

Sex worker lives under the law:

A community engaged study of access to health and justice in Ireland.

SEX

WORKER LIVES

Commissioned by HIV Ireland and funded through Open Society Foundations (OSF).

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The findings from this study point to the negative impact of current laws on the abilities of sex workers to keep safe and reduce harms to their health and well-being, in line with mounting evidence from other jurisdictions where sex buyer laws are in place.

EXCERPT FROM **RECOMMENDATIONS**

Foreword

HIV Ireland is pleased to present this important study which gives voice, without prejudice, to sex workers in Ireland. The findings from the report emphasise the impact of the recently amended laws on the sale and purchase of sex arising from the Criminal Law (Sexual Offences) Act 2017.

The report, by Maynooth University researchers Dr Paul Ryan and Dr Kathryn McGarry with the Irish Sex Worker Research Network in conjunction with the Sex Workers' Alliance of Ireland (SWAI) and funded by Open Society Foundations reflects, in their own words, the views of sex workers on how to improve Ireland's existing legislative framework governing sex work, including by ending criminalisation, and how to safeguard the health and well-being of persons engaged in sex work.

According to UNAIDS, sex workers are at significantly higher risk of acquiring HIV while experiencing considerably poorer access to HIV and other sexual health services. Laws criminalising sex work have been identified internationally as increasing barriers to accessing sexual health and HIV services, increasing the vulnerability of sex workers to acquiring HIV and other STIs, impacting negatively on general health outcomes, and operating in contravention to progressive public health and international human rights norms.

International human rights law guarantees that every individual, regardless of gender, sexual orientation, race, ethnicity, socio economic, migrant or other protected status, has the right to the highest attainable standard of health, including sexual health and measures to prevent and/or treat HIV and AIDS. Adopting a human rights-based approach to health care demands that policy makers and health care providers listen to the voices of sex workers, are cognisant of their concerns and their experiences, are proactive in removing barriers to access, and take the necessary steps to ensure prominent space for the voices of sex workers and their advocates when undertaking to review legal frameworks which may impact on good health outcomes.

In this report, sex workers outline the impact that current legislative provisions in the criminal law are having on their health, well-being and rights. The findings and conclusions from this study are the product of in-depth focus group discussions with sex workers. In order to ensure the authenticity of the recommendations, each recommendation has been developed in direct consultation with sex workers and are presented here in their own words.

It is critically important that we listen to these voices and consider implementing each recommendation in full to help ensure real and meaningful protection for sex workers in our laws.



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Executive Summary

0.1	Introduction
0.2	Research Purpose and Rationale
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The findings from this study point to the negative impact of current laws on the abilities of sex workers to keep safe and reduce harms to their health and well-being, in line with mounting evidence from other jurisdictions where sex buyer laws are in place.

EXCERPT FROM RECOMMENDATIONS

0.1 – Introduction

This small-scale study was commissioned by HIV Ireland and funded through Open Society Foundations (OSF). It was undertaken by the Irish Sex Work Research Network (ISWRN) in conjunction with Sex Workers' Alliance Ireland (SWAI). ISWRN is committed to

1. establishing a critical evidence base on sex workers' health and well-being in Ireland in the aftermath of legislative change through;
2. creative and empowering methodologies in order to
3. challenge practices which exclude sex worker voices and;
4. inform Irish law and organisational policy and best practice.

This collaboration between HIV Ireland and the ISWRN, is a timely opportunity to engage with sex workers to identify their health, well-being and safety issues, following Irish legislative change, and to develop and co-produce community-based and peer led strategies to address issues arising.

0.2 – Research Purpose and Rationale

In February 2017, the Criminal Law (Sexual Offences) Act came into force in Ireland criminalising sex purchase and increased penalties for sex workers workers in pairs or groups. Mounting evidence from international studies point to negative health outcomes for sex workers under criminalised regimes (Shannon et al., 2015; Kerrigan et al., 2015; Levy and Jacobson, 2014; Platt et al., 2018; Krusi et al., 2018). Research from states which have introduced the so-called Swedish or Nordic model of sex purchase laws reveals criminalising sex purchase impedes sex workers' ability to manage risks and access health supports (Visser et al., 2004; Svantstrom, 2004; Goodyear and Cusik, 2007; Levy and Jacobson, 2014). This places them at greater risk of gender-based violence and exploitation because they cannot manage their work conditions (HIV Ireland, 2015; Amnesty International, 2016).

