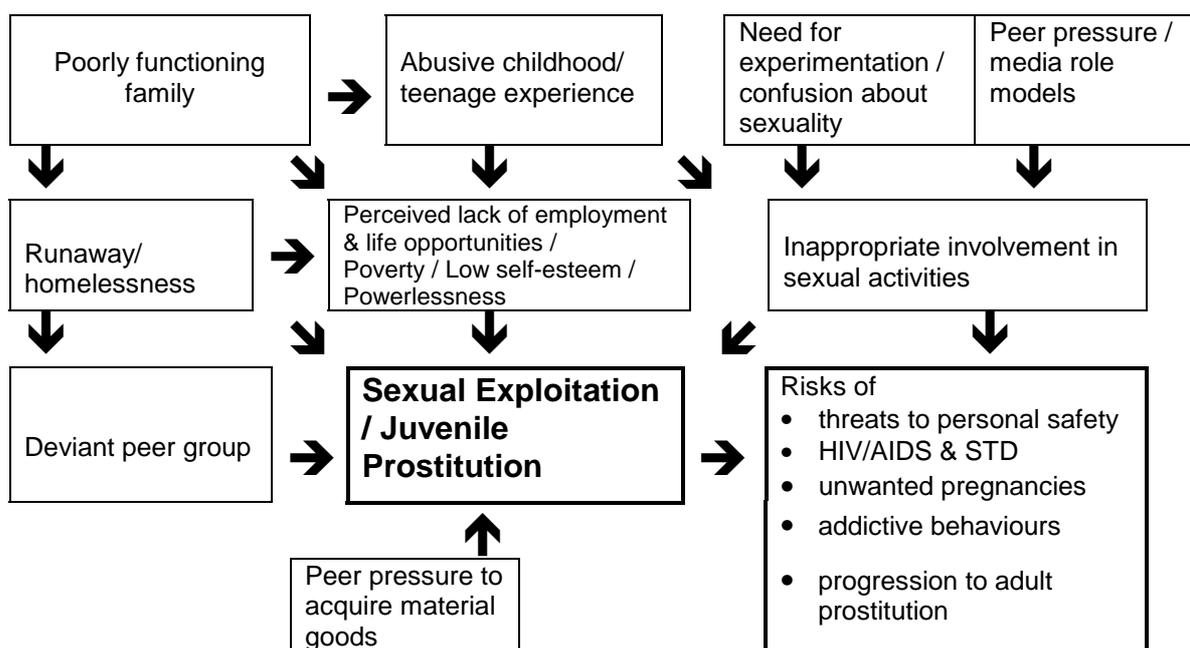
Home Environment: Some young people may be forced to survive on their own to escape violent and abusive family situations. The dangers on the streets may be less than the dangers they face at home. Exposure to abusive situations, physical or sexual, in childhood and adolescence is considered a significant contributory factor for many who become involved in prostitution. Even though the individual may have escaped the abusive home situation, they carry with them the traumatic experiences and set of norms and behaviours learned from a poorly functioning family. They may be more inclined to expect inappropriate behaviour and experience subsequent victimisation as they experience it as the norm. The risk factors in such instances are further compounded around problems which include

- poor and underdeveloped sense of personal power and boundaries,
- confusion about their own sexual identity,
- low self esteem and poor ability to form personal attachments.

Very often, in these cases, all that is required from the abusing adult is to offer some compensatory affection or attention in order to secure sexual favours from the young person. Traumatic sexual experience might further lead to characteristics and tendencies for young people to become further involved in organised prostitution, perhaps themselves as a more central figure or 'peer pimp'.

Peer Competition: The focus and importance for many teenagers is to be as 'good' as and to be accepted by their peers. Image and fashion play a significant part in these social dynamics and teenagers can place themselves under enormous pressures to follow media role models and to compete with their peers' latest fashion commodities. While there is a strong link between young people's involvement in drugs and prostitution, the link between acquiring material ('designer label') goods and prostitution should not be underestimated. It was reported that one female teenager was willing to sell herself for a few bottles of nail polish.

