

No chances, No choices

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Patricia Stapleton

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FOREWORD

I have had the pleasure of observing and working alongside Doras Luimní for a number of years and I have witnessed their excellent work in advocacy, integration, assistance and the development of collaborative advocacy campaigns for people who are marginalised, discriminated against and exploited.

I have also witnessed how Doras Luimní actively seeks out and assists women affected by commercial sexual exploitation in a joint street outreach initiative with the sexual health charity, GOSHH (Gender Orientation Sexual Health & HIV) “Street Worker Outreach Programme” (SWOP).

Doras Luimní’s research has examined human trafficking and prostitution in Limerick city and provided evidence of the complexity of human trafficking and prostitution, including the difficulties victims experience in navigating the Irish immigration system. It has shown how women and men affected by prostitution and human trafficking face many barriers in accessing their rights and entitlements, particularly if they are from migrant backgrounds.

This research has highlighted just how inadequate our State systems are in assisting victims of human trafficking and prostitution. Our State requires effective and efficient policies, procedures and regulations in order to provide clear understanding and agreement in the provision of services designed to protect the lives and liberties of vulnerable persons. It is acknowledged that policies and procedures were never designed to violate the rights of vulnerable human beings. However, this research has highlighted that the current policies, procedures and regulations required to access social welfare entitlements, rent allowance, education, suitable accommodation, medical and emotional requirements are totally inadequate when it comes to victims of human trafficking and those trying to exit prostitution.

This research clearly demonstrated that rather than providing assistance to such vulnerable persons, the existing policies and procedures are having the opposite effect of creating obstacles for those who have been exploited in the most unbearable and inhumane manner. These unintentional obstacles are adding to the difficulties being experienced by persons trying to exit human trafficking and prostitution. They are in fact contributing to the circumstances that prevent their escape and can result in victims having to remain in the most horrible and unimaginable circumstances.

Doras Luimní has highlighted the need for these regulations to be reviewed and amended in order to cater for the exceptional circumstances that victims of human trafficking and prostitution find themselves in. Their circumstances and conditions do not conform to the requirements of the current policies and procedures and as such renders them unable to access this much needed assistance.

Our Constitution, under Article 40.1, recognises that all citizens shall, as human persons be held equal before the law. This research highlights the necessity for these vulnerable persons exploited within our state, to be treated as human persons and to be given the means necessary to access the services and facilities that they so urgently require.

I would submit that it is all of our responsibility, to ensure that they are given the opportunities to be treated and assisted as human beings under our laws, policies procedures and regulations. I wish to thank all that have been involved in this excellent piece of research, which I hope will form part of the much needed review of our policies, procedures and regulations in so far as victims of human trafficking and prostitution are concerned.

John O'Reilly, B.A., MSc. **Author "Sex Slavery the way back"**.

EXECUTIVE SUMMARY

This research examines human trafficking and prostitution case-work in Doras Luimní. As of 2011, Doras employs a dedicated anti-trafficking office, and provides direct support and advocacy to victims of trafficking for all types of exploitation. Since June 2012, Doras Luimní has also co-partnered a street outreach project to people in on-street prostitution in Limerick.

This is the first research of its kind to examine human trafficking or migrant prostitution in Limerick city.

It provides evidence of the complexity of human trafficking, the difficulties in navigating the Irish immigration system and the overlap between trafficking and prostitution. Whilst this study provides a local perspective on human trafficking and prostitution in Limerick, many of the issues raised are relevant at a national level.

This research indicates that:

- Men and women are affected by human trafficking in Limerick
- Trafficking takes many forms in Limerick – trafficking for sexual exploitation, forced labour, forced marriage and criminal activity
- State supports for victims of trafficking are inadequate
- Many of the issues that affect victims of trafficking also affect people in migrant prostitution

This research provides a snapshot of ten cases presenting to Doras Luimní, and an overview of the street outreach programme to people in prostitution over a twelve month period.

ORGANISATION PROFILE

Doras Luimní, a registered company with charitable status, is an independent, non-governmental organisation working to support and promote the rights of all migrants living in Limerick and the wider Mid-West region. It works to change the lives of migrants, to change legislation and to change society. Its vision is for an Ireland where equality and respect for the human rights of migrants are realised. Its mission is to promote and uphold the human rights and well-being of migrants through personal advocacy, integration, development and collaborative advocacy campaigns at the local and national level.

As one of the principal providers of services to migrants in Limerick and the Mid-West, Doras Luimní is committed to developing an appropriate response to issues of trafficking and prostitution locally and nationally. In order to further develop an effective response in Limerick, Doras Luimní holds that prostitution and trafficking is a serious, widespread and urgent issue in Ireland. At the grass-roots level, Doras Luimní provides training to local community groups, schools, and service providers, to promote better understanding and improved responses to address human trafficking for sexual exploitation and forced labour. Doras Luimní advocates reporting and recording of trafficking, offering advice, information and support to anyone affected by trafficking or prostitution to make a formal complaint to the Gardaí. Doras Luimní assists the development of positive structures that promote equality and non-discrimination to corporate, community or statutory bodies. Campaigning for improved structures, policies and law at the national level, Doras Luimní works in cooperation with other organisations around the country through its membership of Turn Off the Red Light (TORL). Turn Off The Red Light is a campaign to end prostitution and to end sex trafficking in Ireland by criminalising the purchase of sex and decriminalising those who sell sex.

R A T I O N A L E F O R R E S E A R C H

Doras Luimní commissioned this research in order to inform the development of effective responses to prostitution and trafficking in Limerick and the Mid-West region. Doras Luimní is committed to gathering evidence and increasing knowledge based on the experience of front line services and the people directly affected by prostitution and trafficking. It is hoped that this research will contribute to improved practice and policy development at the local and national level.

L I S T O F A B B R E V I A T I O N S

AHTU – Anti-Human Trafficking Unit

AIA – Administrative Immigration Arrangements for the Protection of Victims of trafficking in Ireland

DOJ – Department of Justice and Equality

DP – Direct Provision

GNIB - Garda National Immigration Bureau

GOSHH – Gender Orientation Sexuality Sexual Health

GRETA – Group of Experts on Action against Trafficking in Human Beings

HSE – Health Service Executive

LAB – Legal Aid Board

NRM – National Referral Mechanism

ORAC – Office of the Refugee Applications Commissioner

OSCE – Organisation for Security and Cooperation in Europe

RIA – Reception and Integration Agency

THB – Trafficking in Human beings

TRP – Temporary Residency Permit

1.1 INTRODUCTION

Ireland is classified as a destination, source and transit country for adults and children trafficked for sexual exploitation, forced labour, and criminal activity (AHTU, 2012; US State Department, 2014). There is increasing evidence that Ireland is also a destination country of trafficking for forced marriage (Cahill, 2013).

Doras Luimní has supported women and men affected by prostitution and human trafficking since its inception. Service users include: women trafficked for sexual exploitation, women currently involved in or exiting from prostitution, male and female clients trafficked for forced labour, and women trafficked for forced marriage.

Women and men affected by prostitution and human trafficking face multiple barriers to rights and entitlements, particularly if they are from migrant backgrounds. Their situations are extremely complex.

In the first instance, service users have access to a designated case-worker for initial assessment and support. Clients also have access to the anti-trafficking officer for advice on access to national referral mechanism for victims of human trafficking. The Doras legal team are also available for more specific legal advice relating to employment rights and redress, and immigration and asylum applications.

1.2 RESEARCH AIMS & OBJECTIVES

The aim of the research is to highlight the barriers, issues, and challenges faced by people affected by prostitution and human trafficking for all types of exploitation.

The objectives of the research are to:

- Provide an overview of the services provided by Doras Luimní
- Provide a snapshot of cases of Doras Luimní clients
- Examine the rights and entitlements of this client group
- Identify the barriers to clients who fall outside the remit of mainstream services
- Offer recommendations for improved supports locally
- To inform future development of services and policy

This research involves:

- A short literature review
- Detailed analysis of 10 cases of victims of trafficking (sexual and labour exploitation) and sexual exploitation in prostitution
- Case Studies with follow-up interviews with clients
- Street Outreach Project data analysis

This research focuses on Ireland as a destination country for human trafficking. It provides an overview of the legislative and policy contexts in relation to human trafficking.

It also examines Irish legislation and policy pertaining to prostitution and the sex industry, and how this impacts on the everyday lives of migrants.

1.3 ANTI-TRAFFICKING OFFICE AT DORAS LUIMNÍ

Doras Luimní has a dedicated anti-trafficking office which comprises of an anti-trafficking officer and anti-trafficking intern. Their role is to participate at local and national roundtable events, to coordinate the street outreach service, to promote awareness of human trafficking locally and nationally, to participate in campaigns to end prostitution and sex trafficking, and to facilitate workshops and training with service providers.

