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**A qualitative study of young women involved in
prostitution in Dublin**

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Thesis presented in fulfilment of the requirements for
the degree of Masters of Philosophy

Dublin Institute of Technology
School of Social Sciences and Legal Studies

Supervisor: Dr. Kevin Lalor
Advisory Supervisor: Ms. Anne Fitzpatrick

Submitted: March 2010

Declaration Page

I certify that this thesis which I now submit for examination for the award of MPhil, is entirely my own work and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

This thesis was prepared according to the regulations for postgraduate study by research of the Dublin Institute of Technology and has not been submitted in whole or in part for an award in any other Institute or University.

The Institute has permission to keep, to lend or to copy this thesis in whole or in part, on condition that such use of the material of the thesis be duly acknowledged.

Signature _____

Date _____

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Abstract

This study evolved from a lack of research in Ireland into the incidence of young people involved in prostitution. In this research 22 young women involved in prostitution were interviewed and the results of these interviews were presented using qualitative analysis of descriptive data. The participants were aged between 17 and 26 years, with a mean age of 21 years. The age at initiation into prostitution ranged from 12 to 21 years of age, with a mean age of 17 years. Eleven participants became involved in prostitution before they were 18 years of age.

The results were divided into four main sections, including the participants' backgrounds, the participants' initiation into prostitution, their experiences in prostitution and the emotional effects of being involved in prostitution. The findings from this study support the literature in the majority of cases.

Sixteen participants came from disrupted family backgrounds, which included having parents who were deceased (10) or parents who were separated (10) (Some parents separated and subsequently died). Eleven participants were physically abused within their family home and half (11) were sexually abused as children. Nineteen of the 22 participants were homeless at some point in their lives. There was a very strong link between drug use and prostitution. Twenty participants were addicted to heroin (18) or methadone (2) at the time of the interview.

The experiences of the participants in prostitution were marked by violence, with little resources available and few services to support these young people. Regarding victimisation, 12 participants were raped while working in prostitution. The study highlighted several emotional effects of prostitution. Thirteen participants were on medication for either depression or insomnia. Fifteen participants attempted suicide at least once.

This study makes several recommendations, some of which are urgently needed to support young people who are involved in prostitution.

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Chapter 1

Introduction

Introduction

Introduction

This chapter introduces the topic of prostitution, specifically juvenile prostitution in Ireland. Definitions of prostitution and juvenile prostitution are then presented. The aims and objectives of this study are then detailed, followed by the rationale for the study. The chapter concludes with an outline of the thesis.

Research into prostitution and juvenile prostitution

Prostitution is under-researched in Ireland and, in the wider international literature, young people's personal accounts of prostitution are relatively lacking (Shaw & Butler, 1998; Melrose, Barrett & Brodie, 1999). To date there is no specific research into the experiences of young people involved in prostitution in Ireland. This study aims to address this void and give an account of prostitution in Ireland with a particular emphasis on the retrospective accounts of young women involved in prostitution. It is imperative that we begin to understand the lived experiences of young people involved in prostitution to enable service providers to develop appropriate services to suit the needs of the young people and incorporate strategies to prevent further young people becoming involved in prostitution. This study will give an insight into the lives of young people involved in prostitution in Dublin and enhance our understanding of how and why young people become involved in prostitution. This study presents the stories of the participants, in their own words.

The problems associated with young people involved in prostitution have continued to escalate at an alarming rate. "The spread of the problem throughout Europe has brought cries of shock and disbelief from both media and governments. Local, national and international responses remain uncoordinated, reactive, poorly identified and under resourced" (Barrett, 2000, p. 2). From a global perspective, it is felt that there is little comprehensive data on the causes, nature and extent of the sexual exploitation of and sale and traffic of children, despite universal commitment to its elimination:

“Research has thus far been largely exploratory, to a great extent using data generated from secondary sources. ... There is an urgent need for more systematic and global knowledge of the nature and incidence of the problem, including an understanding of the cultural, social and economic contexts in which it arises and flourishes and the development of typologies and categories that can be of use not only in developing appropriate conceptual frameworks and methods of research but also eventually in policy formulation and programme development by national and international bodies” (Ennew, Gopal, Herran & Montgomery, 1996, p. 1).

Defining prostitution and youth prostitution

This study shall apply the broad definition of prostitution used by Green (1992): “the provision of sexual services in exchange for some form of payment, such as money, drink, drugs, other consumer goods or even a bed and a roof over one’s head for a night” (p. 5). Another interesting definition of prostitution, from McElwee and Lalor’s (1997) *Prostitution in Waterford City*, is “the exploitative exchange of sexual acts for financial or material gain” (p. 11).

For the purposes of this research, when adopting a definition for prostitution it is also necessary to define a juvenile and a child. A juvenile is any young person under the age of 18 years. A child is defined by the United Nations Convention on the Rights of the Child, Article 1 as “every human being below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier” (1989). The International Labor Organisation describe child prostitution as ‘commercialised child sexual abuse’ (ILO, 1996). In 1996 a United Nations document ‘Sexual Exploitation of Children’ defined the sexual exploitation of children as:

“The use of children for sexual satisfaction of adults. The basis of the exploitation is the unequal power and economic relations between the adult and child. The child is exploited for his/her youth and sexuality. Frequently, although not always, this exploitation is organised by a third party for profit”.

Toner (1998) defines child prostitution as “sexual abuse of children by abusing adults” (p. 13). Therefore, juvenile or child prostitution can be defined as the involvement, often

coerced, of a young person under the age of 18 to participate in exploitative and abusive sexual acts, not necessarily including sexual intercourse, in return for payment, such as money, drugs, alcohol, jewellery, other consumer items, companionship, accommodation and/or food.

The term 'young women' will be used throughout this research as the age category of the participants in this research is not clearly defined. Although the present study concentrated on the retrospective accounts of young women involved in prostitution, it would be misleading to refer to the sample as 'juveniles' or 'children'.

Prostitution is principally defined in terms of a person offering sexual intercourse in exchange for money. However, juveniles (or in the case of this research, young women involved in prostitution), offer a wide range of sexual services such as intercourse, oral sex and masturbation. Indeed, it is not uncommon for young women involved in prostitution to exclude intercourse from the services they are prepared to offer. These services may also be offered in exchange for benefits other than money (Green, 1992).

The need to differentiate between adult and child or juvenile prostitution has been widely recognised (Jesson, 1993) and "in recent years it has become more widely recognised, and accepted by many authors, that when talking about children and young people involved in prostitution, the problem is one of exploitation and sexual abuse by adults" (Melrose, Barrett & Brodie, 1999, p. 2). The debate around the exploitation associated with child prostitution and/or juvenile prostitution has received more attention in recent years. Notwithstanding one's view whether all adult prostitution is exploitative, there are good grounds for understanding all 'exchange sex' involving minors as sexual exploitation. This is because of the key issue of ability to give meaningful consent, a lack of alternative options and the power differential.

There is also a debate around the use of different terminologies and the value judgements they portray. The terms 'sex worker' and 'sex industry' depict an element of professionalism, consent and wilful involvement to the act of prostitution. Many adults working in prostitution prefer the use of these terms as they feel there are too many negative connotations and stigma associated with the term 'prostitute' and they see their

involvement in the 'sex industry' as a form of employment. Several organisations from America and Canada and England advocate that the focal point of prostitution should shift from the traditional, moralistic view of the vulnerability and degradation of those involved in prostitution to a view of prostitution as an income-generating activity (COYOTE (Call Off Your Old Tired Ethics); PENet (Prostitutes Education Network); PONY (Prostitutes of New York); SWAV (Sex Worker Alliance of Vancouver; English Collective of Prostitutes)). The term 'young person involved in prostitution' is the preferred term and shall be used throughout this research. It is felt that the terminologies discussed in this paragraph depict a wilful consent to involvement in prostitution and are not always deemed appropriate when discussing the involvement of young people in prostitution.

Aims and objectives of this study

The aim of this research is to address the following issues;

-) To explore why young people become involved in prostitution in Dublin
-) To investigate how young people become involved in prostitution
-) To explore the experiences of young people who are involved in prostitution and the effect prostitution has on their lives
-) To determine the participants' knowledge of services for those involved in prostitution and their opinion of them
-) To explore the participants' plans for the future.

The objectives for the study are as follows;

-) To obtain a greater understanding of the issue of young peoples involvement in prostitution
-) To obtain a greater understanding of the routes into prostitution, so as to determine ways to prevent other young people from becoming involved in prostitution.
-) To provide a series of recommendations for service provision from the participant's suggestions for improvements.

Rationale for the study

There were a number of reasons for undertaking this study, with the foremost reason to explore the area of young people's initiation into prostitution and to highlight the various circumstances through which they become involved. It is hoped that by highlighting certain common initiation factors, policy makers and service providers will recognise ways of preventing other young people from becoming involved.

There has been much media interest in the area of prostitution in Ireland since the inception of this research in 1998. This was due in part to the banning of the Dublin based magazine 'In Dublin', which advertised brothel and escort services in the city. A Prime Time documentary broadcast in summer 2000 brought to the wider public attention a new drug using adolescent population involved in prostitution. In spite of this, the issue of prostitution, particularly juvenile prostitution, remains hidden and public awareness about this issue needs to be heightened in a respectful, sensitive and informative manner, without sensationalisation.

It was decided to restrict the literature review to focus on the 'developed' world as the core issues pertaining to juvenile prostitution in the 'developed' world differ considerably from those in 'developing' countries. In addition, the majority of the literature focuses on females involved in prostitution as only females are included in this study and the factors associated with involvement in prostitution for both sexes are quite different.

Outline of thesis

Chapter two is a review of the international ('developed world') literature on prostitution, with a particular focus on juvenile prostitution. The chapter is divided into four sections. The first section focuses on the relationship between family background, child physical and sexual abuse, homelessness and prostitution. Section two presents the current literature on the link between drug use and prostitution. Section three gives an account of the sexual and drug related risk behaviour among females involved in prostitution and the final section describes the incidence of violence against women involved in prostitution.

Chapter three presents the changes in the nature of prostitution over the last decade. The legal context of prostitution in Ireland and the recent legal developments and penalties associated with prostitution are examined. The services for people involved in prostitution in Dublin are presented. The final part of the chapter addresses the literature on prostitution and juvenile prostitution in Ireland. This part is divided into four sections. The first section focuses on the backgrounds of people involved in prostitution. The second section explores the pathways into prostitution, followed by a section on the experiences of people involved in prostitution. The final section explores the emotional effects of involvement in prostitution.

The methodology used in this research is presented in chapter four. This begins by discussing the initial stages of the study, including a description of, and explanation for, the modified focus of the research followed by a justification of the methodology used. A description of the pilot study, the participants and the materials used are given and the chapter concludes by presenting the measures used in the research.

Chapter five presents the data collected. The chapter is divided into four sections. The first section presents an overview of the participants' backgrounds, followed by the participants' initiation into prostitution. Section three details the participants' experiences in prostitution and the fourth section presents the emotional effects of involvement in prostitution and concludes with the participants' plans for the future.

Chapter six is a discussion of the findings in the context of the literature reviewed. This chapter is divided into four sections. Section one discusses why the young women become involved in prostitution. The second section discusses how young women become involved in prostitution followed by a section on the young women's experiences in prostitution. The final section discusses the emotional effects on involvement in prostitution.

Finally, chapter seven offers conclusions and recommendations arising from the research. This chapter has three main sections. The first section, which presents the main conclusions from the present study, has four subsections. The second section offers recommendations arising from the research and the final section offers suggestions for further research in the area.

Chapter 2
Literature Review

Introduction

This chapter provides an overview of the current literature on the topic of prostitution in the 'developed' world, with a particular focus on juvenile prostitution. The chapter is divided into four main sections. Firstly, the chapter discusses the relationship between family background, child physical and sexual abuse and prostitution. The effect of sexual abuse on children is also examined. This section concludes by exploring the link between running away, homelessness and subsequent involvement in prostitution. Secondly, this chapter examines the current literature on the link between illicit drug use, in most cases intravenous drug use, and prostitution. The third section gives an account of the sexual and drug related risk behaviour among females involved in prostitution. The final section discusses the violence women in prostitution experience. The link between early childhood sexual abuse and later victimisation is explored using the lifestyle/exposure model. The chapter concludes by listing some of the strategies women involved in prostitution employ to combat victimisation and protect themselves from potentially violent encounters.

Section 1: Family background, physical and sexual abuse as a precursor to prostitution

Introduction

The relationship between family background, child physical and sexual abuse and prostitution is examined below. The effect of family disruption and discord and family violence as a precursor to prostitution is discussed.

Although it is acknowledged that the majority of young people who experience childhood sexual abuse do not subsequently become involved in prostitution, many studies have highlighted a history of childhood sexual abuse in the lives of young people involved in prostitution (Bagley & Young, 1987; Bracey, 1979; Brannigan & Gibbs Van Brunschot, 1997; James, 1980; James & Meyerding, 1977; Potter, Martin & Romans, 1999; Seng, 1989; Silbert & Pines, 1981; Simons & Whitbeck, 1991; Widom & Kuhns, 1996). Albeit only a minority of the victims of sexual abuse later become involved in prostitution, there is nonetheless a clear link between both.

The effect of sexual abuse on children is discussed followed by examples of studies which found a relationship between child sexual abuse and prostitution. The part concludes by exploring the incidence of running away as a precursor to involvement in prostitution.

Family background as a precursor to prostitution

Evidence clearly indicates a prevalence of disruption and discord in the early lives of young people involved in prostitution. Sexual and physical abuse, parental separation, neglect, school problems, unemployment and running away are particularly associated with prostitution (Bracey, 1979; Crowley, 1977; Gray, 1971; James, 1980; Lee & O'Brien, 1995; Silbert, 1982; Weisberg, 1985). Potter, Martin and Romans (1999) conducted a study of the developmental experiences of 29 female 'sex workers'¹ and compared the results with a large control group (n = 680) consisting of a random community child sexual abuse survey of New Zealand women who were selected from electoral rolls and subsequently interviewed. The participants were recruited initially through the New Zealand Prostitutes Collective (NZPC), a support and industry lobby group, and then through a snowballing effect. They reported that "sex workers described their families as having more interpersonal difficulties on a number of parameters, which are known to be associated with later psycho-social problems" (p. 939). The results highlighted that the 'sex worker group' experienced more parental separation than the control group (38% and 8.5% respectively), with their mothers more frequently being the primary wage earner (28% and 5% respectively). The 'sex worker group' described their relationships with both parents as less caring and both parents as more likely to fall into the 'low care' and 'high control' category.

Bagley and Young (1987) replicated Silbert and Pines' (1982) study of entry into prostitution with a sample of 45 women formerly involved in prostitution in Canada and a comparison group (n = 45) who never engaged in prostitution. The comparison group was drawn from a community mental health study randomly selected from the adult population

¹ Potter et al. (1999) used the term 'sex worker' in their study but did not define what forms of prostitution are encompassed in the term. They justified using the term 'sex worker' as they felt "it is a more neutral term and it clearly is the term preferred by 'sex workers' themselves" (p. 936).

of Calgary. They reported that the 'former prostitute' group were much less likely to have grown up in a conventional two-parent household than the control group and on average they came from larger families. They indicated that children from disrupted families were at significantly increased risk of physical neglect and emotional, physical and sexual abuse. They showed that drinking problems within the family, physical abuse and neglect, emotional abuse and sexual abuse were significantly more frequent in the 'former prostitute group' than in the control group. They stated that "family disruption and family violence undermine children's capacity to avoid prevalent sexual and physical assaults" (p. 23).

Seng (1989) explored the relationship between sexual abuse and adolescent prostitution by comparing 70 sexually abused children with 35 prostitution-involved children. The groups were compared on 22 variables, which were classified into four categories: basic characteristics, family characteristics, behaviour characteristics and emotional characteristics. There was similarity between the two groups on some of the family variables. Many sexually abused and prostitution-involved children were from single parent or recombined homes, reflecting some break-up of an earlier natural parent relationship. There was also some indicator that parental drug and/or alcohol abuse and domestic violence were part of these children's experiences. Slightly more of the prostitution-involved children (88.5%) than the abused children (74.3%) came from broken homes.

The experience of physical abuse in the family backgrounds of females involved in prostitution

Potter et al. (1999) found that over 80 percent of the 29 subjects in their study of the early developmental experiences of female 'sex workers' reported at least one episode of familial physical violence before the age of 16. Fifty percent reported being hit, kicked or punched; 28.6 percent were hit with a stick or weapon and one subject explained that her father tried to drown her when she was 15 years old. In all cases, except one, a relative physically abused the women. Bracey (1979) highlighted that nine girls out of her sample of 32 reported physical abuse during childhood, two described severe neglect by parents or guardians and in five cases the abuse was sexual.

Sexual abuse as a precursor to prostitution

It has been well documented that childhood sexual abuse has been linked to a variety of negative consequences. Widom and Ames (1994) outlined that frequently reported consequences of childhood sexual abuse have included acting out behaviours: running away, truancy, conduct disorder, delinquency, aggressiveness, promiscuity and inappropriate sexual behaviour. An association between childhood sexual trauma and deviant behaviour has also been reported in samples of prostitutes (Burgess, Hartman, & McCormack, 1987; James & Meyerding, 1977; Silbert & Pines, 1981; Wilson & Spatz-Widom, 2008). Although it is acknowledged that most victims of childhood sexual abuse do not become involved in prostitution, Brannigan and Gibbs Van Brunschot (1997) stated that “a recurring thesis in recent work is that childhood victimisation, and sexual victimisation in particular, leads to prostitution, a role itself characterised by sexual exploitation” (p. 337).

“Nearly all girl prostitutes have been sexually molested, assaulted, or physically abused before entering the profession” (Flowers, 1998, p. 82). Early childhood abuse and alienation from the family are common research findings in studies about juvenile prostitution. The literature is replete with findings that associate adolescents involved in prostitution with intra-familial and non-familial sexual or physical mistreatment including incest, rape, sexual exploitation and child abuse (Flowers, 1998).

Potter et al. (1999), in a New Zealand study exploring the early family backgrounds of a sample of 29 ‘sex workers’ and comparing the findings with a large community data set of similarly aged females, reported significant findings regarding the family backgrounds and history of abuse of the subjects. The ‘sex workers’ (25%) were significantly more likely than the control group (4.7%) to have experienced penetrative childhood sexual abuse.

Table 2.1: A comparison between the incidence of childhood sexual abuse (CSA) in the sample involved in prostitution and the control sample

Type of sexual abuse before the age of 16	‘sex worker’ Sample n=29	Control sample n=680	P scores
Attempted sexual intercourse	32%	9.4%	P = 0.001
Complete penetration	25%	4.7%	P < 0.01
Non-penetrative CSA	36%	19%	P = 0.08

Source: Potter et al. (1999).

As Table one highlights, one-third (36%) of the ‘sex workers’ reported that they were victims of non-penetrative childhood sexual abuse (genital fondling, without intercourse being attempted) before they were 16, compared with 19 percent of the control group.

The results of Silbert and Pines’ (1983) study of 200 current and former female prostitutes in the San Francisco Bay Area documented high levels of victimisation of street prostitutes before their initiation into prostitution. Sixty percent of the sample were sexually abused as children by an average of two males each. The vast majority of the women who were sexually abused as children, were abused by family members, relatives or people they knew; only 10 percent of the subjects were abused by strangers. In 81 percent of the cases, some sort of force was used: physical force (25%), emotional coercion (23%) and both emotional and physical force (33%). The results of their study “document the high prevalence of physical and emotional harm and the negative attitudes towards men, sex, and self produced by the sexual abuse” (p. 287).

Bagley and Young (1987) found that three factors were significantly inter-correlated in the link between childhood circumstances and current adjustment: sexual abuse, physical abuse, and permanent separation from a parent. Nearly three-quarters of the former prostitute group (73%) were sexually abused as children, compared with just over a quarter (28%) of the control group. The entire former prostitute group experienced either sexual or physical abuse or both, compared with approximately one third (35%) of the control group. In addition, the former prostitute group experienced abuse that was more frequent and more

serious in nature than the control group, involved more serious assault, more often involved assault by different individuals, began at a significantly earlier age and continued for longer lengths of time.

Eighty five percent of sexual abuse victims in the former prostitute group reported a very negative reaction to the sexual abuse, compared with 56 percent of the controls. For more than half of the former prostitute group (57.8%), child sexual abuse resulted in negative feelings about sex. Bagley and Young (1987) believed that “psychological adjustment in women is influenced by the interaction of a number of factors reflecting family disruption. In prostitutes, the traumatic effects of child sexual abuse often seem to transcend and independently influence adult mental health, in comparison with the influence of the degradation and trauma of prostitution itself” (p. 22). The idea that the experiences of prostitution in adult life, which can effect the mental health of the women involved, mirrors the traumatic effects of child sexual abuse for these women is further developed by Miller (1986). Miller (1986) hypothesised that:

“The experience of emotional distancing during sexual contact that incest victims often describe is too like the psychological state described by prostitutes when they are servicing a trick for one not to be a sort of rehearsal for the other. In those cases, sexual exploitation on the street seems but an extension of sexual exploitation in the family” (cited in Simons & Whitbeck, 1991, p. 363).

Bagley and Young (1987) highlighted that the former prostitute group were more than four times as likely to have poor mental health, as measured by mental health indicators, than that of the controls and they were three times as likely to have attempted suicide. Also, 80 percent of the former prostitute group reported serious depression in the past year, compared to 16 percent of the control group and 71 percent of the former prostitutes compared to seven percent of controls had ‘devastated self-esteem’ (as measured by Coopersmith Scale, 1981).

Simons and Whitbeck (1991) used a sample of 40 adolescent runaways and a sample of 95 homeless women to examine the extent to which early sexual abuse is associated with prostitution. Over 40 percent of the runaways and approximately one quarter (24%) of the homeless adults stated that a parent or adult relative sexually abused them. Eighteen

percent of the runaways had participated in prostitution and 11 percent of the adult homeless were involved in prostitution.

They stated that “the results of the study revealed that child sexual abuse increases the probability of involvement in prostitution irrespective of any influence exerted through other variables. There was evidence that early sexual abuse indirectly increases the chances of prostitution by elevating the risk of running away, substance abuse, and other forms of delinquent/criminal behaviour” (p. 375). The lifestyle/exposure theory further strengthens this argument, which posits that “the lifestyle that a class of people displays largely determines their probability of suffering criminal attack” (p. 364). The experience of childhood sexual abuse can increase the probability that some young people may become involved in delinquent activities and become associated with deviant peers, therefore leaving themselves vulnerable to a heightened threat of danger and physical attack.

In Seng’s (1989) study on the relationship between sexual abuse and adolescent prostitution, both the 70 sexually abused children and the 35 prostitution-involved children were found to be essentially similar on thirteen of the twenty-two variables, with the major areas of similarity in basic and emotional characteristics. Their study illustrated that “both prostitution-involved and sexually abused children were approximately 14 years old, female, Caucasian, depressed, potentially suicidal and evidenced low self image” (p. 672). The strong similarities in emotional characteristics reflect that children in both groups were deeply affected by their experiences and indicate the serious impact both can have on children.

Alternatively, the two groups were found to be significantly different on nine of the variables implying that they also differ in important ways. The two groups contrasted most on behavioural characteristics and most distinctly in terms of runaway behaviour and drug and alcohol abuse, as the prostitution involved children were more likely to be runaways, to have run away more frequently and to be drug and alcohol abusers than the abused children. Seng (1989) concluded by saying that “while this in no way proves that sexual abuse and prostitution are related in any causal sense, it does provide some indication that sexually abused and prostitution-involved children resemble each other in many respects” (p. 668).

Widom and Kuhns (1996) conducted a prospective study to match cases of abused and/or neglected children from 1967 to 1971 with non-abused and non-neglected children, to examine the extent to which childhood abuse or neglect increases a person's risk for prostitution, promiscuity and teenage pregnancy. A second phase of their study involved locating and interviewing these abused and/or neglected subjects and matched control subjects 20 years after their childhood victimisation. This consisted of a total sample size of 1196 subjects.

They found a lack of difference between the abused and/or neglected group and the control group in terms of promiscuity and teenage pregnancy; however they discovered that early childhood victimisation was associated with increased risk for prostitution, although this was only true for female subjects. They reported that nine percent of the abused and neglected female subjects, as compared with three percent of the female control subjects, engaged in prostitution. Physically abused female subjects had the highest rate of prostitution involvement (47; 12.8%) followed by sexually abused (76; 10.5%) and neglected (257; 9%) female subjects.

The link between sexual abuse and prostitution

In many studies examining sexual abuse as a precursor to prostitution, the subjects stated that the abuse had a major impact on their subsequent decision to become involved in prostitution (Bagley & Young, 1987; Brannigan & Gibbs Van Brunschot, 1997; Europap, 1995; Lowman, 1984; Silbert & Pines, 1983; Stoltz et al., 2007). Seventy percent of the subjects in Silbert and Pines' (1983) study felt that childhood sexual abuse affected their decision to become involved in prostitution. Lowman (1984) reported that about half the respondents in his study were sexually abused as children and the majority of these attributed their involvement in prostitution to the abuse (Brannigan & Gibbs Van Brunschot, 1997). Stoltz et al. (2007) in their study of 361 street based drug using youths aged between 14 and 26 years of age explained that 73% reported physical abuse, 32.4 % reported sexual abuse, 86.8% reported emotional abuse, 84.5% reported physical neglect and 93% reported emotional neglect, with only 2% of participants (n=6) reporting no abuse at all. The study described how just under one quarter of participants (84; 23%) reported exchanging sex for money or gifts at least once in their lives. The study concluded that two

types of childhood abuse, sexual abuse and emotional abuse were found to be independently linked with involvement in prostitution after controlling for socio-demographic variables. The study hypothesises on the link between childhood sexual abuse and subsequent involvement in prostitution stating it,

“may be that children who are sexually victimised develop psychologically and emotionally in ways that make them vulnerable to continuing sexual predation. Conversely, childhood sexual abuse may create a propensity in the victim towards risk-taking behaviours that in turn lead to a situation where survival sex is one of few remaining options” (p. 1218).

Bagley and Young (1987) stated that for just under two-thirds (62.2%) of the 45 former prostitutes in their sample, the experience of sexual abuse was judged to be a significant factor in becoming a prostitute.

In contrast to the above, a Canadian study conducted by Nadon, Koverola and Schludermann (1998) of 45 adolescent prostitutes and a comparison group of 37 adolescents not involved in prostitution showed that the prostitute group did not differ significantly from the non-prostitute group in the incidence of childhood sexual abuse. The comparison sample and were recruited from some of the same locations as the adolescent prostitutes. Sixteen of the control participants were recruited from work training programmes, 11 were recruited from residential treatment centres and ten were recruited from detention centres. They defined sexual abuse as “sexual experiences that occurred prior to the age of 12 years and involved either *very serious sexual assault* or *serious sexual assault* with a person at least five years older than the juvenile” (p. 211). Sixty eight percent of the prostitute sample were sexually abused as children compared with a staggering 57 percent of the control group. Furthermore, the prostitute sample and the control group did not differ with respect to characteristics surrounding the sexual abuse. The average age of onset of victimisation for the prostitute and non-prostitute victims was 7.8 years and 6.6 years respectively and in 65 percent of cases for the prostitute group and 74 percent of the non-prostitute group, the perpetrator of the abuse was a family member. They also reported that “the frequency and duration of abusive episodes, and whether force was used to ensure participation, failed to discriminate the groups” (Nadon et al., 1998, p. 214).

Nadon et al. (1998) reported that the number of adolescent prostitutes in their study who were sexually abused as children is consistent with the rates found in other related studies (Bagley & Young, 1987; Silbert, 1980). Their findings did not support their prediction that the two groups would differ in regard to the specific characteristics surrounding the abuse episodes. They argue that:

“The absence of differences suggests that, although traumatic sexual victimisation is associated with long-term negative effects, this factor did not differentiate between adolescent prostitutes and non-prostitutes. Previous investigations may have underestimated the prevalence of childhood sexual abuse among non-prostitute youth or failed to use an appropriate control group” (Nadon et al., 1998, p. 217).

It is suggested that the demographics of the control group, who were located from some of the same geographical areas as the prostitute sample had an impact on the similarities of the findings. However, it is also suggested that due to the age of the control group, some of the young people could decide to enter prostitution in their later teenage years or early adulthood. It is also noted that although the control sample were not involved in prostitution, they were involved in deviant behaviours. Just under half were recruited from training centres for adolescent parents or adolescents “who wanted to get off the streets” and the remaining participants were either recruited from a detention centre or a treatment centre (p. 210). It is suggested that the current lifestyle of the control sample may be a result of the high incidence of abusive and neglectful experiences from the sample. Potterat, Phillips, Rothenberg and Darrow (1985) investigated 14 female prostitutes attending an STD clinic with a comparison group of 15 other sexually active women and discovered no differences in former physical or sexual abuse, number raped at first intercourse or drug use. However, the prostitute group was involved in far more volatile interpersonal relationships and was divorced at twice the rate as the comparison group. Bour, Young and Henningsen (1984) compared a group of 25 female prostitutes with a comparison group of 25 female non-prostitute offenders in a detention centre and found that the prostitutes had higher levels of parental absence during childhood, but no differences in parental abuse.

To conclude, Brannigan and Gibbs Van Brunschot (1997) argue that “the literature provides evidence, albeit highly inconsistent, of a link between early sexual experiences and subsequent involvement in prostitution, but the lack of consensus suggests that the matter is far from settled” (p. 343). These findings imply that the two phenomena are related perhaps causally, in that early childhood sexual abuse may lead to prostitution for many children.

The link between running away, homelessness and subsequent involvement in prostitution

There is a strong correlation between young people who have run away from home and are homeless, and subsequently become involved in prostitution (Bagley & Young, 1987; Crosby & Barrett, 1999; Graham & Bowling, 1995; Nadon et al., 1998; Potter et al., 1999; Seng, 1989; Simons & Whitbeck, 1991; Silbert & Pines, 1983; The Children’s Society, 2008; The Children’s Society, 2007; The Children’s Society, 2005). O’Connell-Davidson (1998) describes homeless children aged between 16 and 17 years, who have experienced abuse or have spent time in care as “probably the most vulnerable to prostitution” (p. 71). O’Connell-Davidson further highlights the difficulties homeless adults have in securing paid employment and believes it is “all but impossible” for a homeless youth to secure paid employment (p. 71). The 1980’s British Conservative Government’s restrictions on welfare benefits to 16 and 17 year olds, according to O’Connell-Davidson resulted in the British Government making “prostitution the only source of subsistence available to such children” (p. 71). To support her claim O’Connell-Davidson (1998) adds that between the years 1989 and 1993 3,300 children under the age of 18 years were cautioned, charged or convicted on prostitution related offences.

The Children’s Society (2007) undertook a review of services and responses provided by police forces and local authorities in the UK and described how half the local authorities had no protocol for managing cases of children who go missing from their home, compared to 93% of local authorities who had protocols for children who go missing from care. Additionally, the report revealed that just over 12% of local authorities have specific services for young people who run away and 20 of the 69 local authorities who responded had no access to emergency accommodation for runaway children in their area. Barnardos

(2009), highlighting the link between running away and child exploitation, explained over half (55%; 337) of the 609 children they were currently supporting went missing on a regular basis. Barnardos (2009) explain that involvement of children in sexual exploitation can take time and add that young people “may become more vulnerable if they are spending a lot of time away from home, from their care placement or from school because they are running away” (p. 9).

Seng (1989) reported that the prostitution-involved children in his study were far more likely to be runaways and to have run away more frequently than the abused children. He explained that the overall implication of his study is that there are similarities between sexually abused children who run away and prostitution-involved children, but sexually abused children who do not run away tend to differ from prostitution-involved children. “It appears from the study that the link between sexual abuse and adolescent prostitution is not direct, but requires runaway behaviour as an intervening variable. It is not so much that sexual abuse leads to prostitution but that running away leads to prostitution” (Seng, 1989, p. 673). Simons and Whitbeck (1991) stated that sexual abuse was the ‘utmost reason’ for running away for over a third of the runaways in their study.

Harding & Hamilton (2009) in their study of 26 homeless women in Nottingham, showed that nine of the 26 women who participated in their research were involved in prostitution. The study also reported that all of the homeless women had experienced some form of abuse but not all women became involved in prostitution. To distinguish between why some women entered prostitution and others did not the study revealed that all nine participants who were involved in prostitution disclosed that they felt coerced into sex work by their partners, who were described as abusive and violent men.

Potter et al. (1999) examined the early developmental experiences of female ‘sex workers’ and reported high rates of physical and sexual abuse and significant levels of leaving home early with the ‘sex worker’ group as opposed to the control group. They reported that one-fifth (21%) of the ‘sex workers’ left home before their fifteenth birthday, and over half (55%) left home by the time they reached seventeen, compared with two percent and 26 percent of the control group respectively.

Nadon et al. (1998) reported a strong relationship between leaving home and adolescent prostitution and highlighted that a significantly greater proportion of the prostitute sample than the control group, who were recruited from some of the same areas as the prostitute sample, were classified as runaways. Specifically, 87 percent of the adolescent prostitute sample reported running away from home, compared to 61 percent of the non-prostitute group and the prostitute group were associated with a higher frequency of both homelessness and true runaways. Approximately half of both the prostitute and non-prostitute groups stated specific problems (such as parental alcoholism, physical abuse, or sexual victimisation) were precursors for their leaving home. In addition, over twice as many (34%) of the prostitute group, than the control group (15%) were classified as homeless. Also, Graham and Bowling (1995) identified that young people are far more likely to run away from reconstituted and single-parent families (Barrett, 1997).

Bagley and Young (1987) explained that three-quarters of the former prostitute group in their study had left homes “riven by strife, drunkenness, and abuse by the time they were 16”, whereas none of the control group had left home at this stage (p. 14). Sexual abuse was the most frequent reason given by the former prostitute group for leaving home. In Silbert and Pine’s (1983) study, 17 percent of the subjects ran away from home to avoid the sexual abuse. Seng (1989) stated that “adolescent prostitution can be viewed as behaviour that results from the necessities of street life – it is survival behaviour more than it is sexual behaviour” (p. 674). Gwadz et al. (2009) study of 80 homeless young people in New York explained that most of the participants to their study (83.5%) had run away from home or had been asked to leave their home, with an average age of first leaving home at 14.5 years of age. The study showed how homeless young people are often forced to resort to the street economy (e.g. prostitution, theft, drug dealing etc.) for survival and highlighted that over three quarters (81%) had participated in the street economy for survival.

Section 2: The link between drug use and prostitution

Introduction

The relationship between sexual abuse and subsequent involvement in illicit drug use has already been discussed, so in this section the link between illicit drug use, in most cases

intravenous drug use, and prostitution shall be explored. The incidence of sex for drug exchanges among women involved in prostitution is then described. The section shall conclude with an account of the dangers of drug use and prostitution. This will include HIV risk-taking behaviours such as non-use of condoms by women involved in prostitution, both with their clients and their sexual partners, and the risks associated with sharing intravenous drug equipment.

Young people, drug use and prostitution

A recent survey in Scotland found that nearly half of all 15 to 16-year-olds were found to have tried illegal drugs. Young people have been identified as particularly vulnerable to the transmission of HIV and evidence suggests that they often combine sex and alcohol which can reduce the likelihood of practising protected sex (Faugier & Sargeant, 1997). Drug and alcohol abuse are both common features of prostitution. Young runaways often resort to crime as a survival strategy and enter into a lifestyle marked by illegal activities where drugs are readily available.

The age at which young people begin to use drugs also influences their subsequent initiation into prostitution. Faugier's (1996) Manchester based study which focused on risk behaviour (both sexual and drug-related) of 100 drug using prostitutes and 50 non drug-using prostitutes, showed that the age at which the sample initiated drug-use strongly influenced their subsequent need for involvement in prostitution. The study identified that 41 percent of the drug using sample reported first drug use before the age of 16. The drug-using group represented a younger and much more vulnerable group than the non drug-using females involved in prostitution. "They were more likely to have been in care as children and to report sexual abuse, be homeless or living in temporary accommodation which they secured through a sexual relationship" (Faugier & Sergeant, 1997, p. 117).

Gossop, Powis, Griffiths and Strang (1994) highlighted from their study of 51 female prostitutes in south London that there was a strong and statistically significant correlation between the age at which the participants first took heroin and the age at which they first became involved in prostitution. The mean age for first prostitution was 19.15 years and the mean age for first heroin use was 18.9 years.

The relationship between drug use and prostitution

There are three main connections between drug use and prostitution. The use of drugs may precede prostitution; that is, some drug users may resort to prostitution as a means of financing their increased dependence on heroin or other drugs (Goldstein, 1979; Weisberg, 1985). Alternatively, prostitution may precede drug use and drug problems and therefore drugs or alcohol may be used in an instrumental manner to cope with the demands, pressures and criminal associations common to a life of prostitution. It is also possible that initiation into prostitution and drug and alcohol use may develop independently or may occur at the same time (Gossop et al. 1994). Sharpe (1998) outlined that among 'lower class' or street prostitutes, drug dependence, particularly heroin, creates an economic necessity to become involved in prostitution (Goldstein, 1979; Carlen, 1988) whereas among 'higher class' prostitutes (call girls), drug dependence, notably stimulants, occurs after their entry into prostitution.

Gossop et al. (1994) explained that about half the women in their sample (n=18) first became involved in prostitution in order to finance their drug habits, which was predominantly heroin. The study showed that the women who began to use heroin prior to their initiation into prostitution were "more severely dependent on heroin and described themselves as trapped in prostitution by the need to maintain a supply of heroin" (p. 967). The women who became involved in prostitution prior to using heroin (n=17) tended to be less severely dependent on heroin and did not describe their involvement in prostitution as being driven by the need to pay for their drug habit. The study interviewed women working in various forms of prostitution including street prostitution, women who worked in private houses, in clubs/bars, massage parlours, escort agencies and clients' houses; however the study did not differentiate between the various types of prostitution when discussing the relationship between prostitution and drug use.

Goldstein (1979) illustrated that drug use is related to entry into prostitution in four ways. He believed that drugs may be *economically* related to entry into prostitution when women turn to prostitution to support costly and addictive drug use. Drug use may be *psycho-actively* related to entry into prostitution as some women engage in prostitution as a result of altered consciousness. Drug use may be *functionally* related when women have

rationally decided to become prostitutes, but need some help from drugs in order to go through with it. Finally, he proposed that drug use may be *sub-culturally* related to entry into prostitution because certain women in a drug using sub-culture can feel pressured by peers, or by their own pressure to belong, to engage in prostitution.

Gossop et al. (1994) reported that four fifths (41; 80.4%) of the participants in their study were current users of heroin and that over a third (19; 37%) specifically stated that the reason they became involved in prostitution was to obtain money to pay for drugs.

Bagley and Young's (1987) study illustrated that the need for money for either a drug habit or for survival had a major role in their subjects initiation into prostitution. A third of the subjects stated they became involved in prostitution due to a need for money to survive and 40 percent of the subjects stated a need for money for drugs as the most prevalent factor in becoming involved in prostitution.

The level of drug dependence and prostitution

The frequency of drug use among young people involved in prostitution is high. Studies indicate that from one-fifth to one-half of these young people use drugs 'all the time' and a considerable number feel they have a drug problem (Baseman, Ross & Williams, 1999; Crosby & Barrett, 1999; DeBeck, Shannon, Wood, Li, Montaner & Kerr, 2007; Goldstein, 1979; Gossop, Powis, Griffiths & Strang, 1995; Gossop et al. 1994; Potterat et al, 1998). Gossop et al. (1994) showed that over two-thirds of the participants in their sample (36; 87%), with a mean age of 27.6 years, took heroin every day or on most days. In addition, 37 (88%) of the heroin users in their sample reported that their heroin use had at some point been 'out of control' (p. 965).

Goldstein (1979) described the strong link between drugs and subsequent involvement in prostitution. He sampled 92 females involved in seven different types of prostitution; including streetwalkers, massage parlour workers and call girls, to test the significance of drug use on their entry into prostitution. He reported that the relationship between drug use and resultant entry into prostitution varies, depending upon the category of prostitution being examined. For example, for 70 percent of the streetwalkers, drug use was a

significant factor in their subsequent involvement in prostitution, whereas only 15 percent of call girls believed drug use was consequential in becoming involved in prostitution. For all respondents, economic necessity was the most common reason for becoming involved in prostitution, with sub-cultural factors the least common.

Potterat et al. (1998) examined the pathways into prostitution and suggest that there is a complex link between illicit drug use and subsequent entry into prostitution. They reported that there was a striking difference between the prostitute group, consisting of 237 females involved in prostitution, and the comparison group, consisting of 407 women located at an STD clinic, in the proportion of women who engaged in illicit drug use. As Table two illustrates, half the women in the prostitute group had used injectable drugs, compared with four percent of the women in the comparison group. As Table three identifies, 94 percent of the prostitute group who injected drugs reported using non-injectable drugs before they became involved in prostitution:

Table 2.2: Evidence of illicit drug use between prostitute and comparison group

Evidence of illicit drug use	Prostitute group (n = 237)	Comparison group (n = 407)
Regular drug use	86%	23%
Use of injectable drugs	50%	4%

Source: Potterat et al. (1998)

Table 2.3: Evidence of illicit drug use in the prostitute group prior to involvement in prostitution

Illicit drug use prior to involvement in prostitution	%
Use of non-injectable drugs	94
Use of injectable drugs	75

Source: Potterat et al. (1998)

DeBeck et al. (2007) in their study of income generating activities of 275 intravenous drug users, reported that over half of the sample (145; 53%) reported engaging in prohibited income generating activities in the previous 30 days, with sex work and drug dealing

accounting for the greatest amount of income generated. Additionally, they reported that women were more likely than men to engage in prohibited income generating activities, “a finding driven by a much higher proportion of women engaging in sex trade work” (p. 54).

