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Giving voice to women in the sex industry: A voice-centred relational model based qualitative study

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This qualitative, exploratory research examines the barriers that prevent women in sex work in Ireland from accessing co-ordinated health and social care services. Using an adapted voice centred relational model (VCRM), the study examines the experiences of women engaged in sex work. The study underpins a feminist standpoint epistemology theoretical framework, and gives voice to minority groups who remain excluded from research, policy and practice. The findings indicate that women involved in sex work are primarily working indoors, hold precarious legal status and are in Ireland as a response to global migration and economic necessity. Street based sex work too, remains evident with a strong link to family breakdown and addiction. The women discussed their experiences of their health and well-being and the impact of minimal health and social care supports available to them. The research highlights the need for further health and social care service development throughout the country of Ireland that is respectful to the various social determinants which impact on the lives of women in sex work. This study contributes to Irish knowledge and, in particular, pertaining to the psychosocial experiences of women involved in sex work and the Irish health and social care service. It has profound implications for future studies in the field of Irish sex work and proposes a strong case for qualitative research as a tool to address practice and policy change, alongside, extending the debate on sex work both nationally and internationally to include the perspectives of women involved in the sex industry.

Introduction

The diverse voices of women in the sex industry are insufficiently represented within empirical research both nationally and internationally (Spector, 2006). Moreover, the voices of women in the sex industry remain excluded from the current narrative, in particular, addressing the psychosocial needs of women involved in sex work. There are strong associations between legal and political systems which have impacted on the protections available and the pathologising of individuals involved in sex work in Irish society (Byrne & McCutcheon, 2014). On average 1,000 women are available on any given day (Healy, 2012;

O'Connor & Pillinger, 2012 within Ireland's indoor and street based sex industry. These figures are not inclusive of women who cannot be counted from designated street locations or do not advertise on escort websites. The figure therefore, may be significantly higher. In Ireland today women are engaging in sex work in an ever changing sex industry. Ireland is exposed to global trends and influences. Therefore, what is happening globally impacts on what happens nationally. For example, according to Ward (2010), from the early 1990s, Ireland saw a new sex industry emerge in the form of sex shops, lap dancing clubs, escort websites and increased interest in pornography. This shift, along with the movement of women into the country, provided a new landscape for Ireland's sex industry. This is supported by a report from The Immigrant Council of Ireland (O'Connor & Pillinger, 2012), which stated that there are 51 different nationalities of women available to men in Ireland. Despite Ireland's large sex worker population (Department of Justice and Equality, 2012; Healy, 2012; Sweeney & FitzGerald, 2017), there have been no critical discussions of how Ireland's health and social care system intends to address this population's specific health requirements (for exceptions, see Nelson, McGrath, & Giaquinto, 2010; O'Connor & Pillinger, 2012). This study of women involved in sex work, is an exemplar to illustrate how the Voice Centred Relational Model (Hereafter VCRM), data analysis of Brown and Gilligan (1993), can give voice to such groups (Mauthner & Doucet 1998; Oleson 2004; Paliadelis & Cruichshank, 2008).

The VCRM is a qualitative methodology that focuses on the voices (the stories and perspectives) within participant narratives (Bright, Kayes, Worrall, & McPherson, 2015). It is based on the premise that a person's 'voice' is "polyphonic and complex" (Brown & Gilligan, 1993, p. 15). This method of analysis was introduced and developed through the research of Brown and Gilligan (1993) within the discipline of psychology and was later adapted for sociology by Mauthner and Doucet (1998). When considering the highly politicised and moral subject of sex work which penetrates a given society, "female prostitutes [sex workers] are legally and socially constructed as a separate class of persons, and as such are subjected to a range of civil and human rights abuses" (O'Connell Davidson, 2001, p. 84). Sanders (2009) sets the scene for moving away from the many 'deviant' prostitute theories towards drawing on 'individual' experiences and their narratives about being involved in the sex industry. To deconstruct this discussion, there is a need to acquire a different understanding of behaviour and circumstances of social interaction and positioning; a 'relational ontological', understanding of the participants within research. According to Mauthner and Doucet (1998), there is space for a duality of social structures and human

agency, and they argued that a relational ontology is not dissimilar to that of symbolic interactionism used within traditional social science research. They believed that the VCRM, with its strong attachment to feminist theory, captures the essence of interdependence, dependence and independence of the private sphere- subject to the interrelated and theoretical issues presented, which can build on a traditional symbolic interactionist approach, used within traditional sociological research (Mauthner & Doucet, 1998).