HIV Ireland commissioned this study following the recent changes in the law in order to examine the impact of the new laws on the health, well-being and safety of sex workers, including migrant sex workers. The ISWRN, in conjunction with peer researchers from SWAI, developed several core objectives to guide the research:

5. To engage with sex worker communities for health focused research which centres sex worker voices.
6. To explore the perceived consequences of this legislation on sex workers' health and well-being.
7. To explore differential experiences of health and safety risks and risk management across sex working communities, including migrant, Trans and male sex workers.
8. To inform policy through evidence gathering on the everyday lives of sex workers for the review of the Irish Sexual Offences law in 2020.
9. To inform positive health and rights-based support service interventions.

0.3 — Research Design and Methods

We obtained ethical approval for our study from the Maynooth University Social Research Ethics Committee. A Participatory Action Research (PAR) design was regarded as the most appropriate way to deliver on our first objective to engage with sex workers in order to centre sex worker voices in our research. PAR designs in sex work research are explicit: ‘a commitment to doing research that develops partnerships responses, shared ownership and innovative ways of consulting and working with sex workers that lead to actions, interventions and social change’ (O’Neill and Laing, 2018: 173). To this end, we collaborated with SWAI and recruited two peer researchers for our study. Our peer researchers took on an invaluable role in terms of planning for the research, informing the development of data collection tools, advising on sampling and actively recruiting sex worker participants, facilitating data collection, reflecting on emergent findings and partaking in the dissemination of the research through conferences and other academic and practitioner/activist outlets.

In order to appropriately deliver upon our second objective, to explore the perceived consequences of the new laws on sex workers’ health and well-being, we ran a number of focus groups with sex workers. Sex workers were invited to participate through peer recruitment in online sex worker communities, offline through advertisement in various sex work/sex worker friendly services and through peer-to-peer communication. Overall there were twenty sex worker participants involved in four focus groups which ran in Dublin, Cork, Limerick and Galway¹. All focus groups were recorded, transcribed and analysed for thematic content and the data was managed as per ethical research practice. While our research is limited due to the scale of the project, the design and methods employed are most appropriate to delivering on the study objectives.

¹ Some participants i.e. peer researchers took part in more than one focus group

0.4 — Overview of Findings

Our findings suggest that:

- Sex workers manage their lives within a context of structural violence.
- Structural violence shapes their health, safety and well-being, as well as their perceived access to justice.
- Following the introduction of the new laws, sex workers now perceive themselves to be more vulnerable to health risks and to have limited access to health supports and interventions.
- Sex workers are limited in their abilities to manage health risks in a context where they must operate covertly to avoid detection.
- For migrant sex workers, the need to remain invisible in order to conceal both their sex working and their migrant status, shapes their vulnerability in particular ways and compromises their safety.
- Such health impacts exacerbate negative mental health outcomes for sex workers.
- The new laws are perceived by sex workers as exacerbating the stigma and everyday violence they are exposed to.
- The new laws have led to a fear of, and mistrust in authorities, including fear of reporting abuse. This in turn impacts on access to justice for sex workers.
- For migrant sex workers, the situation is further compounded by the need to maintain invisibility meaning they remain hidden and less likely to report abuse or violent attack.

0.5 — Recommendations

The findings from this study point to the negative impact of current laws on the abilities of sex workers to keep safe and reduce harms to their health and well-being, in line with mounting evidence from other jurisdictions where sex buyer laws are in place (Ostergren and Dodillet, 2011; Levy and Jacobson, 2015; Amnesty International, 2016; Ellison et al., 2019). This study identifies the need for:

1. Repeal of the law to protect sex workers health, safety and well-being.
2. Review of policies to facilitate access to justice for sex workers.
3. Introduction of policies to address the range of rights violations of sex workers including evictions and other discriminatory practices.
4. The recognition of migrant sex workers through policies that protect their rights and safety protect their rights and safety.
5. Increased funding for community health services
6. Increased staff training for appropriate health supports.
7. Raising greater awareness about the issue of mental health and sex work and the need for greater inclusivity in terms of mental health supports.
8. Expansion of peer-led sexual health screening services.
9. Creating greater awareness of the role of PrEP as an option for sex workers in managing health risks.
10. Strengthening sex-worker led supports in order to strengthen everyday resilience amongst sex workers
11. Empowerment of sex worker voices as stakeholders in democratic spaces.
12. Empowerment of sex workers as equal partners in research.