Brawn & Roe-Sepowitz (2008) in a study of 128 female juveniles involved in prostitution and their relationship with substance use explained how approximately 60% of the sample reported using alcohol and drugs and indicated that substance use was necessarily a contributing factor for young people’s involvement in prostitution. Additionally, the females who reported substance use also described a greater incidence of unstable living situations than the females who did not use drugs or alcohol (17.8% and 14.5% respectively), with more disorganized families (26% and 16.4% respectively) and little or no contact with a parent (43.8% and 34.5% respectively).

The incidence of sex for drugs exchanges among women involved in prostitution

Baseman, Ross and Williams (1999) examined the economic structure supporting drug use and the buying and selling of sex services in Houston, America. They found that sex for drug exchanges were a common factor with both female and male subjects in their study. Their study consisted of 818 street-based surveys conducted in two specified inner-city Houston communities, which were selected due to a high prevalence of syphilis compared to other areas of the city. The two areas were composed of approximately 95 percent black residents with ‘median household incomes’ of \$12,173 and \$17,809 (p. 445). All respondents were over 18 years of age and were residents of one of the targeted inner-city areas. They reported that approximately half of the women sampled (175; 50%) traded sex for money or drugs, as did one in five men (100; 21%). They also concluded that women who used drugs, (in most instances crack, cocaine or primo (marijuana laced with cocaine) were significantly more likely to have sold sex for money or drugs, than women who did not use drugs. Unfortunately, their study did not distinguish between those who traded sex for money and those who traded sex for drugs. However they added that they have begun collecting data differentiating between sex for drugs and sex for money transactions and preliminary data suggests that both currencies are well established in the study population as a means of exchange for sex.

Gossop et al. (1994) reported that over half of their sample of 51 women who were involved in prostitution and using opiates or stimulants (27; 53%) reported having given sex for drugs on at least one occasion. The average age at which they first exchanged sex for drugs was 20.1 years and most often the exchange was with a dealer. In two-thirds of the cases (18; 67%) the drug that was most often exchanged for sex was heroin and in a quarter of the cases (7; 26%) the drug was cocaine. The age at which they first exchanged sex for drugs was highly correlated with the age at which they first had sex for money. They revealed that sex for drugs was infrequently provided with only five participants reporting having provided sex for drugs in the month prior to the interview.

Section 3: Sexual and drug related risk behaviour among females involved in prostitution

Introduction

This section explores some of the consequences of drug use and prostitution. This includes HIV risk-taking behaviours such as non-use of condoms by women involved in prostitution with both clients and sexual partners. The section shall conclude with a discussion on the risks associated with sharing intravenous drug equipment.

The dangers of drug use and prostitution

Flowers (1998) highlighted that the dangers of drug use and prostitution are evident by the fact that five percent of all prostitutes die every year with most of these deaths being the result of drug overdoses or homicide related to dangerous drug deals. There is an established connection between an involvement in prostitution and injecting drug use behaviour (Rhodes, Donoghoe, Hunter & Stimson, 1994). The risk of catching HIV infection is also heightened through IV drug use. Streetwalkers have the highest rate of HIV infection among prostitutes. This is closely linked to higher rates of IV drug use among streetwalkers than among other classes of female prostitutes (Flowers, 1998).

The incidence of HIV infection among females involved in prostitution

Astemborski, Vlahov, Warren, Solomon and Nelson (1994) conducted a study of 538 intravenous drug using women to determine whether trading sex for drugs or money was independently associated with human immunodeficiency virus (HIV) seroprevalence. Of the respondents, three fifths (327; 60.8%) did not exchange sex for drugs or money and of the remainder, a further 169 participants (31.4%) exchanged sex for drugs or money with fewer than 50 partners and 42 participants (7.8%) traded sex for drugs or money with 50 or more partners. The prevalence of HIV seropositivity among those who did not trade sex for drugs or money, the 'low traders', and the 'high traders' was 23.2 percent, 23.7 percent and 47.6 percent respectively. A major finding of their study was a significantly higher rate of HIV infection for those who traded with 50 or more partners than for those who did not trade sex for money or drugs. The study concluded that there is a statistically significant relationship between HIV infection and trading sex for money or drugs in this population due to the fact that a history of sexually transmitted diseases was independently associated with HIV infection after drug injection variables were controlled. The study highlighted that there is "an independent effect of frequent trading of sex for money or drugs – that the behaviour of trading is risky irrespective of history of sexually transmitted disease" (Astemborski et al., 1994, p. 385).

Bellis (1990) Southern Californian study of 72 heroin addicted females involved in prostitution highlighted that the vast majority of his sample (70; 97%) were 'very much' or 'somewhat' afraid of getting AIDS. Over four fifths of the sample (62; 86%) stated that they felt sure or thought they had a good probability of contracting AIDS if they remained involved in prostitution and injecting heroin. Over a quarter (20; 28%) of the sample had been tested for AIDS and all were seronegative. Of the whole sample, over half (40; 55%) said they would like to be tested for AIDS, 28 (39%) were 'not much interested in being tested' and 4 (6%) did not want to be tested (p. 31). Ward et al. (1993) highlighted a high level of condom usage in commercial sexual exchanges, with 98% of women reporting using condoms with all clients. The study also reported low levels of HIV infection, with two of the 228 women who had been tested for HIV being infected with the disease. Gossop et al. (1995) illustrated from their study of female prostitutes in south London that

just under half of the sample (23; 45%) had an HIV test, with one participant positive with the HIV virus, 19 negative, one refused to answer and two did not know the result.

Rhodes et al. (1994) conducted a London based study of 308 female drug injectors to assess the prevalence of HIV infection among female intravenous drug users involved in prostitution and female intravenous drug users not involved in prostitution. Of the 308 female drug injectors, 34 (11%) reported being involved in prostitution, having had penetrative sexual intercourse with paying male partners in the six months prior to the interview. All respondents in the prostitution sample (n=34) agreed to provide saliva specimens for anti-HIV testing and all but three (271; 98.9%) agreed in the non-prostitute sample. The study showed an HIV prevalence rate of 14.2 percent from the 281 analysable saliva specimens among female drug injectors overall, of 12.9 percent (4/31) among intravenous drug users involved in prostitution and 14.4 percent (36/250) among intravenous drug users not involved in prostitution. The study added that there were no significant differences in HIV-risk behaviour between intravenous drug users involved in prostitution and intravenous drug users not involved in prostitution.

Wilson and Widom (2008) further developed Widom and Kuhns (1996) study matching cases of abused and/or neglected children from 1967 to 1971 with non-abused and non-neglected children, to examine the extent to which childhood abuse or neglect increases a person's risk for prostitution, promiscuity and teenage pregnancy. A second phase of their study involved locating and interviewing these abused and/or neglected subjects and matched control subjects 20 years after their childhood victimisation. Wilson and Widom (2008) added a new dimension to the above study in 2008, with additional follow-up with both the abused/neglected group and the control group into middle adulthood, testing a model linking childhood maltreatment to risky sexual behaviour to HIV status in middle adulthood and the addition of information regarding HIV status at approximate age 40.

The study highlighted that in their sample of 630 participants with HIV data, 13 participants tested positive for HIV (2.1%), a statistic that is more than ten times greater than that of the general population. Over three quarters of the HIV positive results (10; 77%) were from the abuse and neglect group and the prevalence of HIV infection among individuals from abused and neglected backgrounds was over twice that of the control

group (2.7% and 1.2% respectively). Additionally, participants who were involved in prostitution were three times more likely to be HIV positive than other participants (Wilson & Widom, 2008, p. 153).

The risks associated with sharing drug using equipment among females involved in prostitution

Taylor et al. (1993) noted that needle-sharing and the sexual behaviour of those involved in prostitution with their regular non paying boyfriends/husbands were the predominant risk behaviours for this group (Gossop et al., 1994). Gossop et al. (1995) also stated that three quarters of the participants who inject drugs (21; 75%) shared injecting equipment after it had already been used, therefore exposing themselves to a risk of infection with HIV and hepatitis viruses. The age at which they first shared injecting equipment was 19.1 years and over two thirds (14; 67%) first shared a needle with a sexual partner.

Rhodes et al. (1994) reported that approximately one third of both the prostitute sample (11/34; 32.4%) and the non-prostitute sample (91/272; 33.5%) borrowed used needles and syringes and similar proportions of both samples also reported lending equipment they had already used (10/34; 29.4% and 96/272; 35.3% respectively).

Bellis (1990) interviewed 72 heroin addicted female street prostitutes to explore their knowledge of the AIDS virus and investigate their risk reduction behaviour. Over four fifths of the sample (63; 88%) shared injecting equipment with other addicts; half of these (37; 51%) shared with at least four other addicts and six (8%) shared with ten or more addicts.

The association of depressive symptoms with HIV infection

Alegria et al. (1994) conducted a study with 127 females involved in both street and brothel based prostitution in Puerto Rico to examine the association of depressive symptoms with HIV infection and risk behaviours. Seventy percent of the sex workers fell into the high depressive category and respondents involved in street based prostitution reached significantly higher levels of depressive symptoms (86.8%) than did respondents involved

in brothel prostitution (45.1%). High levels of depressive symptomology were associated with both unprotected intercourse and injected drug use. The risk of high depressive symptomology was about eight times higher for women who partook in unsafe sexual practices than for the women who always engaged in safe sexual practices. A significantly higher proportion of injected drug users (90%) than non-users (52.2%) reached high levels of depressive symptoms.

Lack of condom use with sexual partners

Cusick (1998) recounts that it is often disclosed by prostitutes in accounts of condom use that because condoms are associated with commercial sex they come to demarcate private from commercial experiences. She states that “since it is the same physical body doing the same sexual acts with private and commercial partners, some symbol is necessary to separate one form from the other” (p. 134). Romero-Daza, Weeks and Singer (1999) reported that 13 out of the 16 women in their study did not use condoms with their regular partners and explained this by citing the special bond and closeness that usually exists between partners and that are absent in most commercial sex experiences: “The perception of condoms as a sign of emotional distance between sex partners is clearly illustrated in the case of a thirty-two-year-old Latino woman who claimed to use condoms with her boyfriend of fifteen years only in those occasions in which she is mad at him” (p. 116).

Rhodes et al. (1994) highlighted that less than one-fifth of their sample (3/17; 17.6%) ‘always’ used condoms with ‘non-paying primary partners’. Ward et al. (1993) study of the prevalence of HIV in a sample of 280 female prostitutes in London, reported low levels of condoms use in personal relationships which contrasted with high levels of condom usage in commercial exchanges (12% and 98% respectively). Trani, Altomare, Nobile & Angelillo (2005) in their study of 241 females involved in street based prostitution in Milan, Italy reported high levels of safe sex practices in commercial sexual exchanges with contrasting low levels of condom usage in personal relationships. When describing commercial sexual exchanges, condoms were used in 100% of cases for anal sex and all participants bar one used condoms for oral and vaginal sex. Of the participants who had a non-paying sexual partner, two-thirds of participants did not use condoms for sexual intercourse with their partners and only 15.2%, 16.7% and 30% of participants reported

always using condoms for vaginal, oral and anal intercourse with non-paying partners. Gossop et al. (1995) similarly added that over half of the women in their sample with regular partners (56%) 'never' used condoms with their partners and eight percent 'rarely' used condoms with their regular sexual partners. Of these women, ten reported that their partner had injected drugs on at least one occasion. Day, Ward & Perrotta (1993) in their study of HIV risk factors for male partners of female prostitutes in London described that of the 55 male participants who paid for vaginal intercourse in the previous year, 45 (82%) reported always using a condom. In contrast, only 2 (18%) of the 11 non-paying partners of women involved in prostitution reported ever using a condom with their partner.

Lack of condom use with clients

The results of Gossop et al. (1994) study regarding condom use among prostitutes concurs with other studies (Alegria et al., 1994; Green et al., 1993; McKeganey, Barnard, Bloor & Leyland, 1990; Rhodes et al., 1994) in that the majority of the subjects said that they 'usually' or 'always' used condoms when having penetrative sex with clients. Gossop et al. (1995) reported that three quarters of their sample (38/59; 76%) 'always' used condoms when having vaginal sex or anal sex with clients (18/23; 78%). However, less than half the respondents (22/48; 46%) 'always' used condoms for oral sex with clients, and under a quarter of the respondents (12/50; 23.5%) 'always' used condoms for masturbation with clients.

However, when the use of drugs are added to the equation the results appear to be different. Gossop et al. (1995) concluded that over one fifth of their respondents (22%) were 'less likely' to use a condom with clients after taking drugs. One-third of the respondents (33%) reported that they would be willing to offer sex without a condom to clients in return for more money.

A contrasting study highlighted a low level of condom use with clients. Bellis' (1990) study of 72 heroin addicted female street prostitutes revealed that over a quarter of the sample (19; 26%) did not use any precautions with customers, with just over ten percent of the 72 subjects (10; 14%) stating that they 'required' customers to wear condoms.

Section 4: Violence against women involved in prostitution

Introduction

This section explores the violence women in prostitution face as a result of the hazardous circumstances they are often placed in. Firstly, the link between early childhood sexual abuse and later victimisation is discussed using the lifestyle/exposure model. The incidence and effects of violence towards women involved in prostitution is then described. The chapter concludes with an account of the various strategies women involved in prostitution employ to resist victimisation and protect themselves from potentially violent encounters.

Link between childhood sexual abuse and victimisation

A number of studies have found that women who experience early sexual abuse are at an increased risk of rape and other forms of physical and sexual victimisation as adults (Briere & Runtz, 1988; de Young, 1982; Farley, Baral, Kiremire & Sezgin, 1998; Herman, 1981; Miller et al, 1978; Russell, 1984 & 1988). Finkelhor and Browne (1988) believe that one explanation for this phenomenon is that women who have been sexually abused as children acquire a self-concept or interpersonal style that somehow invites victimisation. An alternative explanation is provided by the life-style/exposure theory (Coston & Ross, 1998; Hindelang, Gottfredson & Garofalo, 1978) which posits that various demographic characteristics and other conditions can precede personal victimisation and heighten the probability of being the victim of criminal attack (Coston & Ross, 1998). Coston and Ross (1998) state that the “confluence of role expectations, structural constraints, adaptations, lifestyle associations, and exposure to crime all represent important preconditions to personal victimization” (p. 55).

When the lifestyle/exposure model is applied to victims of sexual abuse, there is a possibility that the experience of abuse increases the probability of involvement in activities and interactions affiliated with an increased risk for attack. Therefore, the relationship between early childhood sexual abuse and later victimisation may simply be a function of the fact that sexual abuse heightens the probability that young women will partake in a

dangerous lifestyle (Simons & Whitbeck, 1991). McMullen (1987) also discusses the links between childhood sexual abuse and subsequent involvement in prostitution, however, he believes that entry into prostitution requires a greater interplay of factors. He postulates that socio-economic factors, educational experiences, family scapegoating, confidence levels and attitude formations all play an important role in a person's decision to enter prostitution. He adds that "a child who is loved and cared for is likely to have a good self image and is unlikely to enter into a life of prostitution". Further adding that some argue that "personal loathing and personality damage are essential prerequisites to entering prostitution" (p. 47).

The incidence of victimisation among females involved in prostitution

A number of studies have focused on the level of victimisation females involved in prostitution endure and the effect this victimisation has on their lives (Farley et al., 1998; Coston & Ross, 1998; Miller, 1993; Silbert & Pines, 1982; Silbert, 1982). Farley et al. (1998) interviewed 475 women, men and transgendered currently and recently prostituted in five countries (South Africa, Thailand, Turkey, USA and Zambia) to assess the levels of physical and sexual violence among the prostituted group and the symptoms of post traumatic stress disorder (PTSD). They identified that "violence marked the lives of these prostituted people from five countries" (p. 413). Specifically, they reported that 81 percent were threatened physically in prostitution; 73 percent were physically assaulted while working in prostitution; and over two-thirds (68%) were threatened with a weapon.

An average of 62 percent of the participants from the five countries disclosed that they had been raped since becoming involved in prostitution. Of those who were raped, just under half (46%) had been raped more than five times. They found that there was significantly more physical violence in the lives of those in street, as opposed to brothel, prostitution. They found statistically significant differences in lifetime and current experiences of violence, based on country, with the USA and Zambia having the highest reports of violence and rape.

Coston and Ross (1998) in an American study of 59 streetwalkers' experiences of criminal victimisation reported that over four fifths (49; 83%) were the victim of a crime while

working in prostitution with the most reported type of victimisation being robbery, followed closely by rape. Interestingly, 37 participants (62.7%) were victimised during the previous year when they were *not* working in prostitution. Just under half of those victimised (27; 46%) reported that the type of victimisation experienced when not working was rape.

Silbert and Pines' (1982) reported that 70 percent of their sample of 200 females involved in prostitution were raped by clients or similarly victimised by clients an average of 31.3 times. Sixty-five percent of the subjects were physically abused or beaten by a customer an average of 4.3 times. In addition, 66 percent of the subjects were physically abused or beaten by pimps, with over half beaten 'regularly' (59%) and over a third beaten 'constantly' by pimps (36%). Furthermore, Silbert and Pines' (1982) reported that almost three quarters (73%) of the participants (148 women in 193 rapes) had been the victim of a rape experience which was totally unrelated to their involvement in prostitution and in most of the cases the victims sustained some physical injury. They added that "these figures represent only completed rapes, do not include forced intercourse by customers and do not include attempted rapes or other sexual abuses" (p. 130).

Miller (1993) interviewed 16 females involved in prostitution to assess the level of violence against street prostitutes and to examine their resistance to violence on the streets. She believes that "street prostitutes face widespread victimization. In fact, it is part of the very fabric of the street environment" (p. 425). All but one of the 16 women interviewed (93.8%) had experienced some form of sexual attack, attempted or completed. Three quarters of the women were raped by one or more clients, and just under two-thirds (10; 62.6%) were raped in other contexts on the street. Miller also revealed that nearly half of the participants (43.8%) were forced or coerced into having sex with men who identified themselves as police officers.

The vast majority of the women interviewed experienced some form of physical assault ranging from being punched or kicked to being stabbed, choked, struck with objects or kidnapped. Interestingly, Miller (1993) illustrated that "the violence against these women could not be quantified. Many of them indicated that their experiences with violence were simply too numerous to count" (p. 426).

Interestingly, Sanders and Campbell (2007) studies of women involved in indoor prostitution in the UK report low levels of violence when working in indoor prostitution. The report, which focuses on two studies, conducted over the same time period in two cities in the UK, shows that over three quarters (71/90) of the women interviewed in the Merseyside study did not experience violence in the course of their work and 34 of the 45 females involved in indoor prostitution in the Birmingham study did not experience either physical or sexual violence in the course of their work.

The effects of violence

Farley et al. (1998) explored the relationship between violence and post traumatic stress disorder (PTSD) and found that violence and PTSD were widely prevalent among 475 prostituted people in the five countries studied (South Africa, Thailand, Turkey, USA and Zambia). The American Psychiatric Association (1994) states that “PTSD can result when people have experienced: ... extreme traumatic stressors involving direct personal experience of an event that involves actual or threatened death or serious injury” (Farley et al., 1998, p. 407).

They indicated that over two-thirds of their sample (67%) met criteria for a diagnosis of PTSD, which describes psychological symptoms which result from violent trauma. There was no statistically significant difference in the severity of PTSD symptoms across countries, despite cultural differences and differences in sample selection. However, there was a statistically significant difference between the percentage of participants in each country who met criteria for a diagnosis of PTSD, which ranged from 50 percent in Thailand to 76 percent in Zambia. The authors state that other factors, in addition to prostitution, may have contributed to the incidence and severity of PTSD. For example, some of the lower scores from Thai participants may be due to the fact that Thai participants answered these questions in a large group receiving less personal attention than in the remaining countries studied, where the questionnaires were administered individually. Alternatively, the higher scores from participants in Zambia might be as a result of the fact that the unemployment rate in Zambia was 90 percent at the time of the study and consequently many of the participants and their children were hungry.

Farley et al. (1998) also highlighted that 85 percent of the 475 participants, across the five countries, met criteria for partial PTSD, suggesting a significant degree of psychological distress. Farley et al. (1998) believe that “much of the current medical and psychological literature fails to address the physical and emotional harm which is intrinsic to prostitution”. The authors conclude by stating, “Psychological treatment is necessary for both acute PTSD resulting from sexual violence and captivity in prostitution, as well as for the long-term harm resulting from childhood abuse and neglect” (p. 422).

Silbert and Pines’ (1982) highlighted that for over half the rape cases in their study (59%), the women experienced disgust, hurt and shame and in just under half the rape cases (46%), the women blamed themselves and felt responsible for the rape. They also described that just under half of the participants (43%) experienced shock, one quarter (26%) experienced depression and a third of participants (32%) felt a relief to be alive. Silbert and Pines’ believed that the general response to rape experiences expressed by the participants differed from the common emotional response described in literature on rape victims “as feeling stunned that such a thing could happen to them” (p. 130). However, for the victims involved in prostitution “it was the final awareness that there was no aspect of life over which they could exert control” (p. 130). Although feelings of powerlessness are common to rape victims in general, for prostitute rape victims the powerlessness experienced is “exacerbated by the prostitutes general feeling of impotence in life” (p. 131).

Silbert and Pines’ (1982) suggested that “the strongest sense of power street prostitutes experience derives from a sense of control over their sexual activity” and that they “place a disproportionate amount of energy on their toughness as prostitutes and the ability to control their sexual activity. The impact of rape is thus compounded by the fact that it takes this control from them” (p. 131).

Silbert and Pines’ (1982) outlined that most of the participants who were the victims of rape felt that they could not display hurt or emotional upset and therefore dealt with their feelings alone or suppressed them. They stated that in the majority of the rape cases (63%), the women had never previously discussed the rapes or the traumatic influence it had on them. Silbert (1982) suggested:

“Those people who are subjected to continuous abuse and victimization about which they have no understanding and over which they have no control, as seen in the life experiences of the women in this study, develop a ‘psychological paralysis’ which prohibits their abilities to do anything about further victimization” (p. 19).

Silbert and Pines’ (1982) indicated, “For the street prostitute who was trapped in a cycle of victimization, ‘psychological paralysis’ is characterised by immobility, acceptance of victimization, feeling helpless and hopeless, and an ability to take the opportunity to change” (p. 131).

Resistance to victimisation

Coston and Ross (1998), in their study exploring the criminal victimisation of women involved in prostitution, highlighted several strategies their participants employed to prevent potentially dangerous experiences. They reported that all participants (n=59) avoided various places and types of customers as a result of a perceived threat of violence. To prevent victimisation, some participants reported avoiding deserted areas, places where no other prostitutes worked, places referred to them by customers, piers or other boroughs. Most prostitutes regardless of race, reported that they would avoid young Black or Hispanic clients, vulgar or aggressive clients, intoxicated clients and teenagers.

Coston and Ross (1998) also highlighted that 49 of the streetwalkers in their American study (83%) reported that they carried a weapon. The most common type of weapons used included guns, knives and scissors.

Miller (1993) explored violence against women involved in prostitution and their resistance to violence on the streets and reported that the participants (n=16) employed a number of strategies to resist violence directed at them. Miller emphasised that there was a consistent pattern among participants “of categorising and labeling potential ‘tricks’ according to a variety of criteria, based on interpretations of what constituted the likelihood of a man being a ‘psycho’” (p. 427). Miller stated that some of her participants with many years experience believed that their knowledge and experience provided them with an edge over other women involved in prostitution, whereas women with less experience working in

prostitution did not discuss their ability to use street knowledge to sum up clients. However, some younger and less experienced prostitutes described following their instincts.

Miller (1993) also reported that the participants to her study (n=16) consistently categorised men based on their demographic characteristics, for instance Miller stated that “older white men were consistently preferred to younger and/or African American men” (p. 430). Miller also stated that the participants also discussed a code of ethics among street prostitutes which involved sharing information about clients with each other, and stated that they felt a sense of responsibility to pass on knowledge of dangerous or violent men.

Another strategy they employed to maintain their safety was to choose the location of the sexual transaction and the most preferred location was the clients parked car. Some chose secluded areas to avoid being caught by police, whereas others, who ranked their personal safety over getting arrested, preferred to work in open, visible places. In addition to these various methods to remain safe, when an inevitable violent situation arose many participants reported fighting back, and jumping out of moving vehicles. Miller (1993) concluded by stating, “As a result of the various strategies they employed, many women were able to avoid some of the violent encounters they otherwise would have experienced” (p. 443).

Chapter Summary

This chapter was divided into four sections. Section one explored the link between family background, including physical and sexual abuse, and prostitution. The literature on people involved in prostitution often refers to backgrounds marked by family breakdown, family violence, physical and sexual abuse. The effect of family problems including domestic violence, one-parent families and reconstituted families as a precursor to prostitution was discussed. Potter et al. (1999) reported that the ‘sex worker’ group experienced more parental separation than the control group (38% and 8.5% respectively), with Bagley and Young (1987) and Seng (1989) reporting similar results. The effect of childhood sexual abuse on children was examined followed by examples of studies reporting a relationship between child sexual abuse and prostitution (Bagley & Young, 1987; Potter et al., 1999;

Seng, 1989; Silbert & Pines, 1983; Simons & Whitbeck, 1991; Widom & Kuhns, 1996). Seventy percent of the participants in Silbert and Pines' (1983) study felt that childhood sexual abuse affected their decision to become involved in prostitution. Nadon et al. (1998) provided a contrasting argument stating that prostitution and sexual abuse are not directly linked and added that many studies exploring the link between family backgrounds, including sexual abuse and subsequent entry into prostitution have inaccurate control groups.

The final part of section one explored the link between running away, homelessness and involvement in prostitution. Young people often run away from households marked by violence and neglect and become homeless. Seng's (1989) study reported that the prostitution-involved children were far more likely to be runaways and to have run away more frequently than the abused children. He believed that running away had greater links to subsequent involvement in prostitution than the links between childhood sexual abuse and later involvement in prostitution.

Section two explored the link between illicit drug use, in most cases intravenous drug use, and prostitution. Faugier (1996), Faugier and Sargeant, 1997 and Gossop et al. 1994 all reported a correlation between the age at first drug use and the age at involvement in prostitution. Various studies highlighting the association between drug use and prostitution were discussed. Goldstein (1979) believed that drug use and entry into prostitution are related in four ways; economically; psycho-actively; functionally and sub-culturally. The occurrence of sex for drug exchanges among women involved in prostitution was then described, with both Baseman et al. (1999) and Gossop et al. (1994) reporting similar high incidences of sex for drugs exchanges (175; 50% and 27; 53% respectively).

Section three discussed the sexual and drug related risk behaviour among females involved in prostitution. The incidence of HIV infection among females involved in prostitution was discussed. Astemborski et al. (1994) reported from their study a statistically significant relationship between HIV infection and trading sex for money or drugs. However, Rhodes et al. (1994) found no significant differences in HIV-risk behaviour between intravenous drug users involved in prostitution and intravenous drug users not involved in prostitution. The risks of contracting HIV through sharing drug using equipment was discussed and

several studies highlighted a high rate of sharing of drug using equipment (Bellis, 1990; Rhodes et al., 1994) including the sharing of equipment with their regular drug using partners (Taylor et al., 1993). The section concluded by exploring the risks associated with a lack of condom use with sexual partners and with clients. Cusick (1998) and Romero-Daza et al. (1999) both discuss the use of condoms by women involved in prostitution to demarcate personal from commercial sexual experiences.

Section four focused on the victimisation women involved in prostitution experience. The literature reports high levels of violence against people involved in prostitution. The relationship between early childhood sexual abuse and future victimisation was linked to the victim's dangerous lifestyle. Various studies indicated that women involved in prostitution are the victims of widespread violence (Coston & Ross, 1998; Farley et al., 1998; Miller, 1993; Silbert & Pines, 1982; Simons & Whitbeck, 1991). The lifestyle/exposure theory was discussed, which proposes that various demographic characteristics and other conditions can precede personal victimisation and heighten the probability of a criminal attack (Coston & Ross, 1998; Hindelang et al., 1978).

Several studies also highlighted that many women involved in prostitution experience shock, depression, relief to be alive (Silbert & Pines, 1982) or PTSD (Farley et al., 1998). Farley et al. (1998) reported that 85 percent of the 475 participants across the five countries studied, met criteria for partial PTSD, suggesting a significant degree of psychological distress. Women involved in prostitution employ several strategies to prevent potentially violent situations, including carrying weapons (Coston & Ross, 1998; Miller, 1993). Overall, women involved in prostitution are often the victims of violent attacks and can feel emotionally and psychologically traumatised as a result.

The next chapter reviews the issue of prostitution in Ireland. The legal context of prostitution is presented, followed by a description of the dedicated services for people involved in prostitution. The chapter also provides an overview of the Irish literature on the topic of prostitution.

Chapter 3

Context of the Study

Introduction

The purpose of this chapter is to review the issue of prostitution in Ireland, specifically juvenile prostitution. The change in nature of prostitution since the turn of the century is presented. The legal developments relevant to this topic, including the penalties associated with prostitution are then outlined. The services for people involved in prostitution in Dublin are described. The final part of this chapter examines the small number of Irish studies that have been conducted, under four main sections. The first section explores the backgrounds of people involved in prostitution in Ireland followed by a section which examines the pathways into prostitution. Section three discusses the experiences of people involved in prostitution in Ireland and the final section explores the emotional effects of involvement in prostitution.

The change in nature of prostitution over the last decade

There have been noteworthy developments in Ireland in relation to prostitution since the turn of the century, such as changes in service provision for people involved in prostitution, additional research on prostitution in Dublin, amendments to legislation governing prostitution and the introduction of new legislation to protect against human trafficking. Several reports and studies have made reference to the change in nature of prostitution (Cox & Whitaker, 2009; Lawless, Wayne, Murphy-Lawless & Lalor, 2005; O'Connor & Healy, 2006; Ruhama, 2002; Ruhama, 2007; Ruhama, 2009) and the changing nature of prostitution has also received a surge in media attention in recent years (Bradley, 2006; Cusack, 2009; Holland, 2006; MacCormaic, 2008; Mooney, 2009; Prime Time Investigates, May 2006; Prime Time, December 2008; Reilly, 2010; Rogers, 2009; Rogers, 2009).

Specifically, the nature of prostitution has seen a significant shift from street based prostitution to a greater incidence of indoor prostitution (Ruhama, 2009). It is believed that the increase in use of technology namely, mobile phones and the internet has had a significant impact on the nature of street prostitution in Ireland. O'Corrbui (2009), in the most recent report by Ruhama, an organisation committed to working with women

involved in prostitution, states that “technology such as the internet and the mobile phone has facilitated [this] expansion enabling all involved in the trade to operate with greater anonymity and invisibility” (p. 2). This has resulted in a reduction in street based prostitution and resulted in increased difficulties for service providers in making contact with at risk and vulnerable women.

Similarly, at the time of data collection for this research, trafficking into Ireland was only beginning to attract media attention. From an international perspective, human trafficking has received consistent research and media attention since the 1980s. As Kempadoo and Doezema (1998) state “since the middle of the 1980s there has been a new wave of feminist backed campaigning against trafficking in women, child prostitution and sex tourism” (p. 36). Trafficking was first recognised in International Law through the Palermo Protocol in 2002. It defines trafficking as “the recruitment, transportation, harbouring or receipt of a person for the purposes of exploitation, whether sexual or otherwise” (Chase & Statham, 2005, p. 7). Lawless et al. (2005) discuss Ruhama’s commitment since 2000 to “working with increasing numbers of international women who had been trafficked into Ireland for the purposes of sexual exploitation” (p. 6). In recent years however, the incidence of trafficking into Ireland has increased considerably and the most recent Ruhama report states that the number of women they are currently supporting who have been trafficked into this country has doubled over a one year period (Ruhama, 2009).

Barnardos, Ireland’s leading independent children’s charity, published a special issue of their journal *Child Links* titled “Child Trafficking” in 2008. The issue contains articles from Barnardos; the Anti-Human Trafficking Unit in the Dept. of Justice Equality and Law Reform; the Irish Refugee Council; the Child Exploitation and Online Protection Centre, UK and ECPAT UK. Additionally, Barnardos published a document in April 2009 on separated and trafficked children, which detailed that between 1998 and 2008 approximately 5,300 separated children arrived in Ireland. The majority of these children were reunited with family members already living in Ireland and the remaining children were referred to the HSE. Barnardos have raised concerns however, about the number of children who go missing from HSE care on an annual basis, with latest statistics showing that between 2000 and 2008, 457 children went missing from HSE care (Barnardos, 2009).

Barnardos further explain, “It is feared that a number of these children have been trafficked for sexual exploitation, domestic servitude (exploitation) or child labour. Some of these children have been later found in brothels” (Barnardos, 2009, p. 1).

The legal context of prostitution in Ireland

Until 1993 the law governing the activities of women in prostitution was contained in a number of statutes; the Vagrancy Acts, 1824 and 1898 and the Criminal Law Amendment Acts, 1885 to 1935. In particular, it was an offence for a ‘common prostitute’ to loiter and solicit passers-by for the purposes of prostitution. Hanley (1997) stated that confirmation of a person being a prostitute was given either by the introduction of previous convictions for loitering or solicitation, or the testimony of a Garda that the woman had been found soliciting or loitering on prior occasions. It has been argued that the criminal law on prostitution has developed historically in a “gendered” manner, with only those involved in prostitution, who are predominantly women, being penalised, while the customers, who are predominantly men, remaining outside the controls of criminal law (Bacik, 2004, p. 149). Additionally, the legislation has been criticised for promoting a double standard, because “it prohibits the public display of prostitution but not the act of selling sex” (Bacik, 2004, p. 149). Hubbard (2006) also discusses the similar paradoxical emphasis on British legislation in relation to prostitution, stating “although prostitution may not be illegal, it is impossible for female sex workers to work without breaking a number of laws in the performance of their work” (p. 3).

Under the pre-1993 legislation, it only required a Garda to testify that a woman was a ‘common prostitute’. This became inoperable in 1983, following the decision of the Supreme Court in the case of *King v the Attorney General* in 1981. The term ‘common prostitute’ was ruled unconstitutional in that it prejudiced the individual concerned, before their case was heard. Hanley (1997) stated that after this case “there was a perceived need to tidy up the law and this was achieved by the Criminal Law (Sexual Offences) Act, 1993” (p. 80).

The primary purpose of the Criminal Law (Sexual Offences) Act, 1993 was to abolish the offences of buggery and gross indecency and put in place an age of consent of 17 for male

homosexual activities, to comply with the European Court ruling on this matter. However, secondary clauses of the Act refer to laws governing prostitution. Under section 7 of the Act it is an offence to solicit or importune another person in a street or public place for the purposes of prostitution. This offence applies to everyone, whether male or female, prostitute or client, or a third party such as a pimp. The principal areas relating to prostitution in the Act are soliciting, loitering, brothel keeping, the organisation of prostitution and living on the earnings of prostitution. A discussion paper published by the Department of Justice, Equality and Law Reform reported that “prostitutes and others have claimed that the 1993 Act left them open to a greater likelihood of assault (they thought that if they reported the assaults they would be charged with soliciting) and manipulation by pimps” (1998, p. 95).

In 1993 the legislation in Ireland pertaining to prostitution was updated through the Criminal Law (Sexual Offences) Act 1993 and the Children Act, 2001. One aspect of the Criminal Law (Sexual Offences) Act, 1993 was amended by section 250 subsection 6 of the Children Act, 2001. The amendment stated:

“A person who solicits or importunes another person (whether or not for the purposes of prostitution) for the purposes of the commission of an act which would constitute an offence under section 3, 4, or 5 of this Act or section 1 or 2 of the Criminal Law Amendments Act, 1935, shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding £1,500 [€1,904] or to imprisonment for a term not exceeding 12 months or to both” (p. 135).

The amendment increased the fine for soliciting or importuning another person for the purposes of commission of sexual offences from £1,000 (€1,269) to £1,500 (€1,904). The Children Act, 2001 also updated sections 16 and 17 of the Children Act, 1908. Section 248 of the Children Act, 2001 states that it is an offence for a person, who has the custody, charge or care of a child to allow the child to reside in or frequent a brothel. The fine for this offence on summary conviction is a maximum of €1,904 and/or imprisonment for up to 12 months. Section 249 of the Children Act, 2001 makes it an offence for a person who has the custody, care or charge of a child to cause or encourage unlawful sexual intercourse or buggery with the child or cause or encourage the seduction or prostitution of, or a sexual assault on, the child. The fine for this offence on an indictment conviction is a maximum

of €1,743 and/or imprisonment for up to ten years. Interestingly, in this section of the Act a child refers to a person under 17 years of age. The Criminal Law Amendment Act, 1935 defined the age of consent as a person over the age of 17 years and the legislation in relation to sexual offences uses the same definition (Children Act, 2001, p. 135).

The Child Trafficking and Pornography Act 1998 was amended by Section 6 of the Criminal Law (Sexual Offences) (Amendment) Act 2007. The Amendment deals with a number of offences against children under the age of 17. The legislation deals specifically with child trafficking and includes an offence of ‘child trafficking and taking a child for sexual exploitation’, which carries a maximum penalty of life imprisonment. Other offences detailed in the Act include the offence of ‘meeting a child for the purpose of sexual exploitation’ which carries a maximum penalty of 14 years imprisonment and the offence of ‘allowing a child to be used for child pornography’, an offence carrying a maximum penalty of a fine of up to €1,000 and/or 14 years imprisonment. Additional offences relating to children exploited through pornography, include the offence of ‘producing, distributing, printing or publishing child pornography’; carrying a maximum penalty for a summary offence of €1,900 and/or a year’s imprisonment; however, if charged on indictment, the maximum penalty is an unlimited fine and/or 14 years imprisonment; ‘possession of child pornography’; an offence which carries a maximum penalty for a summary offence of €1,900 and/or a year’s imprisonment and if charged on indictment, the maximum penalty is €6,350 and/or five years imprisonment (Department of Justice, Equality and Law Reform, 2007).

The Criminal Law (Human Trafficking) Act, enacted in 2008 makes it an offence to traffick adults or children for the purpose of their exploitation, including sexual exploitation. In addition, it makes it an offence to sell or purchase (or offer to sell or purchase) any person for any purpose. The offence of human trafficking carries penalties of up to life imprisonment. The legislation also protects a trafficked person with regards to prostitution, creating an offence “to solicit or importune a trafficked person for the purpose of prostitution”, which carries a penalty of up to five years in prison (Department of Justice, Equality and Law Reform, 2008, p. 8). Ruhama (2009) acknowledge that the recent legislation affords “official recognition of the crime of human trafficking and a legislative

framework is in place which criminalises the purchase of the services of trafficked victims” (p. 2).

Ruhama were active in lobbying for the recent legislation and forwarded a comprehensive document to Minister Michael McDowell, in the Department of Justice, Equality and Law Reform in November 2006 (Ruhama, 2006). The submission document welcomed the publication of the Criminal Justice (Trafficking and Sexual Offences) Bill 2006, commending the Governments steps at addressing the complex issues of trafficking as a specific law and human rights violation (Ruhama, 2006). The document however, highlighted Ruhama’s concerns surrounding the effectiveness of the proposed legislation stating “it has no provisions that set out the fundamental protection and assistance mechanisms for the victims of trafficking” (p. 2). The proposed legislation was also criticised by the organisation due to the clear distinction between the protection provided to vulnerable children compared to the protection offered to vulnerable adults. In response to the Criminal Justice (Human Trafficking) Act 2008, Ruhama (2009) expressed grave concerns regarding the legislation, particularly the lack of a “victim-centred approach” or “any mechanisms to ensure the victims human rights entitlements are addressed” (p. 2). Additionally, the fact that the legislation is located within an immigration framework rather than an organised crime framework posed additional concerns for the organisation and the protection they can offer to the women accessing their service (Ruhama, 2009).

The Immigrant Council of Ireland (ICI) also made a comprehensive submission document to Government in December 2007 in relation to the National Action Plan to prevent and combat human trafficking (Immigrant Council of Ireland, 2007). The submission document acknowledges the commitment by Government to abolish human trafficking through the Criminal Justice (Human Trafficking) legislation and the Immigration, Residence and Protection Bill. The ICI commended the Governments administrative initiatives including the commitment to the establishment of the High Level Anti-trafficking group and the Anti-Trafficking in Human Beings Unit. The ICI added that these initiatives “bring Ireland closer to the ratification of the Council of Europe Convention on Action against Trafficking and demonstrate a commitment to the EU’s work towards

elimination of Human Trafficking” (p. 1). Similarly, Barnardos published a submission document in November 2007 regarding the National Action Plan to prevent and combat human trafficking (Barnardos, 2007). Barnardos believe child trafficking is a child protection issue and expressed concerns that immigration priorities should not be allowed to take precedence over child protection and welfare concerns.