VCRM consists of four readings in total (see Table 1). Reading 1 centres on reading the transcript for the main events or plot of the story. Reading 2 centres on how the participants speak about themselves and their use of language, such as ‘I’, ‘we’, or ‘they’. Reading 3 requires the researcher to identify relationships within the transcript. Reading 4 is read to identify cultural contexts and social structures. This paper will focus on Reading 2 of the framework and this reading of the transcripts will be used to support the view that this methodology holds weight in giving voice to the participant. Reading 2, focuses on how the participants represent themselves in the narrative, by their use of personal pronouns such as ‘I’, ‘we’ and ‘you’, when speaking about their lives and experiences. By tracing the different voices of the participant, the reader/listener can identify changes in how the participants perceive and experience themselves, and enables the social location and sense of agency of the participant to be situated. Ultimately, time spent carefully listening to the participant creates a space between their way of speaking and seeing, and the researchers personal worldview (Brown & Gilligan, 1993; Byrne, 2004; Clandinin & Connolly, 2000; Mauthner & Doucet, 1998).

This paper will demonstrate the value of VCRM in making explicit the importance of women’s narrative to illustrate the fit between expressed involvement in sex work against the backdrop of current policies and practice. The paper will focus on the different voices representing the women themselves. In particular, voices which highlight how participants interpret their constraints, their enablers and times of disassociation. For this reason, the analyses of Reading 2 - reading for the voice of ‘I’ [‘we’, ‘you’, ‘they’], will be the focus of this paper. This is pertinent to identifying certain paradigms within society.

The purpose of this paper is twofold: a) to examine the barriers which impede or prevent sex workers accessing health and social care services; and b) to present a case for the VCRM to marginal populations within research and address some of the barriers which prevent sex workers accessing health and social care services.

Methods

Study design

A feminist standpoint epistemology is used, in keeping with an interpretivist/feminist qualitative framework (Alcoff & Potter, 2013; Weedon, 1987). The study design requires a feminist location of the lives of the participants involved in sex work. Feminist theoretical frameworks seek to locate women's experience and life events that reflect social behaviours within a current society of oppression. Feminist theory indicates a strong parallel between women's lived experiences and gendered structural inequalities embedded in society. Hence, potential contrasts between service providers' paradigm and how service providers determine need against the backdrop of those involved in the sex industry. The original authors of this analysis tool made it clear that the model can be adapted to suit the researchers discipline, approach and timeframe (Brown & Gilligan, 1993 Byrne, Canavan, & Millar, 2007; Clandinin & Connolly, 2000; Mauthner & Doucet, 1998). This adapted version is suitable for hard to reach/marginalised populations where voices are more often difficult to hear, and can familiarise the researcher with contextual norms and values which exist within the environments of the researched group.

Sample recruitment

Fifteen women involved in sex work, aged between 19-50 years of age, throughout Ireland were recruited to take part in the study. The majority of participants travel around Ireland to meet clients while a smaller sample engages in street sex work. They refer to themselves as independent escorts and prostitutes. Respondents were recruited through an existing agency that provides services to women involved in sex work in Ireland. The agency asked all women accessing the service if they wanted to participate in the study. This led to snowball sampling as participants were asked to invite a friend or acquaintance in sex work who they thought may be interested in attending for interview. The interviews were conducted at the clinic and each interview lasted between 30 and 60 minutes.

Data analysis

All interviews were audio recorded, transcribed verbatim and analysed using an adapted VCRM (Mauthner and Doucet, 1998). Each transcript was read four times using a specific colour marker for each reading (see Table 1). The data were stored and organised using NVivo software. Each transcript was reviewed for initial and emerging themes, which were then organised into specific themes. The initial themes which emerged from the larger study

were: experiences before entering sex work; entering sex work, within sex work; and aspirations for the future. For the purpose of this paper, we will report on the experiences ‘within sex work’ and the themes that emerged in relation to this.