What the Anti-Trafficking work involves

The anti-trafficking office provides direct support to trafficked persons and to people engaging in prostitution. This includes:

Case Work

- Support from the advice and information centre caseworkers, and anti-trafficking office
- Legal advice via the legal office, which provides in-depth information on immigration legislation and asylum applications. The legal officer will help clients to access the National Employment Rights Authority (NERA) complaints procedure for people trafficked for labour exploitation/forced labour
- Appointments made with GPs and counselling services; this involves sourcing low cost or free services, particularly health and medical
- Interpreting services provided in house including French, Spanish, Romanian, Bulgarian and Portuguese
- Visits to clients in Direct Provision centres

Advocacy

- Access to the national referral mechanism on behalf of victims of trafficking in Ireland
- Assistance and advocacy for clients applying for refugee status

Safe House

This was secured in May 2012 and is located in a secure rural location within reasonable driving distance from the city. Women are referred to temporary safe accommodation via Doras Luimní staff. This is used in emergency situations only. Other service providers, such as domestic abuse services are more commonly used.

Accompaniment

Staff will accompany clients to: GP appointments, hospital appointments and conduct hospital visits, to counselling services, police interviews, court appearances, social welfare office, community welfare officer, and prison in-reach.

Liaise with Garda National Immigration Bureau (GNIB)

The case worker will document the client's case and, with their permission, submit a report form to the GNIB anti-trafficking unit. The case worker will then follow up with the client and the investigating Garda. Where possible, the case worker will accompany clients to Garda interviews in relation to their trafficking cases.

After Care

Doras provide on-going support and advocacy once victims of trafficking have left RIA hostels. We advocate to the GNIB for residence permits to be issued on time, we help with moving house and accessing social welfare, and we provide support to access educational courses.

Referrals

Agencies frequently referred to/from:

- GOSHH - Sexual Health charity
- Sexual Transmitted Infection (STI) clinic
- Counselling services
- Domestic Abuse shelters
- An Garda Síochána
- Health Service Executive (HSE)
- Jobs clubs
- Social work departments
- Community Welfare Office

Awareness Raising, Training and Memberships

Doras Luimní coordinates and chairs the Limerick Anti-Trafficking Steering Group. This voluntary group is comprised of statutory and non-statutory agencies in Limerick city and acts as an information-sharing and awareness-raising forum.

The group meets once every 6-8 weeks and discusses awareness raising, training, new avenues for service provision, and fund raising. From this group new practices and partnerships have emerged.

Doras Luimní feeds into the National Referral Mechanism framework on human trafficking. The anti-trafficking officer or intern attends the working group meetings at the Department of Justice and Equality and participates in the following working groups: Sexual Exploitation and National Referral Mechanism Working Group, and the Awareness Raising and Training Working Group.

Doras Luimní is a core member of Turn off the Red Light (TORL), a campaign to end prostitution and sex trafficking in Ireland which is made up of 72 organisations. As part of the awareness-raising work conducted by the anti-trafficking officer and intern, presentations are regularly made to domestic abuse services, social workers, child protection agencies, foster parents, third level colleges, voluntary housing associations, and statutory agencies.

1.4 HUMAN TRAFFICKING IN IRELAND

IRELAND AS A DESTINATION COUNTRY

In 2012 a total of 48 cases of human trafficking were officially reported by the Anti-Human Trafficking Unit at the Department of Justice and Equality. These include 39 cases of sexual exploitation, 6 cases of labour exploitation, and 3 cases of uncategorised exploitation. 23 of the cases for sexual exploitation involved minors, 19 of which were Irish children (AHTU, 2013). Official statistics vary between 40-60 victims of trafficking per year since 2009, it is often considered that these cases are just the tip of the iceberg (Deegan & Ring, 2013). Women are also exploited in domestic servitude, men and women are subjected to labour exploitation or forced labour practices, and there has been an increase in recent years of people being trafficked for criminal activity, particularly in drug cultivation and drug distribution (MRCI, 2014). Trafficking for criminal activity, particularly drug cultivation in cannabis farms is widely considered to be an emerging trend which requires effective state responses, particularly to provide support services for victims and to prevent their criminalisation (Gallagher, 2013; MRCI, 2014). Several cases of trafficking for criminal activity (drug distribution) were noted in Limerick in 2013. It is suggested that certain types of exploitation, such as trafficking for criminal activity or forced labour, are heavily under-represented in official statistics (Brophy, 2013).

1.5 LEGISLATIVE AND POLICY CONTEXT

The Anti-Human Trafficking Unit (AHTU) at the Department of Justice and Equality is responsible for implementing government policy relating to human trafficking in Ireland. The National Action Plan to Prevent and Combat Trafficking in Human Beings in Ireland (2009 – 2012) outlines the roles and responsibilities of all government departments relating to human trafficking. Data gathering and publication of anti-trafficking statistics is the responsibility of the AHTU. The unit also convene working groups which involve statutory and NGO groups that work directly with victims of trafficking. The first national action plan expired in 2012. Another report is due for publication in 2015.

Defining Human Trafficking

Human trafficking in Ireland is characterised by 3 constituent elements:

- The **ACT** of recruitment, transportation, transfer, harbouring or receipt of persons must be done by
- A **MEANS** such as the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position of vulnerability or the giving or receiving of payments and it must be for the purpose of
- **EXPLOITATION** i.e. sexual exploitation, labour exploitation or organ removal

For human trafficking to have taken place, the three distinctive elements must be present (BlueBlindfold, 2015)



The Irish definition of human trafficking is derived and adapted for legislation from the UN Palermo Protocol 2000, and the Council of Europe Convention on Action Against Trafficking in Human Beings, 2005. Ireland is also signatory to the European Council Directive 2011/36/EU on Trafficking in Human beings. The EU directive focuses on the rights of victims, and EU member states positive obligations to investigate and prosecute human trafficking.

Human trafficking in Ireland is criminalised under the following acts:

- **Illegal Immigrants (Human Trafficking) Act, 2000** makes it an offence to knowingly facilitate the illegal entry of a migrant into the state or a person who intends to seek asylum;
- **The Criminal Law (Human Trafficking) Act, 2008** and also under the **Criminal Law (Human Trafficking) (Amendment) Act, 2013**. These acts define and make it an offence to traffic human beings for sexual exploitation, labour exploitation, domestic servitude, child exploitation and child begging, and trafficking for criminal activity. The 2013 legislation also includes a definition of forced labour, previously omitted from the 2008 legislation

Irish legislation and policy does not specifically recognise or identify victims of human trafficking for forced marriage.

Irish State Responses to Human Trafficking

The National Referral Mechanism (NRM) is the comprehensive consultation structure involving governmental, non-governmental and international organisations. It also describes the process by which a suspected victim of human trafficking is identified by state authorities, the range of assistance and support services available to potential and suspected victims of human trafficking (depending on their legal status), and how potential and suspected victims are referred, or can apply to access each of those services. Victims of trafficking must cooperate with the Gardaí in a criminal investigation in order to access services. The Human Trafficking Investigation & Coordination Unit (HTICU) at the Garda National Immigration Unit (GNIB) is the specialist Garda unit dealing with human trafficking in Ireland.

Victims of Trafficking who are not from the European Economic Area (EEA) and who are undocumented at the time of arrest/report, may be entitled to access the Administrative Immigration Arrangements for the Protection of Victims of Trafficking, which include a Recovery and Reflection period of 60 days, and a Stamp 4 temporary residency permit (renewable every 6 months). A stamp 4 visa entitles the holder to the following: access to Job Seekers Allowance (JSA), access to rent supplement, access to training and vocational education, and permission to enter the jobs market. These protections are not included in Irish anti-trafficking legislation. They may be outlined in the Immigration, Residency and Protection Bill (forthcoming 2015).

Basic State Services for Victims of Trafficking are as follows:

- Accommodation in a RIA Direct Provision hostel. The Reception and Integration Agency (RIA) are responsible for the accommodation of asylum seekers while their applications are assessed. Residents are given room and board and 3 meals a day at designated meal times. As per Government policy, Direct Provision centres also house victims of human trafficking.
- €19.10 a week for personal expenditure. The weekly payment given to asylum seekers for all of their material needs outside of bed and board.
- Care plan by HSE Anti-Human Trafficking Team (AHTT). This involves an assessment of the victim and a care plan is issued in terms of mental, emotional and physical health. The AHTT also liaise with local statutory agencies to ensure payment of €19.10 and other exceptional needs payments.
- Appointment/legal advice with Legal Aid Board (LAB).
- Separated Children are referred to the Separated Children Seeking.
- Asylum Unit in Dublin (Túsla - Child and Family Agency).
- Asylum Seeking victims of trafficking remain in the RIA centre while their claims for international protections are processed. They may not avail of Stamp 4 residency permit. They are not entitled to parallel protections if they have already sought asylum. They may continue to contribute to a criminal investigation with Gardaí.

1.6 CRITICISM OF STATE SERVICES FOR VICTIMS OF TRAFFICKING

Services for victims of trafficking in Ireland have been widely criticised for a variety of reasons. The United Nations Human Rights Committee¹, the Council of Europe Group of Experts on Trafficking (GRETA)², the Organisation for Security and Cooperation in Europe (OSCE)³, as well as national human rights groups, are just some human rights organisations that have explicitly criticised the supports structure.