Legal penalties for prostitution in Ireland

Currently in Ireland, the penalty for soliciting and engaging in prostitution is a fine or imprisonment. The fine on a first conviction is a maximum of €17; it is €34 on a second conviction and €34 and/or a term of imprisonment not exceeding four weeks in the case of a third or subsequent conviction. The same scale of penalties also applies to clients and third parties. An argument against the level of fines for those involved in prostitution is that there are no victims, in the usual meaning of the word, and that the only way a person involved in prostitution can afford to pay that level of a fine is to go back on the street or borrow the money from a pimp, which can also have dangerous consequences. An argument in favour is that a criminal offence is meaningless if the penalty on conviction does not provide any form of deterrent and weighty fines could dissuade persons from becoming involved or continuing a life in prostitution (Department of Justice, Equality and Law Reform, 1998).

Services for women in prostitution in Dublin

There are currently three dedicated services for women working in prostitution in Dublin. These are the Ruhama Project, Health Services Executive (HSE) Women’s Health Project and the Chrysalis Drug Project. Interestingly, the HSE is the only statutory organisation providing an exclusive service for women involved in prostitution in Dublin through the Women’s Health Project.

Ruhama Project

The Ruhama Project, which works on an outreach basis, using a mobile counselling unit, was established in 1989. It is a voluntary organisation, which offers an enabling,

befriending service to those involved in prostitution. The mission of the project is “acknowledging the dignity of women, Ruhama works with and for, women involved in prostitution” (Ruhama, 2002, p. 1). The project has three distinct but interconnecting strands: outreach, development and awareness raising. The outreach service operates five nights per week, providing a safe place for the women to rest, have a hot drink and meet the outreach workers. The development strand provides individual education and training programmes and support to enable the women to exit prostitution and enter the labour market. Awareness raising involves lobbying government and running media campaigns, participating at conferences and giving talks (Ruhama, 2003). Reflecting the changing nature of prostitution in Irish society in the last decade, since 2000 Ruhama has been providing a specific outreach service for victims of sex trafficking (Ruhama, 2009).

The HSE: Women’s Health Project

The Women’s Health Project (WHP) has been in operation since 1991. It is a city-wide service and is administered by the Health Services Executive. It provides a range of services for women working in prostitution, including an outreach service, a drop-in service, medical service, counselling service, welfare service, training and education facilities and an addiction service. The Women’s Health Project aims “to promote the health and well being of women in prostitution by providing a non-judgmental confidential service. ... It promotes empowerment of people and encourages them to have an active part in the project” (WHP, 2002).

The Chrysalis Drug Project

The Chrysalis Community Drug Project is based in the North Inner City and is a harm reduction service. One of the four main strands of service provision is working with women involved in prostitution. The organization offers outreach, health promotion materials, street safety advice and safer sex information, referral to the gardai to report incidents with clients, other working women and referral to specialized services. The project also runs two 12 week educational courses each year, which focus on personal development, safer sex negotiation skills and sexual health.

Reports on prostitution in Ireland

The subject of prostitution has received increasing attention over the last decade in Ireland. However, the focus of attention has made a categorical shift from street based prostitution to indoor prostitution, with a particular focus on human trafficking into Ireland for the purposes of sexual exploitation.

In relation to the issue of prostitution in Ireland, a number of former Health Boards have completed reports on the issue of prostitution in Ireland, including the Health Services Executive (HSE) Northern Area (EHB, 1997; EUROPAP, 1995; O'Connor, 1996; O'Connor & Quinlan, 1997; O'Neill & O'Connor, 1999), the Mid-Western Health Board (O'Sullivan, 1998) and the North Eastern Health Board (Toner, 1998). A study was also conducted by the Good Shepherd Community in the South Eastern Health Board region (McElwee & Lalor, 1997). A report on the illegal and harmful use of the internet by the Department of Justice, Equality and Law Reform (1998) and the commissioning of an external consultant to assess the government response to child pornography and prostitution reveals this new awareness (McElwee, 1999).

The HSE Women's Health Project conducted two studies on prostitution in Dublin in the mid-1990's. Whilst providing useful information about adults engaged in prostitution, neither study included juveniles in their sample. Interestingly, both studies specifically mentioned a new population of drug-using, adolescent prostitutes in Dublin about which little or nothing is known. By surveying various service providers, the report of the working party on children in prostitution arrived at an estimate of 57 children involved in prostitution in Dublin (EHB, 1997). Prior to this research project, no direct research focused on young peoples' experiences in prostitution in Dublin.

Until the Ruhama publication in 2005 titled the "Next Step Initiative", there was very limited reference to young women involved in prostitution and none of the Irish studies conducted give a comprehensive account of the situation of young women involved in prostitution. This study interviewed 19 women involved in prostitution, and although the age range was from 21 to 60 years, several of the narratives describe participants' entry into

prostitution before they reached adulthood (Lawless, Wayne, Murphy-Lawless & Lalor, 2005).

A recent publication funded by the National Advisory Committee on Drugs researched the link between drug use, sex work and the risk environment and gathered data from in-depth interviews with 35 drug using sex workers. The age range of participants was from 21 to 49 years, however the age at initiation into prostitution ranged from 13 to 34 years (Cox & Whitaker, 2009).

Section 1: Backgrounds of people involved in prostitution in Ireland

Introduction

This section explores the backgrounds of people involved in prostitution as described in the various reports noted above. The section is divided into three parts;

-) The incidence of family background, physical and sexual abuse as a precursor to prostitution.
-) The education and employment history of people involved in prostitution.
-) The incidence of homelessness among people involved in prostitution.

Family background, physical and sexual abuse as a precursor to prostitution

It is noted that experiences of family breakdown, physical and sexual abuse, neglect, poverty, drug and alcohol addiction are often present in the lives of people involved in prostitution. Toner (1998) from the Youth Initiative in Partnership Project (YIP) in Dundalk, Co. Louth concluded that there are more than 12 young people involved in prostitution in the region. She stated, “all of the young people come from unstable backgrounds, often with a history of sexual or physical abuse” (p. 14). A worker with Ruhama reported that, “sexual abuse in childhood or early adolescence appears to be a common experience which has been instrumental in leading them into prostitution” (McAler, 1994, p. 7). A study of prostitution in Waterford City reported that five of the six participants interviewed were sexually abused as children and the remaining participant stated she “experiences sexual abuse on an on-going basis” and refused to elaborate further (McElwee & Lalor, 1997, p. 45). The participants came from backgrounds marked by

poverty, sexual and physical abuse, alcoholism, drug abuse and parental separation. One participant was taken into the care of the South Eastern Health Board when she was 14 years of age.

A European Intervention Projects Aids Prevention for Prostitutes (EUROPAP) study of 18 women involved in prostitution in Dublin reported that six of the women interviewed (33.3%) had been sexually abused as children and two further participants (11%) were raped by persons outside the family during their teenage years. The majority of these women felt the abuse influenced their decision to enter into prostitution (EUROPAP, 1995). O'Connor (1996) conducted a follow-on study, commissioned by a Dublin-based organisation for women in prostitution (the 'Women's Health Project') as part of EUROPAP. The study gave an overview of female prostitution in Ireland and of the services available to women working in prostitution, with particular reference to HIV prevention measures. O'Connor's (1996) study is, to date, the largest study of Irish people involved in prostitution. Two of the 84 women stated childhood abuse influenced their decision to start work in prostitution. Childhood sexual abuse was one of the options in the questionnaire for reasons for entering prostitution. A separate section on childhood sexual abuse experiences was not included in the questionnaire because the data was collected by peer interviewers who "expressed discomfort asking their peers what they considered a very personal, possibly overly intrusive question" (p. 9). It is surmised that if a section on childhood abuse experiences was included in the study a greater percentage of women would have reported such experiences.

Of the 19 women who participated in the research conducted by Lawless et al. (2005), two of the women had been in care as children and one was raised in a foster home. Of the remaining participants, the majority left the family home while they were teenagers. Similarly, Cox and Whitaker (2009) describe that the majority of participants to their research into drug use, sex work and the risk environment in Dublin had adverse life experiences in their childhood and/or early adolescence, including family conflict, parental and/or sibling substance abuse, child physical and/or sexual abuse, family bereavement, experiences of being in care, homelessness and traumatic life events.

Education and Employment

Young people involved in prostitution often see prostitution as the only option available to them. This is due to, among other issues, their lack of qualifications, their lack of self-confidence and esteem in their own abilities and/or their difficulty gaining employment offering similar remuneration (EUROPAP, 1995; McElwee & Lalor, 1997; O'Connor, 1996; O'Connor & Quinlan, 1997; O'Sullivan, 1998; Toner, 1998). The EUROPAP (1995) study of 18 women involved in prostitution in Dublin reported that over half the women interviewed (11; 61%) left the education system without any qualifications, with only three participants (16%) having passed state examinations. The study added that "few² had engaged in other forms of employment apart from prostitution or if so for only short periods of time" (p. 11). In O'Connor's (1996) study over one third of the women (33; 39%) remained in the education system until the age of 17/18 years, with the majority (52%) leaving school between the ages of 14 and 16 years and six women leaving school at 12/13 years of age. Toner (1998) reported that all the young people who accessed the outreach service (17), which offered support and advice to all 'vulnerable' and 'at risk' young people in the Dundalk area, had "left school early" (p. 14). No additional information on the topic of education was provided.

O'Connor (1996) reported that over half (44; 52%) of the women were previously engaged in employment other than prostitution, including factory, office, shop, bar and hotel work, with over one third of the women (33; 39%) naming prostitution as their only employment. O'Neill and O'Connor (1999) carried out another follow-on study commissioned by the Eastern Health Board's Women's Health Project and the European Intervention Project, AIDS Prevention for Prostitutes. The study had a particular emphasis on drug using women working in prostitution and consisted of interviews with 77 women aged between 18 and 45 years. Although the study did not contain a section on the participants' educational level they reported that one third of the participants (26; 34%) were engaged in work other than prostitution.

² The study did not specify a number or percentage of participants who engaged in other forms of employment or the type of employment they were working in.

A study of men involved in prostitution in Dublin was conducted in 1997 to highlight the issue of male prostitution in Dublin and describe the service provision for the men involved to determine their perceived needs and the extent to which their needs were being met (O'Connor & Quinlan, 1997). The study consisted of interviews with 27 men involved in prostitution, ranging in age from under 17 years to 45 years and reported that all respondents completed primary level education and 22 attended secondary school or technical college for a period of time. The study did not detail the number of respondents who held an educational qualification, but added that one participant had been to university and one participant classed himself as a student. In addition, over half of the respondents (15; 55%) were unemployed and one third (9; 33%) were employed or self-employed.

Lawless et al. (2005) reported that the lowest age that participants exited from formal education was 13 years, with 16 years being the highest. Additionally, the majority of the women were aged between 14 and 15 years of age when they exited from formal education. Three of the 19 women had a recognised formal qualification at Junior Certificate, or equivalent. One woman returned to education as an adult and sat both formal state examinations; the Junior and Leaving Certificates.

Homelessness and prostitution

A number of studies have linked homelessness and being thrown out of home to subsequent involvement in deviant behaviour, and in some cases involvement in prostitution (EUROPAP, 1995; McElwee & Lalor, 1997; O'Connor & Quinlan, 1997; O'Neill & O'Connor, 1999; O'Sullivan, 1998; Toner, 1998). O'Sullivan (1998) reported, from her study of prostitution in the Mid-West of Ireland, that "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 and 'survival sex' (p. 16). O'Connor and Quinlan (1997) in their study of male prostitution in Ireland reported that over one third of the men (10; 37%) were homeless at the time of the research, with over half (16; 59%) experiencing homelessness at some point in their lives.

Toner (1998) indicated that the homeless culture in Dundalk differs greatly from homeless culture in large cities. She explained that there is no visible population of young people living on the streets, adding that the young people are very ‘resourceful, they sleep in each other’s houses, they get into squats’ (p. 15).

The EUROPAP study of females involved in prostitution in Dublin reported that three of the 18 women in the study ran away from home and subsequently became involved in prostitution. McElwee and Lalor (1997) highlighted that two of the six people in their study of prostitution in Waterford City mentioned either being ‘homeless’ or ‘living rough’ at some point in their lives. O’Neill and O’Connor’s (1999) study of 77 drug using women reported that almost half the participants (35; 45%) were homeless at the time of the interview and a further quarter (21; 27%) were living in the family home and in some cases this was a temporary arrangement.

Cox and Whitaker (2009) reported that most of the 35 women and men who participated in the research had experienced periods of prolonged homelessness, with the majority being classed as homeless at the time of the interview. Furthermore, for many participants their lifestyle hindered them getting appropriate accommodation and in some cases contributed to them being excluded from emergency accommodation.

Section 2: Pathways into prostitution

Introduction

This section details the common pathways into prostitution as described in various Irish studies. The section is divided into parts:

-) The average age at initiation into prostitution.
-) Why young people become involved in prostitution.
-) How young people become involved in prostitution.

The average age at initiation into prostitution

The EUROPAP study (1995) reported that the age at which the women entered prostitution ranged from 15 to 41 years. O'Connor (1996) in her study of females (n = 84) involved in prostitution in Dublin reported that the age women entered prostitution ranged from 13 to 49 years of age, 14 of whom began working in prostitution between the ages of 13 and 18 years. McElwee and Lalor (1997) reported that five of the six participants in Waterford were 18 years or younger when they first became involved in prostitution. The remaining participant was in "his early adult years" when he entered prostitution (p. 49). O'Connor and Quinlan (1997) in their study of men in prostitution in Dublin (n = 27) reported that the ages for first paid sexual contact ranged from 13 to 20 years. This was broken down further stating that four were 13 years, five were 14 years of age and three were 20 years old. The remaining participants were in the 15 – 19 age group when first paid for sexual contact.

O'Neill and O'Connor (1999), in their study of 77 women working in prostitution, reported that almost half the participants (35; 45%) became involved in prostitution between the ages of 13 and 19 years, three of whom entered prostitution between 13 and 15 years of age. Although the Lawless et al. (2005) gave detailed descriptions of the women who participated in the research and their ages at the time of the interview, the study did not present the participants age at onset of involvement in prostitution. However, several of the narratives gave descriptions of the women's entry into prostitution which occurred before the women reached adulthood. Cox and Whitaker's (2009) study of 35 sex workers in Dublin highlight that the age of participants when they first became involved in prostitution ranged from 13 to 34 with a median age of 19 years.

Why young people become involved in prostitution

Young people may enter prostitution as a way of fleeing their neglectful, abusive backgrounds and their negative past experiences. It is not suggested that all young people from backgrounds marked with violence, poverty and abuse are at risk of entering prostitution, more so it is suggested that a constellation of at least two or more factors contribute to subsequent involvement in prostitution.

The EUROPAP study (1995) reported that all of the women (18) cited financial reasons as their main reason for entering prostitution, with 15 participants needing money for bills and financial expenses. O'Connor (1996) in her study of females involved in prostitution in Dublin reported that seventy-eight (93%) women cited financial reasons as their main reason for entering prostitution, with nine of these women stating the financial need was "related to problems with alcohol or drugs" (p. 9). O'Neill and O'Connor (1999) in their study of 77 women working in prostitution reported that financial necessity was similarly cited as the main reason for entering prostitution. Although for the vast majority of participants (64; 83%) in the 1999 study, the economic necessity was related to a need "to make money for drugs", with only 12% needing money for bills for rent or food or for cloths for their children (p. 10).

O'Connor and Quinlan (1997) in their study of men in prostitution reported that "various reasons" were given by the men regarding their reasons for entering prostitution, with "many" saying it was "for the money". In addition, one respondent said it was "about being approved of" and another respondent explained that it was the "idea that someone wanted you" (p. 17).

How young people become involved in prostitution

Another important factor is *how* young people become involved in prostitution. People enter prostitution in a variety of ways from deciding alone to enter prostitution, being introduced through a friend or family member or being forced to enter prostitution (Cox & Whitaker, 2009; EHB, 1997; Lawless et al., 2005; McElwee & Lalor, 1997; Toner, 1998). Unfortunately, Irish studies on people involved in prostitution have very little information on *how* people actually enter prostitution. The studies document the reasons *why* young people become involved with most studies citing 'financial reasons' as a primary motivator (Cox & Whitaker, 2009; EUROPAP, 1995; Lawless et al., 2005; O'Connor, 1996; O'Connor & Quinlan, 1997; O'Neill & O'Connor, 1999; O'Sullivan, 1998).

McElwee and Lalor (1997) reported that four participants entered prostitution themselves, one of whom reporting being sold for sex by her brother on one occasion. One participant

was introduced to prostitution through a friend and one participant was introduced to prostitution by her older sister.

Another factor in relation to how young people become involved in prostitution, which has received some attention is the issue of pimping and being forced to enter prostitution (EHB, 1997; McElwee & Lalor, 1997; O'Sullivan, 1998; Toner, 1998). The Eastern Health Board's (EHB) Working Party on Children in Prostitution (1997) reported that "some vulnerable children will fall victim to being 'groomed' by paedophiles. There may not be an explicit payment for sex, but there will always be rewards such as treats, clothes or a bed for the night if they are out of home" (p. 12). Toner (1998) reported from the situation regarding young people exploited through prostitution in Dundalk that "there is definitely a pimping situation going on from anecdotal stories we have heard" (p. 15). Toner, who manages a walk-in service for young people who are vulnerable and at risk in the area, added that it became apparent from observing the dynamics between the young people availing of the service that they employ methods of peer pressure to persuade other young people to become involved. Toner (1998) also added that the young people involved in prostitution in the Dundalk area are not always paid in monetary terms for sex, with one service user stating that she "had sex for three cigarettes" (p. 15).

Similarly, McElwee and Lalor (1997) reported that one of the six participants in their study was paid in foreign currency and was given jewellery and chocolate in exchange for sex, another participant was paid in money and alcohol by her clients and another participant was paid in tobacco the first time she prostituted herself. In addition, the only male prostitute interviewed in the study stated that the "male prostitution scene was much less focused on money than on the exchange for accommodation, food, drugs and alcohol" (p. 49).

Lawless et al. (2005) reported that of the 13 women who were involved in prostitution in Ireland, one of the women was introduced to prostitution by a member of her extended family, three women entered prostitution of their own initiative, either by responding to an advertisement or having knowledge of an area known for street prostitution. The remaining nine women were introduced to prostitution by individuals described as friends or peers. The research further adds that three women described being "pimped" into prostitution by

either a friend, partner or family member (p. 28). Cox and Whitaker (2009) described how the majority of participants entered prostitution through a peer or friendship network. Some participants were initiated into prostitution by accompanying a friend who was involved in prostitution and taking car registration numbers. Two of the female participants were introduced to prostitution from a family member. Additionally, a significant minority of the participants to the research became involved in prostitution while staying in emergency accommodation, which was again usually facilitated through a peer network.

Section 3: Experiences in prostitution

Introduction

This section explores the experiences of people involved in prostitution. The section is divided into six parts;

-) The link between drug use and prostitution
-) The incidence of sexual and drug related risk behaviour among people involved in prostitution
-) The incidence of violence against people involved in prostitution
-) The experiences of street and indoor prostitution
-) The views of those involved in prostitution on the specific services
-) The experiences of people involved in prostitution with the Gardaí.

The link between drug use and prostitution

The juvenile prostitute population in Dublin appears to be closely linked to heroin addiction. There is a strong possibility that these young adolescents resort to prostitution in order to finance their growing drug habits. However, data on this phenomenon is generally limited to anecdotal reports. A spokesperson of the Ruhama Project (a voluntary organisation for females involved in prostitution in Dublin) stated that there are up to 200 women working as prostitutes on the streets of Dublin in order to finance their drug habit. She also stated that many of these prostitutes are not only working to feed their own habit but to also feed the habits of partners and pimps (O'Connor, 1997). A Ruhama information leaflet (2003) reported that “the majority of the women encountered by the outreach van are

now working to pay for their own and or a partner's drug use. Their lifestyle is very chaotic" (p. 3).

The first Irish study of male prostitution revealed that prostitution is associated with homelessness and drug addiction in a large majority of cases. One of the 27 respondents to the questionnaire said that "guys go on heroin and then on the game to feed their habit" (p. 19). The study reported that one third of the respondents were, or had previously been, drug addicts and just under half the respondents (13; 48%) mentioned a definite link between their involvement in prostitution and their drug use (Quinlan & O'Connor, 1997). A Waterford study on prostitution reported that five of the six participants regularly took drugs and/or alcohol; namely marijuana, ecstasy, acid and speed. The remaining participant was an alcoholic (McElwee & Lalor, 1997).

The EUROPAP study (1995) of 18 women involved in prostitution in Dublin reported that seven of the women interviewed consumed alcohol before or during working in prostitution, six took painkillers, three also took Valium or anti-depressants and one woman was on a methadone programme. O'Connor (1996), in her study of female prostitution in Dublin, reported that of the 84 women interviewed, 36 (43%) used alcohol, 14 (17%) used cannabis, five (6%) used heroin and four (5%) were on methadone. A range of other drugs was also mentioned including ecstasy (9; 11%), sleeping tablets (8; 10%), valium (7; 8%) cocaine (6; 7%) and anti-depressants (2; 2%). Of the women who reported taking drugs, three stated that they injected drugs and also that they shared needles.

Of interest is the small number of respondents who reported taking heroin. The age profile of the sample³ is noteworthy, given the recent concerns in Dublin of a population of younger, heroin-using females involved in prostitution. This is an issue which shall be examined in detail later.

O'Neill and O'Connor's (1999) follow-on study of 77 drug using women involved in prostitution had a particular focus on the effects of drug use on the participants' lives. They

³ The majority (73%) of respondents were in the 25-44 year age group, with only 5% of respondents under 20 years of age.

reported that within one month of the interview 65 participants (84%) had injected heroin and one participant had smoked heroin. In addition, 67 participants (87%) were using methadone, either on the street (30; 39%), from a clinic (29; 75%), or on the street and at a clinic (8; 10%). A range of other drugs were also listed including cocaine (40; 52%); ecstasy (16; 8%); benzodiazepines (51; 66%); anti-depressants (21; 27%); cannabis (33; 43%) alcohol (29; 38%) and cigarettes (59; 77%). They also reported that the majority of the women were taking more than one drug at the time of the research. This report reflects a much higher use of drugs than all previous research and will be discussed in greater detail in the discussion.

Cox and Whitaker's (2009) study of the links between drug use, sex work and the risk environment in Dublin showed that the age range for first drug use for participants was between 7 and 39 years, which a median age of 13 years. The study highlighted that many participants experimented with a wide range of drugs, which followed a similar pattern starting with alcohol and cannabis, progressing to tablets, amphetamines and ecstasy followed by heroin which was often introduced at post rave parties to 'come down' from ecstasy. Alternatively, nine of the female participants had very limited experience with drugs when they first used heroin, which was mostly in early adolescence and usually offered to them by older peers.

The incidence of sexual and drug related risk behaviour among people involved in prostitution.

Studies of people involved in prostitution often report high risk sexual and drug related behaviour among their respondents (O'Connor & Quinlan, 1997). The EUROPAP study (1995) of 18 women in prostitution in Dublin reported that condoms were almost 'always' used for vaginal sex (17; 94%), with only three participants (17%) using condoms at all times for hand relief. Of the 15 participants who offered oral sex to clients, 14 reported using a condom for oral sex. In addition, almost all women experienced clients who requested vaginal or oral sex without a condom, with the frequency of the request ranging from "rarely" to "a lot" (p. 19).

O'Connor (1996), in her study of 84 women working in prostitution in Dublin, reported that condoms were almost 'always' used for vaginal sex with clients (78; 93%), with only two participants 'sometimes' using condoms for vaginal sex with clients and three stating they did not offer vaginal sex to clients. The results were similar with regard to oral sex. Six of the seven participants who offered anal sex to clients 'always' used a condom, with the remaining participant reporting that she 'sometimes' used a condom for anal sex. The study also reported that eight women (9%) discussed occasions when condoms were not always used with clients. Six participants reported not using a condom 'if more money was offered' or if they did not have condoms, with the remaining two participants explaining that they did not always use a condom with regular clients (p. 23). Condom use is widespread amongst this sample of women engaged in prostitution although there are a number of circumstances when condoms are not used with clients.

O'Neill and O'Connor (1999) in relation to condom use with clients reported that condoms were almost 'always' used for vaginal sex (71; 92%), oral sex (67; 87%) and hand relief (50; 65%). Two participants stated that they 'sometimes' used condoms for vaginal, four participants 'sometimes' used condoms for oral sex and eight participants 'sometimes' used condoms for hand relief with clients. Two participants stated that they 'never' used condoms for oral sex and 16 participants (20%) stated that they 'never' used condoms for hand relief with clients. Similarly to the 1996 study, O'Neill and O'Connor (1999) report that nine women (11%) stated that there were occasions on which condoms were not always used. Six women stated that 'if more money was offered' condoms were not used (p. 19). The participants reported that clients would sometimes offer extra money for unprotected sex, with non-availability of condoms being another reason expressed for non-use of condoms.

A study of male prostitution in Dublin highlighted that the degree of condom usage varied substantially, with only three participants 'always' using condoms when anal sex was insertive and only one participant 'always' used condoms when performing oral sex on a client. Furthermore, nine participants 'never' used condoms when oral sex was performed by the client and two participants 'never' used condoms when anal sex was receptive (O'Connor & Quinlan, 1997).

Toner (1998), speaking at a conference on child prostitution in Ireland, stated that the young people who have accessed the YIP service in Dundalk are “totally unaware of sexually transmitted diseases and infections. They have never used condoms” (p. 15). McElwee and Lalor (1997) reported that three of the six participants in their Waterford based research had had an STD in the past, with one participant stating that she never used contraceptives and another stating that she frequently had unprotected sex.

The incidence of violence against people involved in prostitution

The Irish studies of people involved in prostitution have little information in relation to the victimisation people involved in prostitution endure. The EUROPAP study (1995) revealed that 10 (55%) of the women interviewed described violent occasions with clients. One woman stated that she was nearly strangled by a client and another woman stated she received a broken jaw from a client. In order to protect themselves from victimisation, ‘over half’ the women used their ‘instincts’ and refused clients whom they felt were potentially dangerous.

O’Connor (1996) reported that almost 60% (48) of the respondents felt there was an increase of the level of violence against women involved in prostitution. Seventeen (20%) of the women interviewed were beaten by customers and nine (11%) were forced by clients to have sex. In addition, one woman was sexually assaulted by a client. In McElwee and Lalor’s (1997) study, one of the six participants was raped by a client and one participant was beaten ‘on occasion’ while working in prostitution. O’Neill and O’Connor’s (1999) study reported a much greater level of violence than the O’Connor (1996) study. They reported that almost half the participants (37; 48%) were physically assaulted by clients and one quarter (19; 24%) were forced to have sex with clients against their will. O’Neill and O’Connor (1999) attribute the increases in the levels of violence in the 1999 study to the generally increasing levels of violence seen on Dublin’s streets, as reported by the women themselves and by the outreach staff.

O’Connor and Quinlan (1997) in their study of male prostitution in Dublin reported that over one quarter of the men interviewed (7; 26%) experienced physical violence while

working in prostitution and over one third (11; 41%) were forced by clients to have sex or engage in particular sex acts.

Lawless et al. (2005) gives detailed narratives of the women's experiences of violence. They described situations of control and power and the threat of violence which was always present. Additionally, some women in the research described the vulnerability they are placed in when involved in prostitution and the exploitative nature of prostitution.

Cox and Whitaker (2009) in their study of sex work, drug use and the risk environment highlighted that all research participants had direct and indirect experiences of assault, both of a physical and sexual nature by a customer while working in prostitution. The study also reported that the majority of participants were raped by customers and the narratives of participants recounted scenes of aggressions, brutality and violence from customers while working on the street. The study gave accounts of threats of violence and intimidation from other women involved in street prostitution and detailed that a large minority of the women reported being mugged or witnessed other women involved in prostitution being mugged while working in street prostitution.

The experiences of street and indoor prostitution

All types of prostitution (street, brothel/parlour and escort) are thought to exist in Dublin and this is evidenced through Internet sites that advertise locations offering sex for sale. EUROPAP (1995) explained that "the most difficult types of prostitution to reach in terms of provision of health services were seen as massage, brothel and escort work and those involved in occasional prostitution" (p. 16). Recent reports and studies into prostitution in Ireland have shown a clear shift in the nature of prostitution. The increased use of technology, namely the mobile phone has reduced the number of women working in street based prostitution (Ruhama, 2007). Interestingly, statistics from Ruhama's most recent annual report show a clear reduction in the women accessing their street outreach service. Specifically, in 2007 92 women availed of the street outreach service and in 2008 this number reduced to 75 (Ruhama, 2009, p. 5). The EUROPAP (1995) study of 18 women involved in prostitution in Dublin reported that two women worked in massage parlours and the remainder worked in street prostitution. In addition, a third (6; 33%) of women had

past experience of indoor prostitution, with five participants stating that they preferred street prostitution as “you are your own boss, you are not answerable to anybody” (p. 13).

O’Connor (1996) reported that just under half the women interviewed (39; 45%) worked only in parlours, 19 women worked only in street prostitution, three worked in escort agencies and two women did call-out work only. The women who worked in parlours felt that it was a safer environment to work in, with privacy, discreteness, security and comfort cited as reasons by the majority. The women who worked in street prostitution felt that the major advantage of it was that “you are your own boss” and “you come and go as you want and you can work any hours”, however they accepted that it can be more dangerous and less comfortable (p. 10).

O’Neill and O’Connor (1999) reported that the majority of the participants (95%) were working on the streets, with the remaining women working in massage parlours and one woman working for an escort agency. O’Neill and O’Connor (1999) raise an interesting concept linking the low number of participants working in indoor prostitution with the difficulty drug using women have in gaining employment in massage parlours if their drug use is known.

Cox and Whitaker (2009) described that all but one of the 35 participants had experience of street prostitution, and ‘some’ participants also had experience of indoor prostitution. The study accounted for fewer incidences of violence associated with indoor forms of prostitution, however narratives nonetheless gave examples of participants who experienced violence while involved in indoor prostitution. Cox and Whitaker (2009) detail the efforts participants have made to reduce the incidences of street based violence and prevent disclosure of their involvement in prostitution. The study reflects the changes in the nature of prostitution over the last decade resulting in a reduction in street based prostitution and an increased use of mobile phone contact, regular customers, and meeting customers in off street locations, in some instances rented accommodation specifically for the uses of prostitution.

The views of those involved in prostitution on the specific services

Recent reports have highlighted increased challenges on the part of service providers in relation to accessing people involved in street based prostitution. Ruhama (2007) attribute the consistent reduction in the numbers of people involved in street based prostitution on the

“rapidly changing manner in which prostitution is conducted. It is now more controlled by criminals with an increasing number of women in indoor prostitution ... Modern technology (mobile phones and the internet) has hugely assisted pimps in advertising their prostitution scams without restrictions and enabling easy covert access for the men who buy the women” (p. 6).

O’Connor and Quinlan (1997) in their study of men in prostitution in Dublin, received questionnaires from 11 service providers working directly and indirectly with men involved in prostitution. They reported that six respondents felt there was a need for designated services for men in prostitution, and nine respondents felt the existing services did not meet the needs of men working in prostitution. They also recommended that in order to improve services, more outreach services were needed, safe drop-in facilities were required and the men involved in prostitution should be consulted to ensure their needs are met adequately.

A Dublin based study of 18 women involved in prostitution reported that over four fifths of the participants (15; 83%) had attended the Women’s Health Project (WHP) at some time, and all of those who had attended were satisfied with the service there. However, almost all of the women who used the WHP felt that there should be longer and more frequent opening hours and more involvement with the women themselves. O’Connor (1996) reported that over half of the women in the study (40; 53%) had never attended the WHP, with five of these participants stating they were apprehensive about attending because of “fear of being seen by the other women” (p. 25). In addition, almost all of the participants who used the service were satisfied with the service provided, with a common response being, “the staff are very understanding, they know at the clinic what we do” (p. 25). The study highlighted a list of participants’ suggested improvements to the WHP, including longer and more flexible opening hours to suit the needs of the women, reinstated STD

screening, a greater degree of privacy for the women and the establishment of a mobile clinic.

Cox and Whitaker (2009) in their study of 35 participants involved in prostitution in Dublin described frustrations on the part of participants in relation to opening hours of services, the lack of out-of-hours services, long waiting lists for methadone treatment and the lack of appropriate services to meet the specific needs of the participant group.

The experiences of people involved in prostitution with the Gardaí

Due to the illegal nature of prostitution it is inevitable that people involved in prostitution will have contact with the Gardaí on a regular basis. EUROPAP (1995) reported that the women in the study had a mixed relationship with the Gardaí. The 1993 legislation (Criminal Law (Sexual Offences Act)) created difficulties for both women involved in prostitution and the Gardaí. From a law enforcement perspective, it required an increased degree of public order. However, the terms are ill defined, open to interpretation and at the discretion of the individual Garda. From the women's perspective they feel that they are experiencing a greater level of harassment from the Gardaí and "they feel like they are being treated like criminals" (p. 15). The change in legislation also created greater difficulties in their working conditions. As a result of being moved constantly they reported having to work longer hours to maintain the same income. Three of the women (17%) felt "very strongly that the new law was leading to the emergence of pimps and therefore an increase in violence and intimidation on the streets" (p. 15).

O'Connor (1996) in her study of 84 women involved in prostitution in Dublin reported that the majority of the women interviewed had contact with the Gardaí, particularly the women involved in street prostitution and that a "mixed relationship exists between the women and the Gardaí" (p. 19). She reported that the "women's experiences of the Gardaí was for the most part, of them being abusive, ignorant and lacking understanding" (p. 17). In addition, the study reported that over two thirds of the women interviewed (58; 69%) stated they would not report an attack to the Gardaí. Three women said it would depend on the severity of the attack. Their reluctance was due to their fear of how they would be treated by the Gardaí. They feared they would be charged and also feared that their identities

would be revealed. The study also stated that ‘some’ of the women who had previously reported attacks felt the Gardaí had treated them “very badly” (p. 17).

With regard to the change in legislation in 1993, over half (47; 56%) of the women interviewed in the study felt the change in the law negatively affected their work. They reported that they needed to work longer hours to maintain the same income, they complained about being constantly moved on by the Gardaí and they felt the new law forced women to enter more covert forms of prostitution “with clear implications for the delivery of health services” (p. 18). O’Neill and O’Connor (1999) reported that the increased vigilance of the Gardaí in implementing the legislation (Criminal Law (Sexual Offences) Act, 1993) is highlighted in the level of prosecutions the participants reported. Over half the participants (40; 52%) had been charged with soliciting, resulting in 15 (20%) of those women being imprisoned, nine (12%) receiving fines and 14 (18%) being held in custody.

O’Sullivan (1998) reported from her study of prostitution in the Mid-West of Ireland that “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” (p. 22).

Section 4: Emotional effects of involvement in prostitution

Introduction

This section discusses the emotional effects of being involved in prostitution. The section is divided into four parts:

-) The effect of prostitution on personal relationships
-) The emotional effects of working in prostitution including depression and suicidal ideation
-) The positive and negative effects of being involved in prostitution
-) The future plans of those involved in prostitution.

The effect of prostitution on personal relationships

It is well documented that people involved in prostitution often lead a “double life” and keep knowledge of their involvement in prostitution secret from their partners and/or families (Cox & Whitaker, 2009; EUROPAP, 1995; Lawless et al., 2005; McElwee & Lalor, 1997, O’Connor, 1996; O’Connor & Quinlan, 1997; O’Sullivan, 1998). This denial of their situations inevitably provokes considerable stress on individuals, coupled with the stress produced from being immersed in frightening, illegal and exploitative activities.

O’Connor and Quinlan (1997) in their study of male prostitution in Dublin reported that of the 26 men who responded to the question on relationships, half (13; 50%) currently had a partner. In the majority of cases (9; 69%) the partner was male, with four (31%) female partners. Most male partners (69%) knew of the work that the men were involved in. However, three female partners did not know.

EUROPAP (1995) reported that just under half the women interviewed were cohabiting and none of the women interviewed were married. In almost all cases, the partners knew of the work the women were engaged in, although other family members did not know. The study did not expand on the effects of prostitution on personal relationships. O’Connor (1996) in her study of 84 women in prostitution in Dublin reported that three quarters of the women interviewed (63; 75%) were in a relationship at the time of the interview, 16 (19%) were married, 20 (31%) were cohabiting and 27 (41%) had a boyfriend/girlfriend. In three quarters of the cases where women were in a relationship (47; 74%) their partners were aware of their involvement in prostitution. In 17% of the cases where women were married or cohabiting, they had not told their partners about their involvement in prostitution. O’Connor (1996) reported “this continues to be a major source of stress for the women involved, who may have to live with the fear of their names appearing in the newspapers or the Gardaí calling to their homes” (p. 7).

O’Neill and O’Connor (1999), in their study of 77 drug using females, reported that half the participants (39; 51%) had a regular partner at the time of the interview, with over half of those partners (23; 59%) being aware of the participant’s involvement in prostitution. In

addition, almost half the cases where the woman's work was known to her partner protection was provided for the women at work by their male partners.

Emotional effects of working in prostitution including depression and suicidal ideation

There is very little information on the emotional effects prostitution has on those involved. O'Sullivan (1998) reports that 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" (p. 15). McGrath (1997), on the subject of emotional effects and prostitution, stated that the young people most likely to become involved in prostitution are those whose self-esteem has been severely damaged by experiences in their families of origin and can easily drift into prostitution as a way of acting out unresolved opinions about their own deep sense of worthlessness. He added that "many adult women in prostitution describe their involvement as being 'the only thing they were good for', which emphasises their low self-worth" (p. 3).

McElwee and Lalor (1997) reported that one of the six people interviewed in their study of prostitution in Waterford City had involvement with social services (psychiatric and counselling) both in the UK and in Ireland and that he attempted suicide "several times" (p. 50). Another participant in their study reported as having "a huge dislike for herself ... She reports actively seeking the act of sexual intercourse as a means of coming close to another human being" (p. 47). A third participant in their study reported she "regularly self injures 'to get rid of the pain inside me. At least this way people see it'" (p. 43). O'Neill and O'Connor (1999) reported that over one third of the 77 female participants in their study (29; 38%) had attempted suicide and one quarter of the women (19; 25%) had diagnosed depression and had received treatment from a psychiatrist or a GP.

O'Connor and Quinlan (1997) in their study of men in prostitution reported a range of feelings from one respondent about his involvement in prostitution "abusive, dangerous, degrading, exciting, lonely, isolating, shame, secret" and another respondent described

prostitution as “soul destroying” (p.18). Unfortunately the study did not elaborate any further on the emotional effects being involved in prostitution had on the men.

The positive and negative effects of being involved in prostitution

Although there is very little information on participants’ opinions of the advantages and disadvantages or positive and negative effects of being involved in prostitution, EUROPAP (1995) and O’Connor (1996) contained a section in their interview on this topic. The EUROPAP study (1995) which interviewed 18 women involved in prostitution in Dublin reported that the vast majority (15; 89%) believed the money was the main advantage and for three participants (17%) the job provided company and an opportunity to meet people. The main disadvantage of being involved in prostitution for the ‘majority’ of women was “the job itself”. Other disadvantages mentioned were violence and danger, health risks, adverse weather conditions and harassment and humiliation from the Gardaí. Another major disadvantage for most of the women interviewed was the “stress” of being involved in prostitution. One woman stated ““you are living a lie, there is the constant fear of people finding out”” (p. 14). O’Connor (1996) reported similar findings from her follow-on study of 84 women involved in prostitution. She reported that the main advantage of working in prostitution for most of the women was the money and financial rewards, with flexible working hours also mentioned as an advantage. The main disadvantages of being involved in prostitution were cited as “having to live a double life” and the fear and stress related to family, friends and neighbours finding out about their involvement. The loss of self-esteem and feelings of shame were mentioned by 12 women (14%).

The future plans of those involved in prostitution.

There is very little information in Irish studies on the plans/goals of people involved in prostitution have for their future. McElwee and Lalor (1997) contained a section in their questionnaire on participants’ plans for the future and one of the six people interviewed stated her long-term aim was to work with young people who take illegal drugs and one other participant stated she had “no plans for the future and her greatest fear is ‘to return to a life of living rough’” (p. 46). Cox and Whitaker (2009) in their study of 35 drug using people involved in prostitution, accounted that many of the participants had “visions of an

alternative reality” (p. 134). Their aspirations included leading a drug-free life, some specifically dreamed of exiting prostitution, others aspired to acquiring an education, securing employment, finding a home and the participants who were parents, specifically dreamed of taking care of their children themselves.

Summary

Research on people involved in prostitution often refers to their backgrounds. Their backgrounds are often marked by family breakdown, family violence, physical and sexual abuse and the young people often run away from these households and become homeless. Specifically, Cox and Whitaker (2009) in their study of drug use, sex work and the risk environment for 35 people involved in prostitution, describe that the majority of participants had adverse life experiences in their childhood and/or early adolescence, including family conflict, parental and/or sibling substance abuse, child physical and/or sexual abuse, family bereavement, experiences of being in care and homelessness.