The data analysis central to this paper is Reading 2 for example when, where and how the participant uses personal pronouns such as ‘I’, ‘we’ and ‘you’ when speaking about themselves. Reading 2 is concerned with locating how the participants spoke directly about themselves. This process helped the researcher to understand how the participant saw their life events and distinctions. This inquiry required the reflexivity of the researcher, a component of qualitative analysis (Mauthner & Doucet, 2003). We can then attempt to locate processes, meanings, relationships and contradictions which are central to a person’s life. The research was seeking the private experiences of the participants rather than the public goal of interpretation (Mauthner & Doucet, 1998). As Mauthner and Doucet (1998, p. 39) stated “in researching areas of private life where process-oriented values and ways of being are more emphasised rather than the more public goal oriented values and ways of being”; we can locate processes, meanings, relationships and contradictions which are central to a person’s life. The words, ‘I’, ‘we’ and ‘you’ were also internally highlighted within NVivo software tools. This was decided upon for the purpose of recognising when and how these words were used and if there were consistencies in this. This process confirmed the strength of using the VCRM as it explored the voice and its multi-layered meanings. This remains true to the philosophical and theoretical framework of standpoint epistemology used in the study. Thematic analysis identifying emergent themes and sub themes was undertaken until saturation was reached.

Table 1

VCRM

Reading 1: for the plot and for our responses to the narrative

The transcript is read for the overall story being told by the participant, focusing on main events, sub plots, protagonists and relationships; recurring words, images, metaphors and contradictions in the narrative are noted at this stage. This reading is common to many other methods of qualitative analysis used to interpret interview transcripts, where the whole story is considered (Brown & Gilligan, 1993; Byrne, Canavan & Millar, 2007; Gilligan, 1982; Mauthner & Doucet, 1998; Paliadelis & Cruickshank, 2008).

Reading 2: for the voice of the 'I'; the reading of 'I'

The transcript focuses on how the participant represents themselves in the narrative, when, where and how the participant uses personal pronouns such as 'I', 'we' and 'you' when speaking about themselves are considered

Reading 3: for relationships

The third reading changes focus from the participant to their inter-personal relationships and is dedicated to listening to how the participants speak about their relationships with others; such as their [ex] partners, relatives, children and friends as well as the broader social networks within which they occupy

Reading 4: placing people within cultural contexts and social structures

This reading involves placing the participants' accounts and experiences within broader social, political, cultural and structural contexts (Mauthner & Doucet, 1998)

Ethical considerations

The study procedures were reviewed and approved by the NUI Galway Research Ethics Committee. All participants were informed about the study's scope and aims and participation was voluntary. Full verbal and written explanations of the study were given to all participants. Written consent was obtained and the participants were assured that consent could be withdrawn at any stage. A statutory health service familiar to the participants was used to host the interviews to provide a safe environment. In order to protect participants' identity all data has been dis-identified and the study uses pseudonyms.

Findings

The three main themes that emerged from the data were: working within sex work (subthemes: safety within sex work, addiction within sex work and sexual health within sex work); health and wellbeing (subthemes: emotional well-being and physical well-being within sex work); and connections to health and social care services.

As noted in the data analysis process, it became clear that when the women were talking about their families or personal attachments, they spoke in the first person, often using the word 'I'. This changed when the women talked about experiences of abuse within sex work and when they spoke about their clients, 'they' or 'them' were used. In keeping with the

purpose of this paper, the findings are presented to capture the women's experiences and language within sex work and their connections to health and social care services.

Working within sex work

The women talked about their experiences within sex work throughout the interview process. The events that were described were owned by the women through their stories, and their use of language ensured that the researcher primarily attempted to present their findings as their voices. The women's stories discussed 'safety' which became a theme and they talked about safety in the context of 'abuse', 'addiction' and 'theft' which became subthemes within the data process. Other themes that emerged were 'sexual health' and 'trafficking'.