Some of those criticisms include:

- Asylum seeker, EU, or EEA victims are excluded from the Administrative Immigration arrangements
- The problematic use of RIA accommodation to house victims of trafficking
- The lack of involvement by NGOs in the victim identification process
- Failure to identify victims of trafficking for labour exploitation
- An inability to identify victims of trafficking for criminal activity⁴
- The lack of criminal convictions for human trafficking in the state
- The need for new immigration legislation and to put the rights of trafficked persons on a statutory footing
- The lack of avenues to compensation for victims of trafficking.

A report by the European Migration Network (2013) suggested that Ireland effectively had a two-tiered system since only some victims are formally identified as victims of trafficking, while others (such as asylum seekers, Irish or EU citizens) are denied the full protections despite cooperation in a criminal investigation.

Additionally, the 2014 **Trafficking in Persons Report** of the US State Department said Irish figures were “unreliable” as a guide for sex trafficking as they conflated possession or creation of child pornography with trafficking in persons (O’Keefe, 2015).

¹http://www.ihrc.ie/download/pdf/un_hrc_concluding_observations_on_ireland_and_iccpr_24_july_2014.pdf

²http://www.coe.int/t/dghl/monitoring/trafficking/Docs/Reports/GRETA_2013_15_FGR_IRL_public_en.pdf

³<http://www.osce.org/cthb/99775?download=true>

⁴http://www.antislavery.org/includes/documents/cm_docs/2014/r/race_europe_report.pdf

1.7 PROSTITUTION IN IRELAND

This section includes an outline of the legislative and policy context in which prostitution takes place in Ireland, plus a review of literature from international and national sources.

1.8 LEGISLATIVE AND POLICY CONTEXT ON PROSTITUTION

Criminal Law (Sexual Offences) Act, 1993 - While it is not illegal to buy or sell sex in Ireland, all the associated activities relating to prostitution are criminalised.

This includes: soliciting or loitering for the purposes of prostitution; organising prostitution; living off the earnings of prostitution; running a brothel (2 or more people working together); coercing or enticing young people etc. The legislation does not cover new technologies, such as mobile phones or organisation via the internet.

Criminal Law (Public Order) Act, 1994 - The advertising, distribution or publication of materials which promote commercial sexual services is also prohibited in the Irish state. Subsequently commercial sexual services are advertised on the internet, often via UK hosted websites.

Prostitution legislation in Ireland was recently open to review via public consultation processes with civil society. A discussion document on the future direction of legislation was published in June 2012, and from December 2012 to January 2013 various groups made oral presentations to the committee to update existing legislation. In May 2013, the Joint Oireachtas Committee issued findings and recommendations based on the public and policy submissions to the committee. The committee made the unanimous decision to increase supports for women exiting the sex industry, to decriminalise those who sell sex, and prosecute the buyers of sexual services.

Criminal Law (Sexual Offences) Bill, 2014 – Includes protections for victims of sexual assault, victims of child grooming and makes provisions for criminalising the purchase of sexual services, while at the same time decriminalising the seller. This bill is pending approval in the Dáil, the Oireachtas committees, and the Seanad.

1.9 RESEARCH ON PROSTITUTION

International Prostitution Research

Cusick et al (2003) developed the concept of 'trapping factors', a set of mutually reinforcing factors which contribute to an individual becoming 'trapped' in prostitution. For example, prostitution and drug use can be mutually reinforcing. This can be strengthened when other trapping factors are added, such as: 1) involvement in prostitution and/or hard drug use before the age of 18; 2) prostituting outdoors, or drifting and; 3) an additional vulnerability factor such as leaving a care background (local authority care) or experiencing homelessness. Street prostitution is inextricably linked to problematic drug use (Jeal & Salisbury, 2004). Additionally those who are coming from a care background or who are living in care are highly vulnerable and susceptible to homelessness, drug use, and prostitution. 'In short, it was found that early experience of 'hard drugs', problematic drug use, prostitution under age 18, having convictions, experience of being 'looked after' and experience of homelessness or insecure housing all concentrated amongst those who had mainly worked outdoors or as independent drifters' (Cusick et al, 2003: 31).

On exiting prostitution, a study by Eaves Housing association in London (Bindel et al, 2012) explored the barriers to exiting prostitution. Findings indicated that a range of or several of the following prevented women from exiting prostitution: problematic drug use, housing issues, physical and mental health problems, experiences of violence as children, criminalisation, money and debt worries, coercion or trafficking, lack of qualifications or training.

National Prostitution Research

The Kelleher et al. (2009) study found that the impact of prostitution on the sexual and reproductive health of women is severe. Migrant and Irish women in on-street and indoor prostitution presented to the Women's Health Service (HSE) with a wide range of infections, experienced negative effects on their emotional and mental health, and drugs and alcohol were used as a coping mechanism. Women also expressed constant concern for their physical and sexual well being and safety.

Research conducted by the Tallaght Drugs Taskforce in 2012 highlighted the need for specific service provision for women who are affected by prostitution in the Dublin 24 area. In the research, the women interviewed suggested the need for a confidential and non-judgmental service provision. The services viewed as essential by the women were health, support and information services, encompassing screening, needle exchange, counseling, contraception, and referral pathways.

Research by NACD (2009) found that drug-using women in prostitution 'have multiple, interlocking needs that span health, social and legal issues. Therefore, addressing their wider social and situational needs such as poverty, housing, educational needs and employment prospects are as fundamental to reducing their risk of harm as addressing their drug use' (Cox & Whitaker, 2009:15).

Ruhama, a Dublin based NGO that works with women affected by prostitution indicate the need for state funded specialist services with dedicated case workers if exiting as a long term strategy for women is to be realised (Ruhama, 2012).

There is currently no national prostitution strategy in Ireland, and there is a paucity of services outside of Dublin with service users expected to access mainstream statutory support services.

Limerick-based Research

Research published in 1998 by the Mid West Health Board focused on Limerick based prostitution and examined service provision, with a particular focus on juvenile involvement in street-based prostitution (O’Sullivan, 1998).

A lack of specialist services was highlighted, and the report recommended a response at three levels: 1) the wider community, 2) people at risk of prostitution and 3) those involved in prostitution. The final recommendation was the allocation of funding for a role within the Mid West Health Board for an outreach counsellor/project worker and a health promotion/information officer. The report recommended a budget of £85,000 be allocated to a specific unit. It also recommended that ‘increased attention be given to services that respond to those who are directly affected by prostitution or unsafe sexual practices in terms of: increased health promotion programmes on AIDS/HIV and other sexually transmitted diseases; extension of the STI clinic to encourage a wider attendance from all sectors in the community; specialised training for staff dealing with victims; outreach services involving counseling, advice and practical assistance’ (1998: 5).

As far as this researcher is aware none of the recommendations made in the report were implemented. A group of volunteers from local agencies delivered street outreach services from 1999 to the early 2000’s. However, this group of volunteers disbanded when the organisation of prostitution moved from on-street to off-street locations due to increased use of internet and mobile phone technologies.

Prostitution literature consistently identifies the need for holistic, multi-agency service approach that encompassed physical, emotional, sexual, reproductive and social well being. It is recommended that health care providers need to look at holistic health instead of focusing on sexual health exclusively. Addressing addiction issues for women who engage in on-street prostitution is also important, as well as the up-skilling of service providers to deliver a holistic approach to meet the complexity of street workers needs (O’Sullivan, 1998; Duff et al, 2011).

Trafficking and Prostitution – the links

Research conducted in 2011 by the European Roma Rights Centre (ERRC) explored trafficking of Roma in several European countries. The research found that vulnerability factors included living in a situation of poverty and social exclusion, limited or lack of formal education or illiteracy, growing up in state care or in a situation of violence in the family home, and gender and ethnic discrimination were all significant vulnerability factors.

A contributing factor was also a previous involvement in sex work or prostitution (ERRC, 2011: 41). The research asserted that there was an increased vulnerability to trafficking if persons were already involved in prostitution/sex work before they fell into a trafficking situation. It suggested a correlation “between persons engaged in prostitution/sex work and vulnerability to trafficking. In some cases, these persons ended up in an exploitative situation, without freedom of movement, without being paid for their work, etc.: their situations may then be defined as trafficking” (ERRC, 2011: 65).

There is a continuum of exploitation between prostitution and trafficking, and this can slip easily from one end of the spectrum to the other, depending on levels of vulnerability, and/or trapping factors.

SECTION 2

This section examines cases presenting to Doras Luimní which relate to prostitution or human trafficking. There is also an overview and analysis of the Street Worker Outreach Programme for the Year 2013.

2.1 CASE ANALYSIS OF TRAFFICKING VICTIMS PRESENTING TO DORAS LUIMNÍ

Ten service user cases were analysed using a thematic framework. This process featured an analysis of combined cases from the advice and information centre, legal office and anti-trafficking office, and drew from both human trafficking and migrant prostitution case files.

The thematic issues presented include physical and mental health issues, problematic access to the National Referral Mechanism (NRM) for victims of human trafficking, Habitual Residency Condition (HRC), poor accommodation options, homelessness, poor access to health care.