The education and employment standard of people involved in prostitution is usually very low. O’Connor (1996) reported that over half the women interviewed (52%) left school between the ages of 14 and 16 years, with six participants having left school as young as 12/13 years of age. Lawless et al. (2005) reported that some participants exited from formal education as young as 13 years of age, with the longest a participant remained in formal education being 16 years. Additionally, the majority of the women were aged between 14 and 15 years of age when they exited from formal education. Three of the 19 women had a recognised formal qualification at Junior Certificate, or equivalent. In addition, one woman sat both formal state examinations; the Junior and Leaving Certificates as a returning adult learner.

Homelessness and being thrown out of home have been linked to prostitution. O’Neill and O’Connor (1999) reported high levels of homelessness in their study of 77 female drug users, stating that almost half the women (35; 45%) were homeless at the time of the interview. Cox and Whitaker (2009) reported that most of the 35 women and men who participated in the research had experienced periods of prolonged homelessness, with the majority being classed as homeless at the time of the interview.

The age at which people first become involved in prostitution can raise the issue of child prostitution. O'Connor (1996) reported that 14 (17%) of the 84 female participants entered prostitution between the ages of 14 and 18 years. O'Neill and O'Connor (1999) reported an even greater percentage of youth initiation into prostitution, with 45% of the participants' (35) entering prostitution between 13 and 19 years of age. Young people are often introduced to prostitution by their friends and sometimes through family members. Lawless et al. (2005) reported that of the 13 women who were involved in prostitution in Ireland, one of the women was introduced to prostitution by a member of her extended family, three women entered prostitution of their own initiative, and the remaining nine women were introduced to prostitution by individuals described as friends or peers. Furthermore, the research adds that three women described being "pimped" into prostitution by either a friend, partner or family member (p. 28). Cox and Whitaker (2009) describe the age of participants to their research when they first became involved in prostitution as ranging from 13 to 34 with a median age of 19 years.

The literature highlights a definite link between drug use and prostitution and O'Neill and O'Connor's (1999) study was focused exclusively on drug using females working in prostitution, with a particular emphasis on the effects of drug use on their lives. Cox and Whitaker's (2009) study of the links between drug use, sex work and the risk environment in Dublin showed that the age range for first drug use for participants was between 7 and 39 years. The study reported that many participants experimented with a wide range of drugs, which followed a similar pattern starting with alcohol and cannabis and ultimately progressing to heroin. Alternatively, nine of the female participants had very limited experience with drugs when they first used heroin, which was mostly in early adolescence and usually offered to them by older peers.

Studies also report high levels of sexual and drug related risk behaviour. The studies of females involved in prostitution reported high levels of condom use in general, particularly for vaginal sex (Cox & Whitaker, 2009; EUROPAP, 1995; O'Connor, 1996; O'Neill & O'Connor, 1999). The one study of male prostitution reported a much more varied degree of condom usage (O'Connor & Quinlan, 1997). High levels of violence against people involved in prostitution were reported from O'Neill and O'Connor's (1999) study, with

almost half the participants (37; 48%) having been physically assaulted by customers and one quarter (19; 24%) having been raped by clients. Lawless et al. (2005) gave detailed narrative descriptions of the participants' descriptions of violence. The women explained the vulnerable situations they are often placed in and the general exploitative nature of prostitution. Cox and Whitaker (2009) highlighted that all research participants had direct and indirect experiences of assault, both of a physical and sexual nature, including rape by a customer while working in prostitution.

The literature also illustrates the views of the different forms of prostitution and the types of prostitution that is preferred and deemed safest. Generally women involved in prostitution feel indoor prostitution is safest, although a higher proportion work in street prostitution because it has greater financial rewards and allows for more freedom of choice and independence from pimps. Cox and Whitaker (2009) detail efforts participants made to reduce the incidences of street based violence which reflect the changes in the nature of prostitution over the last decade, resulting in a reduction in street based prostitution and an increased use of mobile phone contact, regular customers, and meeting customers in off street locations. The literature gives an account of the women's views of the existing services for people involved in prostitution. The women who accessed these services were generally satisfied with the service. Women involved in prostitution generally have mixed experiences with the Gardaí. Difficulties the Criminal Law (Sexual Offences) Act, 1993 had on women's experiences in prostitution were identified. The change in the legislation increased Garda presence and the women involved in prostitution believed the law created greater difficulties in their working conditions. The emotional effects of prostitution include depression and suicidal ideation. O'Neill and O'Connor (1999) reported that over one third of the 77 women interviewed (29; 38%) had attempted suicide. The positive and negative effects of involvement in prostitution are also explored.

The EUROPAP (1995) study, O'Connor (1996) and O'Neill and O'Connor (1999) provide a comprehensive account of the health issues of females involved in prostitution, particularly sexual and drug related risk behaviour. Cox and Whitaker (2009) in their study of 35 drug using people involved in prostitution, accounted that many of the participants had "visions of an alternative reality", which included living a drug free life, exiting prostitution and having financial and physical security (p. 134). However, the Irish

studies on prostitution give limited information about the backgrounds of those involved in prostitution, the violence experienced in prostitution, the emotional effects of prostitution and future plans of those involved. Furthermore, the studies do not contain adequate qualitative accounts of those involved in prostitution.

The next chapter presents the methodology used in this study.

Chapter 4

Methodology

Introduction

This chapter details the methodology used in the research. A description of the initial aspirations of the research, followed by a modified focus, due to initial difficulties with accessing the sample, is detailed. A justification of the type of methodology used in this research project is provided. A description of the materials used in the research, the pilot study and the changes made as a result of the pilot is then given and the chapter concludes by presenting a description of the participants and the procedure used in the data collection.

Initial aspirations

This research project explores the nature and incidence of juvenile prostitution in Dublin. It was initially intended to interview males and females under the age of eighteen involved in prostitution. The aim of the research was to explore how and why these young people become involved in prostitution, their experiences in prostitution and the effects of prostitution on their lives. All aspects of this research were guided by the DIT Ethics Committee, including how and where the data could be collected and the procedure if participants' disclosed information of a serious nature that placed either them or others in danger. Due to the sensitive nature of this research topic, it was necessary for the DIT Research Ethics Committee to approve all aspects of the research before the research could be granted approval. A document was prepared detailing the precautions that would be undertaken to ensure the safety of the researcher and the maintained dignity and well being of the research participants (see appendix a). The document was submitted to the Research Ethics Committee on 3rd November 1998 and the project was granted approval in April 1999.

The organisations in Dublin which provide a service for females and males involved in prostitution were contacted to assess the possibility of interviewing some juveniles for the purposes of this study. Due to various legal and ethical considerations some of these organisations, however, do not offer a service to young people under the age of eighteen, although they admitted that a vulnerable and exploited group of young people involved in prostitution exists. However, they can offer a service to young people under the age of eighteen involved in prostitution by refraining from requesting the age and date of birth of the service user. Alternatively, if they request the age of the young person the young person may decide to lie and say that she is over eighteen in order to

avail of a service. Therefore, there is no service in Dublin catering specifically for young people (under 18) involved in prostitution. No interviews were carried out through these organisations.

Letters were sent to approximately 15 organisations in Dublin which offer services for young people, specifically drug treatment centres, homeless shelters, residential homes, detention centres, youth projects and drop-in centres dealing with young people who might be involved in prostitution. One organisation in county Louth, which offers advice and support to young people, with a particular emphasis on young people involved in prostitution, was contacted. Each organisation was informed of the focus of the study and was asked for an appointment to discuss the study at greater length. Of all the organisations contacted only one organisation agreed to assist in the research. However, during the data collection phase of this study there were no young people within that organisation suited to this study. The remaining organisations stated that they did not wish to participate in the research due to the delicate nature of the topic or because they felt that they did not have any young people within their care suited to this research. Meetings were arranged with other professionals, including members of the Garda Síochána who worked specifically with people involved in prostitution, other social workers and other homeless shelters who showed an interest in the topic. However, most stated they would have difficulty giving an outside researcher access to their clients or were unable to assist in the research. A small number (n=2) of interviews were organised by a social worker and a counsellor at a drop-in centre for homeless women.

Most organisations contacted were aware of the existence, within their organisation, of a young, drug-using population involved in prostitution, but very few organisations broached the subject of prostitution with those whom they thought were involved and the issue remained for the most part taboo. Although many social care workers were aware that some of the young people with whom they worked were involved in prostitution, they had rarely discussed the subject with them and felt that they were unable to broach the subject with their clients for the purposes of this research project. They felt that the area of prostitution a very difficult subject to discuss with young people and too sensitive an area to permit an outside researcher to explore with them.

Modified focus

Due to the difficulty in accessing this well hidden and apparently small population of vulnerable, young people it was necessary to change the parameters of the research but retain the same aims and objectives. It was decided to increase the age limit of the participants to include young people up to the age of twenty-six who were involved in prostitution from their teenage years. At this stage, it was still intended to interview males as well as females involved in prostitution. However, attempts were made to contact males who were involved in prostitution, but researcher was unsuccessful in recruiting males for the purposes of interviewing.

The Governor of Mountjoy Prison was contacted and he facilitated access to the female prison for the purposes of this research. The Governor stated that in order to obtain participants for interview the researcher must personally get their permission and the final decision in whether to participate lay with the prisoners themselves. The researcher was not aware of any prisoners who were involved in prostitution, so it was necessary to ask all prisoners who either approached the researcher or whom the researcher spoke to, whether they would like to participate in the research. The researcher decided to speak to prisoners on a one-to-one basis about the research, to give them an opportunity to speak comfortably without other prisoners listening.

During the data collection for this study the female section of the prison was in a transition period. The original building was located within the surrounds of the main prison adjacent to St. Patrick's juvenile detention centre. A new prison exclusively for females, also within the grounds of Mountjoy, was in the process of being built and was nearing completion at the time of the data collection. The prisoners remained in the original prison during the period of interviewing.

Justification of methodology

In relation to eliciting information from research participants, Flick (1998) argues that researcher objectivity is unachievable as "... the research and its findings are unavoidably influenced by the interests and the social and cultural backgrounds of those involved" (p. 4). It is further argued that our own interests and experiences have a distinct influence on what we decide to study (Flick, 2006; Everitt et al. 1992; Stanley

& Wise, 1983). Punch (1994) believes "... where you stand will doubtless help to determine not only what you will research but also how you will research it" (p. 94). Flick (2006) further adds,

"Qualitative methods take the researchers communication as an explicit part of knowledge instead of deeming it an intervening variable. The subjectivity of the researcher and of those being studied becomes part of the research process. Researchers' reflections on their actions and observations in the field, their impressions, irritations, feelings and so on, become data in their own right, forming part of the interpretation and are documented in research diaries or context protocols" (Flick, 2006, p. 16).

Concurring with the inevitable subjectivity of the researcher, Stanley and Wise (1983) argue "whether we like it or not, researchers remain human beings with the usual assembly of feelings, failings and moods" (p. 157). The authors continue that "our consciousness is always the medium through which research occurs and there is no method or technique of doing research other than through the medium of the researcher" (p. 157).

In relation to the argument between qualitative and quantitative methods, the proposal is that rather than fundamental considerations determining the use of qualitative or quantitative methods, this decision should be determined by the appropriateness of the method for the research sample (Flick, 2006, p. 41). Silverman (2005) further emanates this position by stating "any good researcher knows that the choice of method should not be predetermined. Rather you should choose a method that is appropriate to what you are trying to find out" (p. 6).

Due to the 'sensitive' nature of the research and the likelihood of a relatively small sample, a qualitative focus for the study was considered most suitable. Sieber and Stanley (1988) define research which is sensitive in its nature as "studies in which there are potential complications or implications, either directly for the individuals in the research or for the class of individuals represented by the research" (p. 88). Additionally, Lee (1993) defines sensitive research as "research which potentially poses a substantial threat to those who are or have been involved in it" (p. 4). A qualitative focus allows the research to explore the lived experiences of the participants being interviewed and gives the participants a voice. Mies (1983) concurs with this belief by

arguing qualitative research allows women's voices to be heard and goals realised as opposed to quantitative research which often ignores the voices of women and studies women in a value-neutral manner (cited in Flick, 2006).

Developing further the debate between qualitative and quantitative methods Kleinig (1982) argues that "qualitative methods can live very well without the later use of quantitative methods, whereas quantitative methods need qualitative methods for explaining the relations they find" (cited in Flick, 2006, p. 35). McKinlay (1995) asserts that qualitative methods rather than quantitative methods have a greater impact at the level of socio-political topics and relations due to their complexity. As this research aims to inform policy and practice in relation to the issue of prostitution, the narratives of both women involved in prostitution and professionals who work directly and indirectly with these women will form the basis of recommendations on a socio-political level. Flick (2006) concludes "reasons for the superiority of qualitative research are found both on the level of research program and at the level of the appropriateness to the issue under study" (Flick, 2006, p. 35).

According to Denzin and Lincoln (1998) qualitative research is multi-method in focus, involving an interpretative, naturalistic approach to its subject matter, meaning that qualitative researchers study things in their natural environment, attempting to understand, or interpret, phenomena in terms of the meanings brought to them. Qualitative research involves the studied use and collection of a variety of empirical materials - including interviews - that describe problematic and routine moments and meanings in peoples' lives. "Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry" (Denzin & Lincoln, 1998, p. 8).

Once the type of study was clarified it was necessary to decide which method of qualitative research to adopt. After careful consideration, it was decided that the most beneficial way to obtain information from the respondents was through an interview. Interviews have many advantages over other types of research; for instance, interviews can be useful for generating new hypotheses and themes, which the researcher might not have considered. Also, they can be useful in asking people about their attitudes, their past, present or future motives and feelings which cannot be directly observed in as much depth (Haralambos & Holborn, 1990).

According to Bell (1993), an experienced interviewer can develop ideas, probe responses and explore motives and feelings. Information can be derived from the way in which a response is made, for example facial expression, hesitation and tone of voice, which would be concealed by a written response. Lee (1993) discusses the influence the interviewer can have on the interviewing process when researching sensitive topics. He argues that “privacy, confidentiality and a non-condemnatory attitude are important”, adding that these attitudes can facilitate the research participant to discuss “issues which are deep, personally threatening and potentially painful” (p. 98).

However, there are also disadvantages with interviewing. As Bradburn (1983) suggests, the respondents may not give valid answers or they may either consciously or unconsciously give “a ‘socially desirable’ response to please the interviewer or omit relevant material to hide something from the interviewer” (cited in Denzin & Lincoln, 1998, p. 53). Also, interviewers, through their age, skin colour, sex, accent or clothing may affect the respondents’ definition of the interview, hence their efforts and responses. Interviewing is a highly subjective technique and therefore there is always a danger of bias from the interviewer. Finally, on a more practical note, interviews can be very time consuming, analysing responses can present difficulties and the wording of the questions for interview can be very demanding (Bell, 1993).

Taking all the above points into consideration, it was still believed that interviewing was the most appropriate method to use with this group, so it was necessary to decide the type of interview which was most likely to elicit the information required. There are three types of interview; structured, semi-structured and unstructured interview.

In a semi-structured interview the interviewer asks certain, major questions the same way each time, but is free to alter their sequence in accordance with the interviewees’ response, or to probe for more information if required (Gilbert, 1993). Bell (1993) states that the majority of interviews carried out in the main data collection stage of the research fall somewhere between the completely structured and the completely unstructured point on the continuum. She also states that freedom to allow respondents to talk about what is significant to them rather than to the interviewer is clearly important, but it is vital that there are some loose structures to ensure that all topics which are considered crucial to the study are covered. Lee (1993) believes when

researching sensitive topics interviewing in-depth “produces more valid information” adding that “such interviews provide means of getting beyond surface appearances and permit greater sensitivity to the meaning contexts surrounding informant utterances” (p. 104).

Materials

Given the sensitive nature of this research, a self-report approach was essential for data collection. Self-report encourages participants to speak in a relaxed manner about their experiences. Furthermore, self-report allows participants to speak at length about topics deemed most important to them. Therefore, a semi-structured interview, consisting of open-ended questions was considered more appropriate than either a structured or unstructured interview, to allow the participants some degree of control during the interview process (see appendix b). The fact that a semi-structured interview can have a conversational aspect, resulting in the participants feeling more relaxed and therefore speaking more freely about personal experiences, was a quality required for this type of research. Self report combines the virtue of being more relaxed and informal with the advantage of having a structure to guide both the participants and the researcher to ensure that the topics of concern to the research study are addressed.

A further consideration was the similarity in age between the interviewer and the interviewees. This proved beneficial and helped to make the interviews relaxed and informal. Conversations often arose about topics of similar interest including clothes, music, television programmes and places of entertainment.

Pilot study

The initial interview schedule consisted of seven sections, beginning with the participant’s background and initiation into prostitution followed by education and employment, health and drug use, experiences and effects of prostitution, the participants’ knowledge of services for people involved in prostitution and their plans for the future (see appendix b).

The pilot study consisted of two interviews with young women who were involved in prostitution. Both interviews were conducted in Mountjoy Prison. Both interviews were subsequently included in the main study. Before the first interview began the

participant was informed of the purpose of the study and given a brief outline of the type of questions to be asked in the interview. The participant's attention was drawn to the dictaphone on the desk and she was asked whether she felt comfortable being audio recorded. The researcher assured the participant of the confidentiality of the interview, and her right to finish the interview at any time. She was informed that if there were any questions she felt uncomfortable with, she would not have to answer them. Both researcher and participant were seated facing one another with a desk to one side on which the dictaphone and the list of questions were placed.

The second pilot interview was conducted three days later in the same room. This participant was first approached while she was alone in her cell and the research project was discussed with her. She was quite nervous initially but soon relaxed and agreed to participate in the research. The participant stated that nobody within the prison was aware of her involvement in prostitution and she was very much afraid of people finding out. In order to prevent this happening she requested for conversations and eye contact between the researcher and her to be avoided when amongst other prisoners.

No monetary inducements were offered to the participants. However, at the end of the first interview the researcher was asked for a cigarette. An arrangement was made with the prison that some cigarettes could be given to the participants to acknowledge their participation in the research.

When both pilot interviews were analysed it was decided that the structure of the interview required altering. In the pilot interview, the questions commenced with the participant's initiation into prostitution which, it was felt, was too sensitive and delicate a subject with which to begin an interview. It was decided that the interview should begin with less personal and intrusive questions to ensure the participant's comfort prior to answering questions of a more personal nature. A section on prison experiences containing questions relating to the length of time the participant had spent in prison, previous convictions and the participant's relationship with other prisoners was designed and placed at the beginning of the interview. A section on education and employment followed this, before the section on the participant's background and initiation into prostitution (see appendix c).

It was also decided that the interview should end on a more positive note to prevent the participant leaving the interview having just discussed very personal and perhaps upsetting material. To facilitate this the section on services for females involved in prostitution was positioned towards the end of the interview, and concluded with the section on the participant's plans for the future. It was felt that this interview format which both began and ended with general, non-intrusive information was most appropriate. The revised structure of the interview would refrain from asking the participant very personal questions until a level of trust had been formed with the researcher and until the participant was more relaxed. At the end of the interview the researcher would also have ample opportunity to wind down the interview prior to the participant leaving the room.

The questions were not adhered to rigidly, instead the researcher allowed the interview to flow in a conversational manner, using the questions either to guide the participant - if needed - or to ensure all areas were covered.

Participants

The research consisted of interviews with twenty-three young women who were involved in prostitution. However one interview was later excluded from the study as she was visibly high on methadone and was unable to answer many of the questions. As Table 1 identifies, the participants were females aged between 17 years and 26 years. The mean age of all participants was 21 years of age, the mode was 20 and the median was 20.

Table 4.1: Participants' age at the time of the interview

Participants' age in years	Number of participants
17	1
18	2
19	2
20	6
21	2
22	1
23	3
24	1
25	3
26	1
Total	22

Although it was intended to only interview young people who became involved in prostitution before they were 18, half of the participants interviewed (11) were in fact 18 or over when they first became involved in prostitution. The question about initiation into prostitution was only asked when the participants were comfortable in the interview so the researcher was unaware of the age they became involved in prostitution when they agreed to participate.

Nineteen of the participants were interviewed within the prison. The researcher was also in contact with a social worker and a counsellor who each facilitated an interview with a young person involved in prostitution. The social worker arranged an interview between the researcher and a seventeen-year-old girl. The interview took place in the home of the participant and lasted approximately two and a half hours. The counsellor who worked at a drop-in refuge for homeless women arranged an interview in the refuge with a nineteen-year-old who was involved in prostitution. The third participant, interviewed outside the prison was approached for interview within the prison and was given the researchers contact telephone number. She was released from prison the following morning and contacted the researcher a week later to arrange to meet to conduct the interview. The interview was conducted in a public house in a suburb of Dublin and lasted approximately one hour forty minutes.

The pilot interviews were included in the data-set as most changes with the interview schedule were structural, with the content remaining virtually identical. There was one section on prison experiences, which was not included in the pilot but was administered at a later date.

Procedure

A meeting between the researcher and the Governor of Mountjoy prison was arranged in relation to access to the prison for the purpose of interviewing young people involved in prostitution. Details of the purpose of the research, the benefits for all involved and the data collection were discussed. After all relevant details were arranged the researcher was granted access to the prison to seek out participants for the research. The Governor stated that in order to obtain participants for interview the researcher must personally get their permission and the final decision in whether to participate lay with the prisoners themselves. The researcher was not aware of any prisoners who were

involved in prostitution, so it was necessary to ask all prisoners who either approached the researcher or whom the researcher spoke to, whether they would like to participate in the research. The researcher decided to speak to prisoners on a one-to-one basis about the research, to give them an opportunity to speak comfortably without other prisoners listening.

A female prison officer escorted the researcher throughout all parts of the prison. The prisoners were very welcoming and quite curious as to the researcher's reason for being there. The researcher spoke to some prisoners about the research and received varied responses. Some women admitted to their involvement in prostitution and agreed to participate in the research, whereas others responded negatively and expressed their disgust towards those involved in prostitution.

While talking to the prisoners about the study, the researcher ensured them that the prison officer was not involved in the conversation to prevent the disclosure of the prisoners' identities within the prison. Three women agreed to participate in the research on the researcher's first visit to the prison. The researcher took note of the names of the women who were willing to participate and made arrangements to interview them within the following few days. The researcher assured all participants the interview would remain confidential and would not place their identity in jeopardy.

Certain precautions were taken to protect the identity of all participants. For instance, most interviews were conducted in a private room in a separate building at the rear of the main female prison, where meetings with psychologists, social workers or family meetings usually took place. The researcher requested a private room to conduct the interviews where the participants would not be seen either entering or leaving the room, to conceal their identity. The room was called the 'welfare room'; it contained a panic button beside the researcher's seat, which, if pressed, would alert the prison officers in the main building. The researcher was given a key to the room to use if more privacy was required. The participants were notified about the interview either by the researcher or a prison officer who usually escorted the participants to the room. The prison officer did not wait outside the room while the interview was in process. On two occasions the room usually used to conduct the interviews was in use and the participants agreed to conduct the interview in a room within the female prison building.

The interviews could only be conducted during specified breaks when the participants were released from their cells. The preferred and most appropriate time for most participants to conduct the interview was during the evening break between 5.30 pm. and 7.30 p.m. If the interview was not completed within the time allocated, the researcher made arrangements to finish the interview the following day or at a more suitable time for the participant.

The researcher visited the prison regularly for a four month period and gradually got to know the prisoners quite well. Although there were regularly new faces within the prison, many of the participants in the research were there throughout the data collection period. It was often the case that the researcher did not conduct any interviews in the evening but chatted with the prisoners and was introduced to other women who wanted to participate in the research. Some participants to the research were included through a 'snowball' effect, as often the women who had been interviewed informed their friends about the study who then approached the researcher - if they wanted to participate - and asked to be included in the research. Also, one chief officer regularly informed the researcher of women who might be involved in prostitution, as she was responsible for checking their sentence card and usually took note if they had been arrested for soliciting. She often spoke to the women and informed them of the study being conducted asking them if they would like to participate in the research. Alternatively, she would give the researcher a list of names of women to approach to ask if they would be interested in participating in the study. This proved to be of great assistance to the research.

It appeared that most of the women who were involved in prostitution knew each other from encounters on the streets they worked on. The women who were involved in prostitution seemed to protect each other and were usually friends. In some cases the women were quite open about their involvement in prostitution and spoke freely about experiences they had, whereas in other cases, the women were very secretive about their involvement and preferred to be avoided in public.

Due to the time constraints within the prison most interviews were conducted over two or sometimes even three separate meetings. Often participants had to leave the interview to meet with solicitors or attend family visits. On occasions such as these the

interview was scheduled to finish at a more convenient time for the participant. On one occasion a participant was unable to conduct the interview in the evening as she was put on early lock-up as a form of punishment, so in this instance arrangements were made to conduct the interview in the afternoon break.

When prisoners who were addicted to heroin were incarcerated, they were immediately offered a methadone programme, on which a dosage of methadone was given to the prisoner every day, which was reduced on a weekly basis to wean them off heroin. The absence of heroin could make the participants quite ill and tired and as a result they were sometimes unavailable for interview.

On one particular occasion a prison officer interrupted an interview to inform a prisoner that she had been granted temporary release. She instructed the young woman that if she wanted to leave the prison during the lunchtime break she would have to go to her cell immediately to pack her belongings, otherwise she would have to wait until the evening break or perhaps even the following morning to be released. The participant told the prison officer that she was not yet finished the interview and to come back in a half an hour. The participant told the researcher that she had never spoken to anybody about her experiences in prostitution and she found the interview very beneficial. In general, the participants stated that they found the interview to be a positive experience and often stated that they felt better about themselves after the interview, as this was, for most participants, the first time they spoke about their experiences in prostitution.

On occasion, a chief prison officer would inform the researcher of the prisoners who were in line to get temporary release. On such occasions the researcher would prioritise the participant due for release. However, the researcher missed out on several interviews with prisoners who were involved in prostitution because they were granted temporary release before the researcher could avail of an opportunity to interview them.

Summary

This chapter details the methodology used in the research. A description of the initial aspirations of the researcher, followed by a modified focus of the research is presented. A justification of the type of methodology used in this research project is then provided, followed by a description of the materials used, the pilot study and the changes made

after the pilot study. The chapter concludes by detailing a description of the participants, and the procedure of the data collection.

Chapter 5

Results

Introduction

In this chapter the results of 22 interviews with young women involved in prostitution are presented using qualitative analysis of descriptive data. This chapter is divided into four main sections based on the themes which emerged from the narratives.

Section one explores the participants' backgrounds, including relationships with parents and family members, experiences of childhood sexual abuse, homelessness and education and employment history.

Section two contains information on the participants' initiation into prostitution, including the age at initiation and the factors which influenced their initiation into prostitution.

Section three details experiences in prostitution, including health issues, experiences of violence, experiences with drugs and experiences in both street and indoor prostitution. The participants' view of the services for people involved in prostitution is then presented and this section concludes with the participants' experiences with the Garda Síochána.

Section four explores the emotional effects of being involved in prostitution, the effect of prostitution on personal relationships, the incidence of depression and suicidal ideation and concludes with the emotional effects of being involved in prostitution. This section concludes with the participants' aspirations for their futures, including whether they see themselves involved in prostitution in the future.

This chapter presents the findings under each section and gives various examples from the participants' own experiences. All names used in this chapter are fictitious and every effort is made to protect the identity of all participants.

SECTION 1: BACKGROUND

Relationship with parents and family members

Introduction

This section details the relationship between participants and their parents, including parental death, parental separation, domestic and physical violence and drug use within the family. The effects of these issues on participants are also presented. Finally, a profile of all participants with children is given, including where the children were living at the time of the interview (while their mothers were in prison).

Current parental status

Sixteen participants came from disrupted family backgrounds, which included having parents who were deceased (10) or parents who were separated (10) (in four instances the parents separated and subsequently a parent died). Six participants had parents who still lived together, however in three of these cases the participant spoke of violence within the home. In one of the six cases, the participant's father was her step-father and she had no knowledge of her biological father's whereabouts.

Participants with a deceased parent

As Table one illustrates, ten participants had a deceased parent, two participants having a parent who died within a year of the interview. Six participants' fathers died due to drug abuse or a drug overdose. Another father died of AIDS when the participant was 15 years old and at the time of the interview her mother was also dying of AIDS.

Table 5.01: Cause of parent's death

Cause of death	Gender of parent		N
Overdose/drug abuse		Father (6)	6
Suicide		Father (1)	1
AIDS		Father (1)	1
Natural causes	Mother (1)	Father (1)	2
Total	1	9	10

The effect of parental death on participants

Eight of the ten participants who lost a parent stated the death of their parent was very traumatic. Three participants stated that their fathers' deaths had a profound effect on their lives and was a major influence on their subsequent involvement with illicit drug use and prostitution. For example, Olivia stated "me father died when I was just 20 and I never touched a drug in me life until me Da died". Lucy also reported that her father's death was significant in both her dropping out of school and her drug taking activities: "I was great in school. All me reports and everything were great until me Da died and then I just wasn't interested anymore, like I lost interest in everything and then I just left". Amy stated she "reacted very badly" when her father died, adding "I still haven't grieved over him. We were very close and I never thought I'd see the day that he'd actually die". She said after her father's death she became uncontrollable:

"That's when I started working and going on drugs and really going off me head, I didn't care about anyone when me Da died. I was staying out of the house all the time, walking all over me Ma, coming in at all hours of the morning, going out and robbing cars".

Parental separation and its effect on participants

Ten participants had parents who were separated. Two participants stated that the separation of their parents did not effect them negatively and the remaining eight participants stated that the separation of their parents effected them negatively. Three participants, who were teenagers when their parents separated, stated the separation had a major impact on them. They began using drugs as a direct result of their parents' separation. For example, Sarah stated "me parents separation had a terrible effect on me, 'cause like I never went on drugs until me Ma and Da split up. It was only after me Ma left that I started into drugs". Sinead, who was 14 years old when her parents separated, felt the separation was very influential on her subsequent addiction to alcohol and consequently her involvement in prostitution:

"It is something I've never got over. I felt my world had ended. I felt as if my identity and belonging had been taken away from me. ... It was the biggest loss of my life it really, really hit me badly. I had never drunk before they broke up. I had

to come to terms with the fact that I wasn't in a family life any more, you lose a sense of belonging, you feel that you don't belong any more".

Pamela, whose mother left when she was nine, stated that she is still very upset about the separation:

"I'll never forgive her for leaving us. Like, I can forgive her for leaving because me Da was battering her, I couldn't blame her 'cause he used to batter us with her, but she left without us and it still kills me to this day".

The incidence of domestic violence during participants' childhoods

Fourteen participants out of the 20 who were asked about violence within the home environment spoke of violence within the home. Six participants stated that there were never any violent episodes in their family home. In five instances the violence that was discussed was classed as severe, with the participants intervening to protect their mothers on many occasions. Olivia, whose father died of a heroin overdose, stated that she used to get heroin or methadone for her father in order to prevent him becoming angry and beating her mother. She stated:

"When me Da had no drugs he'd be picking at me Ma and I'd be in the middle telling him to leave her alone an' I'd have to go out and try an' get him drugs so me Ma wouldn't get a hiding. So I'd give them to me Ma and let me Ma give them to him an' he'd think me Ma would be getting them. But that used to save me Ma from getting a hiding. ... I had it hard growing up".

Amy said she often had to intervene when her father was beating her mother and on one occasion he tried to strangle her mother. She explained:

"If it wasn't me he'd start on me Ma and I'd have to get in the middle of the two of them. He tried to strangle me Ma to death. ... I don't know how it all started but me Da ended up killing [severely beating] me Ma and he had her upstairs in the bedroom. He ran for me Ma and he had a belt of her dressing gown wrapped around her neck and I had to get him off her".

The incidence of physical abuse within the family home

Eleven participants reported being physically abused within their family home. In ten cases the participants were abused by their father and the remaining participant, Sophie, stated both her parents regularly beat her. Three participants were 'severely' beaten by their father. Mia had a visible scar on her cheek resulting from where her father "grabbed me face". As an extreme example, Lorna stated her father stabbed her three times:

"Me Da kills me, me Da stabbed me three times so, I just don't see eye to eye with him at all. Me brothers are always saying to me that if me Ma and Da hadn't treated me the way they did, I wouldn't be in prison or doing things like I'm doing. But I gave me Ma and Da a lot of hassle when I was smaller".

Amy was also severely beaten by her father. She stated that he used to beat her continuously "he often left me in a bad way". She added:

"He left me with a broken nose, two fractured ribs and a burst spleen. But it toughened me though in a way, even though I was young and all. But, like, I wouldn't go to hospital or anything or any of that. I was afraid, like, the doctors asking questions and all that, like, I wasn't able for it".

Drug use within the family

The participants were asked if any member of their family, including their parents, used drugs of any kind. As Table two highlights, seven participants stated their fathers were alcoholics and two participants had parents who were heavy drinkers and drank alcohol every night of the week and were also addicted to heroin. In addition, two participants stated that their sisters were taking heroin before they began taking heroin and Anna said her younger sister began using heroin recently.

Table 5.02: Parental use of alcohol and drugs

Type of drug addiction/use	No of fathers	No of mothers
Alcohol addiction	7	1
Heavy drinking with daily consumption	1	3
Heroin addiction	2	1
Heroin addiction and heavy drinking	2	0
Regularly smoking Cannabis	1	0
Total	13	5

The number of participants with children

Ten participants had children of their own. Six participants had one child and four participants had two children. Three of the 12 participants without children had miscarried. Pamela miscarried after a violent attack from a client, she explained, “I had a miscarriage, I was six months pregnant and a punter that picked me up in a car kicked it out of me. It was a fully formed baby. I was 18.”

Nine of the ten participants who had children stated that their children were being permanently cared for by their own parents’ (5), foster families (3) or a friend of the family (1). The remaining participant, Miranda, who had a one-year-old child, stated the child’s father and her mother were minding her child while she was in prison. Three participants had a child in foster care. One participant had two children, one in foster care, the other living with her boyfriend’s family since birth. Four participants’ mothers cared for their children and in two cases the children believed their grandparents were their parents. Sarah, who had two children, stated that her father and his partner care for both children on a permanent basis. She was hoping to participate in a detoxification course within the prison and planned to take her children back on her release. Ita, who had a one year old child, stated that a friend of the family’s had been caring for her child since birth. Fiona had a child when she was 16 years old which she gave up for adoption. Her parents persuaded her to give the child up and she “now believe[s] it was the right decision”. She had another child when she was 20 years old who is now in foster care.

Experiences of childhood sexual abuse

Introduction

This section details the participants who experienced sexual abuse during childhood. A description of the abuse and incidents where participants were not believed about the abuse is presented.

Experiences of sexual abuse as children

As Table three displays, 11 of the 21 participants asked about sexual abuse experiences were sexually abused as children. Eight participants were sexually abused by one perpetrator and three participants were sexually abused by two or more perpetrators. Sinead, who was abused by a neighbour, was also sexually abused by another person whose identity she did not disclose. Aoife was sexually abused by her uncle and was also gang raped by two 12 year old male neighbours when she was 11 years old. In the third instance, Fiona was sexually abused by her step-father and was raped by a stranger at a family holiday resort, while on a youth club excursion, when she was 11 years old. This section does not include abuse while working in prostitution as minors, as it is detailed later.

Table 5.03: The identity of abusers

Description of abuser	N
Neighbour	5
Uncle	4
Father or step-father	2
Stranger	1
Friend of family	1
Sister's partner	1
Unknown	1
Total	15⁴

⁴ There are more perpetrators than sexual abuse incidents as some participants were sexually abused by more than one person.

Descriptions of sexual abuse incidents

The participants who were sexually abused as children gave detailed descriptions of their abuse experiences. The following section gives a sample of some of these experiences. Sinead stated that one of her two abusers “lived two doors down from us and his wife was my Mum’s best friend”. The case of abuse with her neighbour was in court at the time of the interview and he had pleaded guilty to the charges. She stated, “The abuse started when I was seven and ended when I was 12. I came out about that about a year ago with the help of my mother”. When asked how she felt about the abuser and the abuse now she replied:

“I feel sorry for him, I don’t feel angry or bitter any more. It ate me up for a long, long time, anger and bitterness. He is a sick man and ... I hope he gets sentenced because it will highlight ... what he has done and it will stop him from doing it to other people. And maybe the next time I go home to my hometown, people won’t see me as this crazy, alcoholic lunatic. Maybe they’ll just turn around and say ‘well she was abused after all’”.

She stated that the abuse stopped at 12 years of age when she first got her period and she “realised it was wrong and I eventually said ‘Look Mum I don’t want to go down there to the neighbours house’ and I didn’t”. She added that when she disclosed the abuse to her mother, she “reacted very calm, almost as if she knew something was wrong all those years”.

Nicola initially stated that she had not been abused but asked for a second interview whereby she disclosed she had been abused, from the age of seven, by her uncle and had repressed the memories “the drugs was blocking all that out”. She had only recently recalled the events, with the help of her psychologist. She stated “I was getting flash backs. It’s like a jigsaw puzzle”.

Fiona, who felt her heroin addiction was assisting her in repressing her painful memories of childhood sexual abuse, stated:

“I don’t remember a lot of my childhood because I don’t think I want to remember and I don’t know what happened when I was a kid. I think maybe that there’s a lot

of things that I need to remember and maybe the drugs has helped me to blank all that out. So to do a punter is nothing to me, it's work"

Three participants stated that the same perpetrator also abused other members of their family. Aoife stated that her uncle also sexually abused her little sister "he was doing it to me little sister and all as well too. But she didn't know, she still doesn't know to this day – she used to be asleep when he was doing it to her ... scumbag".

Disclosure

Two participants were not believed when they told family members they were sexually abused. Both stated this had a very negative effect on them with Lorna stating her mother believed her sisters when they disclosed that they were abused by their uncle but refused to believe Lorna when she disclosed her abuse by the same uncle. Fiona, who told her mother that her step-father had sexually abused her, stated:

"She said you're a liar. And then me Ma totally turned against me and after that I just went fucking AWOL, and I couldn't forgive her and I still can't forgive her for that. I wanted her so much to believe me ... Imagine your own mother, like if anybody is going to protect you it's gonna be your Ma and she didn't protect me and I couldn't understand that. And like me Ma still doesn't believe that he done it, do you know what I mean?"

Fiona also stated that a Garda sergeant did not believe her when she disclosed to him that she had been sexually abused by her step-father:

"I was brought to the police station and the sergeant called me into a room and said 'Do you know that it is very, very bad to tell lies about your father? Now you go out there say you're sorry for telling them lies, you were sniffing petrol and you didn't know what you were saying'. And I was so scared that I went out and said 'I lied, me Da didn't do anything, I'm sorry'".

Aoife, who was raped when she was 11 years old by two 12 year old boys who lived near her home reported the incident to the police:

“I wasn’t going to tell anybody only for me auntie told me Ma, you see I told me cousin in school and she went home and told her Ma. I didn’t know she’d tell her Ma, but she did, so that day me auntie came down to the house and she told me Ma and me Ma and Da brought me to the Garda station and made me tell the police”.

Neither of the alleged perpetrators were charged.

Experiences with counselling professionals in relation to childhood sexual abuse

Only one participant who was sexually abused received counselling during childhood for the abuse. She did not describe her experience with the counselling professional. Three participants, Nicola, Amy and Sinead, never told anyone about the abuse until several years after the incidents. Pamela stated she never told anybody, apart from the researcher, that she was abused as a child, adding “no just yourself, that’s because I’m trusting you”. Amy, who did not tell anyone that her uncle raped her until six years after the incident stated:

“I never went for counselling. It was only after when me Da died I told me Ma. That was my way of dealing with it, just keeping it inside and holding it all in. Like I could only build up so much and then there was an attempted suicide”.

Homelessness

Introduction

This section details descriptions from participants who have been homeless at some point in their lives, and the length of time on average the participants were homeless. The average age of participants at leaving home and where the participants were living when they first became involved in prostitution is presented. This section concludes with the participants’ experiences in residential care.

The number of participants who were homeless

Nineteen of the 22 participants were homeless at some point in their lives, with the lengths of time ranging from a few weeks to over five years. Of the 19 participants who were

interviewed within the prison, eight were homeless before their incarceration. Of the three participants interviewed outside of prison, one participant was homeless and interviewed in a homeless shelter for women.

Average age when leaving home

The average age of participants when leaving home was 15.8 years of age. Two participants were still living at home at the time of the interview, one participant was 18 years old, the other was 20 years of age. Many participants returned home periodically after they first left, but in all but two cases, the length of stay was short lived. One participant, Mia, only left home once and returned having lived on the streets for two months. The other participant, Olivia, left home at 20 years of age when she first became addicted to heroin and returned home after eight months. The remaining participants have been in and out of home since they became addicted to heroin.

Living status at first initiation in prostitution

Nine participants were still living at home when they first became involved in prostitution, and a further three participants were in and out of home and staying with friends when they were first involved in prostitution. Eight participants were homeless when they first became involved in prostitution and two participants were in rented accommodation. Pamela stated she was living with two men who forced her to become involved in prostitution when she was 16 years old. Of the 12 participants who were either living at home or were in and out of home, eight left home permanently soon after they first became involved in prostitution.