Safety within sex work

The women spoke of safety as a recurring theme throughout their interviews when discussing their experiences within sex work. Whether the women had experienced anything bad or not, they were aware of the safety issues and spoke about always having to be on guard, which they found very stressful. The three main concerns for the women were abuse, safety as a consequence of addiction and theft. When the women were talking about the risks of abuse in a more general way, they used the word 'I' and spoke in the first person.

...well it is kind of difficult, but if, I mean if I meet a quite client, it is like they don't want scandal or they are not rough or, if they treat you like a normal human being, it is ok. It helps you a lot

(Niamh)

The women appeared very much connected to the potential risks and environment of sex work. However, when the stories became more specific or personal, it was not always clear if the women were talking about themselves in a dissociative manner which was identified in the literature, or in fact they were simply generalising about what goes on. Emma's story provides this view:

Usually guys will come up to you, they wouldn't even, they wouldn't even, they wouldn't have the idea of paying you, they wouldn't even have a penny in their pocket, and they would say, `yeah, yeah, yeah`, they can take you and try to rape you or feel you up, without paying anything, but yeah.

To locate the 'I' and 'you' here, provided a significant contribution to how perceived or experienced abuse impacts on their psychosocial health.

Addiction within sex work

Addiction, in particular, remains strongly linked to street sex work and a history of homelessness. Within the findings of this study, it appeared that addiction often comes before sex work and sex work is a means to support the addiction. They then become intertwined. Emma reflected on her safety while using drugs:

It's a package, definitely, yeah, I will tell you now, if I, I have to, if I, for instance, If I struggle financially and I thought 'oh let me just go and do one night on the street to make some money', now that I'm clean (free from drugs) It's gonna be very difficult.

Emma had a long standing history of drug abuse. At the time of the interview she was in a rehabilitation programme and was taking ownership of her addiction. For this reason, one can understand her use of 'I' when discussing her actual relationship with cocaine. However, when she reflected on events which shaped her experiences she shifted to the word 'you'. This is when she was talking about her boyfriend/pimp/dealer that was controlling and abusing her at the time:

...more difficult, definitely, look you are, you are on the drugs because of this person, and so once you are gone from the person, you are gone from the drugs. Do you understand what I'm saying?

Again, the events described through use of language allowed the researcher to locate the perceived experiences through the lens of the participant indicating the impacts of safety on their psychosocial health. The women also reflected on the impacts of theft on their safety. Interestingly, theft was a very strong theme for the women, it was one of their top issues on their lists of concerns, yet the women, such as Orla, talked about their experiences in the second person, 'you'.

Yes, because you have to take care with the police, you have to take care with the robbers, in case there are clients who come to rob you, with rough clients, with people that rent apartments that just want to take your money, we have to take care of everything. Like everywhere you have to be like looking always.

It appeared that theft was an inevitable part of working in sex work, either by a client not paying, or organised theft which occurred primarily for women indoors as explored by Orla:

You never know when you open the door. Or police or person for robs, because here in Ireland it is not legal. This is the problem, if you have legal, you have a person there for you or, who will look for you but here it is not possible. In Ireland it is a little bit difficult.

The findings could conclude that there was an acceptance that this is part of sex work and although the women tried to take precautions and protect themselves, they remained vulnerable. For this reason, it was easier for them to reflect in the third person.

Sexual health within sex work

Sexual health was something the women reflected on when thinking about working in sex work. When the women were reflecting on sexual health in general, they remained in the first person, 'I'. They conversed about always using condoms and being aware of safe practice. They reflected that customers often asked or put pressure on them for unprotected sex, but they tried to remain in control and always aimed for safe options (as outlined already within the findings). However, as Helen's story addressed, when the women talked about sexual violence and their sexual health, the first person reflection shifts to a more removed 'you':

Our health is at risk from the health and safety aspect, you know, because you are at the risk of anyone walking through the door and doing anything to you, you know, you could get raped, em, by a guy who rips off the condom, rips off the condom and rapes you, throws you over the bed and rapes you. He could have HIV, he could have hepatitis, and he could have any other sexually transmitted disease.

Health and wellbeing

This section focuses on emotional wellbeing, physical wellbeing, and service providers. The key focus is to locate the language they use when referring to themselves and their experiences. The findings outlined illustrate how VRCM can give voice to this group.