This study presents an important first stage in developing research capacity for peer led health promotion and harm reduction amongst sex working communities in Ireland. Building on this research is both important and timely in order to continue peer engagements for health communication, improving health risk management and informing rights-based and inclusive processes in law, policy and practice.

01

Introduction

1.1	Rationale for the study
1.2	Research objectives
1.3	The sex worker population in Ireland

This research project builds on HIV Ireland's commitment to protecting marginal groups, such as sex workers, where HIV has a disproportionate impact on their lives. Previous research, prior to the introduction of the law, conducted by HIV Ireland (2016) highlighted evidence of change in the size of the sex worker population and how criminalisation impacts on harm reduction measures like condom use. This project represents the first attempt to understand sex worker lives under the Sexual Offences Act and the potential impact on access to health care and justice.

EXCERPT FROM RATIONALE FOR THE STUDY

1.1 – Rationale for the study

This research project seeks to explore the everyday lives of sex workers under a new legislative regime introduced in 2017. The Criminal Law (Sexual Offences) Act 2017 made the purchase of sex illegal, commonly referred to as the Nordic or Swedish model, while increasing penalties for sex workers who choose to work together under brothel keeping laws². International evidence reveals negative health outcomes for sex workers under punitive legal regimes (Shannon et al., 2015; Kerrigan et al., 2015). Research on the Nordic context reveals criminalising sex purchase impedes sex workers' ability to manage risks and access health supports (Visser et al., 2004; Svanström, 2004; Goodyear and Cusick, 2007; Levy and Jacobson, 2014), placing them at greater risk of gender-based violence and exploitation because they cannot manage their work conditions (HIV Ireland, 2016). This increases the likelihood of condom non-use, acquisition of sexually transmitted infections and HIV acquisition and transmission (Krusi et al., 2014; Shannon et al., 2015; HIV Ireland, 2016). These findings correlate with the World Health Organisation (2012) statement which notes that 'contextual factors such as stigma and poverty may further exacerbate sex workers' vulnerability to sexually transmitted infections alongside abuse'. Moreover, where governments criminalise sex work-related activities they deprioritise harm reduction measures for sex workers including condom distribution and ongoing outreach. In Sweden, where sex purchase is illegal, the state fails to provide sex workers with appropriate harm reduction and

support services (Kulick, 2005; Hubbard et al., 2008). This research project builds on HIV Ireland's commitment to protecting marginal groups, such as sex workers, where HIV has a disproportionate impact on their lives. Previous research, prior to the introduction of the law, conducted by HIV Ireland, (2016) highlighted evidence of change in the size of the sex worker population and how criminalisation impacts on harm reduction measures like condom use. This project represents the first attempt to understand sex worker lives under the Sexual Offences Act and its potential impact on access to health care and justice.

1.2 – Research objectives

This research investigates the possible consequences of this legislation on sex workers' health and well-being. Specifically, the objectives of this study are:

- To explore the experiences of Irish and migrant female, male and trans sex workers under current laws with a particular focus on their health, safety and well-being.
- To obtain a greater understanding of sex workers' experiences of health supports.
- To inform policy through evidence gathering on the everyday lives of sex workers for a proposed review of the Irish Sexual Offences law in 2020.
- To inform positive health and rights-based support service interventions, including HIV/STI testing and treatment.