Experiences in residential care

Seven participants spent time in residential care. Fiona, stated that she spent time in numerous residential care homes but all placements fell through and she lived on the streets for most of her childhood. Five of the seven participants who lived in residential care stated that they loved their experiences in care. Sinead stated, "it was a learning experience, it was good and that sense of belonging, I felt that back again when I was

there.” Mia also stated how she loved her time in care, “I loved it, I loved it. I was a good girl then! I even went to school and all but when I came back I didn’t”.

Education and employment

Introduction

In this section the participants were asked about their experiences and opinions of school, their educational qualifications and at what age they left school. This section concludes with a description of the participants’ employment history.

Table 5.04: Participants’ educational qualifications

Type of educational qualification	No. of participants
No qualification	14
Intermediate certificate qualification	2
Group certificate qualification	1
Junior certificate qualification	4
Leaving certificate qualification	0
Total	21

As Table four above indicates, 21 participants were asked about their educational and employment history. Seven participants held an Intermediate, Junior or Group Certificate, with no participants holding a Leaving Certificate qualification. One participant, Sinead, attended the school within the prison and sat her Junior Certificate English examination. She was awaiting her result at the time of the interview.

Expulsion from school

For the majority of participants, their experiences in school were characterised by disruption and discord. The average age of leaving school was 14.4 years. Five participants were expelled from school and all before the age of 14. One participant, Becky, was expelled from two primary schools resulting in her never making her confirmation.

Opinion of school

Fourteen participants stated they hated school. However, five participants subsequently added they would love to return to school and two participants were planning to enrol in the prison school if they were sentenced.

Employment history

Five participants had completed training courses. Four completed FÁS (State Training Agency) courses and one completed two courses within the prison school. When the participants were asked if prostitution was their only way of making money, the majority of the girls answered that it was. Only two participants were employed while involved in prostitution. Ita worked in a pub but lost her job for being “stoned” on heroin and Fiona worked as a classroom assistant for six months. Fiona explained:

“I absolutely adored it, I loved my job, I was down to five mils of phye a day. I was doing great ’til someone rang up the school and said ‘[Fiona] has hepatitis C, she’s a junkie’. The next day I was asked to leave me job. I went straight back to fucking square one that day, I left school in tears, I couldn’t believe that somebody could be so bad and it was actually [ex-boyfriend] that done it”.

Nineteen of the 22 participants were in receipt of social welfare contributions. Of the remaining participants, one was under 18 years old and another had just turned 18 at the time of the interview. The remaining participant, Ita, had been in receipt of social welfare contributions. Her corporation flat was taken from her because she was caught selling heroin from it. She thus lost her Single Parents Allowance as she had no address to sign from. She stated “I got kicked out of the flat for selling gear from it, they found out I wasn’t there so they stopped the book. I’m not getting paid anywhere now”. Fifteen participants were in receipt of social welfare when they first became involved in prostitution.

Summary

This section detailed the relationship between participants and their families. Relevant issues in relation to participants' family structure, parental death and parental separation were presented followed by the effects on the participants' lives. Almost half the participants (10) had a deceased parent, over one quarter of whom died as a result of drug overdose or drug abuse. Other familial issues presented included domestic violence, with over two thirds of participants (14) speaking of violence within the family home and physical abuse during childhood and half the participants (11) reporting being physically abused within the family home. This section concluded by providing a profile of participants with children, including where their children resided at the time of the interview.

This next section presented descriptions from participants who experienced childhood sexual abuse. Eleven of the 21 participants asked about sexual abuse experiences were sexually abused as children, and only one participant received professional counselling in relation to the abuse. A section on homelessness followed, with 19 participants stating they were homeless at some point in their lives. The average age of participants at leaving home was 15.8 years and nine participants were still living at home when they first became involved in prostitution. In addition, one third of participants (7) spent time in residential care.

The participants' education and employment experiences were then presented and their opinion of school discussed. Two thirds of participants (14) had no recognised academic qualification. The section concluded with a description of the participants' employment history, with five participants having completed training courses.

SECTION 2 INITIATION INTO PROSTITUTION

First experiences in prostitution

Introduction

This section explores the participants' introduction to prostitution. The factors that influenced their involvement in prostitution are presented. This includes participants who decided with a friend or family member to enter prostitution, participants who were self-initiated into prostitution and participants who were forced to enter prostitution. The section concludes by highlighting the participants' feelings and attitudes towards their introduction to prostitution.

Table 5.05: Participants' age at initiation into prostitution

Age at onset	12	13	14	15	16	17	18	19	20	21
No of participants	1	0	2	2	4	2	4	1	4	2

As Table five shows, the mean age of initiation into prostitution was 17 years of age. All 22 participants were asked how they first became involved in prostitution, and as Table six highlights, 13 participants stated that a friend introduced them to prostitution and five participants entered prostitution by going alone to a street known for such activities.

Table 5.06: The factors influencing involvement in prostitution

How participants first became involved	No of participants
Introduced through a friend	13
Entered alone	5
Introduced through family member	2
Introduced through friend of family	1
Forced into prostitution	1
Total	22

Introduction to prostitution through a friend or acquaintance

Thirteen participants became involved in prostitution through a friend or acquaintance. In some cases the participants' friends were financing their heroin habit and as they could no longer depend on them financially they became involved in prostitution themselves. They also stated they were influenced by the amount of money their friends had and that they no longer had to steal money for drugs. Two participants accompanied their friends who were involved in prostitution and either took the clients' car registration numbers or waited for their friend in areas known for prostitution. They took the car registration numbers as a form of precaution, to ensure their friends' safe return with the client. Sarah said that in return for taking clients car registration numbers for her friend, she received heroin. She stated:

“Like before I started, I used to go down with me friend and take the regs. so if anything happened to her I'd have the reg. of the car or the van and she used to give me a few lines of her gear. So that's how I used to stop me sickness”.

This continued until a client specifically requested her and her friend persuaded her to go with him in his van:

“So one night a van pulled in and I was just in me jeans and me jacket and she was dressed up and because I was younger looking, you see the blokes go for the younger looking girls, they must get a better thrill from them or something. She went over to the van and he said to her 'is that girl doing business' and I said 'no I'm not doing business' and she said 'Sarah, he wants you'. So he says 'go on I'll pay good money for her' so me friend sort of picked me up. I was kneeling on the ground and she pushed me saying 'don't be afraid'. He gave me £60 [€76.18] and all, 'cause it was the first time I ever done it. And I didn't do any more cars that night 'cause I was afraid still, but ever since that night I started working with her”.

Lucy also used to go to areas known for prostitution with a friend. She said “I was staying with her for a while” and that her friend “was about seven years older than me but she was feeding me habit an' I sort of felt guilty and I think that's why I started as well”. When Lucy was asked if her friend forced her to enter prostitution she said she did not. She added:

“I went up first with a friend for a few nights and a fella pulled in and asked me and I said ‘no I’m waiting on me sister’ and he kept upping the price and upping the price and then he said ‘I’ll give ya £200 [~~€~~253.95]’. So I just ended up saying ‘yeah’ and went with him then. And I started from there”.

Holly became involved in prostitution through the suggestion of a friend. She stated that she was uncertain about becoming involved and changed her mind as they approached an area renowned for prostitution, explaining:

“I remember the first time me and me friend on our way down, like we were walking through town and I was like ‘oh God and all’ and she was saying ‘it’ll be cool and all, come on you’ll be grand’. I remember I said ‘no [friend] I’m not doing it’ and she was saying ‘come on it’ll be all right I swear I promise you it’ll be grand, you’ll be all right, I’ll go with you’. Then I just says ‘right, come on, fuck it’ and I went off and done it. I was dying sick [heroin withdrawal], you know, and when you’re dying sick you just don’t care how you get money, just once you know you’re gonna get money for gear, you’ll do it no matter what it is”.

Laragh stated that all her friends became involved in prostitution before her and “told me where to go with them and all, what to wear, you know things like that, what to charge them and all. They told me everything”. Amy, who was introduced to prostitution through a friend stated that she became curious of how her friend was making money to feed her heroin habit. She stated, “It was actually a friend of mine who was working on the street and I started questioning her, like, she used to be out robbing herself and then all of a sudden she stopped”. She said that her friend told her about prostitution and “she says it was easy money so I says I might as well give it a try.” She added, “she introduced me to it and since that then it’s been every night, I just went off with her one night and it’s since that then, I just gave it a try and that was it, I stuck with it”. Amy stated that her friend was about 14 or 15 and she was nearly 13 years of age when she first entered prostitution.

Two participants were introduced to prostitution through an acquaintance that they met while they were temporarily living in a homeless shelter. Ita stated, “I didn’t know nothing about being on the game. I was about 16, I was staying in the hostels”. When she was living in the hostel she met a girl who “asked me to go up on a message with her to collect

money. She asked me was I sick for gear and she said, 'I'll fix ya up'. Like she said she had to collect £80 [€101.58] off someone she didn't say, you know what I mean, that's what she was doing". Her acquaintance, who was one year younger than her, got into a car and Ita explained that while she was waiting for the girl to return "a fella in a car kept stopping an' asking me to get in. I didn't know what he was doing like, till the 'bird' came back down an' said it to me. He was after offering me £80 [€101.58], an' like all I was thinking of was how many bags I'd get out of it". Ita mentioned how she wasn't fully aware of what was happening and said "she was saying to me, 'Why don't you go with him?' An' I hadn't a clue, an' then I just said, 'Well sure I've no jonnies or anything', so she gave me jonnies an' I ended up doing it then".

Self initiation to prostitution

Five participants initiated themselves into prostitution. Fiona, for example, was 14 years old when she first became involved in prostitution. She had been in and out of care for the previous three years and was homeless when she first became involved. Sinead was 18 years old when she first became involved because she needed money to finance her drinking habit. She added that she did not class herself "as a prostitute". She began selling her body for money for alcohol by hitching lifts to major cities and propositioning the drivers. She stated:

"I just started having rows at home and I just started hitching lifts may be just a few miles down the road or whatever and then I just ended up going to really far places. ... And it was like I could leave everything. I was running the whole time, it was almost like a fantasy of, you know, on the television going on the road and getting jobs along the way, but it didn't happen like that and in the end I would just end up back home. But the buzz just hit me to keep going, and I kept going and I felt freedom on the roads, everywhere I went I felt free, but in the end I got so scared of everyone who picked me up".

Ruth, who was 19 at the time of the interview, was involved in prostitution for three months prior to the interview. She knew a friend who was involved in prostitution the previous year and decided afterwards to become involved herself. She stated:

“A friend of mine used to do it last year, but I always said I’d never do it but I just got a brain wave and one night I just did it. It was the worst thing I ever did. It’s a horrible thing to do, it’s very fucking degrading”.

Introduced to prostitution by a family member or friend of the family

Two participants became involved in prostitution through a family member. One participant was introduced to prostitution through her sister, the other participant became involved through her aunt. A third participant stated that she was introduced to prostitution through a friend of the family who organised her first encounter. Nicola, whose sister introduced her to prostitution, stated:

“She was strung out and I was strung out and she couldn’t keep feeding my habit all the time. Like she gave me a choice, like she was saying ‘it’s up to you’ and, you know, like ‘I can’t stop you’. Like I’d thought it about it loads of times before that but I never had the nerve to actually do it”.

Nicola also stated that her younger sister became involved in prostitution when she was 16 without either her or her elder sister’s knowledge. She stated that when they found out they prevented her from going back to prostitution. Olivia stated that when she first became addicted to heroin she ran away from home for eight months and stayed with her aunt whom she knew was involved in prostitution and addicted to heroin. She stated:

“Before I knew it one thing led to another and then I was strung out so I was saying to meself, ‘Where am I going to get money next?’ so I went down to her [Aunt], and she said ‘come on with me we’ll get money’. So she brought me down to [area known for prostitution] and all the other places. So, that’s how I ended up on the game ... through me Da’s sister. She mainly showed me the ropes. How to go about getting into cars, and where to bring them and what to say to them and everything. An’ if they were looking for a flat we’d go to her ’cause she had a flat and she dipped [pick-pocketed] them”.

Mia stated that she got the idea to become involved in prostitution through a friend of the family. She stated that she “called around to a friend of the family and I was telling her I was after getting sacked”. Mia also stated she was pregnant and needed money for an

abortion and called to the friend of the family for advice. The friend of the family told her she knew of somebody who was opening a massage parlour and was “looking for young girls – good looking”. Mia said she was unaware of what a massage parlour was, “and I says ... ‘yeah and what’s that?’ and she just laughed at me ... so still not knowing what it was I says ‘yeah right’”. Mia added that the friend of the family did not work in prostitution but she knew the massage parlour owner. The friend of the family arranged the interview “she brought me up to see him”.

Participants who were forced to enter prostitution

One participant stated that she was forced to enter prostitution by two men. She was living with them in a flat in Dublin and they “got me strung out on heroin” and “they started bringing clients up to the house to me” and she had to have sex with them. She added they then sent her out to work on the street and took all her money off her when she returned. “They’d feed me with heroin and then send me out. They took the whole lot of me money, except for £20 [€25.39] I used to get”. She stated that she was 16 years old when this happened and she stayed in the house for one year until “me father came and took me away, so that’s what happened”. She added when she first started to work on the streets a girl whom she went with took her money off her. She explained:

“A car pulled up to me and asked me to get in the car and give him a blow-job for £20 [€25.39]. I got in the car and another girl was with me, she came with me and she made me do it and she got paid for it. That’s how stupid and naive I was at the time. A lot of girls do that to people up there, bring them up and take their money off them after they do the business. It’s like a pimp”.

Financing of addictions prior to involvement in prostitution

All participants stated that before becoming involved in prostitution, unless a friend or partner bought their drugs, they either robbed or picked pockets to finance their habits. Most participants stated that they became known to the security in shops and could no longer rely on theft to fund their habits and as a result resorted to prostitution. Five participants also made money through selling heroin.

Attitudes and feelings regarding initial experiences in prostitution

A range of feelings was expressed when participants discussed their first experiences in prostitution. The majority of the participants stated that they were “frightened”, “terrified”, or felt “dirty” or “horrible”. Anna admitted she was “scared out of me wits” the first time she became involved in prostitution. Five participants stated that they blocked out the feelings but added the feelings usually emerged when they had no heroin in their systems. Lucy said “I just closed me eyes and blanked it out” when asked about her first night in prostitution. Olivia stated that after her first night in prostitution “I felt lousy but when I put me drugs into me then I didn’t care”. She added, “but when I had nothing on me, I’d say to meself, ‘what am I doing? I could be killed doing what I’m doing’. I’d say ‘it’s the only way I can get money, and that’s it’”. Fifteen participants stated they were “very nervous” the first time. Twelve participants stated that they needed their friends their to reassure them that everything would be alright and two participants stated that they went up to the streets for a few nights before they had the courage to get into a car. The following statement gives a summary of the feelings about the first night in prostitution. Lorna stated:

“[It] was horrible, you don’t realise what you’re doing. It’s only after it you’d be saying ‘how the fuck did I get into the car with him’, like he was an auld fella, he’d be old enough to be me Da and, like, all these things go through your head. But then after a while you say ‘well fuck it I’m after doing it so why not do it now’”.

Four participants (Amy, Lily, Mia and Miranda) stated they were initially overwhelmed and delighted by the amount of money they could earn. Mia stated “I didn’t think about it then I just kept thinking about the money all the time, I thought it was the business you know”. Lily said “I was excited about the money, it was only after a few years that I started to feel anything, it was all excitement at first to be honest with you”. She added:

“The money and being able to buy nice clothes and go out all the time and be able to buy as much drugs as you want. It was all grand at the start, it was quite glamorous ’cause I wasn’t injecting, I was only smoking which was more sociable”.

Mia, who was 15 years old when she first became involved in prostitution, stated that “I didn’t have the time to think about it really”. She began working in a massage parlour after the suggestion of a friend of the family and explained:

“I was just brought in and like ... told to change out of me clothes and one of the girls gave me something to wear and the phone was there and it was ringing and I was told what to say on the phone. The bloke on the door says ‘go on into him’, like kinda thing, just go on”.

Sinead directly attributed her initiation into prostitution to the abuse she endured as a child when she was asked how she felt after her first night in prostitution:

“It didn’t matter I was abused as a child by two people, so ... I never really thought much of my body anyway or I never really had self-esteem or confidence, so I suppose I felt ‘ah sure, I’ve done this to my body, so what?’ ... Well my innocence was already stolen from me years ago so selling it then was no big thing really. It was just another job, I mean sometimes I enjoyed the sex, and, okay, sometimes I didn’t, but I was still getting money for it so”.

Five participants stated that when they first became involved in prostitution they found it very difficult but as they continued it became more tolerable. Ruth stated that “It was hard at the start but you just get used to it, you know?” Another participant Kate stated:

“At first it was hard, the first one, two or three nights, that’s all it was hard for, then it was money and it was easy money and it was only a matter of going out and pretending to enjoy something you don’t, you just blank your mind. They all do it, they know how to do it”.

Summary

This section detailed the participants’ introduction to prostitution. The mean age of entering prostitution was 17 years, with eleven participants entering prostitution before the age of 18. The majority of participants stated that a friend introduced them to prostitution (13), with one fifth (5) entering prostitution alone. The participants discussed their feelings surrounding their initiation into prostitution.

SECTION 3 EXPERIENCES IN PROSTITUTION

Health issues

Introduction

This section details the various health issues for participants, including safe sexual practices in both personal and working relationships and the sharing of injecting equipment. The number of participants with HIV, hepatitis and other sexually transmitted infections is presented followed by the effects these had on participants.

Use of condoms

As Table seven illustrates, 19 participants ‘always’ used condoms while working in prostitution. Sinead stated she never used condoms when working in prostitution, “like I never did use protection, like there were times when I wanted to get pregnant. I thought ‘well if I get pregnant from one of these guys at least I’ll have a baby’”. Aoife said she did not use contraceptives when she first became involved in prostitution when she was 14 years old and added “once or twice I’d probably do oral sex without a condom and for one or two people maybe I’d give sex. But not now, I would never, ever have sex with anyone or give anyone a blow-job without a rubber. I always use a condom”. She stated that now she is aware that “there’s a risk of catching HIV – but when I was 14 I didn’t think that”. In addition, eight participants were offered more money to have sex without a condom, ranging from £10 to £400 (€12.70 to €508), and in all eight cases the participants declined the offer.

Table 5.07: The use of condoms with clients and in personal relationships

Condom usage	With clients	In personal relationships
Always	19	3
Regularly	0	4
Rarely	0	3
Never	1	12
Once or twice did not use contraceptives	1	0
Occasionally did not use contraceptives	1	0
Total	22	22

As Table seven above displays, 12 participants did not use any form of contraceptives and three participants always used condoms in their personal relationships.

The incidence of sharing injecting equipment amongst participants

Another health factor is the sharing of needles. Fourteen of the 19 participants who were intravenous drug users stated they shared needles at some point in their lives.

Table 5.08: Sharing of injecting equipment

Extent of needle sharing	No of participants
Never	5
Shared only with partners	2
Rarely	2
Regularly	6
Always	4
Total	19

As Table eight identifies, five participants ‘never’ shared needles, six participants ‘regularly’ shared needles and four participants ‘always’ shared needles.

The incidence of sexually transmitted diseases amongst participants

The participants to this research were not asked directly whether they had ever had a STD. Seventeen participants were asked if they had Hepatitis and, as Table nine below conveys, ten participants had hepatitis B and a further five participants had hepatitis C. One participant had both hepatitis B and C. Seventeen of the 19 participants who were asked if they had had a HIV test stated they had taken a test. Three participants were HIV positive and two were awaiting results at the time of the interview.

Aoife stated she contracted HIV from an ex-partner and Olivia said she contracted HIV from the barrel of a syringe. Olivia was informed that she was HIV positive eight weeks prior to the interview. When she was told she was HIV positive she “took it bad now, so me counsellor had a talk with me, me mother an’ me boyfriend”. She stated her mother was “real upset but very supportive because me father had it for 14 years”. When Olivia was asked how she was coping she responded:

“It’s still hard to get along with knowing that I have it, but I know I’ll be all right if I stop thinking about it. An’ if you don’t think about it, an’ just carry on an’ just say, ‘Well, it’s like hepatitis’ an’ just kept carrying on the way I was when I found out I had hepatitis, I’ll be all right”.

Table 5.09: Incidence of Sexually Transmitted Diseases among participants

Type of sexually transmitted disease	No. of participants
Genital warts	1
Hepatitis B	10
Hepatitis C	5
Hepatitis B + C	1
HIV test	17
HIV positive	3
Awaiting results of HIV test	2

Lorna, one of the two participants who were awaiting the results of their HIV test said:

“If I got AIDS I’d hang meself, I wouldn’t go through life like that because you’re just going to fucking die anyway. I’ve seen people that’s on the game that had AIDS and I was fucking heart broken looking at them. I think it’s a really painful death to go through. I’d rather just go to me home and just hang myself, I would if I had. I’d do something, I’d throw myself out in front of a bus or something”.

Experience of violence while working in prostitution

Introduction

This section gives an account of the participants’ experiences of violence while working in prostitution, either physical or sexual assault. The participants’ feelings after sexual assaults is then presented followed by instances where clients stole from participants. The section concludes by detailing the various measures participants used to protect themselves from attack.

Experiences of physical abuse

All 22 participants were asked if they were physically attacked while working in prostitution. Five participants stated they were ‘never’ attacked. As Table ten conveys, 17 participants were attacked on at least one occasion since entering prostitution and in all cases the attacks occurred when working in street prostitution. No reports of attacks while working in indoor prostitution were noted. One participant was physically attacked more than five times.

Table 5.10: Incidence of physical assault while working in prostitution

No of times participants were attacked	No of participants
Once	6
Twice	4
Three times	3
Four times	3
Five times or over	1
Total	17

The severity of the attacks varied, with two participants having permanent, visible scars as a result of their attacks. In most cases the attacks were perpetrated by clients, however sometimes pimps or other females working in prostitution attacked the participants. For example, Aoife was attacked by a girl who worked in prostitution. She explained, “a young one [girl] was there with her fella and she put a blade to me throat and her fella put a syringe to me neck and they took all me gold jewellery and all me money out of me bag that I was after making that night”.

All participants gave descriptions of their traumatising experiences with violence while working in street prostitution. For example, Laragh said she was physically attacked by a client one night and he “slashed me across the face with a razor blade”. She proceeded to point to the scar, which was visible on her cheek “here you can see it there. It’s not really that bad. It wasn’t deep now ’cause I pulled back and jumped out of the car then so he didn’t get me deep, but he wanted to get me deep”. Ita reported how she was physically assaulted on one occasion by a client whom she had been with earlier in the evening and stolen from. She gave an account of her injuries:

“I was in bits. Me whole face and me nose was busted, full of blood I was. He left me with two big black eyes. I did business with him and he was walking, and I was after robbing his money and I stayed working. It was me own fault, I was getting greedy. Then he came down in a bleeding car, completely different, and I didn’t know, an’ I got in the car with him and went off and he stopped the car and just grabbed me by the head and started loafing the nose off me”.

She added that he also threatened to murder her by saying “‘you’re going to the mountains’, and then I think when I heard the mountains I just snapped I did, I kicked his whole window screen through, so he ended up fuckin’ me outta the car”.

Experiences of sexual assault while working in prostitution

Twelve of the 22 participants were raped while working in prostitution.

Table 5.11: Incidence of sexual assault

Incidence of sexual assault	No of participants
Never sexually assaulted	10
Raped once	5
Raped twice	5
Raped three times	2
Total	22

As highlighted in Table 11, two participants were raped three times, one of whom (Sarah) was left with scars after a vicious rape from a client. All participants gave descriptions of their rape experiences. The following section gives examples of some of the participants’ experiences. Amy, who did not offer sexual intercourse to her clients, was raped three times while working in prostitution. She stated that prior to her incarceration she narrowly escaped being raped a fourth time:

“I was brought to the park with a fella that asked me to have sex with him and I will not have sex with any of them down on the street. And he kept saying ‘but I want sex, I want sex’, so I says ‘come on, look, just bring me back down’ and he wouldn’t bring me back down. And then he hit me once or twice and he tried to open me trousers and all and I had to get out of the car and I had to run.’

Sinead was raped three months prior to her incarceration and still had vivid memories of the incident “I still ... his face ... I can’t get it out of me head ... if someone was to put him beside me now I would be able to point him out, I remember his face, he had a moustache, glasses and brown hair”. She explained that she was homeless and “I asked him for a cigarette and he said ‘Look, do you want to come back to my place, I have some drink and I have some hash’ I said ‘well I don’t take drugs, but I’ll come back for the drink’”. She added that they began walking towards his house and he raped her down an alleyway:

“I never thought anything would happen to me and we were walking down this dark alleyway and the next thing he just turned into a fucking monster. And he turned me around and he pulled down my trousers and he had sex with me from behind and I says “Jesus, please let him rape me or whatever but please don’t let him kill me’. He must have wanted to hurt me or something because he says ‘am I hurting ya? I know I am hurting ya,’ and all this stuff ... and eventually when he had the business done he pulled up his trousers and then I ran for it.”

She explained that she went to the police and reported the rape and added “they haven’t found him yet and I don’t think they ever will but I went through the whole routine of being in hospital and taking tests from me and stuff like that”. Sinead added that she was sexually assaulted on another occasion while she was living in a squat and the perpetrator tried to force her to perform oral sex on him and threatened to kill her when she refused. She added “he says ‘suck this or I’ll fucking kill you’ and then he says ‘if you tell anyone or if you go near a Garda station I will fucking kill you’ and he took out a knife and he showed me the blade”.

Olivia was raped on two occasions and described an attack from a client in which she was raped and beaten, “he left me in an awful state, he left me in bits. I couldn’t eat”. She explained the incident in detail:

“I brought him down a lane-way and next of all he walloped me head off a wall and kicked me onto the ground and started kicking me head off a side of bricks. I was unconscious for ten minutes or something. And I woke up struggling, ’cause he was just lying on me, and I was pushing him and pushing him. I managed to stand up and he said ‘gimme back me money’, and I pushed him flying but when I tried to

run he grabbed me leg. So I fell back down, and I was screaming and screaming an' this block of apartments and everyone's light was on and not one person came out, not one person. But there was a friend of mine and another chap sitting on the canal and they heard screaming after about 15 minutes and they ran over".

She stated that other girls who work in prostitution caught him as he tried to run away and held him until the police arrived. "I was very bad now; I couldn't even go to the courts - had to bring the photographs to the courts. I still have nightmares and all that over him". She stated that he was convicted and imprisoned for the offence. She added that another time while she was in a car with a client he told her he was going to kill her:

"There was this fella ... and we were driving and driving, said I, 'where are we going'. Say's he, 'I'm going ta kill ya', he said, 'I have the virus'. And I just turned around and says 'well I have it too so it doesn't bother me'. He said 'ya bitch, ya bitch,' and he turned the car back around. About three weeks later I found out I had the virus meself".

Sophie, was also raped by a client after she had made it clear that she did not offer sexual intercourse to her clients. She explained:

"A fella picked me up and asked me to do business with him. I was after telling him before I got into the car that I don't do sex so he said 'right that's fair enough'. So I got in with him and we went up to the park he paid me I was doing oral with him and half way through he just grabbed me by the head and just said 'right that's it, I want sex now' and I said 'I told you I don't do sex'. And I started getting panicky and he said 'all I want is sex and then I'll let you go'".

She stated that he proceeded to rape her violently:

"He just grabbed me by the two arms and pinned me down on the chair and he was after ripping me top open and me bra strap snapped, he ripped the legs of me trousers and he had sex with me. I said 'look, if you're going to do it use a condom'. He wouldn't use a condom. He was that rough he left me bleeding and everything. He says to me when he was doing it, 'Ah you should be used to this, did your Da not do this when you were younger, sure you're on the game, this is what you get paid for, you should be well used to this by now, this is your

occupation'. Any time I cried or I sobbed he'd grab me by the throat and start squeezing. ... When he was finished he fixed himself, he says to me 'right love this is where your luck runs out' and I says 'please don't do anything, I won't report you, I won't do anything'. Then he opened the door and threw me out of the van".

Although Laragh stated that she had never been raped while she was working in prostitution, she explained:

"A few times when ... like when they're too long and I'm saying come on you're here too long I have to go back, they'd hold me down and say 'you'll wait till I'm finished' and things like that. That's not ... like they don't ... I've been paid but some of them were a bit rough with me like holding me down".

When Laragh was asked if she experienced these situations often, she responded, "I'd say it happens about twice every five months or something like that".

Mia was raped three times within the previous year by clients. When describing the rape incidents she stated "I never got any bad hidings when I got raped though, it was just a few clatters and stuff stuck to me like a knife or something like that". She continued to describe the rapes and her reaction after them:

"The first one I reported, the second one I was after getting out of here [Mountjoy Prison] that day and your man, he knew loads of thing about me. And that, that freaked me out, he knew where I lived, like who my fella was, like I was after having a baby not too long ago and all this. And like he says to me when I got out of the car "I'll come back next week and do business with ya'. I could have got all their regs., but I didn't bother. The first one I was too frightened to even think of that, the second time I looked back at the car and I says 'no, I won't he knows too much about me', and the third time I just ... I didn't even think about it, I just went back to work".

Pamela stated, "I've been raped that many times that I'm lucky I'm not ending up with the virus and I know you're probably thinking you're mad to go back after being raped. I'm a drug addict and that's what led me to do it". She added:

“I picked a fella up on [name] St. and I got in his car and he brought me out very far out by a beach, he raped me, battered me, punched the head off me, he left me in an awful state, left me scarred for life”.

Feelings after rape experiences

The participants were asked how they felt after they had been raped. All participants said they became more afraid of working on the streets after the incident and many participants were unable to return to prostitution for a long while after they had been raped. Amy stated, “I stopped actually working down there for two months. I had to stop working I just, I couldn’t cope with it”. Two participants could not have sexual intercourse with clients after they were raped and one participant Sarah had not returned to prostitution since being raped. She stated:

“I haven’t been down there in a couple of months, I’m trying to stay away from the street ever since I got attacked in [place], ’cause after what happened to me I was too afraid. ’Cause you don’t know who you’re getting in with, he could be a murderer or anything”.

Olivia stated she was very afraid of clients since her attack. She explained that she can no longer have sexual intercourse with clients:

“Your man is always in the back of me brain so I am always thinking, “Look in the car first, see what they look like, if you don’t like the look of them don’t go”. But like I’m always thinking ‘am I goin’ to be all right or is someone goin’ to jump on me’, and things like that. I wouldn’t do sex with them ’cause I was afraid like they wouldn’t get off me, I’d be afraid they’d just stay on me, and suffocate me or something. When I get flash backs of what he done to me, you know, it’s horrible”.

Measures of protection from attack

Participants employed various measures to protect themselves from attack. Four participants carried weapons and three further participants carried syringes for protection. In addition, Olivia stated, “I’d always carry a pepper spray around with me now or hair spray so if I did ever get attacked again I could spray it in their face and try and get out”. Five participants asked other girls working in prostitution to take the car registration

numbers. Many participants stated they used their own instincts when meeting clients as a means of protection from attack. Fiona stated she manages potentially violent encounters by diffusing the situation:

“You get punters that would be very aggressive and you learn to handle them. You learn how to talk yourself out of situations like I was saying with that fella that was really weird and I thought he was going to fucking kill me. Like you learn to talk to calm them down and he was really rough and he wanted to hurt”.

Becky, who was HIV positive, carried a syringe, “I used to have to take out the syringe and once they’d see that they wouldn’t go for you. Like I hadn’t got HIV at the time because it was last year I was doing this”. Becky also stated she used her instincts to assess potentially dangerous clients “I wouldn’t get into the car with him ’cause I’d follow me instincts and I’d probably be always be right”.

Amy had a friend who took the registration numbers from cars. She stated, “I used to always have someone down there to take the registration of the car, that’s after the rape. I always made sure that there was someone there with me”. Laragh stated she used her instincts to protect herself:

“I wouldn’t get in a car with someone that looked scruffy looking, you know, if I looked at him and he looked a bit bogey looking. I know you can’t tell by just looking at them, like he could be a murderer with a suit on him and he looks real upper class you know. You don’t know, but if he looks knackerly looking I wouldn’t get into the car with him”.

Experiences with drugs

Introduction

This section details the participants’ experiences with drugs. The link between heroin and prostitution is examined.

Initiation to drug use

The majority of participants began using illicit drugs, particularly cannabis and stimulants, in their early teenage years. Other drugs taken by some participants included solvents, hallucinogens, tranquillisers and sleeping tablets. As Table 12 shows, the average age participants began smoking cannabis was 13.8 years, with two participants stating they never smoked cannabis. The average age participants began smoking heroin was 15.9 years. For the majority (16) of participants who were addicted to heroin, their use of drugs followed a continuous pattern beginning with alcohol, followed by cannabis, stimulants and then heroin. They began taking heroin to ‘come down’ from stimulant drugs such as ecstasy. Becky stated:

“Ecstasy kinda got me on it [heroin] as well, like say you’re dancing in a disco most the night on ecstasy and you’re tired coming down off it, but your head is still speeding so you’re taking heroin to come down off that as well”.

Table 5.12: Participants drug taking patterns

Drug	Total no of participants	Average age at initiation with drug
Alcohol	18	13.3 years
Cannabis	20	13.8 years
Ecstasy	18	14 years
Heroin (smoking)	21	15.9 years
Heroin (injecting)	19	17.6 years

Current drug taking patterns

Twenty participants were addicted to heroin (18) or methadone (2) at the time of the interview. Sinead described herself as an alcoholic and Sophie was off both heroin and methadone one year when incarcerated. Seventeen of the 19 participants interviewed in prison were taking heroin, cocaine or methadone immediately before their incarceration. Three participants took heroin in the prison, three participants said if they were offered heroin they would take it and two participants were offered heroin and refused it in the prison.

Factors that influenced initiation and involvement with drugs

There were many reasons cited by the participants to explain why they began using drugs. They can be divided into five categories; difficulties within the family, drug use within the family, peer pressure, having a boyfriend who took drugs and coercion to take drugs.

Family difficulties

Two participants began using drugs as a direct result of having difficulties at home. Lorna began taking heroin due to problems at home and being thrown out of home:

“I just started gettin’ strung out to bits and me Ma started kickin’ me out and the fights in the house were getting worse then, me Da was a cunt and I couldn’t take it anymore. He was always killing me an’ all so anytime I’d get a beating off him I’d go out and bang up [inject heroin] or something just to get things off me mind so I just ended up getting strung out and it started from there”.

Holly began taking cannabis and hallucinogenic drugs when she was 13 years old due to problems she was having with her mother. She used heroin for the first time when she was 14 years old and began using it regularly along with stimulants when she was 15 years old. She stated:

“Me Ma was out drinking and I wasn’t getting on with her at all, and I was getting kicked out of me house, that’s what made me go on the gear. Because when you do use heroin you just forget about all your problems and you don’t give a fuck about anything, you know?”

Drug use within the family

Four participants stated a member of their family first gave them heroin. Becky was introduced to heroin by her sister, Anna was first given heroin by her cousin, Olivia was introduced to heroin by her aunt and Lucy was first introduced to both stimulants and heroin by her brother. All four participants began taking heroin with their significant relative, without their friends’ knowledge. Lucy stated that none of her childhood friends

used heroin and she stopped socialising with them and began socialising with her brother and his friends who used stimulants and then heroin. She explained:

“I mostly started hanging round with me brothers friends then and we started goin’ to Raves an’ all and I sorta broke away from the group that I grew up with. And still to this day they never touched heroin or anything, so I’d say like if I had of stayed with them I wouldn’t have went on heroin”.

Amy was indirectly introduced to heroin by her parents who were both heroin addicts. Amy stated her parents’ addictions was the main reason she began using drugs. She first took heroin when she was 11 years old and was drinking alcohol, smoking cannabis and taking ecstasy and other tablets for over a year beforehand.

“I was brought up in drugs, involved in drugs and then I ended up using drugs meself. Me Da was on drugs, me Ma was on drugs, so like it was an everyday thing to me. ... I used to take sleeping tablets, ecstasy; just basically whatever I could get me hands on all the time. Then I went up and bought it [heroin] I knew what to do with it, I seen it through me Ma and Da. I felt great after it, you have no cares, no worries, no nothing”.

Peer Pressure

Five participants stated their friends introduced them to drugs. Laragh stated she began using heroin when she was 14 years old as a direct result of peer pressure, stating she was feeling left out and decided to use heroin:

“All me friends were all smoking it for about six months before I went near it. They were all going off here smoking, and I was always left on me own, so that’s how I kinda got on it, ’cause I got a bit tired of being on me own and not being with the crowd. I was only a kid then, 14, so I just went with them one night, I done it with them and that’s how I started”.

She began injecting heroin two years later when she was 16 years of age adding, “me friends were all injecting well before me. I was always kinda the last one, and out of all me friends, I was also the last one to go out working on the streets as well”.

Two participants, Lily and Mia, were first given heroin by an acquaintance, without realising the drug was heroin. Mia stated a girl with whom she worked in a massage parlour gave her heroin, “I didn’t even know what it was”. Lily stated a person she did not know introduced her to heroin at a party when she was 17 years old:

“I was at a party I was out of me head and there was this guy smoking it and he came over to me and he said ‘you look out of your head, do you want to come down?’ So I says, ‘what is it?’ and he says ‘put this in your mouth and inhale it like you’re inhaling a cigarette’. And I was only 17 and I started coming down and I said ‘what is it?’ and he said ‘heroin’. I never really heard much about it, nobody was on heroin in our group and I thought this drug was unbelievable”.

Boyfriends who took drugs

Eight participants were introduced to heroin through a partner who was a heroin addict. Seven of the eight participants stated they wanted to take heroin after witnessing their partners taking it. Sarah stated that her boyfriend deceived her by giving her heroin and telling her it was cannabis. She explained “he told me it was hash, I didn’t even know it was heroin. I had never even heard of heroin or heavy drugs. It was only when I met that fella that it all happened”.

Coercion

One participant, Pamela, stated she was coerced into taking heroin by two men who later introduced her to prostitution. When Pamela was asked how she first became involved with heroin she replied, “the first time I got it [heroin] was on the streets off a person who put me on the game”. She explained that she was homeless at the time when she was 16 years of age and two men offered her accommodation and gave her heroin. She added that she soon developed an addiction to heroin and the men forced her to work in prostitution as payment for the heroin which they supplied her.

Link between prostitution and heroin use

Eighteen of the 21 participants with heroin addictions were addicted to heroin before they became involved in prostitution. Two participants had never taken heroin before they entered prostitution and Aoife had tried heroin ‘a couple of times’ before she became involved in prostitution. Mia was first given heroin three months after her initiation into prostitution, by a girl who worked with her in a massage parlour. She stated “I wasn’t really into drugs before I went on the game”. In a reversal of the dominant trend, Fiona began taking heroin when she was 20 years old yet she had been involved in prostitution since she was 14 years old. She entered prostitution when she was homeless and needed money to survive and pay for solvents, stimulants and hallucinogenic drugs.

Nineteen participants stated they would not have become involved in prostitution if they did not have an addiction. For example, Olivia stated that she “would never have went down there if I wasn’t on gear” and added that if she was off heroin “I would give it [prostitution] up”. Of the two participants who had not taken heroin in over a year, Lucy worked in prostitution once in the one and a half years since she stabilised on methadone and Sophie worked in prostitution periodically, to pay for her rent.

The majority of participants stated they needed heroin before they could have sex with a client, because taking heroin gave them a boost of confidence and they felt unable to work in prostitution without heroin. Shirley stated, “if you’re stoned, you don’t care what you’re doing. And you feel more braver as well, you have more confidence in yourself”. Amy stated “I’d have to take heroin before I went out on the street, it just gives you a boost of confidence”. Nicola stated, “prostitution was more difficult if I didn’t have gear”.

Amount of money needed to support addiction

The participants were asked how much money on average they needed to finance their habit. The participants stated that the amount of money they spent on heroin and the amount of money they earned in prostitution were interlinked. The amount of money they earned in prostitution varied depending on the length of time they spent working and the severity of their addiction.

Table 5.13: Amount of money earned through prostitution per night

Amount of money	No of participants
€127 - €254 (£100 - £200)	3
€254 - €381 (£200 - £300)	9
€381 - €508 (£300 - £400)	7
€508 - €635 (£400 - £500)	2
€635 - €1270 (£500 - £1000)	1
Total	22

As Table 13 illustrates, nine participants earned between €254 - €381 (£200 and £300) per night, and one participant Kate earned up to €1,270 (£1,000) per night. Kate stated she only worked with regular clients who she had built up a relationship with and who paid her generously.

The participants were asked how they spent the money they earned through prostitution and the majority said they spent all of their money on “heroin”, “every single penny on heroin”. A couple of participants stated they spent some of their money on clothes, presents for their children or going out, but spent the majority of the money they earned on heroin or cocaine. Miranda explained:

“It’s kind of the same problem because when I take heroin, may be when you get your first bit you wouldn’t have to go on the game, but then as your tolerance is building up well then you’re talking hundreds of pounds daily, so that means you’re back on the game then, so the two are kind of one, I think anyway. But at least if I had a car or something in the bank, but I have nothing, not one thing to show for being on the game except the drug habit and it’s crazy like. I think of all the money I could have now, I could be a millionaire, honest to God, I’m not joking you. You’d easy make £2,500 to £3,000 pounds [€1,174 to €1,360] down there in a week, and that’d be two or three hours a night, and to waste that on drugs”.