Emotional well being

As previously found, the women always used the term 'I' when they were discussing their families and their children. Although they may be apart from them, they remain connected emotionally. Anna's story told of this:

Yes my kids live there [in South America]. I talk to them every day, every day and I miss them. They are 15 and 12, one boy and one girl. They are happy I send them money.

This appeared to become a different story when the women talked about sex work itself. For Jenny, rather than directly refer to the experience or situation in the first person, her language became collective 'we', 'you' or 'they' when referring to the buyers of sex:

It's terrible, you know, because you're like first they like, you know, some of them is very weird, you know, they want crazy things, now, you know, like, some wants crazy things like, crazy things you never thought you would ever hear.

The findings continued to show that the buyers themselves were often referred to as 'they', and they are a collective 'they' alongside robbers, dealers and violent abusers. Throughout the interviews they usually remained unnamed, as Irene discussed:

They want more things and their time is finished, and they still want to stay because, they didn't finish, or, who knows what is in their brain and scandal.

Emma talked about rape in her story, but presented the information as 'the girls' or 'you', not in the first person:

Yeah, yeah, yeah, they can take you and try to rape you or feel you up, without paying anything, but yeah...normally the girl just goes back to the street.

Orla, like a lot of the women who may not have talked about abuse occurring directly to them, spoke about the fear of abuse, or what they had heard has happened to other women. She talked about how she is constantly afraid but talked about this fear using the word 'you':

If you are not careful, you don't survive it, as I told you, I told you, you are constantly afraid.

In respect to the general public, Cathy used the words ‘you’, ‘they’ and ‘we’ which suggested they as individuals felt secondary or separate from society:

Because sometimes people look at you with different eyes and you are imagining things, maybe you are hallucinating and it’s just in your mind but with this work it is very stressing and we don’t know what to think and you are scared.. (Pause) You are scared all the time.

Irene also talked about how she experienced others view of her, and how much this upset her. She too refers to herself, the prostitute as ‘you’:

Yeah, it’s for a few people if you work in this job, is not a problem, but some people look at you like this (gestures; looking down).

For the women who talked about exiting sex work or their future plans for exiting sex work, they revert back to using the word ‘I’ again as Cathy’s story suggested: “Yes, I will start all over again” (laughs but does so with emotion). Irene has two daughters and plans to leave prostitution and move back to Spain shortly, saying: “Yes, I will go, definitely, I will go”. Inside sex work the language changes outward from them, which indicates the impact of using language to locate their emotional wellbeing.

Physical well-being

Overall, the women were very aware of their physical health and wellbeing. They were connected with this process and discussed it in the first person ‘I’, as Helen’s story represented:

I’m just getting older and I’ve used and abused my body so much, oh well with the stripping and everything and you know the dancing and I thought it was just like stiffness coming on, you know my knees, this and that.

Due to the nature of moving around the country, Cathy told how she was subjected to the cold and the physical implications of the weather. Also, not eating properly because of limited time, or the unfamiliarity of a place; which contributed to poor dietary habits:

I'm tired (laughs) and the food here, I'm not used to this food, and I don't have my mom to cook for me (laughs), I'm very lazy to cook for myself. So many times I just order something, but it's not like just normal food that you make at home. It's not so healthy.

Connections to health and social care services

As Ireland has limited health and social care service provisions for women involved in sex work, the women had limited contact or relationships with support workers outside of Dublin. This was a strong theme for the women and they felt that their needs in respect to housing, addiction and sexual health were not easily addressed. As a consequence, many women moved around the country without support. Where health and social care supports were available [predominantly in Dublin], the findings indicated a strong use of 'I' when talking about service providers the women have previously met in relation to sex work:

yes, it's good; it's very, very good. But it's like we have support and we have attention here. So I think it's, if em, can open more things like that, I think it is going to be helping, yeah.

(Irene)

Advocacy was an important topic for the women. They spoke about identifying the need for support and how health and social care professionals could advocate on their behalf, by outlining their health needs and necessary social supports. Women discussed advocacy in the collective 'we':

Yeah, we need advocates, we need advocates, all the time there is people like, like you know, against us, but, because of the misconception, because of that stereotypical thing.