² See <http://www.irishstatutebook.ie/eli/2017/act/2/enacted/en/html>

1.3 — The sex worker population in Ireland

While the sex work market has continued to evolve and diversify from a largely localised street sector to an indoor market dominated by migrant labour, official data on the numbers involved is extremely difficult to find due to the absence of baseline studies (Ryan & Ward, 2018: 53). This is compounded by a disproportionate research focus on specific segments of the sex work market, for example drug using sex workers (e.g. Whitaker and Cox, 2009), to the neglect of the largely unknown indoor market. Men who sell sex to men have also been under reported, with again most of the research focusing on drug abuse, homelessness and sex work (e.g. Kearins, 2000; Quinlan et al., 1997), to the relative neglect of how migration and technology has transformed the male sex work market (Ryan, 2016, 2019). Male or trans sex workers are thought to represent 9% of all commercial sex transactions in Ireland (Maginn and Ellison, 2014). Where there had been research conducted on the indoor market (e.g. ICI, 2009), controversy has arisen over methodological flaws whereby a widely accepted figure of 1,000 women advertising for sex every day in Ireland was derived and employed in policy discourse (Ward, 2013). What have been limited in evidence gathering and largely excluded from democratic processes to inform policy making have been the voices of sex workers themselves (McGarry and FitzGerald, 2017).

We turn now to locate the current study within the wider literature of sex worker experiences of health, well-being and access to justice, in order to identify the gaps informing and guiding our research.

02

Current Research Literature

- 2.1 The law and sex work
- 2.2 Law and ideology
- 2.3 Structural vulnerability/violence & symbolic violence
- 2.4 The Law and the risk environment
- 2.5 Intersections of vulnerability
- 2.6 Policing
- 2.7 Access to justice
- 2.8 Stigma
- 2.9 Health outcomes under models of (de)criminalisation
- 2.10 Migrants and health Care Access
- 2.11 Mental health

The reluctance of sex workers to report attacks, abuse and harassment in contexts where sex purchase is criminalised, compounds the sinister proposition that violence is an inevitable aspect of the experience of sex workers. While some international women’s groups and radical feminists support the utility of such sex purchase laws to send a symbolic message on sexual behaviour there is little consideration of the impact on sex workers’ safety.

EXCERPT FROM ACCESS TO JUSTICE

2.1 – The law and sex work

The different models of governance of sex work run the continuum between complete prohibition to models of decriminalisation. Platt et al., (2018) usefully categorise state legislative responses to sex work under the broad headings of full criminalisation, partial criminalisation,

criminalisation of purchase of sex, regulatory models and full decriminalisation. The following table based on their work broadly defines each of the legislative models and provides examples of countries where these policies operate:

Table 1.1 – Sex work legislative models (from Platt et al., 2018: 4)

Legislative model	Broad definition	Example countries*
Full criminalisation	All aspects of selling and buying sex or organisation of sex work are prohibited	South Africa, Sri Lanka, US**
Partial criminalisation	Organisation of sex work is prohibited, including working with others, running a brothel, involvement of a third party, or soliciting	Canada (prior to 2014), India, UK (except Northern Ireland)
Criminalisation of purchase of sex	The sex-buyer model. Laws penalise sex workers working together (under third party laws), any aspect of participating in the sex trade as a third party, and buying sex	Ireland, Northern Ireland, Canada, France, Norway, Sweden, Serbia
Regulatory models	Sale of sex is legal in licenced models and/or managed zones and is often accompanied by mandatory condom use, HIV/STI testing or registration	Australia (some states), Germany, Mexico, the Netherlands, Senegal
Full decriminalisation	All aspects of adult sex work are decriminalised, but condom use is legally required in some locations (i.e. New Zealand)	New Zealand (excluding migrants), parts of Australia

* This is a summary list of countries included in the systematic review by Platt et al (2018) and so is not exhaustive

** In some countries there is not a standard implementation of models, such as the US where a legalised brothel system operates in Nevada

Different legislative models have been found to differentially impact the health, welfare, well-being and safety of sex workers and their opportunities for accessing justice (Visser et al., 2004; Brooks-Gordon, 2006; Levy and Jacobson, 2014; Levy, 2018; Platt et al., 2018). HIV Ireland in its analysis of the impact of the Swedish model, found that sex workers face more adverse impacts to their health and well-being in a context of sex purchase criminalisation (HIV Ireland, 2016). In 2016 the UN Secretary General stated that the misuse of criminal law often negatively impacts on health and human rights, particularly in the areas of sexuality, reproduction, sex work, drug use and HIV, calling on the removal of punitive laws and policies that violate human rights. Indeed the treatment of sex workers under the law in different models of governance reveals how macro legal contexts create frameworks which effect the risks sex workers face, their abilities to manage those risks and their ability to seek justice and redress (Brooks-Gordon et al., 2020; 2010; Amnesty International 2016b; 2018; Levy, 2015; Levy and Jacobsson, 2014; Mai, 2009; Dodillet and Östergren, 2011).