Street and indoor prostitution

Introduction

This section details the number of participants who worked in indoor prostitution and their views on the safest form of prostitution. The section concludes by presenting the participants' experience of indoor prostitution.

History of working in street and indoor prostitution

All 22 participants worked in street prostitution either at the time of the interview or in the past. Seven participants had experience working in one or more massage parlours. Five participants (23%) worked in one massage parlour – one having worked only in an English massage parlour, two worked in two different massage parlours and one participant worked in three different massage parlours. One participant, Fiona, worked in an escort agency and two massage parlours.

Views on the safest form of prostitution

Six of the seven participants felt working in a massage parlour was the safest form of prostitution. Ten of the 15 participants who worked only in street prostitution felt working indoors would be safer but did not have direct experience. Anna, one of the six participants who felt indoor prostitution was the safest, explained:

“you know you're not going to be beaten up and you're not afraid, there's no fear. The street is probably the worst. 'Cause you're jumping into any car 'cause the police are on your back. We're just trying to get money and we're quick at doing it, we're not getting time to look at them the way you can judge some. You can't judge everyone, don't get me wrong, but you can look at someone and think if you feel safe. Like when I walk in here I know I feel safe, I can sit down and talk to you”.

Experiences working in indoor prostitution

The participants discussed various experiences while working in indoor prostitution including its organisation and their treatment from both owners and clients. Six participants mentioned positive experiences including the security of working indoors. Four participants added that although it was safer indoors they did not earn as much money and had to work longer hours. For example, Aoife stated:

“It was grand, it’s much safer, but you don’t make as much money as you do out on the street. Like you could be there from 12 o’clock ’till 9 at night and you could only make £50 or £60 [€63.49 – €76.18]. Whereas, with an hour up on [place name] you could make up to £150 [€190.46]”.

Lily worked in a massage parlour for ten months until a national newspaper exposed it. When asked what it was like to work in a massage parlour, she replied:

“It’s more upmarket indoors, it’s definitely more safer. The money was excellent the girls are more friendlier, you just felt safe. Like that bloke on the door, he wouldn’t let anything happen to you. They wouldn’t let anybody in that was drunk or abusive on the phone, they don’t let messers in”.

She added also that there were disadvantages to working in a massage parlour:

“You get guys coming in and they wouldn’t want to leave and they can get really stroppy with you. Or like one of the girls might take money from the drawer and then you get the blame, so you can lose your money”.

Fiona worked in two massage parlours, one was managed by a woman, which she enjoyed but initially she worked in a massage parlour where she was sexually and physically assaulted, intimidated and blackmailed by the massage parlour owner:

“They hit me and they fine you. If you don’t come in, they’d take £200 [€253.95] off you and I mean physically take it off you. He blackmailed me, told me my address, my boyfriend’s name, my kid’s name, then my Ma’s name, where my Ma lived. ... Just in other words letting me know that they know where I live”.

She added that on one occasion the massage parlour owner sexually assaulted her:

“I had to massage his feet for two hours. Now this is a big, fat, disgusting, horrible man and he forced me to give him oral and swallow. I was afraid not to do it. And a lot of girls are afraid of him, he has raped some of the other girls. And I suppose mine was a kind of a rape, he didn't make me have sex with him, but what he done, it was worse, I thought, than to have sex with him 'cause he's horrible”.

Four participants were propositioned to work in a massage parlour while working on the street. All four refused the offer. Laragh said:

“A few men have asked me to work for them but I just didn't. You know they'd pull up and say 'I'll meet you on this night and you can come up and have a look' and I'd just never follow it up. You know, 'cause I just don't like the idea of anyone telling me what to do or how to do it? I'd rather do me own thing, in me own time, like, do you know that kind of a way?”

Participants' knowledge of services for women involved in prostitution

Introduction

This section details the participants' knowledge and use of existing services for people involved in prostitution. The services discussed included three city centre based projects, two of which have a mobile unit, which patrol areas known for prostitution. This section concludes by presenting the participants' recommendations on how these services could be improved or made more accessible.

Knowledge and use of services

Twenty participants were asked if they were aware of any services for people involved in prostitution and if they availed of them. As Table 14 highlights, six participants were unaware of any specific service designed for people involved in prostitution. Eight participants used the services and three participants regularly used the services.

Table 5.14: Participants’ knowledge and use of mobile services and other services for people involved in prostitution

Knowledge of service	No of participants specific services	No of participants mobile service
Unaware of service	6	2
Aware, but did not use service	6	6
Availed of service	8	12
Total	20	20

At the time of the interview two mobile units patrolled the areas known for prostitution. One was part of the Ruhama Project and offered tea, coffee, soup and an opportunity for the girls to discuss issues relating to their experiences. The other was run by the Women’s Health Project and offered tea, coffee, condoms, needle exchange and an opportunity for the girls to talk. As Table 14 illustrates, 20 participants were asked if they had ever seen a mobile unit on streets known for prostitution and 12 participants used the facilities of the mobile units.

Recommendations for improvements to existing services

As Table 15 displays, 21 participants were asked if they had any recommendations, in their own words, for how the existing services could be improved. Twelve participants believed a specific ‘all in one’ building for young people involved in prostitution, located in the areas known for prostitution, was needed offering individual and group counselling, advice, sexual health and contraceptives. Five participants believed the existing services need to offer detoxification courses as they believed young people can not exit prostitution unless they have given up heroin.

Table 5.15 Participants’ recommendations for improvements to existing services

Participants’ recommendations	No. of participants
Specific ‘all in one building’	12
Detoxification courses	5
No recommendations	4
Total	21

Ruth, one of the 12 participants who felt one centralised service was needed which offered a range of services and was conveniently located, recommended:

“There should be a drop-in centre, like, that you could go into and have your cup of tea, get your condoms, if you wanted to get tested for whatever diseases you could have picked up, do you know what I mean? There should be a counsellor there too in case you were attacked on the street, may be you could go to the counsellor to talk, or whatever, and another room to just hang out and have a talk. It should be in the inner city where it’s not far for people to come to”.

Experiences with the Garda Síochána

Introduction

This section details the participants’ experiences with the Garda Síochána, giving examples of both positive and negative experiences and the incidents where Gardaí attempted to solicit sex from the participants. This section concludes by giving the participants’ views on the legalisation of prostitution.

Experiences with the Garda Síochána

In general, the participants’ detailed ‘mixed’ views about their experiences with the Garda Síochána often mentioning positive and negative experiences concurrently. However, as Table 16 indicates, 13 participants stated that their experiences with the Garda Síochána were generally positive. Nine participants stated Gardaí made attempts to solicit sex from them, with two participants having had Gardaí as paying clients.

Table 5.16: Experiences with the Garda Síochána

Experiences with the Garda Síochána	No of participants
Positive	13
Negative	9
Gardaí attempts to solicit sex	9
Gardaí as paying clients	2

Positive experiences

Of the 13 participants who stated their experiences with the Gardaí were positive overall, nine specifically detailed how they felt about the Gardaí and described most of them as ‘empathetic’, ‘alright’, ‘sound’, ‘understanding’, ‘nice’ and ‘concerned’ for their safety. For example, Laragh stated:

“The police over [area] they’re alright, they’re nice they are like. They rarely arrest you or anything, they just stop and they ask ‘are you alright?’ and ‘have you had any trouble or anything?’ or ‘has anyone attacked you or anything?’, you know? Things like that, they are nice. I get on great with the ones over there”.

Lucy who also had positive experiences with the Gardaí stated “after that girl [name] got murdered like, they really started to, you know, sort of, to empathise, and all and be a lot nicer than they use to be, ya know?”

Negative experiences

Of the nine participants who rated their experiences with the Gardaí as negative, two participants stated they had been beaten up by a Garda. The participants used a variety of terms to describe their opinion of the Gardaí, including ‘scumbags’, ‘real cheeky’, ‘dirt-birds’, and four stated that some Gardaí ‘treat you like dirt’ and ‘degrade you to the ground’. For example, Amy stated:

“I can not stand the sight of them, ’cause I know the way they treat you, they just treat you like dirt. They kept me in a Garda station and they wouldn’t give me my physeseptone, they wouldn’t get a doctor to see me. It’s just the way they are”.

She added that she felt that the police were very degrading towards her while arresting her for soliciting,

“And then if you’re caught with a punter, they just degrade you to the ground. I got caught with a young lad one night and the old bill turned me out of the car and said to me ‘tell them what diseases you have’. And I says, ‘it’s your job, you tell them’ and if I gave them back lip, they’d kill me in front of the blokes”.

Approaches by some Gardaí towards participants

Nine participants stated they were approached by one or more Gardaí who asked them for sexual intercourse, with two of the nine having Gardaí as paying clients in the past. The following examples give a summary of the episodes. Pamela stated she was being harassed by Gardaí with whom she refused to have sexual intercourse:

“I know two or three guards that came down to me and offered me £40 or £50 [~~€~~50.79 or ~~€~~63.49] to have sex with them. I told them no I wouldn't go near them I think they're dirt birds, excuse me language, but that's what I think they are and because I said no, they are terrorising me now”.

Kate recalled a Garda who approached her for sex and when she refused, he arrested her for soliciting:

“Four of me charges for prostitution was actually a guard that was down on [name] Street working and because I wouldn't do business with him he charged me on the four counts. Because I wouldn't get into the car and have sex with him he charged me. I wouldn't bother saying it to anybody, sure that's what it's like over there, I was with one guard, but I was getting paid off him”.

Views on the legalisation of prostitution

In favour of legalisation

Eighteen participants were asked if they felt prostitution should be legalised or decriminalised. Eleven participants believed that prostitution should be legalised, with three stating that prostitution should only be legalised for girls over a certain age. Of the 11 participants who felt prostitution should be legalised or decriminalised, five believed it should be legalised to make prostitution safer for those involved. For example, Mia stated “I think that they should have somewhere for the girls to work, to keep it safer and know who's working and have them tested and all so that they're allowed to do it. I think they should do all that”. Anna believed that if prostitution was legalised “then you wouldn't be afraid of getting caught”. Amy felt prostitution should be legalised because:

“The only thing the police can do is to move you to another corner a bit down the road and that’s all. You’ll probably get brought in and get charged, but as soon as you’re out the first place you’re going is back down onto the street again. And its not like as if we’re causing any trouble out on the street, we’re down there to make money and that’s it. But like as I said, if there wasn’t fellas driving around in cars, we wouldn’t be down there in the first place. So why shouldn’t it be legalised, we’re not doing anything wrong on anybody else?”

Of the three participants who felt prostitution should be “legalised for people over 18”, Olivia stated:

“For those that’s going to stay in it for good I think it should be legalised but not for people under the age of 18. People over 18 anyway are going to do it, whether you like it or not. But like, the people under that age, there is a little bit of a chance for them, if you could just take them away. Like, me cousin, she’s 17, she was trying to go on the game and I got her away from it. Thanks be to God. Like girls that have experience, if we see young girls ... we’d tell them to go home. It’s not worth it in the end. You could end up in a wooden box”.

Against legalisation

Two participants were unsure whether prostitution should be legalised and the remaining five participants believed prostitution should not be legalised, as they felt if it was legalised many more young people would consider entering prostitution. Sinead stated:

“Legalising it is another way of saying it’s acceptable, it’s all right for women to do it. I don’t believe any woman has to do prostitution, there is other ways. I think the government should spend money on helping these girls to start wanting to build up their self-esteem to get a different life than prostitution. Legalising it means more and more girls are going to go into thinking it’s like a job”.

Nicola stated, “I don’t think it should be legalised ’cause there’ll be a lot more girls down there. Jesus, there was a young one up there one night and she was only about 13 or 14. I gave her a few pound and sent her home”. Laragh stated that she would “never like to see it legalised”, explaining:

“Cause it would be too easy then and there would be a lot more people doing it, 'cause the law can be bad sometimes that's what's putting a lot of girls off it is the law. That's why a lot of girls say 'I'd love it to be legalised and we'd be able to come over and the police would never be able to move us'. No, I'd never like to see it legalised”.

Summary

This section presented the participants' experiences in prostitution. The first part of this section presented the participants' health issues, including sexual and drug related risk behaviour. There was variance in the level of condom use in personal relationships and with clients, with 19 participants 'always' using condoms with clients and three participants 'always' using condoms in their personal relationships. One fifth of participants (4) 'always' shared injecting equipment.

This part described the victimisation the women endured while working in prostitution. Seventeen participants were physically attacked on at least one occasion since entering prostitution. The participants described the severity of the attacks and the effects attacks had on them. Over half the participants (12) were raped while working in prostitution and the participants discussed the effects of the rapes on them. The measures the participants used to protect themselves from attack were also presented, with four participants carrying weapons to protect themselves.

This part presented the participants' experiences with drugs, including the age participants began using drugs. The average age participants began smoking cannabis was 13.8 years. Different factors influenced their initiation with drugs, including family difficulties, drug use within the family, peer pressure, boyfriends who took drugs and coercion. The link between heroin and prostitution was detailed, with 18 participants entering prostitution after they became addicted to heroin.

This part presented the participants views of the different forms of prostitution. All participants were working in street prostitution either at the time of the interview or in the

past. The vast majority of those who had experience working in indoor prostitution (6) felt indoor prostitution was the safest.

This part presented the participants' knowledge, and use of, the services for people involved in prostitution. The services listed included three city centre based projects, two with a mobile unit, which patrol areas known for prostitution. Twelve participants used the mobile units and eight participants used the specific services for people involved in prostitution. This section concluded by detailing the participants' recommendations on how the services could be improved or made more accessible.

This section presented both positive and negative examples of the participants' experiences with the Garda Síochána, and detailed the incidents of Gardaí attempting to solicit sex from the participants. The majority of participants (13) stated that their experiences with the Gardaí. This section concluded by providing the participants' views on the legalisation of prostitution, with over half the participants (11) stating that prostitution should be legalised.

SECTION 4 EMOTIONAL EFFECTS OF BEING INVOLVED IN PROSTITUTION

Effect of prostitution on personal relationships

Introduction

This section details the participants' current relationship status. The partners' knowledge of participants' involvement in prostitution is given, followed by the effect of prostitution on personal relationships. The incidence of men who initiate relationships with females involved in prostitution is portrayed. This section concludes by presenting the participants' experiences with pimps.

Current relationship status

Ten of the 22 participants were in a relationship at the time of the interview ranging in length from a few weeks to several years. Some participants did not regularly see their partners. They only communicated via letters and phone calls due to either their or their partners' incarceration. Four participants were in violent relationships and two participants did not specify if the relationship was violent. Twelve participants had been in a violent relationship in the past, with some participants having had numerous violent relationships.

Four participants separated from their long-term relationships, ranging from five to seven years, within one month of the interview. Nicola stated that the relationship ended when her partner found out that she was involved in prostitution. Four participants stated that when they were in a relationship they stopped working in prostitution.

Partners knowledge of participants' involvement in prostitution

Of the ten participants who were in a relationship at the time of the interview, seven admitted to their partner's that they were involved in prostitution. Three participants (Holly, Lorna and Ruth) stated their partners were unaware of their involvement in

prostitution. Two participants, who had just come out of long-term relationships, stated that their partners were also unaware of their involvement in prostitution.

Fiona and her partner, who was also interviewed, discussed her partner's opinion of her involvement in prostitution. Her partner stated:

“I’ve no problem with it, I just don’t want you to work the streets that’s the only thing. Ya know the way ya hear of all these murders and all - that’s what I don’t want. I’d prefer her being indoors. Her bosses probably know the people that she’s been sent out to, ya know what I mean? But not the streets like, I wouldn’t like that, ya know, if she did I’d probably sit across the road like and watch her”.

Fiona was present while her partner was being interviewed and she added, “I suppose you’d prefer me not to do it at all but I’m going to. I can understand that, not wanting me to work the streets, because it is dirty and it is cheap.”

Effect of prostitution on personal relationships

Eight of the ten participants who were in a relationship at the time of the interview stated that their involvement in prostitution had a negative effect on their relationship. The remaining two participants stated being involved in prostitution did not effect their relationships. Interestingly, both of these participants decided to stop working in prostitution when they started the relationship. Seven of the remaining participants who were not in a relationship stated that prostitution had a negative effect on previous relationships.

Two participants reported that their partners ended the relationships when they found out about their involvement in prostitution. Two participants stated that they were treated differently after their partners found out and two other participants stated that their relationships ended due to the strain prostitution added to their relationships. Three participants, Lily, Kate and Fiona, stated that their involvement in prostitution had an effect on their sex life. They explained that they were unable to enjoy having sex with their partners. Two of these participants specifically stated that when they ceased their involvement in prostitution they began to enjoy sexual intercourse with their partners again.

The following passage gives some statements from participants in relation to the effect prostitution had on their relationships. For example, Mia stated that her partner did not like the fact that she was involved in prostitution stating “it just ... it bothered him a lot you could see that, do you know what I mean?” She added that she met him through working in a massage parlour that he owned. They had a child together and he ended the relationship with her because she would not give up heroin or prostitution.

Ita recalled that when one of her previous partners found out that she was involved in prostitution he became violent with her:

“Before he knew he never laid a hand on me but after that I used to get battered all the time so I think he just looked down on me when I started going out working. Like he was real possessive over me, like he’d want to be with me all the time yet he’d still batter me, a fucking weirdo.”

When Amy was asked whether being involved in prostitution had an effect on her relationship she stated, “yeah, like I was working on the street and then going back knowing that I had a fella there, it was hard. It hurt me a lot”. Sophie stated that prostitution had a huge impact on her relationship:

“You’re going home you’re in the shower you’re scrubbing yourself you’re switching on and off when you’re working you’re switching off and when you’re coming home then it’s all coming back to you like what you’re after been out doing. It just all starts getting into your head it just all starts wrecking your head then. But like it is a horrible feeling to have to go down, do what you have to do and then come home at the end of the night.”

Kate stated that prostitution “interferes with relationships, sex wise it does, it was with me I don’t know about anybody else, but for me it was hard to enjoy it again.” She also added that when she stopped working in prostitution she began to enjoy sex again. She stated, “I’m not just saying it, but it can be done. At first ... I thought I’d never be able to enjoy sex again, but I thought wrong, everything was great then with [boyfriend] I had a great relationship with him”. Lily stated that prostitution effected her previous relationships and

she explained the feelings she felt when she returned home from working in prostitution for the night:

“Like your love life, your sex life would be effected, you wouldn’t want him to touch you when you come home at night, you wouldn’t want anybody around you, wouldn’t want a cuddle or anything like that. You just want to have a shower, you just want to go to bed, you just turn over like you’re not interested in talking or making love or anything like that. You just want to go asleep and then when your boyfriend goes to touch you, you just say ‘look please just leave me alone’”.

The incidence of men initiating relationships with participants for monetary benefits

Nine participants financed one or more partner’s addiction in the past. Five participants stated that some of their current and previous boyfriends initiated the relationship because of their involvement in prostitution expecting that the participant would finance their addiction. The participants explained their situations and all gave a similar explanation to Amy, who stated:

“I’ve been in a few relationships but ... they just think ‘yeah she’s on the game she’ll make money, I won’t have to go out and rob for me money. She’ll just go down and do it for us’. That’s the way they all think they, just use you and abuse you. It’s just terrible”.

Lily stated that her ex-partners “say ‘I don’t like you doing it. But I never had a bloke to say ‘you’re not going to do it’, you know?’” Nicola added, “He knows quite well that I do get the money down there. I don’t hear him saying, ‘I don’t want that gear, you got it out a’ money down there’”.

Experiences with pimps

All 22 participants were asked if they had experience working for pimps. Seven participants who had worked in a massage parlour stated that they were working under a pimp while they were there but never on the streets. One participant, Pamela, stated that she had a pimp when she first became involved in prostitution at age 16, stating, “I was forced by two men to work on the game. I was living in a flat with them and they had other

girls on the streets, they got me strung out on heroin and they started bringing clients up to the house to me and then I started going out on the street”. She added that they took all her money off her “except for £20 [€25.39] I used to get” and she said she stayed there for “about a year”.

Four participants, Amy, Lucy, Laragh and Becky, stated that a pimp approached them while they were working on the street and asked them to work in a massage parlour. Holly stated a client approached her one night asking her whether she would like him to protect her. All five girls refused the offer and one participant, Laragh, stated that the pimp became aggressive when she refused his offer:

“I’ve had a few offers like men coming up to me and asking me ... kinda threatening me sometimes to work for them and I wouldn’t like you know I said ‘no’... I was afraid but I pretended I wasn’t afraid. Then they backed down and they went”.

Seven participants stated that they knew of girls working in prostitution who have boyfriends who could be classed as pimps because they waited on the street while their girlfriends picked up clients.

Both Aoife and Mia entered into a relationship with a pimp while they were working in prostitution. Mia met her partner while working in a massage parlour he owned. Aoife met a partner, who was a 36 year old pimp and massage parlour owner, while she was working on the street. She stated that she was 15 years old at the time and he became a regular client of hers and eventually she stopped charging him for sexual intercourse:

“First of all he was paying me for sex for a few months, and then we used to just go for a meal or something to eat. And then I started going out with him. He told me that he was in love with me and I told him as well and I said ‘look I don’t want you to pay me any more’, I said, ‘like I’m into ya and I wanna be with ya’. He said ‘fair enough’, and I ended up staying with him for seven months. I never worked for him though the only time I ever did a job for him was for when he met me and he first used to pay me to have sex with him.”

Aoife stated that she often asked her partner [brothel owner] if she could work in one of his massage parlours to which he responded, “‘no’ and then he’d say to me ‘wait ’till you’re 19 and when you’re 19 you can’”. She added that her partner did not want her working in prostitution while they were in a relationship together:

“he told me that if I was working he wouldn’t have anything to do with me. He helped me, he used to give me money all the time like, he never paid me for sex though. He looked after me big-time. I moved in with him, I did. He gave me an apartment and me and [female friend] lived there for a while, just the two of us”.

Depression and Suicidal Ideation

Introduction

The first part of this section features the incidence of depression among participants and its link to prostitution. The second part of this section details the incidence of suicidal ideation among participants, including the number, type and reasons for attempting suicide. The section concludes by presenting the incidence of self-harm among the participants.

Depression

Twenty-one of the 22 participants stated they felt ‘depressed’. The most frequent reason given for feeling depressed was their involvement in prostitution and their addictions. Thirteen participants were on medication for either depression or insomnia. Eight participants did not specify if they were on medication. Two participants, Amy and Fiona, have been taking anti-depressants since their pre-teen years, with Amy stating that she was approximately ten years of age when first prescribed antidepressants:

“I have suffered from depression since I was a kid. I was running away from home and all and me Ma brought me down to see a psychiatrist and I just got told I was depressed and got put on anti-depressants from the age of nine or ten”.

Four participants were admitted to a psychiatric hospital due to depression, two of whom were transferred from Mountjoy prison. Sophie felt so depressed over being involved in prostitution that she asked to be admitted to a psychiatric unit. She explained:

“I have got depressed an awful lot over it [prostitution] and I have got so depressed that I went to the clinic one day and I asked [doctor] to sign me into [psychiatric hospital], I was suicidal over it, it was really getting in on top of me”.

When the participants were asked to describe their symptoms of depression, they gave a list of feelings, ranging from feeling ‘sad inside’ and ‘low’ to feeling like ‘giving up’. The participants also gave a list of physical symptoms such as loss of appetite and insomnia. Three participants stated they could not get out of bed when they felt depressed. Olivia stated, “That’s the way I do get, just lie down an’ stay in bed all day, an’ not move”. Mia stated, “I do get depressed and I can’t get out of bed in the daytime. I was just crying in the bed every day and I couldn’t move, and I was run down and all”. Pamela stated “I’m very depressed. I’m very depressed, I’m so bleeding sad inside it kills me. ... I know in me own heart and soul I can’t handle it.” Sophie stated:

“An awful lot goes thorough your head when you’re depressed and you just feel like dropping everything and giving up. Like I always felt low about meself and dirty and I just wanted to give up on everything and I didn’t want to go on living”.

The link between prostitution and depression

All participants’ attributed their involvement in prostitution and their addictions to their depressed states. They saw their involvement in prostitution and their addictions as interlinked. Two participants described the relationship as a ‘vicious circle’. The participants’ gave a range of descriptions linking prostitution and their depressive states. Anna stated that prostitution “fucked up me whole life, I wished I was dead you know”. She stated she felt depressed “all the time. The drugs get the better of you sometimes. I wanted a better life you know, didn’t want to be here trying to get money for drugs you know same routine, everyday. It’s not life, it’s a lie. It’s horrible! I don’t think there’s anything worse anyway”. Lorna stated she felt depressed and prostitution had a huge impact on her depressed state:

“prostitution is a thing that definitely gets into your brain. When you’re in prostitution it’s not as if you’re only going up and you’re doing business with a certain man every night, you’re doing business with every different fucking fella. So it would do me head in a bit and it would make me feel dirty in a way as well”.

Sarah stated she became very depressed when she first became involved in prostitution:

“At first when I was on the game I used to get very depressed over it I used to cry meself asleep over it and all. I used to think about going down and having to sleep with all them different fellas and I used to think what if me father seen me now. When I used to get depressed over it I’d say ‘I’m not going down any more’ and I probably wouldn’t go down for 3 or 4 weeks and I’d feel better, but then I wouldn’t be able to get money so I’d go back down again.

Suicidal attempts/ideation

Twenty participants stated they contemplated suicide on at least one occasion, and as Table 17 identifies, 15 participants attempted suicide at least once. One participant replied ‘not really’ when asked whether she had ever attempted suicide. Seven participants stated they were suicidal at the time of the interview. Two of these participants’ needed to spend time in the secure room of the prison as they feared harming themselves if they remained in their cells. Four participants stated that very often, when they attempted suicide, they did not want to die but wanted people to give them attention that, in fact they were making a cry for help. For example, Lucy stated:

“I thought about it [suicide] like. I think it was just ... for the thought of getting attention or getting out of it [prostitution] or someone helping me. Then like if I done it – but I didn’t do it properly like – not actually kill meself, then they’d know there was something wrong with me. But I don’t think it was about killing meself, I think it was just for attention or someone to like say ‘what’s wrong with you?’”

Of the seven participants who felt suicidal at the time of the interview, one interview, with Shirley, was conducted within the secure room of the prison. When she was asked whether she felt suicidal she responded, “I was going to do it the other night”, and added:

“I just wanted to be dead, I was thinking about me funeral and all. What would me Ma think and me Da, would they be upset or would they be happy? I was thinking they’d be happy because, ya know, all the misery an’ all like. I deserved, well like I didn’t deserve it, like, but I had nothing to live for ya know, an’ I was thinking all these mad things”.

Pamela who was also in a suicidal state, stated:

“I really am very depressed and I know for a fact, I’m not saying it for pity or anything, if I say I’m going to do something I won’t tell people I’m going to do it, I’ll just do it. But I feel it coming over me that something is going to happen very bad to me and I know I’m going to end up doing it meself because every morning, and in the night, I’m scrubbing me body thinking that them men are touching me”.

Table 5.17: The number of suicide attempts per participant

Number of suicide attempts	Number of participants
Never	4
‘Not really’	1
Once	5
Twice	3
Three times	2
Four times	2
Between 5 and 10 times	1
Between 10 and 20 times	1
Over 20 times	1
Total	20

Type of suicide attempts

The two most common types of suicide attempt were overdosing on either heroin or tablets or hanging. Eleven participants tried to overdose on either heroin or tablets, as a means of ending their lives. Six participants tried to hang themselves on one occasion, with four of these also attempting suicide on other occasions by alternative means. Two participants slit their wrists as a means of killing themselves.

Reasons for wanting to die by suicide

Of the 20 participants who considered or attempted suicide, 19 participants stated that the most influential reasons for attempting suicide were a conglomeration of factors relating to their involvement in prostitution⁵ and/or their addiction to drugs. The remaining

⁵ For example, the effect of prostitution on family members, incidences of violent attacks and rapes while working in prostitution, the effects of prostitution on the participants’ self-esteem and confidence, the

participant, Amy, stated she attempted suicide as a result of numerous factors including the death of her father, prostitution and her heroin addiction, stating, “unfortunately it [suicide attempt] didn’t work, ’cause if I wasn’t still alive, I wouldn’t be doing all this. I was on the game, I was on drugs, me Da was only after dying. I was just all over the place”.

The following statements give a summary of some of the descriptions given by participants in relations to their suicide attempts. Laragh stated, when she attempted suicide six months prior to the interview, “everything” was going through her mind, and added that “the drugs, the prostitution... what I was putting my family through, everything, me whole life, basically. ... I just wanted to finish things, I just thought there was no hope for me, you know?” Becky stated that prostitution was a major contributory factor in her numerous suicide attempts. She added that when she tried to kill herself she thought “I’m sick of doing the prostitution, walking up an’ down, the freezing cold, blisters on me feet, I’m sick of wandering around, I’m sick of robbing, I’m sick”. Pamela, who was raped twice while working in prostitution, believed the sexual attacks had a huge impact on her attempting suicide, stating:

“I hung meself in here two years ago because of them two men that raped me, I feel so dirty I feel so filthy, dirty sitting here as well that’s why I hung my self. Days I just feel like just turning around and cutting my throat over what they done to me ... I’m scarred for life over them.”

Incidence of self harm

Three participants stated that they regularly harmed themselves and had visible permanent scars on their arms. Amy, referring to severe cuts on her arms and her need to get them dressed, stated that she did not remember cutting herself. “I can’t remember, me mind went blank as it does, me mind just keeps going blank all the time. It cuts out two or three times a week”.

physical conditions i.e. weather, isolated locations etc. and their lack of certainty about their futures regarding prostitution.

Emotional effects of involvement in prostitution

Introduction

The participants were asked how being involved in prostitution effected them emotionally. This section details the participants' fears about their involvement in prostitution, including their fear of people finding out about their involvement and their fear of being attacked and murdered. The participants' views on the long-term effects of involvement in prostitution is then presented. This section also details the participants' views on the positive aspects of being involved in prostitution and concludes by giving the participants' views on the most negative aspect of their involvement in prostitution.

Participants' fears surrounding their involvement in prostitution

All participants were asked if they had any fears surrounding their involvement in prostitution. As Table 18 highlights, the most common fear was a fear of being murdered while working in prostitution (8). One participant, Kate, stated that she did not have fears "nothing's ever happened to me that's why I'm okay, like I haven't had a bad situation on the street may be if I had it might be different".

Table 5.18: Main fears about involvement in prostitution

Main fears about involvement in prostitution	No. of participants
Murdered	8
Attacked	6
People finding out	6
Unable to meet a partner	1
No fears	1
Total	22

Participants' fear of being attacked or murdered while working in prostitution

For 14 participants, their main fear regarding their involvement in prostitution was either being murdered (8) or attacked (6). The participants described the vulnerable situations they are often in and their fears upon entering strangers' cars, stating, "every car I get into

it's in the back of me mind', 'every night I'd be afraid I'd meet somebody that'd kill me". The following three examples give a summary of the participants' contributions. Olivia, who was afraid of being attacked again by a client who was convicted of raping her, stated:

"I have a fear of your man getting out and coming back. ... I always had that fear in me brain always. Fear of him ... like saying to meself "Jesus he's going to get out, I wonder will he come back for revenge". I wouldn't know what to do, I think I'd just freeze and drop dead on the spot".

Lily said she feared being attacked by clients while working in prostitution, explaining, "Looks can be so deceiving. That would be a fear, you don't know that person all you can see is just the exterior you do not know what that person is like".

Ita stated that she also feared being murdered, especially since she was violently attacked while working one night:

"I fear getting murdered, especially since that night. I'm afraid every night, every night. To just think like, I was so close to it, like I could have been dead. I don't know why he took his hands off me neck. I was half way there, if he had a held it for another three minutes I'd say I would've been dead, you know what I mean?"

Participants' fear of people finding out about their involvement in prostitution

Nineteen of the 22 participants said they did not want people to find out they were involved in prostitution, that it was an aspect of their lives that they preferred to keep private. For six participants, their main fear was the possibility of people finding out they were involved in prostitution. The participants were particularly afraid that significant family members, including their children, would find out, stating that they 'didn't want to hurt them'. They also said they were 'embarrassed', 'ashamed' and 'not proud' of their involvement and as a result kept knowledge of all involvement in prostitution private. Sarah stated:

"It's not a thing that I wanted people to know. I don't feel proud that I'm after doing it, I feel horrible that I'm after doing it, I'd feel embarrassed if people knew. 'Cause people put you down on a certain level, people look down on you, I know people look down on you, so that's why I keep it from everybody. I'd die now if any of me family found out".

The long-term effects of being involved in prostitution

Twelve participants were asked if they felt their involvement in prostitution would have any long-term effects. As Table 19 conveys, six participants believed that prostitution would “always be there” and would come back to haunt them later in their lives. Two participants felt they would continue to be involved in prostitution, even if they stopped taking heroin and did not need the money to finance an addiction.

Table 5.19: The long-term effects of involvement in prostitution

Long-term effects of prostitution	No of participants
Prostitution will ‘always be there’	6
Always be involved in prostitution	2
Don’t know	4
Total	12

The six participants who believed a long-term effect of being involved in prostitution was that it “will always be there” gave a range of interpretations. Laragh, who was 20 at the time of the interview, commented:

“Like, I thought about when I will meet up with a fella that I really, really like and like, if when I want to get married, or things like that, will all this pop back up on me, like, what I’ve done in the past, and all? I know I’ll have to tell him what I’ve done. It will be very hard to say all that, but if I want it to work, I will have to tell him. I know that, but I’d say it’ll always be there. It’s like heroin, heroin will always be there with me as well, even if I do get off it.”

Lucy, who was 18 at the time of the interview, stated “you’ll always have it on your conscience and on your mind and like no matter how much like I push it to the back of me mind it will always be there you know.” Holly felt that a long-term effect of involvement in prostitution was that it would “probably come back on ya”. Ita, said that she would never be able to forget her involvement in prostitution:

“I wouldn’t say you’d ever get over it. Even if you were finished doing it for ten years, I’d say it’d still play on your mind that ya did it. Like, I do be thinking of me little young fella, when he gets older, say he goes to school, even if I’m finished

with it, ya know? People saying, ‘Your Ma was a whore’, and ya know what I mean, him having to put up with that. Like, there’s always going to be somebody, somewhere, that knows you did it, you can never hide from it”.

Of the two participants who felt they would always be involved in prostitution, Becky, who was 20 at the time of the interview, stated:

“Remember I told you there’s a girl 35 years up there, she’s now in her 50’s and I do be saying to meself ‘now will I be like that?’ But definitely, I’ll have to be, if she’s up there and she’s not even on heroin, she’s an alcoholic but she’s been up there 35 years”.

The other participant, Aoife, felt she might always be involved in prostitution for the money, explaining, “I can’t say now, that I’ll never do it again, even without drugs. Like I’m not stoned now, I’m well in me senses, but I can say, I’ll probably do it again. Even off heroin, for the money”.

The positive aspects of being involved in prostitution

All 22 participants were asked if they felt that there were any positive aspects about being involved in prostitution. As Table 20 highlights, ten participants felt there were no positive aspects to being involved in prostitution apart from the money. Anna, who believed that the only positive aspect to being involved in prostitution was the money, stated, “yeah £300 [€80.92] a night, me Da gets that a week or something. I get that a night, that’s great, that’s the good thing about it, the money”. Aoife stated “the money’s great, it’s too good, do you know what I mean?” Becky added “the only positive part is having your money going home and that’s it. There’s no other positive part to it at all.” Kate stated that the money was a positive factor, “I was just money mad, you know, it was great being able to go out and dress meself and the baby, paying the babysitter £100 [€26.97] so you’re never without a babysitter”.

Two participants stated that their continued safety from violent encounters was the only positive aspect to their involvement in prostitution. Two participants, Shirley and Aoife, stated that a positive aspect of prostitution was that they could meet a client, while working,

whom they could enter a relationship with. Both participants were single at the time of the interview, with Shirley stating “you could meet a nice fella on it and you could give it [prostitution] up. I’m always thinking about that, dreaming like *Pretty Woman* [film]”. One participant, Sinead, believed the positive aspect to being involved in prostitution was that she might become pregnant.

Table 5.20: The positive aspects of involvement in prostitution

Positive aspects of involvement in prostitution	No of participants
Nothing positive	7
Nothing positive except the money	10
Maintained safety and no violent encounters	2
Possibility of meeting partners	2
Possibility of becoming pregnant	1
Total	22

Amy believed her maintained safety and survival was the only positive factor, explaining, “Like the only positive part that comes out of it, is to try and keep yourself alive at the end of the night, you are just abusing yourself, you are just letting people use you and abuse you.”

The most negative aspect of being involved in prostitution

Twenty-one participants were asked what they believed were the negative aspects to being involved in prostitution and as Table 20 illustrates, nine participants stated that “everything⁶” relating to their involvement in prostitution was negative. In addition, one participant stated that, for her, the most negative part of being involved in prostitution was that “you lose too much”.

⁶ Seven of the ten participants expanded on this point and included the dangers associated with involvement with prostitution including the potential for violence; the emotional effects; the effect of prostitution on the family; the effect of prostitution on personal relationships.

Table 5.21: the negative aspect of involvement in prostitution

Negative aspects of involvement in prostitution	No of participants
'Everything' especially the dangers	9
Sexual encounters with clients	9
Lose self-esteem and confidence	1
'Lose too much'	1
Nothing negative	1
Total	21

The following passage gives some of the participants' views regarding the negative aspects of their involvement in prostitution. Miranda stated:

"No amount of money is worth how you feel. If anything, I have no self-confidence at all. Like people do say 'you're lovely', but since I am on the game, I have no self-confidence and I get embarrassed really easily. Say even with girls, say if there's a joke, I go real red, and I never used to be like that, but I have no self-confidence. 'Cause they degrade you, they make you feel like 'there's the money, do what you have to do' and that's it".

Shirley stated,

"I suppose doing business with them, it's horrible, especially black people and all and traveller's, 'cause I can't stand them. You get perverts and all that come around in their cars, they don't even stop but they come around about 15 times, they just stare out the window. There are some weirdos up there. The worst times are when you're with an auld fella and all, and you have to do horrible things, you feel real low. When they let you stay in their house and you have to do other things to them, without them paying you, that's when you feel real low".

Olivia also felt that the negative parts to being on the game were having sex with the clients. She commented saying, "The bad parts were doing what I had to do, like getting into the cars with them fellas and doing what they asked me to do you know, like it's sickening it really is sickening". Amy commented:

"Nearly all of it is negative, do you know what I mean? Between getting beat up, having sex with all the men, the guards pulling up all the time telling you to move and taking your money off you sometimes and most of it is a negative. The worst part is actually doing it, that is the worst part of the whole lot, do you know what I

mean? And you're driving back then and it's, oh, it's sickening it is when I think about it now I feel sick. That's cause I'm clean and I'm not on the street do you know what I mean? But when I look back on it, it does be sickening what you do when you're on drugs and I'd need drugs inside me before I'd even go down there".

Laragh stated "Ah everything, Jesus everything" was negative about prostitution, adding:

"I'd say the worst part is... loosing your self esteem and things like that. Yeah like you think to yourself like that you're no good you're a tramp and all, you know things like that. It's hard to work, there's loads of bad things about it, I'm telling ya, I could sit here all day and tell ya loads of bad things, you know? I'd say it would be hard to try to build yourself back up, you know?"

Similarly, Ita stated:

"No self-respect. You're letting men take advantage of ya, you feel disgusting and standing around. It's fucking....ya know what I mean, fella's going by, looking at ya, deciding, "No, I don't want her, I'll take the next one". And ya feel cheap over it, there's load a bad points, you know what I mean?"

Plans for the future

Introduction

This section details the participants' views regarding their future involvement with drug taking and prostitution. The participants' aspirations for their futures are then presented.

Views on future involvement with drugs

All 22 participants stated that they would love to stop using heroin. Twelve of the 18 participants who were addicted to heroin when incarcerated said they were determined to stay off heroin after their release from prison. In addition, two of the three participants who were interviewed outside the prison began a methadone programme the week of the interview.

Fourteen participants were serious about giving up heroin. Three of these participants were planning to move away from their localities to help them stay off heroin, with two participants planning to move to London (Laragh and Nicola). Miranda planned to move to the West of Ireland with her boyfriend and child. Miranda stated “I just have to get away from all that, I know I do. I’ve nothing to lose, well actually I have a lot to lose” and Nicola stated “There’s no point in getting out and staying around here ’cause I’ll just go back on it”. Laragh explained:

“Because loads of times I’ve got off it and it’s just the area, the minute I walk outside a shop there’s someone standing there selling it, and you know, you’re craving for it and you just buy it, you know? I just need to get out of the area for a while, that’s all and if I went over to London I reckon I would do well for a while. If I stay over there just for a few years until I could cope with coming back and basically say ‘no I don’t want any’. I’d love to go ... I hope it goes right for me”.

The participants who were determined to fight their addictions gave a range of responses. For example, Ita stated:

“I’m not thinkin’ about it, like, I’d say I have a chance this time because I’m not thinkin’ about gear, an the other mornin’ I was lookin’ at bird’s [girls] all goin’ into the cell, an havin’ a turn on, an’ a ‘bird’ called me over, I just said, “No, I’m cleanin’ me cell out”, you know what I mean, like? It just didn’t bother me, I’m not sick so I don’t need it, ya know what I mean?”