2.2 PRESENTING ISSUES

Physical and Mental Health Issues

In line with findings by Zimmerman et al (2006), clients present with a range of physical and mental health issues. Sexual and reproductive health issues are consistent among female clients who are victims of trafficking and prostitution. Mental health was poor among all clients, male and female. This was often exacerbated by long periods of time spent in Direct Provision hostels. In particular, anxiety, sleeplessness and feelings of anger are common issues among all victims of trafficking. Due to the high levels of physical and emotional abuse experienced by trafficked persons, the after-care period is a crucial time to recuperate, reflect and recover from their experiences. It is also a time to decide if they wish to cooperate with Gardaí in pursuing a criminal investigation against traffickers.

Depression was a common factor among the female victims of trafficking and women affected by prostitution. Many had presented at local hospitals with depression-related symptoms and some had spent time in psychiatric units. This corresponds to research conducted in Switzerland on the poor rates of mental health among those working in the sex industry (Rossler et al, 2010).

National Referral Mechanism (NRM) for victims of trafficking

Access to the state services under the national referral mechanism is problematic outside of the Dublin area. Trafficked persons who reside in state provided accommodation/RIA accommodation are faced with a multiplicity of issues. Although victims of trafficking are entitled to the following: medical assistance, HSE care plan, legal advice, Garda crime prevention officer, €19.10 per week; additional services must be sourced locally by Doras using existing networks. Examples of additional services include cheap/free mental health services, access to free GPs, and access to local jobs club. It is worth noting that only Non-EEA victims who are undocumented at the time of rescue/self-referral are entitled to supports under the Administrative Immigration Arrangements (AIA's). EU or EEA nationals are not entitled to services attached to this stamp as 'they do not require an additional residency permission' (AHTU, 2012). They receive RIA hostel accommodation, a HSE care plan and €19.10 per week.

Habitual Residency Condition (HRC)

The Habitual Residency Condition (HRC) is a qualifying condition for social welfare payments which was introduced in 2004 in response to EU enlargement⁵. To be habitually resident a client must prove they have close links to Ireland, have a legal right of residence in the state, and this relies heavily on supporting documentation. The term 'habitually resident' is not defined in Irish law. While claimants must establish that Ireland is their 'centre of interest', something that can be more easily proven for an Irish national, HRC is often a barrier to migrants from all backgrounds.

⁵http://www.citizensinformation.ie/en/social_welfare/irish_social_welfare_system/social_assistance_payments/residency_requirements_for_social_assistance_in_ireland.html

⁶Further reading: http://www.flac.ie/download/pdf/one_size_doesnt_fit_all_full_report_final.pdf

⁷Further reading: <http://www.pila.ie/bulletin/november-2014/19-november/guest-article-by-colin-lenihan-court-finds-some-direct-provision-house-rules-unlawful-in-breach-of-echr/>

All EU victims of trafficking experience issues in asserting habitual residency with local statutory agencies. This is for several reasons: they rarely have a contract of employment with their previous employers, they don't have pay slips, tenancy agreements are not in their names, many do not have PPS numbers, and former employers under investigation often deny knowing them. Subsequently there is little to no information on their lives in Ireland prior to exiting exploitation. Client interactions with statutory agencies tend to be poor and/or adversarial, and accompaniment is often required.

As EU victims of trafficking do not qualify for social welfare under the National Referral Mechanism they are at risk of long-term poverty, with many opting for voluntary return to their country of origin. While they are offered short-stay accommodation in a RIA centre and €19.10 per week, this does not meet their needs. Therefore it is very difficult for them to establish new lives in Ireland. EU victims of trafficking, in effect, lack the same access to social rights as asylum seekers and are very vulnerable as a result.

RIA Direct Provision Accommodation Centres

RIA Direct Provision hostels are unsuitable accommodation for victims of human trafficking. Doras clients who are victims of trafficking spend anything from 3 months to 12 months living in Direct Provision hostels while a Garda investigation is on-going.

Clients experience huge frustration because of shortcomings at the accommodation centres. Some of the clients expressed anger at their treatment by staff. They perceived disrespect and discrimination based on their nationality or ethnicity. When clients complained to staff the complaints were met with hostility by management. Disputes are rarely resolved between residents and management due to the lack of an independent complaints procedure, as per RIA policy (Flac, 2009)⁶.

The legality of the system has recently been challenged in the High Court in *C.A. and T.A. v The Minister for Justice & Others* (2014). Applicants claimed that the system violated their right to a private life under Article 8 of the European Court of Human Rights (ECHR)⁷. The outcome of the judgment indicated that the Direct Provision house rules were unlawful and in breach of the ECHR.

There is a general dislike of the food, which lacks variety and is considered unhealthy. One client stated that the quality of food was so poor that she often went without meals. A recent report found that food in Direct Provision centres is not satisfactory; it does not reflect the cultural or multi-faith religious needs of asylum seekers living in Direct Provision, and it has a negative impact on families and children living in the centres⁸. Many of the centres lack recreational facilities, which can lead to boredom and inertia.

Some clients experienced problems when sharing rooms with other people. While some hostels can provide single rooms for suspected victims of trafficking, others lack these facilities which mean that clients often have to share rooms with up to three other residents.

Mental health deteriorates while in RIA accommodation. Anxiety, sleeplessness and depression are common among victims of trafficking who await positive decisions from the Garda National Immigration Bureau (GNIB) and Department of Justice. While trafficked persons often present with symptoms such as anxiety and depression in initial stages, this is compounded by the lengthy periods they must spend living in Direct Provision.

Female clients have expressed dissatisfaction at the lack of privacy in the centres, and find they are unable to share their experiences with people around them. The central location of centres has proved problematic when considering the vulnerability and poverty of asylum seeking migrant women. The issues affecting women in Direct Provision centres have been documented by Akidwa⁹.

Recent reports by Irish media examined the issue of prostitution at Direct Provision centres and the targeting of vulnerable migrant women by locals for commercial sexual exploitation (Minihan, 2014).

⁸See NASC publication: <http://www.nascireland.org/wp-content/uploads/2014/05/WhatsFoodFINAL.pdf>

⁹See Akidwa publication: <http://akidwa.ie/publications/AmOnlySayingItNowAkiDwA.pdf>

Access to Health Care

Some clients described problems accessing medical card and delays in receiving cards. One client was faced with a hospital bill for an injury that occurred during exploitation and was unable to pay the bill due to lack of resources. Another client had to access free GP care until their medical card was issued. However they then had to pay for their own prescriptions from their allowance of €19.10. There were also complications for clients when dispersed to RIA centres in other locations in Ireland while awaiting medical results.

Homelessness

Housing is a real issue for all clients. Victims of trafficking are, without exception, completely impoverished when they access services. Those who do not qualify for supports under the administrative immigration arrangements are at risk of homelessness. As EU victims of trafficking are also unable to prove the habitual residency condition (HRC) they are afforded few options in relation to accommodation. They must either accept housing in a RIA accommodation centre or seek voluntary return with the International Organisation for Migration (IOM). Even where accommodation is provided by RIA, clients often find the centres too confined, too restrictive (residents must sign in and out each day) and generally intolerable.

Employment Prospects

Asylum seeking victims of trafficking and those awaiting stamp 4 residency permits are prohibited from seeking employment. While EU victims are permitted to access the labour market, their financial circumstances often prevent them from making the important first steps (i.e. CV preparation, sufficient internet access, appropriate clothing for interviews, sufficient English language skills). EU trafficking victims are often living in RIA accommodation, receiving €19.10 a week and most are looking for work. There can also be problems accessing their €19.10 per week which victims of trafficking are entitled to. It often takes multiple phone calls to community welfare offices until payment is regularised. Other clients who manage to live independently often live in sub-standard accommodation. Even where employment prospects are good, they are impoverished by the system due to their ineligibility to entitlements because of their status.

Access to Education

The level of formal education of clients varies. While most have attended primary school, some have completed second level; few have third level skills, and are more likely to have vocational qualifications. One client left school at the age of ten and had issues with literacy. One was highly skilled and had worked in IT industries in several EU countries before arriving in Ireland. This indicates that clients have a range of abilities and skills varying from low skilled, to highly skilled.

There is restricted access to third level courses as most clients are liable to pay EU or non-EEA fees. Therefore most clients will only access free courses from the Education and Training Board i.e. beginner English classes, but access is limited.

English language acquisition is a major issue, and there is a significant lack of free English classes. Basic/beginner classes are provided by Doras Luimní, while the Education and Training Board (ETB) provide limited higher level English classes and these are generally oversubscribed. This is a general problem for migrants, particularly asylum seekers with no recourse to funding.

2.3 CASE STUDIES

Case Study 1 – Trafficking for Sexual Exploitation

MARY*

Mary is from a Non-EU country. She was arrested for being undocumented in the Mid West region and was incarcerated in Limerick Prison. A free-legal aid solicitor was appointed to her case. Doras Luimní was also notified and a case worker visited Mary in the prison to offer her support accessing her rights.

An application was submitted for refugee status to the Office of the Refugee Applications Commissioner (ORAC). Mary attended her interview with ORAC and on the first instance she was denied refugee status. She was then referred to the Doras legal team in order to appeal the decision.