Recent research from Ellison and colleagues who reviewed the impact of the sex purchase ban in Northern Ireland (Ellison et al., 2019: 164) and was the only jurisdiction to have baseline data for comparative purposes pre-law change (Huschke et al., 2015), found that 'none of the foundational claims of the Nordic model can be supported'. The research found that the assumption that sex purchase laws would reduce demand was unfounded and that, on the contrary, supply of sexual services have in fact increased following the implementation of the law. The research also found the implementation of this law to be problematic given how police face difficulties in detecting offences. The researchers observed that, while violence incidence had not increased, there were increases in anti-social, nuisance and abusive behaviours directed at sex workers in the aftermath of the law change (Ellison et al., 2019). They note that '[t]he ways that these forms of abuse impact specifically on women and affect gendered perceptions of fear of crime remains an important area for future study' (pp. 165–166).

2.2 — Law and ideology

Whilst illuminating the minefield of feminist debate on the issue of prostitution and its connection to the framing of law and policy in different jurisdictions is beyond the scope of this study, it is important to note the discursive and subjective effects (Bacchi, 2009) of the connection between law, ideology and sex work (FitzGerald and McGarry, 2015). Briefly, we can observe two major perspectives in the politics of prostitution which have been important frames for law and policy on sex work globally. On the one hand, there are those that argue that the existence of prostitution reflects the persistence of a patriarchal structure which legitimates male sexual entitlement, invites a climate of violence against women across society and so the prostitute embodies the quintessential victim of gender based violence (Pateman, 1988; Barry, 1995; Jeffreys, 2008; Mackinnon, 2011). From this perspective, where prostitution exists, gender equality can never be fully achieved and such feminist discourse informs policy approaches today which were born from the early abolitionist movements, packaged through Nordic style laws which seek to end demand by criminalising the purchase of sex (McGarry and FitzGerald, 2017). On the other hand, there are those that argue that voluntary sex work is a reality for many women, men and transgender sex workers both domestically and across borders and that in order to protect the health, well-being, safety and rights of sex workers states should recognise this (Chapkis, 1997; Doezema, 2005; Saunders, 2005; Mai, 2009). While proponents of this view acknowledge there are risks associated with the sex industry, they argue that it is attempts to abolish sex work which compound such risks and they challenge laws which criminalise aspects of the sex industry. Platt et al., (2018: 5) argue that at a time when many states have moved on or are interested in legislative reform in relation to sex work, 'there is a critical need to bring together this evidence to inform policies that protect sex workers' safety, health, well-being, and broader rights'.

Amnesty International calls for the 'decriminalisation of all aspects of adult consensual sex work due to the foreseeable barriers that criminalisation creates to the realisation of the human rights of sex workers' (2016a: 2). Its policy was developed by foregrounding 'the principles of harm reduction, gender equality, the recognition of the personal agency of sex workers, and general international human rights principles' (ibid.). Amnesty calls for the repeal of laws which criminalise the sale of sex or the purchase of sex from consenting adults as well as the repeal of laws which criminalise the organisation of sex work (such as renting premises for sex work), as such laws are seen as forcing sex workers to become visible thus compromising their safety by impacting adversely on sex workers' abilities to keep safe and furthermore denying sex workers support or protection from state authorities (Amnesty International, 2016a: 2).

Research by Pitcher and Wijers (2014), considers the impact of policies in England and the Netherlands on the safety, well-being and autonomy of sex workers in indoor settings and their views on these policies. They argue that while decriminalisation is a necessary first step towards recognising the human and labour rights of sex workers, by itself it is not sufficient and requires the recognition of sex workers as holding key knowledge required for developing collaborative and responsive policies.