Lily said she was determined to give up heroin:

“I want to get off it ’cause it’s left me mentally and physically scarred, emotionally scarred. I’ve lost all me friends through it and it’s just a horrible, horrible drug. I have all these flashbacks of me and me friends and we’re going out clubbing and they’re all strung out now. I’ve lost five friends through heroin, their bodies’ just breaks down. And when you’re on heroin you have no way of feeling, you have no emotions, it’s only when I came in here everything is after hitting me right in the face and you can imagine what a shock it is to me”.

Views on future involvement in prostitution

Of the 22 participants interviewed, 17 participants said they were planning to end their involvement in prostitution. The remaining five participants stated that they saw themselves involved in prostitution in the future. Twenty one participants displayed a type of longing to leave prostitution. When asked about their future in prostitution, they all gave a similar response to Laragh, who stated “Ah, I’d love to”, or Mia who said “I think about it [leaving prostitution] all the time, I’d love to”. Sophie commented, “All the time, I think about it, I’d love to just drop it and give it up and that’s it”.

Eighteen of the 21 participants who longed to give up prostitution stated that they could not consider it until they were no longer addicted to drugs or alcohol. For example, Ita said, “you haven’t a hope until you get off it [heroin]” and Becky explained, “I’d love to get out of it. But then I say to meself, how will I get out of prostitution and not off drugs? You have to get off drugs first”. Lucy, who was stabilised on methadone for one year at the time of the interview and was no longer working in prostitution, stated, “I probably would go back on the game, if I went back on heroin, ’cause I’d need the money”.

The following passage highlights the participants’ feelings about leaving prostitution. For example, Ita said, “I’d love to leave here an’ get a flat an’ get a job. I’d love to. But if I had to just take workin’ in McDonalds at the moment I’d take it. Just to, you know what I mean, work me way up? I’d take anything”. Anna explained, “I’d like to, but I think I’ll just do courses first to get me back into a routine, you appreciate it more if you have to work for it at the end of the week, getting a pay slip”. Sarah explained about her experiences in prostitution:

“It’s all been one big mistake and it’s a part of my life I can’t really change. I don’t think I’d do it again, but then you don’t really know, like if I went back downhill on drugs again and I had no way of making money then the first thing I would do would be to go back down on the street, you know?”

Similarly Sinead stated:

“It was out of desperation what I have done... It certainly wasn’t a job that I was going to keep up. It was certainly going to come to an end and it came to an end

and I ended up in here. One way or another it would have come to an end and hmmm and a brothel and working for a pimp is like going into business and I didn't want that. This was just my own little secret my own little way of dealing".

Becky stated:

"I want to get off it [prostitution] I don't want to be staying like this for the rest of me life but... It's a lot I'll have to do it all me self to be honest with ya I don't know how anyone else can help, it's not that I get enjoyment out of any of it, I don't know how anyone can. I needed the money".

Of the five participants who saw a future for herself in prostitution, Fiona, planned to open her own massage parlour with her boyfriend. When she was asked if she would ever like to leave prostitution completely, she stated, "no, I want to own me own agency. I'm addicted to the money, I'm totally addicted to money and not having it now is driving me fucking crazy". She explained:

"I would like to run me own agency with [boyfriend] because I know girls want to work so I do intend to run me own agency eventually. That's what I want to do and treat the girls the way I wish I had have been and I will do it. I will get my own agency and I will have my car and I will have my house. I want to have what everybody else has, what I never had and I want my kid to have what I never had".

The remaining four participants who saw themselves involved in prostitution in the future stated if they had no money they would return to prostitution. Amy stated "It's all about money. It's too easy money" and Shirley stated "I know I'll be back on the streets and all ... 'cause it's me only way to make money". Olivia stated, "when I look back, like, I'm sorry that I ever went down there, you know? 'Cause it's too easy to get money. I'd say if I was really, really flat broke I'd go down and make a quick £30 [€38.09] or somethin' and come straight home". Kate added:

"I'll definitely go back on the streets if he [boyfriend] gets locked up. Prostitution is the only thing I can do, it's the only thing I'm good at. I can't rob, I can't shoplift, so I reckon I will go back".

Aspirations for the future

The participants were asked about their aspirations for the future. The majority (18) of participants stated they would like to be, as Nicola said, “Just settled down in a nice flat, with a job, off the gear” or as Holly stated “Just living a normal life. I’d like to be settled down with a fella and have kids, have a job, just everyday things, you know?” Of the remaining participants, four participants said that they would continue their involvement in prostitution in the future, with one of these, Fiona, stating that she planned to open her own brothel with her partner. In addition, Amy stated, “Settled down, me son back, me own flat, just me own flat, me son, just to be settled down, just to be living a normal life. I still probably see meself on the game”. Three participants - Mia, Sinead and Sarah had high aspirations, with Mia stating:

“Like I have big expectations of my life, even though I probably won’t go very far but like, I’d like to think that I’d stop all this shit that I’m doing. I have a lovely dream that I’ll have a lovely house in [exclusive suburban area], knowing that I’ll never get to [exclusive suburban area], but I like me dream anyway, you know? But I’d like a nice house out of this city and a decent school for me kids to go to, and a decent job”.

Sinead stated:

“If I stay sober, I’ll get a good job, I’ll settle down, get married and have my dream which is to have a cottage in the country. I’d love a wee cottage in the country with – I do the gardening in here so I just imagine myself in a Summers evening outside gardening and me husband coming home from work and then we’ll go up stairs and make some babies or something like that! Just looking back and saying that was ... just a flicker of my life, that’s all”.

Sarah stated:

“Me own house, plenty of money and me kids and me family around me. That would be a dream come true, and that’s not much to ask for. And like I wouldn’t really care if I hadn’t got loads of money as long as I had me kids and me family and a little home around me. Like I have tried to give it up and it’s me last resort I just don’t like it”.

Finally, Lily stated:

“I know I’ve said it a thousand times before that I’d love to give up and I haven’t, but me heart is in it this time, you know. I’m after missing out on six years of his life, I’d love to have me son. I don’t know what it’s like to be a mother, I am a mother, you know? I wasn’t there for him when he first talked, when he first walked, I missed all them. I’ve seen him for all those years and I’ve took him for weekends and all, but my mum and dad is like his mum and dad. I’d love to have him he’s lovely, he’s a gorgeous child he is”.

Summary

This section presented the emotional effects of being involved in prostitution. The first part of this section detailed the effects of prostitution on personal relationships. Almost half the participants (10) were in a relationship at the time of the interview. Seven of whom had told their partners about their involvement. The effect of prostitution on personal relationships was given, followed by the incidence of men who initiate relationships with females involved in prostitution.

This part presented the incidence of depression and suicidal ideation amongst the participants. Over half the participants (13) were on medication for depression. The link between prostitution and depression was presented. The second half of this part presented the incidence of suicidal ideation among participants’, the number, type and reasons for their attempted suicides. Over two thirds of participants (15) attempted suicide at least once. The section concluded by detailing the incidence of self-harm among participants’.

This part presented the participants’ fears about their involvement in prostitution, followed by their views on the long-term effects of prostitution. The most common fear that the participants discussed was the fear of being murdered while working in prostitution (8). This section also highlighted the participants’ views of the positive aspects of prostitution and the section. Almost half the participants (10) felt that there were no positive aspects to involvement in prostitution. This part concluded by detailing the participants’ views on the most negative aspects of prostitution.

This section presented the participants' plans for the future, including their views on their future involvement with drug taking and prostitution. Seventeen participants stated that they were planning to end their involvement in prostitution.

Chapter Summary

This chapter presented the results of 22 interviews with young women involved in prostitution using qualitative analysis of descriptive data. This chapter was divided into five main themes in relation to the participants' experiences in prostitution. Section one contained information on the participants' backgrounds, including their relationship with their parents and family members, followed by their experiences of childhood sexual abuse, homelessness and their education and employment history. Section two explored the participants' initiation into prostitution and section three presented the participants' experiences in prostitution, including their health issues, experiences of violence, experiences with drugs and their experiences in street and indoor prostitution. The participants' view of the services for people involved in prostitution was then detailed and concluded by listing the participants' experiences with the Garda Síochána. Section four presented the emotional effects of being involved in prostitution, including the effect of prostitution on personal relationships, the incidence of depression and suicidal ideation, followed by the emotional effects of being involved in prostitution and the chapter concluded by exploring the participants' aspirations for their futures, including their prospected future involvement with drugs, alcohol and prostitution.

The next chapter will analyse and discuss in detail the data presented in this chapter.

Chapter 6

Discussion

Introduction

A central aim of this study was to explore the nature of prostitution, with a particular aim being to reach a greater understanding of why some young people become involved in prostitution and how they become involved. The data collected in this study explored the experiences of those involved in prostitution and the emotional effects prostitution has on them. The data collected provides the views of the participants, which were divided into themes that emerged from the narratives. The discussion is divided into four main sections, based on the four main areas on which the data was collected. The first section examines why young people become involved in prostitution. The second section discusses the routes into prostitution and how young people become involved in prostitution. Section three examines the experiences of young people in prostitution and the final section explores the emotional effects prostitution has on the young people involved.

Section 1: Why young people become involved in prostitution

Introduction

This section discusses the background factors which influence the participants' involvement in prostitution in light of the current literature. The reasons why young people become involved in prostitution and the path which leads to their involvement is discussed. This section is divided into eight parts.

-) The link between family breakdown, family violence and deviant behaviour.
-) The link between physical and sexual abuse as precursors to prostitution.
-) Education and employment history of the participants.
-) The link between homelessness and prostitution.
-) The participants' experiences in residential care.
-) Drug use in the family.
-) Factors influencing involvement with drugs.
-) The link between drug use and involvement in prostitution.

The link between family breakdown, family violence and deviant behaviour

Research clearly suggests that young people who become involved in prostitution often endure negative experiences within their families of origin, which are characterised by unemployment, poverty, neglect, violence, physical and sexual abuse (McGrath, 1995; O'Sullivan, 1998). The vast majority of participants in this study (16; 72.7%) came from disrupted family backgrounds, which included having parents who were deceased (10; 45%) or parents who were separated (10; 45%). Parental separation or death, affects children negatively, particularly if the child has a positive relationship with the parent who leaves the family home or dies. Parental death or separation is also known to have an economic component. There is often consequentially less disposable income in the household. In the case of four participants, their parents separated and a parent subsequently died, possibly doubling the traumatic effects and heightening the probability of these young people entering into deviant behaviours, such as drug and alcohol consumption, truancy, promiscuity and criminal activities. The high incidence of family breakdown for the participants in this study is similar to the results of Potter et al. (1999) who reported that over one third of the prostitute sample (38%) experienced parental separation as opposed to under one tenth of the control group (8.5%). Similar results are reported from Bagley and Young, 1987; McElwee and Lalor, 1997; Seng, 1989; Silbert and Pines, 1982 and Toner, 1998.

In this study just under half the participants (10) had a deceased parent. The majority of these parents (8) died from unnatural causes that is, drug overdose, AIDS or suicide which indicates the type of background the majority of these participants came from. In other research studies, reports of parental death among samples of people involved in prostitution are less common. Parental death can have a devastating effect on children, but for the majority of these young people the death of a parent from unnatural causes could clearly have unhinged the already fragile family structure. Just under one third of participants who lost a parent (3) stated that the death had a profound impact on their subsequent deviant behaviours including, theft, joyriding and drug taking activities. One participant, Lucy, reported that she lost interest in her education after her father's death and left school soon afterwards. Similar negative effects were reported from the ten participants whose parents' separated. Three participants in particular associated their parents' separation to their

alcohol and drug taking activities, their loss of interest in their education and their involvement in criminal behaviour. This may highlight the connection between the deviant behaviour some young people enter into and their experiences of trauma. Over one quarter (6) of the participants to this study connected their traumatic experience of parental death or separation to their consequent truancy, theft, joyriding, alcohol and drug taking activities.

The link between family violence and deviant behaviour

Of the twenty participants who were questioned, over two thirds (14) reported the incidence of domestic violence within their home. In one third of these cases (5) the participants stated that the violence was severe, with the participants intervening to protect their mothers on many occasions. Interestingly, for the six participants whose parents both still lived together, half (3) spoke of ongoing violence within the home. This finding supports the literature that the lived experiences for the majority of people involved in prostitution are marked by unstable, violent and neglectful backgrounds (Bagley & Young, 1987; Seng, 1989; Silbert & Pines, 1982). Seng (1989) reported that domestic violence and parental drug and/or alcohol abuse were part of the children's experiences.

The importance of a stable family of origin cannot be overrated. However, three participants came from stable families without any reported violence or abuse and yet they still became involved in deviant behaviours, developed addictions to heroin and entered prostitution to finance their addiction. All three participants began using drugs with their friends. Their involvement with drugs could have been linked to feeling pressurised to conform to a peer group rather than the need to take drugs to 'forget' the difficulties within the home environment.

Physical and sexual abuse as precursors to prostitution

Potter et al. (1999) found that over 80 percent of their respondents (23) reported at least one episode of physical abuse before the age of 16, with half (14) detailing being hit, punched or kicked and over one quarter (8; 28.6%) described being hit with a stick or weapon. Equally, in this study half the participants (11) were physically abused within their family home with three participants being subjected to regular, severe beatings from their fathers,

one of whom was stabbed three times. Two participants stated that they began using drugs as a direct result of difficulties they were having at home. Lorna stated “anytime I’d get a beating off him [father] I’d go out and bang up or something just to get things off me mind”. Both participants mentioned that they were using drugs to help them “forget” the difficulties they were having at home, which in turn escalated the problems with their parents and resulted in them getting “kicked out” of home.

It has been noted that there is a link between childhood sexual abuse and subsequent negative behaviour including running away from home, delinquency, illicit drug use, promiscuity and prostitution. “A recurring thesis in recent work is that childhood victimisation, and sexual victimisation in particular, leads to prostitution, a role itself characterised by sexual exploitation” (Brannigan & Gibbs Van Brunschot, 1997, p. 337). The literature review highlighted several studies which made a connection between childhood sexual abuse and later involvement in prostitution, for example Potter et al. (1999) in their New Zealand study highlighted significant findings regarding the childhood sexual abuse experiences of the respondents. The sample of 29 ‘sex workers’ was significantly more likely than the control group (25% and 4.7% respectively) to have experienced penetrative childhood sexual abuse. Over three times as many ‘sex workers’ than the control group (32% and 9.4% respectively) experienced attempted sexual intercourse before the age of 16 years.

Simons and Whitbeck (1991) also reported significantly high incidences of childhood sexual abuse from their sample of 40 adolescent runaways in comparison to the sample of 95 homeless women. They believed that childhood sexual abuse increases the probability of involvement in prostitution irrespective of any control from other variables. This finding concurs with the results in the present study as just under half (9) of participants who were asked specifically about sexual abuse, were sexually abused as children, one quarter of whom (5) were abused within the family environment by either their father or an uncle. Although it is acknowledged that only a small number of young people who are sexually abused as children later become involved in prostitution, there is almost certainly a link between the two. The case of Sinead supports this theory. She directly attributed her initiation into prostitution to her childhood sexual abuse experiences. She explained, “Well my innocence was already stolen from me years ago so selling it was no big thing really”.

Three participants stated that their abuser also sexually abused other siblings. This finding may reflect the unstable and abusive households some of these participants came from, whereby many members in the same household experienced sexual abuse from adult members of the family. Two participants stated that they were not believed when they disclosed their abuse to their mothers. They both stated that this had a negative effect on them, with Lorna stating that her mother believed her sisters but refused to believe her. Fiona specifically stated that she became uncontrollable when her mother refused to believe her about the abuse. The traumatic experiences associated with abuse may have been exacerbated for these participants by the rejection from their mothers when they disclosed the abuse. Fiona stated that she found it very difficult to understand why her mother believed her abuser instead of her and why her mother stayed in a relationship with her step-father. Both these participants may have lost trust in adult figures generally as a result of the abuse they experienced by adult male relatives (an uncle and a step-father) and adult females (mother). Both participants left home shortly afterwards, which may have been as a result of these negative experiences, including increased tension within the home.

Education and Employment

Irish studies of people involved in prostitution all reported a low educational standard amongst the samples interviewed (Europap, 1995; McElwee & Lalor, 1997; O'Connor, 1996; O'Connor & Quinlan, 1997). The Europap study (1995) of women involved in prostitution reported that over half the women studied (11; 61%) left the educational system without any qualifications, with only three participants passing state examinations. In this study similar results emerged with two thirds of the 21 participants (14) questioned about their educational background having no educational qualification. In addition no participants held a leaving certificate qualification. The majority of participants left school at an early age. The average age participants left school was 14.4 years with five participants being expelled from school before the age of 14.

In Ireland the legal age young people can leave school is 16 years. The average age the participants to this study left school was 14 years, two years before the legal age. This finding highlights the need for adequate monitoring of young people who are regular

truants or who are at risk of dropping out of school. If supports were in place at the time, for both the participants and their families, there is a possibility their situations would have been different.

A link can be drawn between the average age participants left school (14 years) and the average age participants left home (16 years). Participants remained at home for an average of two years after leaving school. This may reflect that the participants were adamant that they were not returning to school and their parents had no choice in the matter. The fact that 14 of the participants disliked school and five were actually expelled from school reinforces the argument that the parents may not have any control over their children's decisions. It may also reflect that the parent/s of these young people were not very interested in the education of their children and did not encourage them to return to school.

Although the majority of participants thought negatively about their school experiences while within the educational system, five participants stated they would love to return to school and two were planning to enroll within the school prison if they were sentenced. One participant, Sinead, sat her Junior Certificate English examination in the school prison and one participant completed two courses within the prison. All five participants perhaps saw education as an escape route out of prostitution and wanted to use their time in prison productively. This reflects the change in mindset and maturity of the five participants, who may not have thought the same way about the importance of education before they became involved in prostitution.

The link between homelessness and prostitution

The findings from this research supports the literature in that young people who are in and out of home, persistent runaways or homeless are at a great risk of becoming involved in prostitution. The vast majority of participants (19) were homeless at some point in their lives, ranging in length from a few weeks to over five years. In addition, just under half the participants who were interviewed in prison (8) were homeless before their incarceration. The participants had all left home at a relatively young age with the average being 15.8 years. Nadon et al. (1998) reported a strong relationship between leaving home and

adolescent prostitution. They displayed that 87% of the adolescent sample involved in prostitution compared with 61% of the non-prostitute group were associated with a higher frequency of both homelessness and true runaways.

It is interesting to report that the majority of participants (13) were living away from home, either homeless (8), in and out of home and staying with friends (3) or in rented accommodation (2), when they first became involved in prostitution. Several studies have reported a distinct correlation between young people who run away from home and young people who are homeless and later involvement in prostitution (Bagley & Young, 1987; Graham & Bowling, 1995; Nadon et al. 1998; O'Connor & Quinlan, 1997; Potter, Martin & Romans, 1999; Seng, 1989; Silbert & Pines, 1983; Simons & Whitbeck, 1991; Toner, 1998).

Interestingly, however, nine participants were still living at home when they first became involved in prostitution. This may indicate that although there seems to be a strong link between homelessness and prostitution for the majority of participants in this sample there may be more intervening variables associated with involvement in prostitution.

Another factor that must be considered is the impact involvement in prostitution has on family dynamics. Secrecy, which shall be discussed in detail later, is known to be a stressor for people involved in prostitution (O'Connor, 1996). A possible explanation for the majority (8) of participants who were still living at home (9) or who were in and out of home (3) leaving home soon after they became involved is that it became too difficult for them to keep their involvement in prostitution and their drug taking activities secret from their families. Olivia expressly stated that she ran away from home for eight months when she first "got strung out" and became involved in prostitution because "I didn't want me ma to see me the way I was".

The regular physical and sexual abuse and domestic disputes within the homes of many of the participants may have encouraged them to consider fleeing from this environment and begin a pattern of running away whereby placing themselves in vulnerable situations and at an increased risk of exploitation. There appears to be a clear pattern to initiation into prostitution for the majority of the participants, beginning with abusive and neglectful

homes, often with drug or alcohol abuse, followed by involvement in deviant behaviours and drug taking activities and subsequent running away from home and episodes of homelessness.

Experiences in Residential Care

Just under one third of participants (7) spent time in residential care, with five stating that they loved their time there. All became involved in deviant behaviours, developed addictions and entered prostitution. Very few other studies about people involved in prostitution have figures on the numbers who spent time in residential care. McElwee and Lalor (1997) reported that one of the six participants in their study was under the care of the Health Board, but was ironically placed in an apartment at the age of 17 overlooking the pier, an area known for prostitution activities in the city. This finding highlights the need for service provision to track these young people who seem to have 'slipped through the net' and establish aftercare services to support them as they make the adjustment into adult life.

Drug use within the family

A high incidence of parental drug and alcohol abuse was reported from the majority of participants, reflecting possible early exposure to drugs. Thirteen participants stated their fathers were either alcoholics (7), drank heavily on a daily basis (1), were addicted to heroin (2), addicted to heroin and heavy drinking (2) or regularly smoked cannabis (1). The results were lower when the participants' mothers were discussed, with just over one fifth (5) of the mothers reported as regularly using drugs or alcohol, including heroin (1), alcohol (1) and heavy drinkers of alcohol (3). A link may be drawn between the high incidence of alcohol and drug misuse among fathers and the high incidence of parental death among fathers. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (1997) reported that injecting drug users have a 20 to 30 times greater risk of dying than others of the same age. The EMCDDA (2002) reported that drug overdose accounts for the majority of drug related deaths in Europe.

Taking into consideration that drug taking is illegal in Ireland and the expense involved in consuming alcohol in licensed premises, there is a strong possibility that the majority of parents with addictions would have taken drugs and/or alcohol in the home environment. If this is the case, the participants may have had easy access to drugs or alcohol at a young age heightening the risk of experimentation and subsequent addiction to either drugs or alcohol. One participant, Amy, specifically stated that she began using drugs as a direct result of her parents' drug and alcohol abuse, "I was brought up in drugs, involved in drugs and then I ended up using drugs ... it was an everyday thing for me". Amy added that she was educated on the methods of smoking and injecting heroin by observing her parents using the drug at home. Leshner (1998) reported that drug problems are strongly associated with chaotic home environments, particularly homes in which parents are stressed and isolated and abuse substances.

It is also possible that drug taking activities among siblings or other family members can impact on a younger sibling's subsequent use of drugs. Two participants stated that their older sisters were taking heroin before they used heroin, one participant's older brother began using heroin before her and another participant stated that her younger sister had recently begun using heroin. This identifies the possible spread of drug taking activities within the family. Furthermore, four participants stated that they were given heroin for the first time by a member of their family, either a brother, sister, aunt or cousin. An interesting finding here is that the four participants began using heroin with their significant relative without their friends' knowledge. This suggests that the possibility of peer pressure in the cases of these four participants, regarding their initiation with drugs, is minimal. Lucy stated that she stopped socialising with her friends when she began using drugs with her brother and spent her time with him and his friends.

The possibility of parental drug use impacting on their ability to care for their children adequately could be taken a step further. Almost half the participants (10) had children of their own. It is possible their children may also have witnessed their mothers' drug abuse and in turn may be at an increased risk of using drugs themselves. The fact the vast majority (9) of participants with children stated their children were being permanently cared for by either a parent, foster family or friend of the family, thus re-emphasises the point that the participants were unable to give their own children the care and attention they

needed. In addition, only two participants with children were receiving support from the father of the child. One participant Sarah specifically stated that she did not want to take her children back from their grandfather's care until she had completed a detoxification course and was no longer dependent on heroin. Hogan (1997) reported that parents who are receiving treatment for their drug problem are less likely to experience parenting difficulties and many are coping competently with child rearing. However, Hogan also reported that drug using parents (especially mothers) are often afraid to seek help because of the fear that their children may be taken away from them. The National Institute on Drug Abuse (2002) reported that children are less likely to develop drug problems where there are strong and positive family bonds, parental monitoring of children's activities and peers, clear rules of conduct that are consistently enforced within the family and involvement of parents in the lives of their children. This highlights the need for supports for these participants, both for their drug issues and their parenting difficulties to enable them to successfully combat their addiction and prevent their own children from the dangers of drugs.

Factors influencing involvement with drugs

Three quarters of the heroin addicted participants (16) followed a distinct pattern regarding their drug taking, beginning with alcohol, followed by cannabis, stimulants and then heroin. This finding supports the common belief that young people who begin using 'soft drugs' are at great risk of exposure to 'harder drugs', which characteristically have an addictive property. The National Health and Lifestyle Surveys report (2002) revealed an increase in the use of cannabis for school going girls (10 – 17 years) from 8.6% in 1998 to 11.7% in 2002. There is a possibility that young people who experiment with 'soft' drugs at a school-going age may progress to 'harder' drugs at a later stage.

The participants' initiation to drugs appeared to have a social aspect as all participants stated that when initially taking alcohol or 'soft drugs' they did so with their friends, usually at parties, bars or nightclubs. All participants who used Ecstasy stated that they used it when they were "dancing in a disco" or at parties with their friends. As the participants continued with their drug taking and began using heroin, the friendships and

social elements which were initially associated with their drug taking activities ceased and their use of heroin seemed to take on a more secluded, isolated form.

In a reversal of the dominant trend, three participants did not follow a distinct pattern in their drug taking and one participant believed that there was no link between her current addiction to heroin and her former regular use of cannabis. She stated that she began using cannabis when she was 14 years of age and only began using heroin three years later. Although this participant believed there was no link she still progressed from 'soft' to 'hard' drugs. Interestingly, two of the three participants were introduced to heroin by their boyfriends, whom they met in their late teenage years. It is likely that their involvement with heroin had a direct link with their boyfriends' addiction. Of course it is not suggested that the link is causal, but influenced by exposure/lifestyle factors.

Almost one quarter of participants (5) stated that friends or acquaintances introduced them to heroin, one participant stating that she began using heroin as a direct result of peer pressure and "tired of being on my own". Over one third of participants (8) were introduced to heroin by a boyfriend, with one participant being deceived into taking heroin by her boyfriend who gave her heroin and told her it was cannabis. In addition one participant was coerced into taking drugs by two men who gave her heroin and a place to stay when she was homeless and then introduced her to prostitution. Peer pressure can be a major variable in a young person's decision to take drugs. Kung and Farrell (2000) in their study of the role of parents and peers in early adolescent substance use found that peer pressure was more highly related to drug use for girls than for boys. They also found that the relation between peer pressure and drug use increased as a function of poor parenting. Walker (2002) also discusses the importance of adequate adult supervision and states that if young adolescents do not have "responsible adult supervision, constraints on behaviour will be absent, and they may be forced to make decisions about behaviour without adequate cognitive preparation to do so" (p. 184). Young people need to be educated about the negative influences peer pressure can have, however peers can also exert influence which discourages involvement in deviant acts. Peer education can influence young people to develop knowledge, skills and attitudes as well as the confidence and self-esteem to make informed choices about their own attitudes beliefs and behaviour (Walker, 2002).

The link between drug use and involvement in prostitution

It is very clear from this study that drug or alcohol addiction and entry into prostitution are closely correlated. One of the most startling findings from this study was the high incidence of addictions among participants. Chapter one highlighted a new drug using population of adolescents which was mentioned by a working group on child prostitution (EHB, 1997) – an observation that inspired this study. All participants bar one (21) were either addicted to heroin or had been addicted at some point in their lives. The remaining participant was an alcoholic.

The literature reported three main connections between drug use and prostitution, one of which proposes that drug use may precede prostitution as reported by Goldstein (1979) and Weisberg (1985). They also propose that drug use may follow entry into prostitution and they two may occur simultaneously. The vast majority of participants in this study (18) were addicted to heroin before they became involved in prostitution. Furthermore, 19 participants stated that they would not have become involved in prostitution if they did not have either a heroin or alcohol addiction. Financial reasons, it appears, were the greatest motivator for the majority of participants. This finding supports Goldstein (1979) who reported that drug taking can be economically related to entry into prostitution as people enter prostitution to support costly and addictive drug use. This is similar to the results of Quinlan and O'Connor (1997) who reported that half their respondents made a definite link between their drug use and their subsequent involvement in prostitution, one participant stating “guys go on heroin and then go on the game to feed their habit” (p. 19).

O'Connor (1996) reported that 43% of the women interviewed (36) used alcohol, with only 6% (5) using heroin. As mentioned in the literature review, the small number of participants who used heroin is perhaps indicative of the age profile of the sample as only 5 percent (4) were under 20 years of age. The situation in Dublin regarding drug use has reportedly changed in recent years. A report in 1997 indicated that there was a new drug using adolescent population working in prostitution to finance their heroin addiction. The link between addiction to heroin and subsequent involvement in prostitution is especially apparent when the average age of involvement of both heroin use and initiation into prostitution is considered. The participants to the present study began smoking heroin at an

average age of 16 years and began injecting heroin at an average of 17 years. Similarly, the average age participants first entered prostitution was 17 years. The strong correlation between both averages gives a clear indication of the link between heroin addiction and involvement in prostitution for this sample of young females involved in prostitution.

Comparable reports were highlighted in the Manchester based study by Faugier (1996) which sampled 100 drug using prostitutes and 50 non-drug using prostitutes and reported that the drug using sample represented a younger and much more vulnerable group than the non-drug using females involved in prostitution. Faugier (1996) also reported that the age at which the sample initiated drug use strongly influenced their subsequent need to enter prostitution. This is similar to the results of this study whereby the age at which the participants began using drugs greatly impacted on their need to become involved in prostitution to finance their addiction. The case of Amy strengthens this argument. Amy, who was the youngest participant in the study to begin using heroin, took heroin for the first time when she was 11 years of age. She was also the youngest participant to become involved in 'prostitution' at 12 years of age. The fact that Amy became involved in prostitution when she was 12 years of age is perhaps linked to the age at which she began using drugs as opposed to any other causal factors.

Despite the strong links between heroin addiction and subsequent entry into prostitution in the present study two participants entered prostitution before they had taken heroin, and one participant, Aoife, had only experimented with heroin before becoming involved in prostitution. Another relationship between drug use and prostitution, supported by the literature is in situations where prostitution precedes drug use that drugs or alcohol may be used to cope with the demands and pressures associated with prostitution. Goldstein (1979) also believes that drug use may be sub-culturally related to prostitution, because certain people in a drug using sub-culture can feel pressurised by peers to use drugs. This theory could be applied to the circumstances of these three participants. Mia was given heroin for the first time three months after she began working in a brothel. She was unaware the drug was heroin and stated that she "wasn't really into drugs before I went on the game". Although all three participants were not addicted to any drug at their initiation into prostitution, the main motivator for their entry into prostitution was still predominately economic. Aoife, who was introduced to prostitution by a friend, entered prostitution to

obtain money to pay for her social activities specifically alcohol, 'soft' drugs and admission into nightclubs. Mia began working in a massage parlour to obtain money to pay for an abortion and Fiona entered prostitution when she was 14 years when she was homeless and she needed money for her basic survival needs and to pay for 'soft drugs' namely solvents, stimulants and hallucinogenic. Fiona was six years involved in prostitution before she started using heroin. These findings correspond to the Europap (1995) study, which reported that all of the women interviewed (18) quoted financial difficulties as their main motivator for entering prostitution. O'Connor's study (1996) likewise reported that the vast majority (78; 93%) cited financial reasons as their main reason for becoming involved in prostitution, nine (11%) of whom relating their financial need to "problems with alcohol and drugs".

Section 2: How young people become involved in prostitution

Introduction

This section discusses the ways young people become involved in prostitution. The initiation into prostitution of the participants to this study is compared to the relevant literature and discussed. This section is divided into three main parts;

-) Average age at initiation
-) Factors influencing involvement in prostitution
 - o Introduced to prostitution through a friend
 - o Self motivated to enter prostitution due to addiction
 - o Introduced to prostitution through a family member
 - o Forced to enter prostitution
-) Attitudes and feelings regarding first experiences in prostitution

Average age at initiation

The average age at initiation into prostitution was 17 years of age, with the age ranging from 12 to 21 years of age. Fifteen participants entered prostitution when they were 18 years or younger. This is similar to the results of McElwee and Lalor (1997) who reported

that five of the six people interviewed were 18 years or younger when they became involved in prostitution. It is interesting to note that the average age at which these young people became involved in prostitution was the age at which young people generally begin to socialise with their friends in cinemas, bars and nightclubs. It is also the age at which young people usually begin to explore their sexuality by entering into relationships. For the young people in this study their experiences were quite different. They perhaps did not have an opportunity to 'explore' their sexuality in the normal sense of the word or have an opportunity to enter into relationships where they would be treated with respect and perhaps experience love. Instead, they were generally exploited by men years older than themselves in a regular, degrading sexual exchange for money or goods.

Factors influencing involvement in prostitution

Introduced to prostitution through a friend or a family member

The influence of peer pressure to conform to a group should not be underestimated. The majority of participants (13) were introduced to prostitution by a friend, some of whom told the participants "you'll be grand", "it'll be alright I swear, I promise" and "it's easy money". The central issue is that their friends all glamorised prostitution and identified the financial gain in the motivational process. No participants reported that their friends tried to dissuade them from entering prostitution, although some participants stated that they themselves sent young girls home telling them "it's not worth it". One participant stopped her younger sister from working in prostitution when she found out about her involvement. Sharpe (1998) reported similar findings in her study of 40 women involved in prostitution in a Northern English city. Sharpe reported that 57.5% (23) were influenced by their friends to enter prostitution. She added that the women in the younger age group were more influenced by their friends to enter prostitution. She suggested that "the crucial point is that most of their friends did not make prostitution sound like a bad career alternative – although many personal recollections of their initiation experiences related to me frequently contradicted the bravado displayed when in the company of their friends" (p. 54).

Eleven of the participants who became involved in prostitution through a friend stated that their friend had been supporting their drug habit through prostitution. They then became

involved in prostitution because they felt they could no longer depend financially on their friend. The participants stated that the decision to enter prostitution was entirely their own, although there is some evidence of emotional blackmail, where participants stated, “she was feeding me habit an’ I felt kind of guilty”. An explanation of why the participants’ friends may have subtly encouraged the participants to enter prostitution could be that they no longer felt obliged to support the participants’ addictions and highlighted the financial gains associated with the activity. The friends may also have subtly encouraged the participants to enter prostitution to perhaps normalise their own involvement in prostitution by increasing the numbers within their social circle involved in the activity. This would have the effect of reducing the numbers of ‘outsiders’ with the ability to cast moral judgements and perhaps reduce the guilt associated with their involvement in prostitution.

In two of the 13 situations where friends introduced participants to prostitution, the participants were strongly influenced by the amount of money their friends were obtaining through prostitution. Previously they acquired money to pay for heroin from shoplifting, pick pocketing and other criminal activities and felt prostitution was an easier and more profitable alternative. This highlights the economic component to their entry into prostitution. They appeared to be more concerned about the financial gain as opposed to the act of prostitution.

The majority of participants stated that their friends “told [them] everything” about what they needed to do and added that their friends protected them initially by taking the car registration numbers and advising them to use their instincts. This may be reflective of the common bond between people involved in prostitution where they often protect each other and inform each other of any dangers (Coston & Ross, 1998).

Two participants became involved in prostitution through a family member – one case a sister, the other an aunt, and in both cases the participant also began using heroin with that family member. Neither participant stated they felt pressurised to enter prostitution but added that they could no longer depend on their relative and needed money to support their addiction.

Self motivated to enter prostitution due to addiction

Interestingly, five participants entered prostitution without coercion or introduction by friends. All five participants needed the money they earned through prostitution to pay for their addictions, heroin addiction in four cases and alcohol addiction in one. McElwee and Lalor (1997) similarly reported that four of the six people they interviewed entered prostitution themselves. The level of knowledge the young people in this study had in relation to prostitution was not apparent. The young women who enter prostitution alone are potentially more vulnerable as they may be more naive of the street culture associated with prostitution. Young people who are introduced to the activity by a friend can have any queries or anxieties explained by their peer and may be offered an element of protection. Almost one quarter of participants entered prostitution alone. This highlights the levels of shame, secrecy and loneliness associated with the activity. The fact that these young people decided to enter prostitution without any influence from others reflects the lack of resources available to these young people and the unfortunate circumstances they may have found themselves in.

Forced to enter prostitution

One participant, Pamela, was forced to enter prostitution when she was 16 years of age. Pamela's case is similar to the situation discussed by the Working Group on Child Prostitution (EHB, 1997) in relation to vulnerable children being 'groomed' by paedophiles. Although only one participant described her introduction to prostitution in this manner, it may not reflect the extent of the phenomenon. It is very difficult to quantify the number of young people who may be in situations like this as the nature of paedophile acts are covert and hidden, by definition. Unfortunately, young people who are exploited in this manner may become so entrenched in the situation that they may not have the ability to leave. Pamela stated that these men also procured other young people and exploited them through prostitution, both by bringing men to the apartment or by sending the young people out to work on the street.

Section 3: Experiences in Prostitution

Introduction

This section discusses the experiences of participants in prostitution. The literature on experiences of people involved in prostitution is used to make comparisons with the present study. This section is divided into four parts;

-) Health issues.
-) Experiences in street and indoor prostitution.
-) Experiences of violence in street prostitution.
-) Services for women involved in prostitution.

Health Issues

The health risks associated with prostitution are generally related to sexual risk behaviour. However, the vast majority of this sample (19) were intravenous drug users, therefore placing an increased risk on their health status and exposing themselves to a risk of infection with HIV and the hepatitis viruses. In this study, over half the IV drug users (10) shared needles, four participants 'always' sharing needles and six participants 'regularly' sharing. The incidence of drug related risk behaviour is heightened by the fact that three quarters of the intravenous drug using participants (14) shared needles at some point in their lives. Similarly, Gossop et al. (1995) reported that three quarters of their participants (21) shared injecting equipment after it had been used.

The literature shows that the frequency of condom use amongst people involved in prostitution varies substantially, depending on a number of factors. Firstly, condoms are reported as being less regularly worn for certain sexual acts, secondly, a lower rate of condom use is generally reported with partners (husbands, boyfriends) and the opportunity of more money for sex without a condom can impact on the frequency of condom usage (Europap, 1995; Gossop et al., 1995; O'Connor, 1996; O'Connor & Quinlan, 1997). Both Gossop et al. (1995) and Europap (1995) reported a high incidence of condom use for vaginal and/or anal sex with clients. However, the frequency of condom use greatly reduced when other sex acts were considered. In the present study differing results

emerged as the vast majority of participants had safe sexual practices, with the vast majority (19) 'always' using condoms with clients for all sex acts. One participant, however, reported that when she first became involved in prostitution at the age of 14 years she sometimes offered oral sex without a condom and she had sex "with one or two people" without a condom. She said that she later became aware of the risks associated with unsafe sex but at "14 [she] didn't think that". This example highlights the additional dangers young people who become involved in prostitution are exposed to. The fact that the majority of these young people left school early and inconsistently attended school before they finally left increases the likelihood that they were not educated on the dangers of unsafe sexual practices. In addition one participant, Sinead, reported that she 'never' used condoms with clients, and stated that a positive aspect about her involvement in prostitution was that she might become pregnant by one of her clients.

O'Connor (1996) reported that six participants (7%) did not use condoms if more money was offered. On the contrary, in the present study over one third of participants (8; 36%) were offered more money for sex without a condom and in all cases the participants declined the offer. This may indicate that the majority of participants to this study were more aware of the dangers of unsafe sex and were not tempted by the offer of extra money.

The participants in the present study reported a high rate of condom usage with clients. However when the use of condoms in personal relationships is taken into consideration a very different pattern emerges. Over half the participants (12) 'never' used condoms in their personal relationships, with only three participants 'always' using condoms in their personal relationships. This divergence in condom use could be reflective of the situations discussed by Cusick (1998) and Romero-Daza et al. (1999) whereby the non use of condoms in personal relationships demarcates private from commercial experiences. Romero-Daza et al. (1999) reported that the women did not use condoms in their personal relationships as an indication of emotional distancing between commercial sex experiences. They cited the special bond and closeness that usually exists between partners, which are absent from commercial sexual exchanges. The majority of boyfriends/partners in this study were also IV users so the participants' desire to have sex with their partners without protection exposed them to even greater health risks. This point may also highlight the

participants' decision to place their health in danger as a way of making a distinction between sex with clients and sex with partners.

Experiences in street and indoor prostitution, including violence

Farley et al. (1998) reported that the level of violence was significantly greater in street as opposed to indoor prostitution. Similarly in this research, all participants who reported being attacked (17) were attacked while working in street prostitution. Interestingly, in the present study 10 of the 15 participants who worked only in street prostitution felt working in indoor prostitution would be safer but did not have direct experience. Six of the seven participants who worked in indoor prostitution felt it was safer to street prostitution. It is important to note that all participants worked in street prostitution before their incarceration or at the time of the interview. Four participants were propositioned to work in a massage parlour while they were on the street and all four refused the offer, stating that they did not "like the idea of someone telling me what to do or how to do it". Europap (1995) reported that five participants stated they preferred street prostitution as "you are your own boss, you are not answerable to anybody" (p. 13). Similar comments were reported from O'Connor (1996). This preference for being in control of their involvement in prostitution appears to be deemed preferable to their own safety and protection from victimisation. This apparent lack of concern for their safety and their awareness and disregard for impending victimisation is perhaps indicative of their need to have some element of control over their life, particularly freedom from men dictating their sexual practices.