On examining the rejected ORAC application (and life story) the Doras legal team discovered that there was evidence to suggest that Mary is a victim of human trafficking. Further in-depth meetings with Mary clarified this. Mary had been groomed on-line and brought to Ireland to begin a new relationship. She initially travelled to Ireland on a Stamp 2 visa (student visa – 3 months). This visa was only renewed once. Mary was violently assaulted and sexually abused by the man who had groomed her. She was then forced into indoor prostitution where she remained for one year. Mary escaped her traffickers and remained in Ireland undocumented for a period of time before she was arrested.

Doras staff reported Mary's case to the Human Trafficking Investigation and Coordination Unit (HTICU) at the GNIB. Mary attended interviews with GNIB, accompanied by a Doras case worker. She cooperated fully with An Garda Síochána while her case was investigated. In 2013 Mary attended the Refugee Applications Tribunal to appeal her application for refugee status. Further advocacy was made by the Doras staff to the Department of Justice on the grounds of human trafficking requesting that Mary be given humanitarian leave to remain.

While she was formally denied refugee status, in 2013 she was given 6 month renewable stamp 4 residency permit under the 'Administrative Immigration Arrangements (AIA's) for the Protection of Victims of Trafficking'. Mary continues to be supported by Doras Luimní to maintain her temporary residency permission under the administrative immigration arrangements for victims of trafficking. She is currently working and studying.

Case Study 2 – Trafficking for Forced Labour

VINCENT*

Vincent is an EU national who came to Ireland through personal contacts for a job opportunity. He was recruited through a known acquaintance in his home country. His new employer paid for his flights and provided him with accommodation.

Vincent was deceived about the nature and extent of his work. He worked 12 hours per day, 7 days per week, for nearly a year. He lived in squalid, sub-standard accommodation provided by his employer and shared his accommodation with other employees who were also from his country. He had to repay the cost of his flight to his employer which was deducted from his salary. He did not receive a contract or wage slips throughout the work period. While he initially received some payment per month, various debts were incurred through the course of his work. Vincent eventually left his employment due to a work-place injury and ended up in hospital for a period of time. He has incurred hospital bills through not having medical insurance and he is unable to satisfy Habitual Residency Condition (HRC).

Through Doras Luimní advocacy and case work, Vincent gained access to a local free GP, the community welfare officer (CWO), and to attend English classes. He has also liaised with An Garda Síochána, and the National Employment Rights Agency (NERA) to recoup his wages.

Complications arise due to his EU status; as he only receives €19.10 and has limited English language skills, and limited access to English classes, he finds it doubly difficult to source new employment. The hidden cost of job hunting (ex: mobile phone credit, appropriate clothing for interviews etc) has made his job search quite difficult. He is left impoverished by the system and has no recourse to any social welfare due to conditions attached to HRC.

Due to his inability to find suitable work, and due to lengthy delays in processing his employment appeals claim, he is considering returning to his home country.

Case Study 3 - Trafficking for Criminal Activity

In 2013 Doras Luimní became aware of several cases of young Eastern European men trafficked for criminal activity, specifically for drug distribution in Limerick city.

In the space of 12 months, there were 10 such cases which came before the courts. Most of those who were apprehended received prison sentences and served their time before leaving the city.

According to one solicitor, the men had much in common: they were similar age and nationality, and all had travelled to Ireland to seek work opportunities. They were ordered to sell drugs in Limerick and were only in the country a short time before they were arrested by Gardaí. It was also stated that threats were made to both the individuals and their families in their home country. All were young men from particular countries in Eastern Europe, and from similar socio-economic backgrounds.

A presiding judge commented that this phenomenon is similar to how women are trapped into prostitution by gangs, and that these young men were being exploited to sell drugs much the same way women are forced into the sex trade. However, it was also commented that since the men had committed crimes, they should in fact, serve the time. This is contrary to the non-punishment principle as directed by the Council of Europe Convention (2005) and the EU Directive 2011/36/EU of the European Parliament to which Ireland is signatory.

2.4 DORAS LUIMNÍ'S WORK WITH WOMEN IN PROSTITUTION

The majority of clients supported by Doras are migrant women; however Irish women are also supported through street outreach. The local sex industry is made up of a majority of migrant women, with a small minority of Irish women engaging in street-based prostitution. This is also the trend nationally (Kelleher et al, 2009). Traditionally and historically the Dock Road in Limerick was the unofficial red light district. However, from 2007 onwards the on street scene was moved right into the city centre. Many young, migrant women from Central Europe, sell sex in a variety of city centre locations. As of August 2013 the area around Catherine Street in Limerick was unofficially a red light district, attracting local and national media attention¹⁰.

Case Study 4 – Migrant Women affected by Prostitution

GRACE

Grace is a non-EU national who came to Ireland in 2009. As her spouse was European she received her documents under EU treaty rights¹¹. After the relationship broke down, Grace experienced poverty and unemployment and did not qualify for social supports owing to regulations under her visa. After becoming unemployed, she began working in the sex industry as a means to support herself. Although initially intended to be a short-term solution Grace has now worked in the sex industry for over 2 years. She experienced poverty and frequently lived in a financially precarious situation. Due to mental health breakdown, and poor physical health, Grace was unable to work for several months. This exacerbated her poverty and put her at risk of homelessness.

Doras Luimní worked with Grace to assist in her application for unemployment assistance and supported her in documenting evidence of habitual residence. Grace had to return to prostitution due to on-going poverty and inability to pay for her basic housing costs and living expenses.

During her application for social welfare assistance Grace experienced negative comments from social welfare officers, including personal comments about her lifestyle, her work history, including derogatory and racist remarks about her physical appearance. She did not wish to follow up with a complaint as she felt this might affect her application appeal. After further advocacy and appeals Grace was awarded Job Seekers Allowance, with a back-dated payment, twelve months after her initial application. This has enabled her to exit the sex industry and enter full-time vocational education.

2.5 STREET WORKER OUTREACH PROGRAMME

The Street Worker Outreach Programme (SWOP) was established in 2011 in conjunction with Limerick-based sexual health charity, GOSHH and operates on a harm reduction and exiting approach to assisting women.

Limerick based sexual health charity Goshh[1] provide services to women, men and trans* people working within the sex industry. These services are:

- Rapid HIV Test
- Sexual health information
- Free counselling
- Support, in a non-judgmental environment
- Contact with the local STI clinic
- Referrals to other agencies

The outreach programme currently runs at one night per week. Outreach volunteers walk around the city centre for one hour and distribute harm reduction materials (condoms and lube), and business cards in 5 different languages outlining services offered by both agencies (in English, French, Spanish, Portuguese, Romanian). The team also distributes useful phone numbers, such as the location, contact details and opening hours of the STI/GUM clinic at University Hospital Limerick. The outreach team also supplies safety guidelines in various languages.

Each session lasts an hour and involves 2 volunteers making face-to-face contact with women on the street. A safety minder is also on-call and Henry Street Garda station is notified when an outreach session begins and when it ends. The volunteers, whilst walking round the City, greet women who are not engaged with clients, customers or pimps and try to engage them in conversation.

The training of SWOP volunteers involves Garda vetting, 5-6 weeks training with staff members from Doras and GOSHH. Volunteers commit to a monthly volunteer meeting, and one night per month of outreach duties. The volunteers are made up of professionals and students with experience and backgrounds in social care, homeless services, migrant rights, community development, or drug services. Volunteers bring expertise to the outreach team, as well as dedication, confidentiality and professionalism.

Training involves learning about the popular myths around prostitution, the legal and social contexts in which prostitution takes place, sexual health of people in the sex industry, immigration and human trafficking, policies and procedures, and role playing exercises.

¹⁰<http://www.limerickleader.ie/news/local-news/limerick-signs-changed-to-read-red-light-district-1-5406150>

[1] <http://goshh.ie/>

¹¹<http://www.inis.gov.ie/en/INIS/Pages/EU%20Treaty%20Rights>

2.6 ANALYSIS OF STREET OUTREACH DATA

This section introduces the work of the street outreach programme, including the profiles of the women encountered during outreach, the statistics for 2013 and some of the issues faced by the women. It also includes a brief summary of concerns or observations by the outreach volunteers.

Profiles of Women Encountered on Outreach

This service encounters migrant and Irish women, men and transgender people engaging in on-street prostitution.

The on-street scene in Limerick appears to be highly organised and there are very obvious signs of control, including a hierarchy among the women and various handlers and pimps who tend to be male. It is also highly mobile – women are moved from different cities every few weeks. Irish women involved in prostitution tend to be drug and alcohol users, and service users at homeless accommodation services. For the most part, migrant women did not appear to be under the influence of drugs or alcohol while working on street, therefore eschewing a much-debated trend about those who engage in street based prostitution. Migrant women also sell sex indoors (advertised via internet escort websites) and on street when business is quiet and prices vary depending on location.

Up to August 2013¹², there were a high proportion of migrant women in on street prostitution in Limerick. With the implementation of ASBOs on 21st of August 2013, the knock-on effect was to push prostitution off street, and led to the evictions of many of the women from their rented accommodation. This impacted heavily upon the outreach work and increased our concerns for the safety of the women.