In its report on the impact of the Nordic model of client criminalisation in Norway ('The Human Cost of "Crushing" the Market'), Amnesty International found that sex workers are being subjected to human rights abuses in Norway, a situation that is 'compounded by and in some case directly caused by the legal framework' (Amnesty International, 2016:8). Under international human rights law obligations which states including Norway and Ireland have signed up to, there is a responsibility on governments to respect, protect and fulfil the rights of all without discrimination. Human rights violations against sex workers under Nordic style laws include 'violations of the right to housing, the right to security of person, the right to equal protection of the law, the right to health, the right to non-discrimination and the right to privacy' (p.8). Indeed, Amnesty International (2016a: 5) in their policy statement on sex work observe that; '[h]uman rights violations against sex workers are due not solely to criminalisation of sex work, but also to stigmatization, gender-based violence and discrimination, among other things'.

2.3 — Structural vulnerability/violence and symbolic violence

Some observers have employed the concepts of structural vulnerability/violence, everyday violence and symbolic violence to frame the violence and poor health experienced by street-based sex workers (Shannon et al., 2008; Simic and Rhodes, 2009; Krusi et al., 2016). While direct personal experience of violence has been the focus of much sex work research, the notion of structural violence looks at wider social structures where 'unequal power' shapes and reshapes life experiences and within which violence is embedded (Galtung, 1990; Krusi et al., 2016). In this way, those in society holding less power and having limited opportunity to acquire power are more likely to be subjected to *structural violence*. Krusi et al., (2016) argue, citing the work of Farmer (2005), that differential risk of harm exists by virtue of macro social arrangements (e.g. criminalisation of sex work, poverty, racism) rooted in socio-historical and economic processes (e.g. colonialism, globalisation) which inflict injury upon more vulnerable populations. Krusi et al., (2016: 1138) point crucially to two processes; that of *everyday violence* (Scheper-Hughes and Bourgois, 2004) whereby 'the institutionalisation and everyday internalisation of structural violence through, for example, policing practices and stigmatisation can render it invisible (Bourgois et al., 2004; Scheper-Hughes and Bourgois, 2004)' and *symbolic violence* as an acceptance by those most marginalised of social inequalities as the natural order of things, and the internalising of blame and responsibility for their lower place in the social hierarchy.

In the Canadian context a participatory action research study by Shannon et al., (2007) considered the issue of structural violence and its effects on the health and risk management of drug using sex workers. The researchers found that in order to mitigate health risks and address structures which produce and normalise violence states need to 'move away from individual level focus to structural and environmental interventions, including legal reforms, that facilitate, "enabling environments"' (Shannon et al., 2007: 911). Indeed, the concept of 'everyday resilience' employed by Scheper-Hughes, (2008) is a useful way to explore ideas around sex workers' active risk management (Sanders, 2005) and the manner in which policy and practice can respond to facilitate and enable this.

2.4 — The law and the risk environment

The concept of the ‘risk environment’ (Rhodes et al., 2005) has informed more recent understanding of how social and structural factors shape how marginalised populations, such as sex workers, experience and respond to risks to their health and welfare. Rhodes et al., (2005) describe the risk environment model as comprising two key dimensions – the type and level of environmental influence. Four major types of environmental influence – physical, social, economic and policy occur within the context of three levels of environmental influence – the macro (wider societal/policy), the meso (community) and the micro (personal interaction) level (ibid.). Drawing on Rhodes et al (2005) risk environment model, Shannon et al., (2007) identified several environmental risk factors for women engaged in survival sex in Canada which were found to mediate the women’s risk management efforts. At the macro level, constraints included drug use related motivations; at the meso level constraints included unsafe working environments and the negative impact of local policing; and, at the micro level limits on risk management comprised interpersonal relations with partners, pimps and violent clients. Shannon et al., (2007) argue for the usefulness of the risk environment model for understanding the broader structural and situational issues which impinge on sex workers’ abilities to implement active risk management strategies. Platt et al., (2018) in their meta-analysis of sex work research, describe how the concept of the risk environment has been employed to explore and understand sex workers’ experiences, how policing, stigma, and inequalities interplay to shape sex workers’ vulnerability to HIV, violence, and lack of access to healthcare and justice, as well as the potential for sex-worker-led interventions to challenge these harms.