Violence and street prostitution

Over half the participants (12) were raped while they were working in prostitution, two of whom were raped three times. As discussed earlier, just under half the participants (9) were sexually abused as children. This connection between childhood sexual abuse and later victimisation was examined by Finkelhor and Browne (1998) who believed that women who have been sexually abused as children acquire a self-concept or interpersonal style that somehow invites victimisation. It would be difficult to apply this theory to the relevant participants as no psychometric measure was used to assess self-concept or the effect of childhood sexual abuse on self-concept. An alternative theory was expressed by

Coston and Ross (1998), Hindelang et al. (1978) and Simons and Whitbeck (1991) who discussed the life-style/exposure model, which posits that various demographic and other conditions can precede personal victimisation and heighten the probability of being a victim of attack. Therefore, the experience of abuse increases the probability of involvement in activities affiliated with an increased risk of attack. As mentioned earlier, the case of Sinead strengthens this argument as she directly attributed her initiation into prostitution to her childhood sexual abuse experiences.

All participants to this study who were raped stated that they became more afraid of working on the streets after the incidents. Many participants were unable to return to prostitution for a long while after such incidents. Silbert and Pines (1982) suggested that people who are subjected to continuous abuse and victimisation about which they have no control, develop a 'psychological paralysis' which prevents them from protecting themselves from further victimisation. This situation appears to be similar to Mia's case, who was raped three times in the year previous to the interview. She seemed to accept her victimisation, with an air of helplessness, which seemed to increase as she experienced more victimisation. She stated that she reported her first rape, the second time she was too scared to report it and the third time she "didn't even think about it I just went back to work".

Coston and Ross (1998) studied the criminal victimisation of women involved in prostitution and highlighted several strategies their participants employed to prevent potentially dangerous episodes, such as avoiding various places and types of clients. The Europap study (1995) reported that over half the participants used their 'instincts' and refused clients whom they felt were potentially dangerous. Similarly in this study, seven participants used their own instincts and five asked other girls working in prostitution to take car registration numbers and look out for them. In addition, four participants carried weapons and three participants carried syringes for protection.

Services for women involved in prostitution

As discussed in Chapter one, there is no service in Ireland specifically for young people involved in prostitution. O'Connor (1996) reported that over half the participants (49;

53%) never used a service for people involved in prostitution. This may be explained by the fact that over half the participants in O'Connor's study were involved in indoor prostitution and as Europap (1995) reported "the most difficult types of prostitution in terms of provision of health services were seen as massage, brothel and escort work" (p. 16). Of those who used the services the majority were satisfied with the service provided. Similar opinions were reported from Europap (1995). Likewise in this study, the participants who used the specific services (8) and the mobile services (12) were satisfied with the services and all of these participants spoke positively of them and the staff who worked in them. However, five participants only used the service for a needle exchange and Fiona, the participant with the most experience in indoor prostitution (and who aimed to establish her own massage parlour), stated that she "couldn't be bothered with them". This reflects the view discussed by Europap (1995) that the women involved in indoor prostitution are often a difficult group to encourage to avail of the specific services.

The recommendations for improvement discussed by the participants in this study are similar to the recommendations made by the participants in Europap (1995) and O'Connor (1996). However, the major difference was that one quarter (5) of the participants in this research specifically requested that detoxification courses linked to the existing services were needed for people involved in prostitution. They believed that young people can not exit prostitution until they have given up heroin. The fact that there was no mention of a need for detoxification courses in Europap's and O'Connor's studies may again reflect the demographics of both samples. The use of heroin was marginal in both studies in comparison to this study.

In addition, the participants to this study recommended that a specific 'all in one' building for people involved in prostitution situated in an easily accessible location was needed, offering counselling, advice, health screening and contraceptives.

Section 4: Emotional effects of prostitution

Introduction

This section discusses the emotional effects of prostitution on the participants. The effects are compared to the current literature and discussed. This section is divided into six parts;

-) Effect of prostitution on personal relationships
-) The link between depression, self-concept and prostitution
-) Shame, secrecy and prostitution
-) The link between prostitution and suicidal ideation
-) Plans for the future
-) Views on legalisation and decriminalisation

Effects of prostitution on personal relationships

Secrecy is central in the lives of those involved in prostitution. O'Connor and Quinlan (1997) reported that of the 13 participants (50%) who were in a relationship, three participants' partners were unaware of their involvement. Europap (1995) reported that in almost all cases where the woman was in a relationship the partner was aware of her involvement in prostitution. O'Connor (1996) reported a higher level of secrecy with one quarter of participants keeping their involvement in prostitution secret from their partners. Similarly, in the present study five participants who were either currently in a relationship or had just come out of a long-term relationship stated that their partners were unaware of their involvement in prostitution. It was noted by participants that this added an additional stress factor to their already difficult situation.

Fifteen participants stated that their involvement in prostitution had a negative effect on either their current or previous relationships. Three participants stated that their involvement in prostitution had a negative effect on their sex life, two of whom began to enjoy a sexual relationship with their partner when they stopped working in prostitution.

Over one quarter of participants (9) had financed one or more partners' addiction in the past. Ruhama (2003) reported that the majority of women who accessed the outreach van are working to finance their own and/or a partners drug use. Interestingly, five participants stated that either their current or previous boyfriends initiated the relationship with them because the participant would also finance their addiction through prostitution. It is interesting that these participants did not describe these partners as pimps, even though they were dividing their earnings with them. This is surprising considering that the majority of participants refused to work in indoor prostitution because it implied working for somebody and not earning as much money. The participants seemed to make a distinction between pimps and boyfriends and although they seemed aware that they were being used they accepted it. This may reflect the lack of self-confidence within the sample, and a general feeling that because they did not deserve a 'proper' relationship they had to pay their partners in drugs for spending time with them.

Seven participants stated that they knew of girls involved in prostitution with boyfriends who could be classed as pimps because they waited on the street while their girlfriends picked up clients. It could be argued that these pimps/boyfriends were perhaps 'protecting their investment' or perhaps they cared somewhat for their girlfriends and although they were using them to finance their addiction waited on the street to ensure their safety. The perception that boyfriends who waited at home and were brought home their supply of drugs were not considered pimps is quite surprising. Also, these type of boyfriends were thought of more highly than the boyfriends who waited on the street with their girlfriends. Sharpe (1998) reported a similar lack of pimps in her study of prostitution. However, she noted that some of the participants had partners who were aware that they worked in prostitution, did not discourage them and enjoyed the financial rewards.

The link between depression, self-concept and prostitution

A high incidence of depression was reported by the sample in relation to their involvement in prostitution, although as no psychometric measure was used, the participants' own descriptions of how they felt was used to interpret their mental state. Twenty one of the twenty two participants stated that they felt 'depressed', with over half the participants stating they were taking medication for depression or insomnia. This is similar to the

results of Alegria et al. (1994) who reported equally high statistics in relation to depressive symptoms and illustrated that respondents involved in street prostitution reached significantly higher levels of depressive symptoms (86.8%) than respondents involved in brothel prostitution (45.1%).

The most frequent reason given for feeling depressed was their involvement in prostitution and their addictions. McElwee and Lalor (1997) reported that one of the six people interviewed was involved with both psychiatric and counselling services and another participant stated that she had a “huge dislike for herself”. Similarly, in the present study several participants mentioned feeling “dirty” and one participant, Miranda, discussed the effect prostitution had on her self-confidence. Kidd (2002) in his study of the incidence of suicide among street youth reported that feelings of worthlessness, hopelessness and low self-concept emerged strongly in the narratives of the young people interviewed. Kidd and Kral (2002), in their study on suicide and prostitution among street youth, discussed several recurrent themes evident from the narratives of participants. Emotional responses such as low self worth (74%), isolation (61%), rejection and betrayal (48%) and lack of control (30%) featured heavily in the narratives. Sixty-nine percent of the participants were involved in prostitution and (2002) reported that “themes of low self-worth and lack of control were strongly embedded in descriptions of experiences with prostitution” (p. 421). Kidd and Kral believed their percentages for the numbers of participants involved in prostitution was underreported because several participants chose not to disclose their source of income.

Shame, secrecy and prostitution

The level of secrecy within personal relationships was discussed previously. However, the participants in this study also employed the same level of secrecy relating to their involvement in prostitution to others, particularly family members. Over one quarter of the participants (6) reported that their fear of people finding out about their involvement was their main fear about their involvement in prostitution. Furthermore, 19 participants did not want people to find out they were involved in prostitution. The people the participants were most anxious about discovering their involvement was parents, siblings and their

children. Feelings of shame such as feeling ‘embarrassed’ and ‘ashamed’ emerged from the narratives.

As discussed in the methodology, one of the participants in the pilot study was so afraid of other prisoners finding out about her involvement in prostitution, she requested that the researcher avoid eye contact with her in the recreational areas. She also preferred prisoners to believe she was incarcerated for theft rather than soliciting and lied accordingly. Other participants also lied about their conviction to prisoners whom they felt would be judgemental. This need to keep their involvement in prostitution secret also impacted on the data collection. The initial participants often discussed the research with their friends involved in prostitution and suggested their participation, through a type of snowballing effect. Although this proved very successful some participants stated that their friends were interested in the study but were so afraid of other prisoners seeing them with the researcher that they did not participate. As mentioned in the methodology when the researcher spoke with individual prisoners about the study, some expressed their disgust towards prostitution and used derogatory terms and comments to describe those involved in prostitution. It seemed that the majority of prisoners treated those involved in prostitution within the prison as the lowest form of prisoner and those who were involved in serious criminal behaviour were offered greater respect. Sarah stated that “people put you down on a certain level, people look down on you”. Similar views were expressed by Kidd (2002) who also mentioned the effect of social stigma on the lives of these young people. They described receiving cruel comments, disgusted glances and assaults amongst their daily experiences. This social stigma was reportedly a contributory factor to suicidal ideation amongst the sample in Kidd’s (2002) study and perhaps a contributory factor for some of the participants in this study.

The link between prostitution and suicidal ideation

Another important finding from this study is the number of participants who considered ending their lives. Ninety one percent of participants (20) had contemplated suicide, with over two thirds (15) attempting suicide on at least one occasion. The vast majority of participants (19) who attempted suicide stated that the most influential reasons for attempting suicide were a conglomeration of factors relating to their involvement in

prostitution and/or their addiction to drugs. The fact that such a high proportion of participants attempted suicide in this sample emphasises the negative effects prostitution has on the lives of those involved. O'Sullivan (1998) reported from her study of prostitution in the mid-west of Ireland that "suicide is high risk for those adolescents involved in prostitution" (p. 15). Kidd (2002) reported that the suicide attempt rate for the sex trade-involved youth was 74 percent. He also reported that violence on the street and poverty were strongly linked to suicide, particularly among the sex trade workers. Kidd and Kral (2002) reported that the two most common emotions described by participants in relation to prostitution that they felt led to suicidal ideation, were low self-worth and a loss of control. The experience of being assaulted during prostituted sex was described as extremely traumatic by those involved in prostitution and linked to suicidal behaviour.

Two participants in this study described the relationship between prostitution and drug addiction as a 'vicious circle'. Similarly, Kidd (2002) reported that a central theme in the suicide narratives was the experience of feeling "trapped". This inability to escape their situation was linked to their suicidal ideation. Being trapped and becoming suicidal was described as a process. This is reflected in this study where the vast majority of participants who attempted suicide listed an assortment of factors relating to their drug addiction and involvement in prostitution as contributing to their suicidal ideation. Suicide was reported as an escape from feeling trapped in Kidd's (2002) study. Similar ideologies emerged from the narratives from this study whereby suicide was seen as a way out of prostitution for the majority of participants. These shocking findings highlight the effect prostitution has on these young people and the likelihood that prostitution is consuming the whole of their being.

Plans for the future

Three quarters of participants (17) said they were hoping to end their involvement in prostitution, with the vast majority (21) stating that they longed to leave prostitution. This high finding suggests the negative impact of prostitution on the participants and their inability to take control of their situation. The fact that so many participants did not want to be involved yet remained involved due to their addiction highlights the need for adequate services to support these participants and offer them a route out of prostitution. Ruhama

(2003) reported that women needed to be supported to confront prostitution before they can move on. They also stated that the most requested areas of education from their in-house training were in areas of personal development, basic education and skills training.

Views on legalisation and decriminalisation

The majority of the participants (11) who were questioned about the legalisation or decriminalisation of prostitution believed it should be legalised. Three of the 11 stipulated it should only be legalised for people over the age of 18. They believed legalisation of prostitution would make it safer and they would not be afraid “of getting caught”. Mia believed, they should have somewhere for the girls to work, to keep it safer”. Europap (1995) reported that the majority of participants preferred for prostitution to be decriminalised as opposed to legalised. They also reported similar feelings that decriminalisation would make prostitution safer for those involved. Over one quarter of participants (5) believed prostitution should not be legalised. They believed legalising prostitution would encourage more people to enter it, particularly young people and made it appear more “like a job”. Sinead stated:

“Legalising it is another way of saying it’s acceptable; it’s alright for women to do it. I don’t believe any woman has to do prostitution, there is other ways. I think the government should spend money on helping these girls to start wanting to build up their self-esteem to get a different life than prostitution. Legalising it means more and more girls are going into it thinking it’s like a job”.

The importance of the self-report research method

Self-reporting is a popular research tool which encourages the participants to speak in a relaxed manner about the topics in question. The present study consisted of 22 self-reported semi-structured interviews. Self-report data collection is non-invasive and it offers the ability to assess a wide range of topics. There are some queries as to the reliability of data collected via self-report. Cook and Campbell (1979) have pointed out that respondents tend to report what they believe the researcher expects to hear or to report what reflects positively on their own abilities, knowledge, beliefs or opinions. However, in relation to the current research, the researcher believed that social desirability did not feature to the

same extent in this particular area of research. Given that their involvement in prostitution was already known to the researcher by self disclosure and that the majority (19) of the participants were incarcerated at the time of interview, the researcher was confident that self-report was still the most reliable research method for this research.

Another concern about self-report is the accuracy of memory. Cognitive psychologists have warned that the human memory is fallible (Schacter, 1999) and thus the reliability of self-reported data can be questionable. However, self-report in this instance examined personal experiences from participants' pasts (for example, child sexual abuse). Research has indicated (Ceci & Bruck, 2000) that memories of personal experiences are not as threatened by time and are seen to be more accurate. For example, Christianson (1992) predicts memories for past traumatic events retain central information at the expense of peripheral details. This research was interested specifically in the effects of traumatic episodes influencing subsequent involvement in prostitution. Peripheral details, such as dates and times, were less central.

To test the reliability of the participants the majority of interviews were carried out over two or more meetings, where by some of the questions were repeated. The answers to the sets of questions (all audiotaped) were compared to test reliability. Answers were identical in 100% of cases.

Summary

The findings from this study support the literature in relation to the family backgrounds of those involved in prostitution. The backgrounds of the majority of participants were characterised by family breakdown, domestic violence, parental drug and alcohol abuse, physical and sexual abuse, running away from home and homelessness. The high prevalence of domestic violence and physical and sexual abuse, all predominately caused by male adults, and parental drug/alcohol abuse causes by both male and female adults, may indicate why some young people became involved in deviant behaviours and left school early. The subsequent episodes of homelessness and drug taking activities which precipitated the majority of participants entry into prostitution, where the exploitation takes on another form but retains the same core, whereby they are still being exploited and

abused by adult males. Truancy and a low educational standard was also apparent. An interesting finding was the high percentage of participants who had spent time in care.

There was a very strong link between drug use and prostitution. There were several ways participants became involved in prostitution, yet the most common way participants entered prostitution was through their friends. The experiences of the participants in prostitution were marked by violence, with little resources available and few services to support these young people. The study highlighted several emotional effects of prostitution. The majority of participants believed prostitution effected their relationships negatively. There was a strong link between prostitution and feelings of depression and suicidal ideation. The participants also discussed the shame they felt which is associated with prostitution and their need to keep their involvement secret. The participants' future plans were discussed, with the vast majority of participants expressing a longing to leave prostitution. The participants also linked their desire to leave prostitution with their need for drug treatment. The views on the legalisation and decriminalisation of prostitution were discussed with the majority of participants stating a preference for the legalisation of prostitution.

Chapter 7

Conclusions and Recommendations

Introduction

The aim of this study is to obtain a greater knowledge of the nature and incidence of young people involved in prostitution in Dublin. The views of a small sample of young people involved in prostitution are represented and themes that emerged from the narratives formed the basis of the results and discussion chapters. This chapter examines the conclusions that can be drawn from the study and considers recommendations for future policy in relation to supports and services for young people involved in prostitution in Dublin and throughout the country. Finally, this chapter offers suggestions for future research in the area.

Prostitution is under-researched in Ireland, with no research into the area of young people involved in prostitution to date. In the wider international literature, young people's personal accounts of their experiences in prostitution are relatively lacking. One of the main aims of this study was to give an account of prostitution in Ireland with a particular emphasis on the retrospective narratives of young people involved in prostitution. The study wished to explore the 'how' of young people's initiation into prostitution, highlighting the various circumstances through which they become involved. The reasons and processes involved in young people's initiation into prostitution has implications for service provision, and it was hoped that by highlighting common initiation factors, service providers would be in a position to recognise ways to prevent other young people becoming involved.

The current legislation in Ireland pertaining to prostitution is the Children Act, 2001 and the Criminal Law (Sexual Offences) Act, 1993. The Children Act, 2001 amended the section of the Criminal Law (Sexual Offences) Act, 1993 that governs the fines associated with soliciting or importuning another person for the purposes of commission of sexual offences. The Children Act, 2001 also updated the Children Act, 1908 in relation to sexual offences against children.

Section 1: Why young people become involved in prostitution

The vast majority of participants came from disrupted family backgrounds, including parental death and separation, family violence and physical and sexual abuse. There was a strong link between negative family backgrounds and subsequent involvement in deviant behaviour, such as truancy, theft and drug taking activities.

A high proportion of participants were sexually and/or physically abused as children. This abuse was a contributory factor for the majority to their subsequent running away from home, involvement in deviant behaviour and involvement in prostitution. The literature draws a strong correlation between childhood sexual abuse and later involvement in prostitution and the findings of this study concur with this theory.

The issue of parental death was highly prevalent in the sample. This is a new finding as there is very little literature on parental death among samples involved in prostitution. The high prevalence of parental death can be linked to the high incidence of parental drug misuse within the study. To conclude, it seems that young people with parents who misuse drugs are at risk of losing a parent through a drug related death. The issue of parental death among samples of people involved in prostitution needs to be researched further in the future, particularly the effect of parental death on the young people and the link between parental death and deviant behaviours. There is also a strong possibility that the familial drug sub-culture increased the exposure to drugs for the participants and was a contributory factor to their later addictions.

The education and employment level was very low among the sample with no participants holding a Leaving Certificate qualification. It is important to highlight that the low educational standard amongst the majority of young people involved in prostitution can impact on their ability to leave prostitution. The fact that just under half the participants were either interested in enrolling in the prison school or had enrolled and completed courses, highlights the fact that some participants wanted to improve their education and perhaps saw education as a route out of prostitution. Without an adequate qualification, coupled with the likelihood of a criminal record, the possibility of these young people gaining employment in a different field is greatly

reduced. This emphasises the need for adequate educational opportunities for people wanting to leave prostitution.

There was a strong link between running away from home, homelessness and prostitution. Participants who came from families marked by violence or abuse were more likely to run away from home or leave home. This finding also supports the literature and illustrates the exploitative situations these vulnerable young people are often placed in. An interesting finding was the high proportion of participants who had spent time in residential care. This highlights the need for careful monitoring of children in the care system to ensure they are continually protected from exploitation. This support needs to continue after the child leaves the residential care home.

There was a high correlation between the incidence of addiction and subsequent involvement in drugs for the majority of the sample. The majority of participants began using 'soft' drugs and progressed on to 'hard' drugs. Initially the drug and alcohol taking activities had a social function which reduced as the dependency on the drug increased. This illustrates the control drugs developed over their lives, whereby initially they used drugs for recreational purposes, but within a short space of time they had to drastically alter their lifestyle to finance their addiction to drugs. The age at which participants began taking the different drugs highlights the progression route for the majority of participants. This illustrates the need for education in schools for younger age groups on the dangers of drugs in schools.

Section 2: How young people become involved in prostitution

There were several factors associated with participants' initiation into prostitution. The majority of participants were introduced to prostitution through a friend. The initiation through a friend went through a similar process for most participants. The participants were all involved in a peer group with drug using adolescents. They became involved in criminal behaviour, such as theft to finance their increasing dependency on drugs. Their friends then became involved in prostitution to finance their addiction and their friends supported their addictions for some time. It is difficult to identify how long the friends supported the participants' addictions before they themselves entered

prostitution. Their friends advised the participants on the different aspects to prostitution. They were often advised on the prices of different sexual acts, safety precautions, such as avoiding deserted streets and sexual health issues, such as condom use.

One quarter of participants entered prostitution themselves, without the influence of friends or family members. These young people also became involved in prostitution to support a drug or alcohol addiction. It is difficult to identify how these young people decided to become involved in prostitution or if they later introduced other young people into prostitution. The influence of family members on entry into prostitution is also a possibility, however only two participants to this study were influenced to become involved in prostitution through a family member.

Section 3: Experiences in prostitution

The study highlighted several sexual health and drug related health issues. The majority of participants shared drug injection equipment. This finding supports the literature in that drug related risk behaviour is high among samples of intravenous drug users involved in prostitution. An interesting finding was the variance in condom use between personal relationships and commercial transactions. The majority of participants practiced safe sexual practices while working in prostitution. However the participants reported very low condom use with their partners. This finding is also reflected in the literature whereby condoms are not used in personal relationships as an indication of emotional distancing between commercial sex experiences. The majority of partners were IV drug users, therefore the participants were willing to compromise their health to demarcate sex with clients and sex with partners.

As frequently cited in other studies, this study reported a high incidence of violence against young people involved in prostitution. In order to offer adequate care and protection for those involved in prostitution, changes in the legal structure are needed. The Irish prohibitionist laws have the tendency to force prostitution further underground, thereby exposing the young people involved to greater levels of victimisation. Prostitution, for young people, should be seen as a social issue not a

criminal one and the people involved need to be supported and offered services to assist them in leaving prostitution.

The majority of participants believed that indoor prostitution was safest. However, no participants were working in indoor prostitution at the time of the interview or immediately before their incarceration. The preference of participants for street prostitution, which was deemed more dangerous, highlights the participants need to have an element of control over their lives. They believed that in indoor prostitution their activities are controlled and some of their money is taken from them.

This study reported that less than half the participants used the specific services for people involved in prostitution and just over half used the mobile units. All participants who used the services were satisfied with them. However, considering the majority of the sample did not use any service for people involved in prostitution, a specific service for young people involved in prostitution is required.

Section 4: Emotional effects of prostitution

The majority of participants believed that their involvement in prostitution had a negative effect on their personal relationships. Three participants specifically stated that their involvement in prostitution effected their sex lives. This illustrates the likelihood that their involvement in prostitution impacts on many aspects of their lives, for example emotionally, psychologically, socially and functionally.

This study reported a very high level of depressive symptoms from participants. The most frequent reason for feeling depressed was related to their involvement in prostitution and their drug addiction. This finding is further enforced by the high level of suicide attempts among the participants. The reasons given for feeling depressed are similar to the reasons given for attempting suicide. This identifies the profound effects of prostitution and drug addiction on the lives of these participants. It illustrates the need for adequate support and counselling services specific to the needs of people involved in prostitution.

The level of secrecy and shame discussed by participants highlights the negative attitudes of society towards those involved in prostitution. They become further marginalised and are often afraid to access services for fear of their identity being revealed. This finding highlights the need for awareness raising on the issues of prostitution for those involved. The majority of participants in this research longed to leave prostitution but felt they could not until they were no longer addicted to heroin. This identifies the need for more places in drug treatment centres to increase the opportunity of obtaining drug treatment.

The majority of participants believed prostitution should be legalised as they felt that it would make the industry safer for those involved. This illustrates the need to educate those involved in prostitution of the implications of legalisation or decriminalisation of prostitution. Those who believed prostitution should not be decriminalised felt it would make prostitution more difficult to leave and more like an occupation.

Recommendations

Arising from the findings of the study a number of recommendations can be made for future practice and policy concerning the involvement of young people in prostitution in Ireland.

-) A specific service for young people involved in prostitution is needed. This service should a safe environment for the young people and should be located in a convenient part of the city, in close proximity to where the young people work. This service needs to have a particular focus on drug treatment and people who regularly use the service should be offered a place on a drug treatment programme. This service should have an ‘all in one policy’ whereby the young people can avail of sexual health screening, medical advice and referrals, counselling and support, legal advice or referrals, pregnancy testing, needle exchange and condoms. The service should also offer practical assistance such as laundry facilities, access to a phone, accompaniment to court or Garda stations, advocacy, befriending and educational opportunities.

-) An outreach van specifically for young people involved in prostitution is needed. These young people, if under the age of 18 should be placed under the care of the Health Board whereby they can receive care and protection and drug treatment if needed.
-) Greater public awareness on the issue of prostitution is needed.
-) Greater public awareness into the issue of child or juvenile prostitution is needed. The victimisation, marginalisation and exclusion these young people endure on a daily basis needs to be addressed.
-) Changes in the legislation governing definition of a child in relation to sexual offences is required. A child is defined as any person under the age of 17 in relation to sexual offences, whereas in other areas of child legislation a child is defined as a person under the age of 18. Uniformity is needed in this area because young people over the age of 16 should be entitled to the same protection in relation to sexual offences.
-) Child and juvenile prostitution should be seen as a social issue not a criminal one, and young people who are identified as being involved in prostitution should be offered care and protection and removed from the exploitative environment.
-) Increased preventative measures are needed to ensure other young people who have similar backgrounds and experiences are not also exploited through prostitution. :
 - o Education in schools, including younger age groups on the dangers of drug use
 - o Education in school, including younger age groups on sex education and sexual health issues
 - o Increased measures to prevent at-risk young people from dropping out of school
 - o Adequate monitoring of young people who are at-risk.
 - o Supports to be put in place for families with parental drug misuse, domestic violence, physical and sexual abuse.
-) Counselling and ongoing support by trained individuals is needed for those involved in prostitution

-) Self-awareness and esteem and confidence is essential for those involved in prostitution to gain the confidence to change their lives.
-) Increased educational opportunities for those that want to leave prostitution and gain alternative employment.
-) Professionals who are in contact with young people at risk should receive training on the issues of young peoples' sexual behaviours and issues relating to prostitution to detect the issue as early as possible.

Further research

The topic of prostitution in Ireland is under-researched and this is the first piece of research which focused on young people's involvement in prostitution. Further research needs to investigate the experiences of young people involved in prostitution and assess the needs of this group in terms of service provision. This study provided a qualitative account of the retrospective experiences of young people involved in prostitution and future research might be further enhanced by including qualitative accounts of young people under the age of 18 years who are involved in prostitution. If further research were to be conducted with young people involved in prostitution a more theoretical approach to the methodology for qualitative research would be required. Additionally, future research could benefit from research including a comparison group of young women from similar backgrounds who are not involved in prostitution, as one of the limitations of this research was a lack of a comparison group. Research in Ireland is needed into juvenile or child prostitution, which has its own complexities separate from adults involved in prostitution. The recent increase in child trafficking in Europe emphasises the need to conduct further research to determine if this phenomenon is growing in Ireland and to identify adequate preventative measures to protect vulnerable young children. A longitudinal study to assess the progress of young people initially accessed by their involvement in prostitution would be useful to assess the life path of those involved. A thorough study looking at the emotional effects of involvement in prostitution would be useful. This would also educate the public on the lived experiences of those involved in prostitution.

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Appendix a:
Proposal for DIT Research Ethics Committee

An investigation into the nature and incidence of juvenile prostitution in
Dublin: ethical issues briefing paper

To: Dr. Ellen Hazelkorn, Chair of Research Ethics Sub-committee

From: Dr. Kevin Lalor, Project supervisor
Siobhán Quinlan, Post-graduate research student

c.c. Kathleen Kennedy, Project supervisor

3 November 1998.

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Appendix 1

Project proposal

Appendix 2

Psychological Society of Ireland's *Code of Professional Ethics*

Appendix 3

British Psychological Society's *Code of Conduct, Ethical Principles and Guidelines*

INTRODUCTION

All research activities constitute a certain risk. Research activities with human participants in particular present a range of ethical considerations. For example, will the sensitivity of the research topic cause upset or trauma for the respondents? Has the researcher duly considered important issues such as consent and confidentiality?

Equally, all research activities contain the potential for great benefits. In psychological studies it is frequently an explicit research goal that results will provide further insight into the human condition under investigation which will, in turn, enhance psychologists efforts at prevention and treatment.

It is incumbent on all researchers to ensure that research risks are minimised and that research benefits are maximised. The purpose of this ethical defence of the proposed project “An investigation into the nature and incidence of juvenile prostitution in Dublin” (see appendix 1) is to illustrate that risks have been minimised by careful research design. Furthermore, to illustrate that such minimised risks are reasonable and justifiable to take given the importance of the research topic and the potential benefits of the project.

All ethical aspects of this project have been informed by the Psychological Society of Ireland’s *Code of Professional Ethics* (appendix 2) and the British Psychological Society’s *Code of Conduct, Ethical Principles and Guidelines* (appendix 3). Each of these instruments recommends that an independent ethics board screen proposed research projects on sensitive issues.

Section 3.3.14 PSI: “Seek an independent and adequate ethical review of the balance of risks and potential benefits of all research which involves procedures of unknown consequence, or where pain, discomfort, or harm are possible, before making a decision to proceed.”

Section 3.3 BPS: “... if the nature of the research precludes consent being obtained from parents or permission being obtained from teachers, before proceeding

with the research, the investigator must obtain approval from an Ethics Committee.”

As such, DIT’s proposed ethical screening of the current project concurs with PSI and BPS recommendations.

RISK ANALYSIS

Risks anticipated with this project may be grouped into three categories:

- risks to the interviewee
- risks to the interviewer
- the risk of irresponsible reporting

Each of these potential risks, and the steps taken to minimise them, has been elaborated below.

Risks to the Interviewee

Consent

Our principal concern regarding consent is to ensure that juvenile research participants are in a position to give meaningful consent to become involved in the research process. As per Section 1.3.5 of the PSI *Code of Professional Ethics*, real consent can only be given when the subject understands the

“purpose and nature of the activity; mutual responsibilities; likely benefits and risks; alternatives; the likely consequences of non-action; the option to refuse or withdraw at any time, without prejudice; over what period of time the consent applies, and, how to rescind consent if desired.”

Following from this, we shall undertake to produce a description of the research in an accessible, attractive format and ensure that participants have a clear understanding of the research process.

A second concern is the age at which a young person is considered capable of giving consent. Professor Malcolm Hill (1998, p. 15) is of the view that “children of sufficient age and understanding have the right to be told fully about the nature and implications of research they take part in, and to be able to say yes and know if they want to be involved in the research.” We, too, take the view that young peoples’ experiences, thoughts and feelings, as expressed in their own words, are not given adequate attention in much of the literature. Thus, a particular strength of this research shall be the opportunity young people will have to describe their fears, worries and concerns. In this regard, we shall take our guide from section 3.3 of BPS ethical guidelines, specifically

“where research involves any persons under sixteen years of age, consent should be obtained from parents or from those ‘in loco parentis.’ If the nature of the research precludes consent being obtained from parents or permission being obtained from teachers, before proceeding with the research, the investigator must obtain approval from an Ethics Committee.”

Dignity and well being of research participants

As specified by section 3.1.4. of the PSI Code, steps shall be taken to protect the dignity and well being of research participants. Specifically;

- Neither value judgements nor assessments of personal worth shall be made by the researcher. Participants shall be listened to in a sympathetic and open manner.
- Research results shall be reported in a sensitive and compassionate manner (more of this below)
- Steps shall be taken to screen research participants and select those not likely to be harmed by the process (section 3.3.10). To aid this process, the researcher shall, where possible, elicit the judgement of outreach workers and other appropriate professionals. The phone numbers of helping agencies shall be provided to all research participants.

- Pre-briefing will make it clear that this project is for the purposes of research only. It shall offer no direct benefits to participants. However, it will hopefully bring attention to their plight.
- The BPS (section 8.1) further states that “Investigators have a primary responsibility to protect participants from physical and mental harm during the investigation harm during the investigation. Normally, the risk of harm must be no greater than in ordinary life, i.e. participants should not be exposed to risks greater than or additional to those encountered in their normal lifestyles.” It is our view that discussing ones lifestyle, even in an area as sensitive as juvenile prostitution, poses no greater harm than that posed in respondents’ ordinary life.
- The inequities of power arising from age, social status and occupation differences between the interviewer and interviewee may serve to pressurise potential interviewees into participating with the research. The researcher is sensitised to this possibility and will ensure that consent is given freely by highlighting the voluntary nature of the research. As has been mentioned previously, a brief description of the research shall be made available (in written and verbal form) which shall outline aims, query objectives and request consent.

Confidentiality

Participants’ contributions to the research shall remain confidential and anonymous. No individual will be identifiable in the project write-up.

In the case of a respondent disclosing physical/sexual abuse or harm, this requirement may be reconsidered. As Hill (1998) states: “I think most researchers hold to the view that in talking about confidentiality to children ... it has to be made clear at the beginning that the confidentiality might be breached if the child appeared to be in serious harm. Any action would be talked over with the child and as far as possible the researcher would try to do what the child wanted” (Hill, 1998, p.19)

Section 1.2.5 PSI: “ Share confidential information with others only with the informed consent of those involved, or in a manner that the individuals involved cannot be identified, except as required or justified by law, or in circumstances of actual or possible serious physical harm or death.”

Risk to Interviewer

Student Selection

The student shall conduct research into a deprived sample of juveniles. This may raise personal emotional and psychological issues for the interviewer. Of course, this is also the case for any social scientist that examines issues such as alcoholism and child sexual abuse, for example. Nevertheless, care shall be taken to screen for candidates who are judged to have the maturity and emotional resilience to conduct such research. The primary mechanism for conducting such a screening shall be to create an interview panel composed of experienced researchers in the area of prostitution and social care professionals who work with prostitutes on a daily basis.

Student Safety

For practical and safety reasons, interviews shall be conducted in a safe, non-threatening, protected environment such as a day centre or drop-in centre. Interviews shall not be conducted “on the streets” or in other potentially unsafe areas. The researcher shall carry a mobile phone and an outside contact person shall be appointed to be available should the occasion arise during all research sessions. As a matter of safety, interviews shall not be held in the home of the researcher. She shall endeavour, in so far as possible, to protect her anonymity particularly with regard to her place of work and residence.

All DIT students are entitled to avail of the Institute’s counselling service. This has been pointed out to the researcher. Furthermore, approaches have been made to the counselling service to inform them of this project. Arrangements shall be made for the researcher to have access (should it be required) to a counsellor who is particularly sensitised to the nature of this work.

The Risk of Irresponsible Reporting

The topic of juvenile prostitution may elicit a degree of salacious interest, particularly

when reported in a voyeuristic, glamorous or dramatised manner. It is our position that such reporting is of little or no benefit to young people engaged in prostitution. As has long been the practice of the project supervisor, the direct reporting of this project shall be confined to scholarly journals, broad sheet newspapers and associated media's only. In this way, it is hoped to inform relevant parties and shall elicit a compassionate appropriate response.

A further restriction on irresponsible reporting shall be the omission from any reports of specific references to individuals, premises or regions of the city.

Section 3.3.15 PSI: “ Exercise particular care when reporting results on vulnerable groups to counter misinterpretation or misuse in the development of social policy, attitudes, or practices (for example, manipulation of vulnerable persons or discrimination against specific populations)”.

CONCLUSION

The issue of juvenile prostitution is an emotive one. Respondents shall represent the most disadvantaged young people in Ireland. An ethically designed research project shall result in information being gathered in a sensitive manner which can then be used to inform intervention policies in this area about which very little is known.

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Appendix b:
Initial Interview Structure

Interview

Date: _____

Time: _____

Location: _____

Age: _____

Participant number: _____

Background

This section includes in-depth questions surrounding the participant's entry into prostitution, including;

- family background,
- relationship with different family members and family knowledge of prostitution.
- living arrangements at first entry into prostitution, experiences with homelessness and experiences in state care,
- circumstances around first entry into prostitution including age, supports, organisation of and experiences,
- friends working in prostitution - support structures and friendships.
- relationship status, current and at time of entry to prostitution and effect of prostitution on current and previous relationships
- feelings around entry to prostitution - secrecy and shame, feelings about body, self and coping strategies.

Education/Employment

This section includes questions surrounding the participant's experiences in state education, previous employment and social welfare including,

- sources of income, including social welfare contributions,
- experiences in school/training courses,
- effect of involvement in prostitution on school experiences, including secrecy and treatment from teachers / peers,

- the age that the participant left school
- plans, if any, to return to education

Health and Drug use

This section includes questions surrounding the participant's health and drug use including;

- use of contraception both in personal relationships and while working in prostitution
- experiences with drugs and alcohol, age at initiation, type of drugs, risk taking practices etc.,
- partner's or pimp's experiences with drugs,
- involvement in prostitution to finance own or other's drug habit,
- links between drugs, alcohol and prostitution.

Experiences

This section includes in-depth questions surrounding the participant's experiences in prostitution, including experiences of,

- various types of abuse
- theft while working in prostitution,
- rape while working in prostitution and perception of those experiences
- feelings of danger and vulnerability while working in prostitution
- abuse outside of prostitution, incl. experiences of sexual abuse.

Organisation and Effects

This section includes questions surrounding the organisation and effects of prostitution, including

- description of clients,
- payment methods, average amount per night, and non-cash payments,

- experiences of both indoor and street prostitution
- preferences on different types of prostitution including views on safety aspects.
- positive and negative aspects of involvement in prostitution
- experiences with mental health issues, experiences with depression, suicidal ideation and links to prostitution
- views on long-term effects of involvement in prostitution,
- fears about lifestyle

Services

This section includes questions surrounding the participant's knowledge of and use of services for those involved in prostitution, including

- relationship with the police,
- knowledge and use of services,
- experiences with social worker, GP, and other professionals and discussion regarding their disclosure of involvement in prostitution
- recommendations of services for young people who are involved in prostitution
- views on the current legal system and the legalisation and decriminalisation of prostitution.

Appendix c:
Modified Interview Structure

Interview

Date: _____

Time: _____

Location: _____

Age: _____

Participant number: _____

Prison Experiences

This section includes in-depth questions surrounding the participant's experiences while incarcerated, including

- length of time served, offences and previous sentences,
- participants perspective of prison life and relationships with staff and other prisoners
- prison experiences, including discussion on secrecy/openness regarding prostitution and associated treatment from other prisoners and staff.

Education/Employment

This section includes questions surrounding the participant's experiences in state education, previous employment and social welfare including,

- sources of income, including social welfare contributions,
- experiences in school/training courses,
- effect of involvement in prostitution on school experiences, including secrecy and treatment from teachers / peers,
- the age that the participant left school
- plans, if any, to return to education

Health and Drug use

This section includes questions surrounding the participant's health and drug use including;

- use of contraception both in personal relationships and while working in prostitution
- experiences with drugs and alcohol, age at initiation, type of drugs, risk taking practices etc.,
- partner's or pimp's experiences with drugs,
- involvement in prostitution to finance own or other's drug habit,
- links between drugs, alcohol and prostitution.

Background

This section includes in-depth questions surrounding the participant's entry into prostitution, including;

- family background,
- relationship with different family members and family knowledge of prostitution.
- living arrangements at first entry into prostitution, experiences with homelessness and experiences in state care,
- circumstances around first entry into prostitution including age, supports, organisation of and experiences,
- friends working in prostitution - support structures and friendships.
- relationship status, current and at time of entry to prostitution and effect of prostitution on current and previous relationships
- feelings around entry to prostitution - secrecy and shame, feelings about body, self and coping strategies.

Experiences

This section includes in-depth questions surrounding the participant's experiences in prostitution, including experiences of,

- various types of abuse
- theft while working in prostitution,
- rape while working in prostitution and perception of those experiences
- feelings of danger and vulnerability while working in prostitution
- abuse outside of prostitution, incl. experiences of sexual abuse.

Organisation and Effects

This section includes questions surrounding the organisation and effects of prostitution, including

- description of clients,
- payment methods, average amount per night, and non-cash payments,
- experiences of both indoor and street prostitution
- preferences on different types of prostitution including views on safety aspects.
- positive and negative aspects of involvement in prostitution
- experiences with mental health issues, experiences with depression, suicidal ideation and links to prostitution
- views on long-term effects of involvement in prostitution,
- fears about lifestyle

Services

This section includes questions surrounding the participant's knowledge of and use of services for those involved in prostitution, including

- relationship with the police,
- knowledge and use of services,

- experiences with social worker, GP, and other professionals and discussion regarding their disclosure of involvement in prostitution
- recommendations of services for young people who are involved in prostitution
- views on the current legal system and the legalisation and decriminalisation of prostitution.

Plans for the Future

This section includes questions surrounding the participant's plans for the future, including,

- views about exiting prostitution and obstacles preventing departure from prostitution,
- knowledge of other women who have successfully exited prostitution,
- plans and aspirations for the future.