(Helen)

Earlier, yeah, earlier intervention of supports; it would be much easier for them to get out, yeah.

(Jane)

However, when the women described their use of acute health services such as Accident and Emergency Departments, the women distanced themselves in these situations by presenting

themselves as tourists. This limited their health needs specific to sex work being addressed. As a consequence, often the women would speak about health services in the third person as ‘they’. As Fiona shared:

‘They’ don’t go anywhere; ‘they’ would just be quiet and forget it, stay silent. They would never say to hospital staff they were a sex worker? More like... a tourist’

Discussion

The study illustrates how the VCRM analysis can be used to give voice to participants. It provides a case for Voice Centred Relational Model as an appropriate methodological tool which can give voice to marginal populations within research and has the capacity to address some of the barriers which impede or prevent sex workers accessing health and social care service.

In 2013, the Joint Oireachtas Committee released its official report recommending legislative change in the area of prostitution. The report proposed the Swedish model be implemented, whereby only the purchasers of sex can be criminalised (Oireachtas, 2013). Following on from this, the Criminal Law (Sexual Offences) Act (2017) became law in support of criminalising the purchaser of sex only. This legislation acts on the assumption that all women involved in ‘prostitution’ are vulnerable and in need of legal protection. Yet, proponents of this legislative change have not discussed how they intend to develop infrastructure to address the psychosocial health needs of this group or expand on current vital health and social care services (Sweeney & FitzGerald, 2017). Giving voice to women working in the sex industry can identify service needs and access to co-ordinated health and social care services. As sex work remains predominantly female (Agustin, 2007; Department of Justice and Equality, 2012; Smart, 2013) and despite the knowledge that individuals continue to sell and buy sex, and it is an activity that has existed over the millennia (Department of Justice and Equality, 2012; Ward, 2010), there are strong parallels between women’s lived experiences and gendered structural inequalities embedded in social relations (Olesen, 2004). This provides us with a framework for understanding individuals’ experiences within communities and the wider society, which influences this study’s understanding of an integrated health and social care framework required for sex workers. This is useful in the context of this research because it accepts sex work environments are often shaped by cultural norms, laws and policies and women’s own cultural context. Combined, these factors impact on how women connect, interact with, and speak about their

health and health and social care services. So, as women continue to dominate the sex trade (Smart, 2013) and due to gendered structural inequalities in society (Hanisch, 2006), VCRM is examined to better explain the environments in which gendered structural oppression operates (Fox, 2008) and address the barriers impeding women in Ireland's sex industry accessing appropriate health care.

Mauthner and Doucet (2003) have argued that researching private lives holds greater meaning and understanding of the values and experiences that are central to a person's life and gender. This study seeks to understand the stories of women involved in sex work from their personal accounts and experiences. The words, 'I', 'we' and 'you' are used to illustrate this (Mauthner & Doucet 1998). For example, when a participant spoke of family/children within the findings, they were more likely to use the term 'I'; but when referring to an experience of rape or theft, they were more likely to use the word 'we' or 'they'. This could be construed as a form of disassociation, a liking to removing one's self emotionally from a particularly negative situation or experience (Coy, 2009). Dissociative patterns were documented as common factors of Irish women engaging in sex work (Nelson, McGrath, & Giaquinto, 2010). This process confirmed the strength of using VCRM as it explores the voice and its multi-layered meanings and remains true to the feminist philosophical and theoretical framework of the study (Hanisch, 2006). We can understand sex work through public goals and values through the medium of laws and policy, but the question remains whether these policies and legislation act in accordance with the women's perceived needs or society's perceived needs for them (Ekberg, 2004; Hanisch, 2006). Where many qualitative researchers have identified difficulties involved in hearing and theorising the mutual voices of participants' lives, the VCRM analysis requires the researcher to examine the voices of the women as central to the interpretation of the data through its four readings [Although all four readings were not included in this paper]. It attends to how the participant experiences in the context of which they live by amplifying the multiplicity of voices that exist in any given narrative (Clandinin & Connolly, 2000). In addition, the VCRM places participants' accounts and experiences within broader social, political, cultural and structural contexts. This allows for the examination of such forces from the subjective perceptions of the participants, not solely the service provider.