¹²<http://www.irishexaminer.com/ireland/asbos-sought-against-eight-women-240653.html>

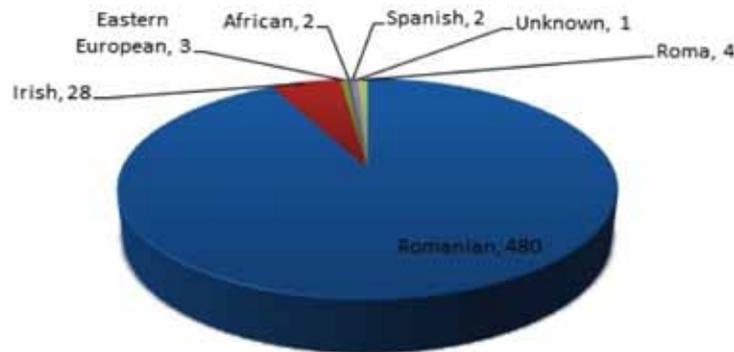
¹³It is not possible to enumerate the amount of women met on outreach on a yearly basis as outreach volunteers vary from week to week.

2.7 OUTREACH STATISTICS (JAN-2013 - DEC-2013)

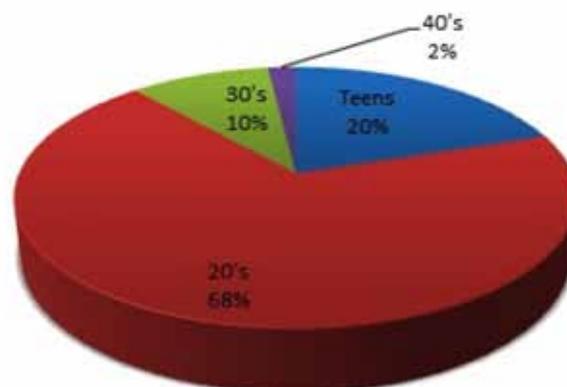
January 2013 – December 2013

- 82 sessions of outreach completed
- 520 separate contacts affected by prostitution
- Highest age range (68%) is 20-29 years old
- 480 (93%) Romanian or Roma contact
- The team met all women and trans women – this is significant¹³

Geographic Origin of Contacts during Street Outreach 2013



Age Range of Contacts during Street Outreach 2013



- The highest recorded number of on-street contacts by the outreach team was 17 different women in one night in August 2013.
- As of September 2013, the outreach team meet between 4-5 women per night.
- Outreach is now conducted 1 night per week.
- The high number of contacts with Romanian nationals is significant.

Information from Street Outreach Programme

What they said/discussed:

- Supporting their children and 'sending money back home'
- Most worked because they 'need the money'
- Where can they get tested (STI tests)?
- Are there free medical services?
- Poor welfare entitlements in home country to 'support my family'
- Desire to learn/improve English to secure different employment
- Many women have children at home
- Some reported not having PPS numbers, despite being in Ireland several years
- Many reported having worked in other EU countries before Ireland – Italy, Spain, Netherlands, and the UK to name a few
- Would like to find alternative employment, but English is a barrier
- Tenancy agreements are not in their names
- Many have 'lost' their identification
- Some were forced to steal from shops and department stores
- Some women reported racist abuse, verbal and physical abuse by members of the public. Ex: 'gypsy', 'whores' and had eggs, bottles thrown at them etc
- A cohort of women work to fund drug habits

2.8 OBSERVATIONS BY OUTREACH WORKERS:

1. Concerns about coercion and/or trafficking – women were closely watched by male minders and by female controllers who were also sex working. There were signs of physical abuse; new or younger women prevented from speaking to outreach workers; new women or girls would often be flanked by more experienced women so outreach workers could not speak directly with them; language issues, not always main barrier to communication (several languages spoken among outreach workers).
2. Men in cars observed the women and scene – monitored or ‘eyeballed’ outreach workers; cycled at one of the outreach workers and prevented her from speaking directly with women; outreach packs taken off women once outreach workers had walked away.
3. Clear hierarchies between newer and more experienced migrant women.
4. Some women waited to be told when to speak to outreach workers.
5. Migrant women were more likely to be working in pairs in order to improve personal safety.
6. Migrant women worked in all weathers, 7 nights per week.
7. Irish women are more likely to be under the influence of drugs or alcohol than migrant women. There were repeated instances of Irish women being intoxicated and drug using, while migrant or other women were less likely to be intoxicated.
8. Prevalence of homelessness was higher among Irish working women than among migrant women. However, there were reports that migrant women were living in cramped, sub-standard, cheap rental accommodation.

2.9 FURTHER OBSERVATIONS

Migrant women engaging in on-street prostitution in Limerick were for the most part not drug using. Given the prevalence of advertising escort services on line, and mobile phone technology, it is unusual to find cohorts of non-drug-using AND migrant women working in on street prostitution in Ireland.

The Tallaght (2012) findings seemed to suggest that the main motivation for entering prostitution was drug use among Irish women, while this did not appear to be the case for migrant women. In on-street prostitution, drug usage is typically referred to as a motivator to enter prostitution. Although this is questioned in Cusick et al's (2003) study on which comes first: drug use/addiction or the prostitution?

Additionally drug and alcohol use can be used as a coping mechanism to deal with prostitution so it cannot be ruled out that migrant women will not abuse drugs or alcohol in the course of prostitution, therefore service provision should encompass all aspects of health care provision in order to provide holistic support to women in prostitution.

3.1 KEY ISSUES AND CHALLENGES EMERGING

3.1.1 GOOD LOCAL PRACTICES - MULTI-AGENCY APPROACH

There are several agencies working collaboratively to support people affected by prostitution and human trafficking in Limerick.

The street outreach programme emerged from a series of discussions with GOSHH concerning the need for on-street support for women engaged in street prostitution in Limerick city. Both agencies had concerns in relation to clear indicators of coercive prostitution taking place on the streets of Limerick.

The Anti-trafficking Steering group has been another example of good inter-agency collaboration between statutory and non-statutory agencies in Limerick. This group acts as an information forum and has resulted in awareness-raising campaigns, joint training and the allocation of a safe house. The safe house is used only in an emergency to accommodate victims of trafficking, or those who wish to have an immediate exit from prostitution.

Doras also has formal working arrangements in place with Adapt Domestic Abuse Service and both agencies have undergone joint training sessions on intercultural awareness, domestic abuse, prostitution, and human trafficking.

Doras clients can access a Free GP Service which is open one afternoon per week in St Vincent De Paul, and an additional day in Ana Liffey drug project support agency.

The GP service provides the following services free of charge:

- Basic GP care;
- Sexually transmitted infection testing and treatment;
- Blood borne virus (HIV, Hepatitis) testing and referral;
- Wound dressings;
- Cervical screening;
- Hepatitis A & B, Pneumonia, tetanus, Fly Vaccines;
- Contraception.

This is a pilot project being rolled out in Limerick under the 'Partnership for Health Equity – New Pilot Primary Healthcare Service for Marginalised Groups in Limerick City'.

3.2 CHALLENGES

3.2.1 ANTI-SOCIAL BEHAVIOUR ORDERS

In August 2013, An Garda Síochána issued 8 women with civil orders in relation to Anti-Social Behaviour Orders, or ASBOs. ASBOs were introduced by the Criminal Justice Act 2006 to protect people from anti-social behaviours that “causes or is likely to cause harassment or significant or persistent alarm, distress, fear or intimidation to another person or significant or persistent impairment of their use or enjoyment of their property...” (Criminal Justice Act, 2006).

While the orders were eventually withdrawn by Gardaí, the knock-on effect of the civil proceedings was to push the women off street and out of the way of outreach workers. It also resulted in immediate evictions from properties for the women, as landlords were notified of their activities by Gardaí. Under current legislation it is an offence to knowingly rent a premises for prostitution purposes.

A joint statement by 3 Limerick support agencies (Doras Luimní, Red Ribbon Project and Adapt Domestic Abuse Services) was issued to local media outlets at the time condemning the practice. Much of the media at the time had been quite negative, and the negativity was addressed through a multi-agency approach.

3.2.2 HABITUAL RESIDENCY CONDITION (HRC)

Habitual residency condition affects women exiting from prostitution and victims of trafficking from the EU equally. Our clients have no recourse to social welfare or rent allowance if they cannot prove habitual residency condition. It is not possible for someone who has been engaging in employment that is not considered legal, and by no means has tax or statutory required proof attached, to ever fulfil the documentary requirements attached to the HRC application process.

EU victims are particularly vulnerable to homelessness, unemployment, and are at real risk of poverty. The state provides accommodation via RIA in Direct Provision and clients only receive a basic allowance of €19.10 or financial assistance from the IOM which includes a return flight home, if they cooperate with the Gardaí.

3.2.3 POVERTY

Women who are exiting prostitution are also, without exception, completely impoverished. When they come to Doras they are often looking for assistance with social welfare applications and require advocacy to help overturn negative decisions.

3.2.4 ACCOMMODATION AND HOMELESSNESS

As stated previously in this report, housing is a real issue for all clients, particularly safe, affordable, and suitable accommodation. One client who was not entitled to protections under the National Referral Mechanism found it difficult to get affordable, secure and appropriate accommodation. She had to accept sub-standard, unfurnished accommodation. On querying her case with Limerick Homeless Persons Centre, she was not entitled to access state homeless support services due to failure to establish habitual residence.