Figure 1. Factors influencing young persons involvement in prostitution and unsafe sexual practices.



➔ : denotes “leading to.....”

Age Specific Issues: While many of the same problems are faced by both juveniles and adults, the situation for juveniles is further complicated by issues relating to the age of the individual and the corresponding social, cultural and legal implications. Involvement in prostitution and under age sexual activities raise more serious concerns for the juvenile than the adult in that activities are more exploitative and more hidden. The impact of involvement on the young person can adversely affect the youth’s long term social, psychological, sexual and emotional development.

Increased Vulnerability: Juveniles who are newcomers to prostitution, with underdeveloped self-protection mechanisms and who are desperate for money to feed drug or alcohol addictions can tend to be more careless and less selective in their choice of client and the range of services they will provide. The dangers posed by their drug and alcohol habits, together with poor judgement increases enormously their vulnerability to violent attacks and abuse.

Reporting: Juveniles can be more vulnerable than adults due to difficulties in their inability to recognise and express their needs. Moreover, legal consequences relating to juvenile prostitution forces activities more underground, placing greater stresses on individuals and further complicating detection by statutory bodies. Juveniles generally tend to be more reluctant and less assertive when discussing problems with GPs. This is greatly compounded by embarrassment and fear where there is involvement in

sexual activities, and particularly where activities are illegal and involving adults who they are threatened by.

There is a further complexity to the issues at hand. Many parents and adults in general deny the reality that young people are sexually active or that they are in situations of sexual exploitation. Their negative or shocked reaction to the existence of the widespread occurrence of teenage sexuality can distance the young person even further, making reporting even less likely. As with GPs, there can be reluctance on the part of the young person to discuss matters of a sexual nature with their own families and even more apprehension in reporting offences to the Gardaí.

PART 4

PROSTITUTION IN THE MID WEST REGION

Adult Involvement

There are presently no services specifically available to address the needs of persons involved in prostitution in the Mid West region. While several agencies and statutory bodies offer services which address some needs e.g. STD services, condoms, homelessness etc., there is no designated service and so no centralised database of individuals or reliable sources of accurate information available.

Nevertheless, those agencies and personnel who are in contact with individuals requiring related services were in a position to provide an overview of the nature of the activities in the region.

Street Prostitution

In Limerick city, street prostitution is the most visible and easily quantifiable activity. It has been suggested that there are approximately thirty females and up to twenty males working full and part-time on the streets. It is highly unlikely that all these individuals would be seen loitering in an area at any one time. Estimates on a busy night would be closer to a hard core of ten females and a more variable group of five to ten males. The number of male workers however, would appear to have increased in recent years. Some of the females operate on a seasonal basis only, depending on times of financial pressures such as Christmas, holidays etc. Others are known to live outside Limerick and work in different towns and cities at different times.

The majority of street workers operate in the inner city of Limerick, covering eight streets or less. The areas comprise both residential and commercial property and areas for males and females are generally separate. Each female would tend to have her own clearly defined patch and regular customers. Patches would appear to be well established and defended with hidden regulations. Females particularly do not appreciate when younger females or teenage males work in their area as they are considered more attractive and likely to poach their customers.

According to Garda sources, there is no serious pressure from local residents for action to be taken to end activities. Complaints are forthcoming mainly when individuals use doorways as toilet conveniences or when female residents are mistakenly approached by clients and kerb crawlers. While some male activities traditionally take place in public street toilets, there are no 'suitable' street toilets in Limerick city. However, there are reports of activities in the male toilets of a specific city centre building where young males are sometimes seen 'hanging around' the toilet area and believed to be seeking sexual partners or offering sexual services in exchange for payment.

Escorts and Parlours

It is also reported that Dublin based agencies send escorts to Limerick and operate from city hotels. Services are advertised in Dublin magazines. As these workers are more transitory, quantification is not possible. However, escort services available in hotels would appear to be increasing, with mention of an annual turnover in excess of one million pounds¹¹. There are also suggestions of some parlour based services in existence, though these are relatively small operations (with a maximum of two workers) and services do not compare with the sophistication of services available in Dublin. Community workers and health personnel in Limerick believe that some activities are also taking place in houses in particular estates in the city, though there is no evidence to substantiate this.