The study provides empirical data sufficient to the specific health and social care needs of women involved in sex work voiced by the women. The women discussed the dangers of rape; shame and stigma; poor diet and nutrition; physical and abuse, and addiction. While dominant discourses such as biomedicine, economics and law continue to shape social

norms and social policies (Healy, 2005), the social determinants of health continue to remain unaddressed and unidentified when considering the psychosocial experiences of women involved in sex work. We know that women involved in sex work in Ireland are slow to seek out healthcare and support (Nelson, McGrath, & Giaquinto, 2010), and are less likely to access health and social care services because of limited availability, illegal status, illegal practice and the nature of a chaotic and transient existence (Nussbaum, as cited in Spector, 2006). Considering this, evidence based qualitative research has the capacity to give voice to women involved in sex work and moreover, other minority groups in society.

The study confirms that marginalised groups are less likely to express their views or opinions to health and social care professionals and this is often a problem in measuring access to care, as their voices are not represented (Morgan, Burns, Fitzpatrick, & Pinfold, 2007). The findings also explore language when discussing participants' relationships with health and social care services; their stories spoke of fear of being identified and presenting themselves as tourists and difficulties of being on the move. These barriers contributed to their psychosocial experiences of engaging in sex work. Health and social care practitioners thus remain within a vacuum of societal norms and dominant discourse. If we consider the methodology used in this research, a feminist epistemological standpoint within a VCRM analysis, which focuses on the voice of the participants and highlights what they see their needs to be, this method as a tool can influence the worldview of the practitioner. Health behaviours and access to health and social care services are not only explored in this study, but they are amplified by using VCRM to analyse the behaviours.

If the methodology used in this study is considered, VCRM analysis, which focuses on drawing out the voice of the participants and highlighting what they see their needs to be then this method can influence the worldview of the policy maker and practitioners (Mauthner & Doucet 1998; Olesen 2004; Paliadelis & Cruichshank, 2008). Reading 2 is concerned with locating how the participants spoke directly about themselves. For example, what exactly was the person talking about and what journey or experiences were they locating with the use of 'I', 'we', 'you' and so on. This process can help the researcher to understand how the participant sees their life events and distinctions. By focusing on the 'I', researchers are clearly stepping away from the multi-layered interpretations both they and current literature can often draw (Mauthner & Doucet, 1998).

There are limitations to VCRM as a method. Although this method is used as an exemplar to illustrate how VCRM can give voice to participants, the authors are not claiming it is the solution, but rather another opportunity to locate voice. Byrne, Canavan, and Millar

(2007) noted that dominant research interests can still emerge. For example, which sections of the transcript were selected to be left out or dismissed from the analysis? However, while considering this, VCRM can attempt to address the issues of power discourse which emerged on behalf of the participant sufficiently. VCRM in its original form can require a second or even third visit with the participant following the first interview. Due to the nature of the population group in the study, this was not an option. This was a 'hard to reach' population and it must be acknowledged that the women can live chaotic lifestyles and are typically moving around the country. For this reason, the women often found it difficult to keep appointments. For the scope of the research and the time frame allocated to the project, revisiting the participants was not an option. It is also important to note that a study which is wholly qualitative is time consuming and may not always facilitate research budget demands but, VCRM does remain loyal to a feminist method which effectively locates the voice of the women as central to the research and should be considered as a valuable research tool.

Conclusion

This study provides a platform for the women to share their stories and for the researcher to interpret these stories to formulate recommendations. The study identified some of the barriers that exist and that prevent women involved in sex work from accessing health and social care. Women participating in this study reported that their voices are not heard and that there are no avenues for them to express their voice, especially in relation to services. There is limited research on the health needs of women involved in prostitution in an Irish context. Moreover, this is further exacerbated by limited evidence-based research which includes the voice of women involved in the sex industry. VCRM is a service-user led methodology and has the potential to give voice and challenge social norms. Furthermore, it highlights the need to involve the women in planning services that are designed to meet their needs which will result in more inclusive services and reducing inequalities to access and take up of health and social care services for women in the sex industry.

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