3.2.5 VICTIMS OF TRAFFICKING

Victims of trafficking living in Direct Provision are treated no differently from other residents in Direct Provision centres. However, they are asked a lot of questions which they are discouraged from answering. This increases the secrecy around them and prevents them from integrating, making friends, or being open with people. EU victims particularly stand out as different, as other asylum seekers are aware of their residency rights due to their European citizenship. This increases curiosity in their cases, and a sense of mistrust and resentment.

3.2.6 HEALTH ISSUES

The physical and psychological health of trafficked persons and women in prostitution is a real concern. Inconsistency within health services is commonplace. This is a particular issue for victims of trafficking housed in RIA centres. If they are moved to another centre it is often difficult for them to get test results.

3.2.7 HARMS ASSOCIATED WITH PROSTITUTION/SEX INDUSTRY

These include threats of physical abuse from the public, violence and sexual assault from punters; robbery and thefts; lack of payment; violent and intimidating

behaviour from punters; violence/intimidation from pimps; vulnerability owing to life in prostitution/susceptibility to returning to prostitution. This reflects numerous studies which indicate that prostitution is a dangerous or hazardous occupation (Dalla et als, 2003; Raphael & Shapiro, 2004).

Additionally, prostitution is a 'trapping factor' for human trafficking for sexual exploitation. If a person has a criminal record, or a history of drug use AND prostitution, they are vulnerable to trafficking.

3.2.8 NEED FOR COUNSELLING SUPPORT

There is a dearth of cheap or affordable counselling services for victims of trafficking, or people in or exiting prostitution. There are high rates of anxiety, depression, sleeping disorders among this group as a whole. That includes all victims of trafficking (sexual, labour, or domestic exploitation) and women in prostitution. Frequently we are unable to assist clients with these issues as those services that are free and available (while few and far between) are only offered in English.

3.2.9 RACISM/INSTITUTIONAL DISCRIMINATION

Women encountered on outreach, particularly migrant women, perceive discrimination via being treated differently by mainstream service providers, or when accessing free public services. One example is access to the free STI/HIV clinic in University Hospital Limerick. While access is free (and anonymous) for all, regardless of migration permission or residence status, migrant women have reported that they are often charged a referral fee by hospital administrators when accessing this service. This is consistent with literature in this area which suggests that women of Romani origin face multiple forms of discrimination based on their ethnicity (ERRC 2011: 67).

CONCLUSIONS

There are a multitude of issues and challenges facing women and men affected by prostitution and trafficking under the current legislative and policy contexts in Ireland. In particular, most are socially marginalised by current policy contexts and face dire circumstances should they not fulfil the narrow criteria for state supports. Particular emphasis should be placed on providing holistic, non judgemental, non-discriminatory services to vulnerable migrants affected by these issues.

4.1 CONCLUSIONS

HRC is a Barrier to Exiting Prostitution

Social welfare entitlements would provide a stepping-stone to employment for all victims of trafficking regardless of immigration status. It should also be provided for women exiting prostitution. Without sufficient resources exiting prostitution is not a realistic option for women.

Rights of Trafficked Persons

A central recommendation would be to extend rights and entitlements that come attached to stamp 4 permission (rent allowance, access to course, job seekers allowance) to all victims of trafficking once they are suspected to be a victim. They should at least receive the Recovery and Reflection period, a low threshold form of recognition if there is even a suspicion that they have been trafficked.

Victims of trafficking for criminal activity are being imprisoned for crimes they are forced to commit as a result of being trafficked. This runs contrary to the non-prosecution principle contained within the Council of Europe Convention and the EU 2011 Directive.

More training is required to understand the complexity of trafficking for criminal activity, particularly in relation to drug cultivation and distribution.

Unsuitability of RIA Accommodation

Victims of trafficking should be housed in proper shelters, with trained case workers/support workers. They should be allowed to live in a supportive safe environment in order to recover from their experiences.

Service Provision in Limerick

There is a need for additional service provision for people selling sex in Limerick. A holistic case management system throughout agencies could be a possible model for more integrative support systems for women exiting prostitution/human trafficking situation

Education & Awareness Raising

As suggested in Tallaght (2012) research, awareness raising programmes should be aimed at young people, maybe in an educational environment. As per Cusick et al's (2003) research, young people leaving care are hugely vulnerable to being groomed or being forced into sexual exploitation, particularly if housing or drug use is also an issue. It is essential to raise awareness; with housing associations, foster carers and care agencies that provide accommodation for children, of the vulnerability of children in care to grooming. It is also crucial to raise awareness among service providers, particularly health providers, to prevent stigma and further marginalisation of prostituted women.

Training

Training with statutory agencies, particularly frontline services such as the Department of Social Protection, is critically required to provide equal access to services to all service users is essential, regardless of nationality.

Recognition of trafficking for criminal activity with An Garda Síochána is essential. At least 10 cases of trafficking for criminal activity (drug distribution) were recorded in Limerick between 2012 - 2013. All were young, Eastern European men who were vulnerable to abuse and exploitation, however most were not recognised as such.

Sufficient training for state agencies, including law enforcement, is essential if vulnerable migrants are to avoid being imprisoned for crimes they were forced to commit as a result of being trafficked.

4.2 POLICY RECOMMENDATIONS

4.2.1 NATIONAL ACTION PLAN ON HUMAN TRAFFICKING

The forthcoming National Action Plan to Prevent and Combat Trafficking in Human Beings in Ireland should be published immediately. Additionally, the rights of trafficked persons should be put on a statutory footing. Recognition of persons trafficked for criminal activity and a plan for action (training/awareness raising) needs to be included in this. Victims of trafficking should be afforded full protections, regardless of their immigration status.

4.2.2 FORCED MARRIAGE

The Government must legislate to protect victims of trafficking for forced marriage. As stated by the Council of Europe in 2013, trafficking for forced or sham marriage is a significant issue in Ireland¹⁴. While trafficking for forced marriage is recognised under the EU Directive 2011 - if all other constituent elements of trafficking are present (act, means and purpose) - these rights must be enshrined in domestic legislation.

4.2.3 VICTIMS OF TRAFFICKING IN THE ASYLUM SYSTEM

In the concluding observations on the fourth periodic review on Ireland, the UN Human Rights committee stated that “The Committee is concerned that victims of trafficking who exercise their right to apply for asylum are not granted a “recovery and reflection period” or temporary residence permission and are held in Direct Provision centres. It is also concerned at inadequacies in the legal support provided to victims of trafficking and the absence of legislation protecting their rights (Arts. 2 and 8). The State party should ensure that effective and appropriate assistance and protection is afforded to potential victims of trafficking, including by adopting without further delay the necessary acts of legislation which are compatible with international legal standards¹⁵”. Doras Luimní strongly recommends that victims of trafficking should not be accommodated in Direct Provision hostels. A more appropriate and temporary accommodation option, particularly for victims of sex trafficking, is a domestic abuse shelter which has secure entrance and trained staff.

¹⁴<http://www.irishexaminer.com/ireland/400-a-year-trafficked-for-sham-marriages-221367.htm>

¹⁵http://www.ihrc.ie/download/pdf/un_hrc_concluding_observations_on_ireland_and_iccpr_24_july_2014.pdf

4.2.4 DEVELOPMENT OF A NATIONAL PROSTITUTION LEGISLATIVE AND POLICY STRATEGY

While some good practices exist nationally and locally, women in prostitution still bear the brunt of the law when it comes to the criminalisation of prostitution-related activities. Garda operations can work against women's best interests. The issuing of ASBOs to women in prostitution can have long term impact to a woman's future well being. Such practices can prevent a person from being allowed on a housing list, or from accessing services in a particular area. It can also push women out of the way of outreach services, and from asking for help from non-statutory agencies.

As criminalisation is a barrier to exiting prostitution (Bindel et al, 2012), those who sell sex should be decriminalised in order to increase their long-term chances of exiting prostitution. This could also serve to de-stigmatise women in prostitution, particularly among statutory agencies where engagement tends to be poor or discriminatory.

Buyers should be criminalised in order to reduce the demand for prostituted women and girls. This research ultimately concludes that prostitution is a trapping/vulnerability factor for human trafficking.

4.2.5 FURTHER RESEARCH

Little is known of the long term outcomes of victims of trafficking in Ireland. Further research is required to understand the long-term outcomes of the national referral system, and the services offered by the state. Similarly little is known of women who have worked for many years in the sex industry. They remain a hidden population. It is recommended that further research into the lives and outcomes of people affected by the sex industry, which in turn could better inform policy responses.

APPENDIX 1- METHODOLOGY

A case analysis using a template (see Appendix 2) to examine case work with current/past clients and 10 cases were analysed.

Case studies with follow up interviews were conducted to enhance the data obtained from the initial desk based analysis. Permission was sought from clients whose information was used in the case studies. Although the names and nationalities were changed, all gave permission to have their details used as per Sociological Association of Ireland (SAI) guidelines on ethics of social research¹⁵. Where clients did not have sufficient English to comprehend questionnaires, documents were translated into the client's own language which ensured informed consent.