Activities Outside Limerick City

As in many other cities and towns both nationally and internationally, there is a traditional association between prostitution and dock areas in the region. Women working in prostitution have visited ships which dock at the port of Foynes in Co. Limerick for the past twenty years. Activities occur on board ship only and not in any local premises. They are generally discrete and rarely attract Gardaí attention. There have been no prosecutions of soliciting in Foynes in recent years and visits would appear to be diminishing. The women travel mainly from Limerick city, though one woman is known to travel regularly from another county.

Activities in other areas of the Mid West appear to be more covert and low key. While there are suspicions that activities¹² are on-going in some towns

¹¹ According to Business & Finance (13 November 1997), the overall Irish sex industry is reckoned to have a turnover of close to £35m a year.

¹² Activities are believed to be primarily women working from their own homes

in Clare and Tipperary, again little concrete evidence exists. One health professional came in contact with a woman who hitched between a small town and Limerick city, offering services in exchange for cash to those who gave her a lift. This woman has since left the area due to contacting a STD. It is believed however, that some of her friends continue to work on the roads in a similar way.

Numbers of clients/punters availing of services are even more difficult to estimate. The street workers, particularly females, are generally and regularly seen in the one established place. The presence of the client/punter is not as well established or routine. Generally, the client/punter will reveal themselves only to agencies when there is a problem, such as fear of having contacted HIV/AIDS or other STDs. Clients/punters are commonly male, come from all classes and age groups.

Prosecutions

There were five prosecutions in Limerick city in 1996 under the Criminal Law Sexual Offences Act, 1993 for 'soliciting or importuning for prostitution' and 'loitering with intention of prostitution'. The overall national figure was 35 prosecutions and relate essentially to the major cities i.e. Dublin, Cork, Galway and Waterford. There were no prosecutions in other parts of the Mid West region. In recent months, charges were also brought against two women working as escorts in Limerick city hotels.

While many of the female street workers are known to the Gardaí and there is a regular surveillance maintained of the areas, it is believed that eradication of the problem would only result in displacement of the activities underground or to other areas of the city. Furthermore, securing evidence against worker and particularly, client is highly problematic. Gardaí attitudes and relationships with women working on the street are generally good. Nevertheless, it is believed that most assaults on workers by clients are under-reported. (Clients rarely make any reports, where they do they will not admit to involvement with prostitution at the time of the incident.)

Juvenile Involvement

In the course of discussions with the Gardaí and child care personnel in the Limerick area, juvenile prostitution in Limerick city was raised as an issue of concern. Further discussions with agencies in the voluntary sector have also identified several youths, both male and female, which they clearly suspect as being involved in prostitution or in unhealthy sexual activities.

So far it is estimated that there are approximately 10-20 individuals¹³ in the Limerick area who could be identified as being involved or suspected of being involved in some form of prostitution. While the actual number of juveniles may appear to be small, the seriousness of the issues and the age of some of the youths is a cause of concern for the Gardaí and the health board. However, there are major difficulties in securing concrete and tangible proof

¹³ Gardaí suggest that the number includes those up to 19 years of age.

that the youths are involved in commercial sexual activities which creates difficulties in prosecuting punters or in protecting the youths involved.

This is of particular importance in a case where a number of male juveniles are involved in a possibly organised manner. It is feared that more intense investigations by health board officials or the Gardaí can force activities further underground. Even where an individual may wish to escape such a group, he may be quite reluctant to make a formal statement to the authorities for fear of repercussions from other peers in the group who have much to lose following exposure in terms of 'profits' (money or drugs) from the activities. Moreover, the juvenile may also fear the organisers who may be adults who have also a lot at stake in terms of their social standing and reputations in the community.

The situation in Limerick would appear to be typical of situations where homeless youths or youths living in hostel accommodation can be targeted by adult males or are more vulnerable to involvement due to peer pressure. The motive for involvement by the youths is believed to be linked to drug-related activities where sex is exchanged for drugs or money for drugs. Other cases were identified outside the Limerick area in Clare and Tipperary and are also linked to drug activities.

Another important reason suggested as to why some youths become involved in prostitution relates to their need to experiment and explore their sexuality. Given the size of Limerick, the close knit community of other rural towns in the Mid West region and 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 but which simultaneously lead them into encounters with prostitution. Some of the juveniles frequently have difficulties in leaving the group once they are involved. Difficulties can relate to their fears for their own personal safety or to their need for social contact which they feel cannot be met outside the group.

The suspected cases of male juvenile prostitution in Limerick city has prompted the research to explore issues of juvenile prostitution in other areas of the Mid West region. One community agency in Town A¹⁴ reported suspicions regarding females 'hanging about' the streets at night and by their behaviour were possibly involved. Agencies in the Clare area have reported that a small number of male juveniles between 14 to 16 years of age are also suspected of being involved in exploitive sexual activities in Town B¹⁵. The activities are suggested to be drug related with at least one adult involved. It was unclear, however, whether the activities could be termed 'commercial' and whether it is within the realm of prostitution. There are reports of three or four females, aged 16 to 18 years of age who could be involved prostitution in a port area of Town C¹⁶.

¹⁴ Name of towns concealed to avoid identification of individuals.

¹⁵ Name of towns concealed as above.

¹⁶ Name of town concealed as above.

As in Clare and Limerick, agencies in Tipperary N.R. have also reported increases in alcohol and drug abuse by youths. They had not, however, come in contact with any youths directly involved in prostitution but have reported on youths being sexually active at an increasingly younger age. They also did not discount the possibility of the exchange of sexual favours for drink or drugs amongst peers.

PART 5

SUMMARY AND RECOMMENDATION FOR SERVICES

Summary

The research has established that a number of individuals are involved in prostitution in the Mid West region. While the majority of activities are clearly evident in Limerick city, agencies and personnel working throughout the region believe that prostitution in some form exists in many other rural towns and villages. Furthermore, a number of young people are believed to be involved or at risk of becoming involved in juvenile prostitution and sexual exploitation in the area. It is also emerging that the numbers involved would appear to be on the increase. Although there is no evidence to suggest that children under 13 years of age are involved in prostitution in the Mid West region, personnel in services contacted and studies elsewhere¹⁷ indicate that prostitution does not discriminate on the basis of age, gender or class.

Various terms have been used to encompass the different strands of prostitution. The complex nature of the activities makes categorisation a difficult task to accomplish. The exchange of sexual favours based on commercial or non-commercial returns, the legal age of individuals involved and the consensual participation of the individuals raises complicated issues that go beyond the brief of this study. In spite of such complexities, this study attempts to identify and examine different elements relating to prostitution and aims to make a contribution in the search for effective responses to this problem.

At present there is no particular agency in the Mid West region designated to deal with prostitution. Prostitution, like sexual abuse, by its covert nature has not allowed for a precise measurement of numbers of adults or young people and the estimates which have been established are considered a significant under-estimation of actual figures. A more accurate estimate would require a more in-depth investigation that would allow time for the development of trust and collaboration with those involved. Furthermore, in the absence of a designated service, a more co-ordinated involvement and co-operation by the agencies and personnel who directly or indirectly come in contact with persons at risk of involvement in prostitution or exploitive sexual activities is required for an on-going assessment of the situation and the emerging issues.

The report has established the risk factors that affect both young people and adults entering into prostitution. These include experiences of homelessness, poverty, poorly functioning families, drug and alcohol abuse, sexual traumatisation, lack of employment and life opportunities. There are also factors identified specifically affecting juveniles which relate to issues of exploitation and their increased vulnerability. Their involvement is

¹⁷ Kelly, L. et al (1995); Eastern Health Board (1997).

significantly affected by drug abuse, peer pressures, parents/siblings involved in prostitution and exploration of sexuality.