Street Outreach data analysis – in collaboration with Street Worker Outreach Programme (SWOP), an analysis of street outreach data for the previous 12 months was carried out. Issues were generalised and not relayed in a chronological way in order to protect anonymity of clients. Names have not been used and nationalities are used only to refer to cohorts. Similar to research carried out in Dublin (O’Heaire, 2013), this is a retrospective analysis of information gathered during street outreach.

The time frame for the data analysis is from January 2013 - December 2013. This is a snapshot of the outreach programme when contacts were highest. In the analysis which follows are comments made by the women, thoughts and observations by outreach workers, and general observations of the street prostitution ‘scene’ in Limerick.

¹⁵http://www.sociology.ie/docstore/dls/pages_list/3_sai_ethical_guidelines.pdf

Limitations to research

The subject of children who are commercially sexually exploited is not examined in this research. Suspected child sexual exploitation (those under 18) is referred directly via Standard Report form to HSE social work, and to An Garda Síochána as per Children First Guidelines¹⁷.

The voices of women currently involved in street prostitution were not attained following the exploration of several options. Street Outreach Survey was initially considered to take in the attitudes and opinions of street-based workers. However, the ability to give informed consent as per Sociological Association of Ireland (SAI) guidelines¹⁸ could be compromised owing to limited time frame of interaction during outreach. Also, those who are intoxicated, under duress, or coerced may also not give fully informed consent. Thirdly, the number of women being encountered in street-based prostitution has decreased in recent months.

Since August 2013 there has been a notable decrease in the number of migrant women operating in on-street prostitution in Limerick. We have been advised that this is due in part to a crackdown by An Garda Síochána where migrant women were issued with Anti-Social Behaviour Orders, or ASBOs. Consequently there has been restricted contact with migrant women in on street prostitution.

Ethical Considerations

Ethical guidelines were followed from the following associations – Sociological Association of Ireland (SAI); Social Research Association (2003); WHO Guidelines for Interviewing Trafficked Persons (2003).

Research principles:

- safety
- integrity and quality;
- informed consent of all participants;
- confidentiality and anonymity;
- voluntary participation (free from coercion; avoidance of harm; independence and impartiality of researcher)

Practitioner-led research

As practitioners and service providers, we have an existing relationship with clients and have worked with them on their cases. As recognised in social research ethics, the codes of good practice in research ethics apply as much to practitioner led research, as with any other type of research. Due to existing relationships we were doubly conscious of seeking informed consent and maintaining impartiality, both as researchers and as service providers. We were equally conscious of maintaining confidentiality.

All participants were informed of the research aims and objectives, and all were provided with language appropriate materials (via translated questionnaires, information sheets, research questions). To maintain anonymity of clients these have been included in the research appendices, but in English language only.

Consent to use data

In using the data from case files to highlight the issues, permission has been sought and approved by all clients. In seeking consent from the clients, all were asked why they wished to have their details used. The general response was to highlight the issues relating to their personal histories, and their desire to help others affected by prostitution or human trafficking.

Anonymity

Due to sensitivity of subject matter, and to protect anonymity, client's names and nationalities have been changed. Regions were instead used to indicate certain rights, laws and entitlements of participants (i.e. EU citizens versus Non-EU).

¹⁷http://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf

¹⁸http://www.sociology.ie/docstore/dls/pages_list/3_sai_ethical_guidelines.pdf

APPENDIX 2 – CASE ANALYSIS TEMPLATE

CASE ANALYSIS TEMPLATE

PROFILE OF CLIENT

ID: code number.....
Male/Female.....
First contact with DL.....
Current age.....
Number of children.....
Year arrived in Ireland.....
Referral to organisation by.....
Home country of client.....
Ethnicity.....
Legal Status when arrived.....
Current legal status.....

TYPE OF EXPLOITATION – SEXUAL, LABOUR, OTHER

Background history before Ireland.....
Method of recruitment in home country.....
Trafficked: Methods of trafficking.....
Route to Ireland.....
Entry to Ireland.....
Experience in Ireland.....
Type of/location where exploitation took place while in Ireland.....
Involvement of pimps/agencies/traffickers in Ireland.....
Movement within Ireland.....
Types of physical and sexual violence/threats experienced in prostitution/labour exploitation from buyers/pimp/traffickers.....
Use of Control.....
Fear of seeking help.....
How/why sought help.....

APPENDIX 2 – CASE ANALYSIS TEMPLATE

CASE ANALYSIS TEMPLATE

PROFILE OF CLIENT

DETAILS OF IMMEDIATE AND LONG TERM INTERVENTION BY DORAS LUIMNÍ

Risk assessment.....

Needs assessment.....

Legal advocacy/representation.....

Support/counselling.....

Advocacy with other agencies: social welfare, housing associations, etc

.....

REFERRAL AND INVOLVEMENT OF OTHER AGENCIES

Legal.....

Police.....

Immigration.....

Welfare.....

Refuges.....

Housing.....

Other.....

APPENDIX 3 – PROJECT INFORMATION SHEET

PROJECT INFORMATION SHEET

Purpose of the Research This research will document the experience of Doras Luimní clients. It will examine the barriers/issues/challenges to statutory services for people affected by prostitution and human trafficking. This research is being conducted by Patricia Stapleton, Anti-Trafficking Officer at Doras Luimní.

What will the study involve?

This research will involve an analysis of case files of Doras Luimní clients. It will extract the general issues facing clients and these issues will then be generalised, without indicators to identity, and then highlighted in the report. Issues include things like: access to housing and accommodation options, access to social welfare, access to doctors/hospitals, counselling, rent allowance etc.

Why have you been asked to take part? -

You have been asked to take part as you are a client of Doras Luimní. I would like to know your experience of accessing these mainstream services. I would also like to highlight the interventions by Doras Luimní on your behalf.

Do you have to take part? -

No. Participation in this study is completely voluntary. Also, consent to participate in this project can be withdrawn at any time.

Will your participation in the study be kept confidential?

Yes. I will ensure that no clues to your identity appear in the research. Any extracts from what you say that are quoted in the report will be entirely anonymous. I will not refer to: your nationality, your ethnicity, your religion, your name etc.



What will happen to the information which you give?

Extracts of the information that you give will be used to write a case study. This will then be used in the main body of the research. It will be no longer than one page.

What are the possible disadvantages of taking part?

Possible disadvantages could include, stress, re-traumatisation, or frustration. If any issue should arise, please do let us know. We can arrange for free counseling which will be sourced locally.

What if there is a problem?

At the end of the interview(s), I will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, I will arrange with your consent for additional support services.

Any further queries?

If you need any further information, you can contact me: Patricia Stapleton. Phone number and email address included.

APPENDIX 4 – QUESTIONNAIRE 1 & 2

QUESTIONNAIRE 1

When did you come to Ireland?.....

Where did you work?.....

Were you paid?.....

How long were you there for?.....

How did you leave?.....

Who supported you?.....

Did you meet the Gardaí? How many times?.....

Where did you live after leaving your job?.....

For how long did you live there?.....

Will you stay in Ireland?.....

QUESTIONNAIRE 2

When did you come to Ireland?.....

How long have been in Limerick?.....

How did you hear about Doras Luimní?.....

What kind of supports do you require?.....

What do you need?.....

What is your experience of accessing social supports, such as:

- Social welfare,.....
- medical care,.....
- hospital care,.....
- community welfare office.....

What are the barriers, issues, or challenges faced by you when accessing support services?.....

Are you currently supporting yourself?.....

Will you stay in Ireland?.....

Is there anything you would like to add to this research?.....

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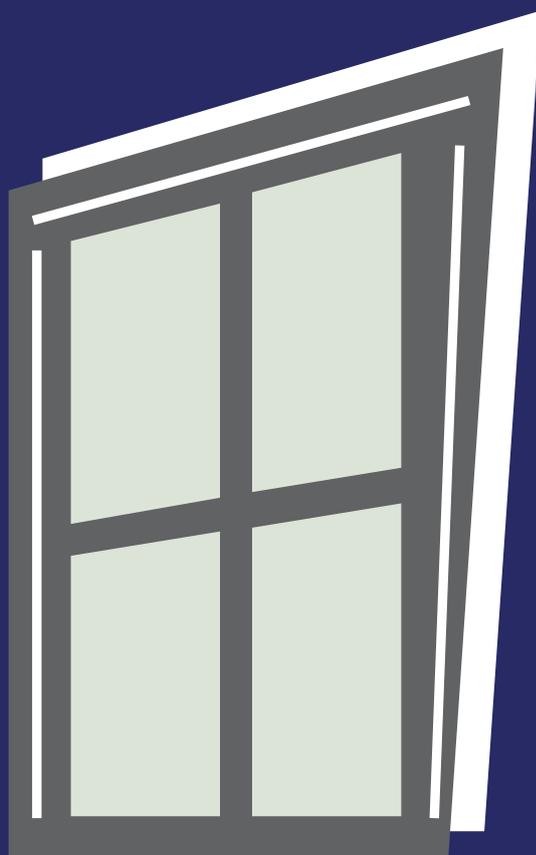
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