It has emerged that problems frequently intensify for all groups subsequent to involvement in prostitution. Additional problems experienced relate to risks to personal safety, risks of contracting HIV/AIDS and other sexually transmitted diseases, stresses relating to social stigma and fears of detection by statutory bodies. For young people, their involvement creates further problems ensuing from the adverse effects of prostitution to their emotional, psychological and sexual development. Moreover, legal consequences relating to juvenile prostitution makes activities more secretive and further complicates detection by statutory bodies and prosecution of abusers by the Gardaí.

Recommendations

All agencies and personnel contacted expressed concern about the problem of prostitution in the region and with the lack of designated services for those involved in it. In identifying and defining the nature of the problems, it was felt that a range of services and a multi-agency approach would be required serving not only those who are clearly and specifically involved in prostitution, but also for those who are equally vulnerable and at risk of the same health and welfare problems through their sexual activities and other abusive behaviours.

Similar factors for example could be identified for those who are placed by others or themselves in unsafe sexual practices leading to possible situations of physical violence and rape, unwanted pregnancies, sexual exploitation and abuse, HIV/AIDS and STDs etc. These include

- juveniles involved in teenage sexual activities who are as yet emotionally, psychologically or physically immature for such involvement and considered within the law as involved in illegal activities;
- individuals who are regularly involved in sexual practices with a multiplicity of partners;
- mothers with children by a number of fathers in irregular and unstable relationships.

It is also recognised that in addressing problems experienced by those involved in prostitution, regard must also be given to the structural causes and risk factors which lead individuals into prostitution.

The following measures do not only relate to services which address needs of those involved in prostitution. Equally important, they can be considered as important preventative measures as they will also deal with many of the risk factors which lead individuals into prostitution. With this in mind, the recommendations are suggested within the context of the need for a response at three levels:

Level	Target Group
Level 1	The wider community
Level 2	Groups who are likely to be at risk of problems associated with unsafe sexual practices, multiple partners, including those involved in prostitution.
Level 3	Those involved in or at risk of becoming involved in prostitution.

Furthermore, it is recommended that the following measures should be based on 'harm-reduction' for those involved in prostitution, where services aim to address difficulties for individuals and encourage their attendance rather than the provision of services which are 'punishment-based'. It is also recommended that due consideration be given to rural issues, especially where fears of recognition and embarrassment may restrict attendance at local services.

Primary Measures

- Juveniles who become involved in prostitution, whether voluntarily or not, are involved in illegal activities and more importantly, are in situations of abuse. Service providers with experience of dealing with victims of sexual abuse have suggested that some victims could have been spared their trauma if they had basic awareness about inappropriate adult behaviours and how to deal with and avoid sexual advances.¹⁸

Prevention through the provision of information to children and young people, possibly through education programmes at school, is therefore an important measure in preventing children falling victim to abuse citing the dangers caused by paedophiles or prostitution. Increased awareness in children and young people will also assist in increasing the numbers of victims who will seek help.

- Health promotion in schools around issues of safer sex, particularly regarding the spread of HIV/AIDS, other STDs, and risks of unplanned pregnancies should be extended to younger age groups in schools. This should also be linked to education programmes covering drugs and alcohol abuse, personal safety, peer pressure and personal empowerment. A young person's awareness of their own self-esteem and the ability to say 'no' can at times be their only defense mechanisms when faced with situations of substance abuse and underage sexual activities.

¹⁸ Finkelhor, D.: *Prevention: A Review of Programs and Research*. A Sourcebook on Child Sexual Abuse. Sage, USA, 1986

Secondary Measures

- Personnel who are in contact with young people, particularly children at risk, should receive training in order to detect the problem as early as possible. It is therefore important for such personnel to have up to date information and awareness of the key issues on juvenile prostitution and teenage sexual behaviours.
- Drop-in services that are age appropriate, open and non-discriminatory to all juveniles should be established that would provide a safe environment for young persons to socialise and that would promote health messages on safe sex and offer information on relevant voluntary and statutory agencies.
- Juveniles can have complex lifestyles and require specialised services appropriate to their levels of physical, psychological and emotional maturity and development. The involvement of a network of agencies will contribute significantly to the provision of a holistic approach with the necessary specialised back-up and referral.
- Awareness raising should be undertaken regarding teenage sexuality by relevant agencies and health promotion services. Many adults, particularly parents refuse to believe that young people may be sexually active. Their state of denial neither encourages open and safe channels for discussion nor allows an environment for the young person to report incidents of abuse. Programmes should also provide awareness for young persons on sexual behaviours which can be detrimental to their health and development, particularly regarding risks of HIV/AIDS.

Tertiary Measures

- Many reports have highlighted the issue of safety as being high on the priority list of those involved in prostitution. Individuals are noted as being at high risk of serious forms of violence such as rape, assault, robbery. Agencies and services should be available where incidents could be reported in a safe and non-threatening environment and which in turn could assist in detecting the perpetrators as well as providing the counselling and care to the victim. Specialised training may be required by those who deal with victims of violence involved in prostitution.
- Services such as the STD clinic should be extended in order to encourage and facilitate the attendance by individuals from all sectors of the community. Facilities should be designed to provide a more discreet service, where individuals will not fear detection by other members of the public and where they can attend without the stigma and embarrassment surrounding sexual health issues. Increased information should be made available on the risks of sexually transmitted diseases relating to unsafe sex. The importance of STD screenings and the other services provided by the clinic should also be promoted.
- A co-ordinated approach by the partnership of several agencies should be developed to provide a range of services for those directly involved in

prostitution. Services should include education and training, rehabilitation, sexual health promotion particularly regarding condom use and full STD screenings, accommodation, and addiction counselling. Programmes should be available for those who remain within prostitution and for those who wish to transfer into other occupations.

- Agencies which offer services that are designed to include those involved in prostitution should be operational during evenings and at other appropriate times. The provision of services from mobile clinics should also be considered to facilitate those in their areas of work or those who do not have access to own transport. The use of mobile clinics should take account of service-users becoming easily recognisable and their desires to remain anonymous.
- Individuals involved in prostitution should be consulted regarding the development and provision of services. Peer involvement in services will create a more accessible and approachable service.
- Outreach work should be established for counselling and advice particularly in situations where it is unlikely that juveniles will approach services themselves.
- Services should be available specifically for juvenile prostitutes which would provide medical advice and referrals, pregnancy testing, sexual health screening, counselling and condoms. 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. Services should include a confidential telephone service and provide practical assistance such as laundry and washing facilities, sanitary supplies and toiletries, and bus fares to attend clinics for individuals living in other towns or rural areas.
- There should be increased funding and resources made available by the Gardaí into the detection of adults involved with juvenile prostitution and sexual exploitation. The establishment of a special Garda unit should be considered specifically for this purpose.
- A network should be developed with projects established in other health board areas which are designed to address the relevant issues relating to prostitution¹⁹, and secondly, which specifically target the needs of young people vulnerable to sexual exploitation²⁰.

¹⁹ Projects which could offer valuable advice include the Women's Health Project, the Ruhama Women's Project and the Gay Men's Health Project, all situated in the Eastern Health Board region.

²⁰ Projects which are identified include Focus Point Ireland based in Dublin and the Y.I.P. Project in Dundalk.

Resources Required

In order to progress these recommendations, it is proposed that resources be sought to make the following regional appointments:

• Health Promotion and Information Officer	£30,000
• Outreach Counsellor/Project Worker	£30,000
• Service Budget	£25,000
TOTAL	£85,000

Appendix 1. Legislation Covering Prostitution

The Criminal Law (Sexual Offences) Act 1993 is the current legislation covering prostitution in Ireland. The Act makes it an offence to solicit or loiter for the purpose of prostitution. The Act applies to the prostitute and the client and includes both males and females.

Under the Criminal Law Amendment Act of 1935 and the Age of Majority Act, 1985 the age of consent is reached on the 17th birthday. Any person who “unlawfully and carnally” knows any minor under 15 is guilty of a felony, and guilty of a misdemeanour if the minor is between 15 and 17 years. Any person having intercourse with a minor who had not reached their 17th birthday is by definition guilty of an offence.

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