The risk management of sex workers was the focus of an important ethnographic study by Sanders (2005) in the UK which looked at sex workers’ management of health, physical and emotional risks. Challenging the idea of sex workers as passive to risk, Sanders argued for understanding sex worker experiences as engagement in active risk management strategies by perceiving of risk along a continuum. Two dimensions of sex work and risk have been considered by Sanders (2005); the first takes account of the social organisation of sex work and the second identifies individual management of risk within this context. Indeed, a risk environment model cannot extrapolate risk experiences and risk responses from the wider policy context within which such risks are produced and reproduced.

2.5 — Intersections of vulnerability

As for other groups in society, multiple and intersecting forms of stigma and discrimination differentially shape experiences for sex workers on the basis of gender identity, sexuality, race, migrant status etc. Evidence internationally suggests such intersections ‘deny affected groups resources, opportunities, security and power necessary for the full enjoyment of human rights. Groups most affected by discrimination and inequality are frequently over-represented in sex work’ (Amnesty International, 2016a: 5).

While some sex workers, dependent on the intersections of their particular demographic, are more likely to experience stigma, violence, discrimination and limited access to justice, many authors draw attention to the manner in which particular sex workers are constructed as victims, passive to the risks that they face. Agustin (2004) argues that migrant sex workers are constructed as children, passive to risk and incapable of choice. While trafficking into and exploitation of individuals in the sex industry is an issue of concern demanding government action (UN, 2010), the universalising victimising discourses of migrant sex workers ‘works on the premise that if they do not recognise themselves as victims, they have neither their rights recognised nor their claims validated’ (Oliveria, 2018: 149). Furthermore, migrant sex workers are often pushed further underground criminalisation and fear the police because of the threat of detention and deportation (Oliveria, 2018; Platt et al., 2018). In Sweden, immigration legislation and anti-trafficking policies have been employed to deport sex workers (Levy and Jacobson, 2014; Platt et al., 2018). Below we look further at how law enforcement has been found to impact on sex workers’ experiences.

2.6 — Policing

In Norway, despite a legal framework which targets sex purchase and decriminalises the sale of sex, sex workers have been found to be subject to a high level of policing and are subject to targeting and penalisation (Amnesty International, 2016b: 8). “Preventative policing” strategies in this jurisdiction, which adversely target and impact on sex workers, involve attempts to “choke” or “crush” the market, in order to disrupt and unsettle those operating in the commercial sex sector. Sex workers then become a core target of surveillance, as a means to identify sex buyers, and in order to uncover the organisation of sex work. Being a target of policing operations affects how sex workers manage their work and safety and also affects sex workers lived lives. Research from Norway finds evidence of unlawful evictions on foot of the policing of sex workers (Amnesty International, 2016b: 8). The treatment of migrant sex workers under Nordic law involves further impacts on lives lived including the threat and reality of deportation.

In their meta-analysis of 40 quantitative and 94 qualitative research studies on sex work, Platt et al., (2018) found that differential policing practices affect sex worker health, safety and access to services. Earlier work from Brooks-Gordon (2008) considers state sanctioned violence against sex workers in the context of police practices to curb sex work activities, where surveillance and harassment as part of police practices creates and compounds stigma and hinders access to appropriate health services and supports. In particular, these negative impacts have been found to be experienced by transgender sex workers in criminalised contexts (Brooks-Gordon, 2008). In her research on New Zealand following the implementation of laws to decriminalise sex work, Abel found that decriminalisation of the sex industry has improved the relationship between sex workers and the police and that ‘the provision of human rights to sex workers through the decriminalisation of the sex industry has led to the minimisation of harms to New Zealand sex workers’ (2010: iv).

When client criminalisation laws are framed as a primary tool in a state’s anti-trafficking measures, Wijers (2015) points to the negative impact of anti-trafficking policies and measures on the human rights of other (non-trafficked) groups affected by them, in particular sex workers, migrants and refugees, arguing that ‘the body of research on the negative human rights impacts of anti-trafficking measures is ever growing’ (p.78). As Levy (2018: 9) argues from the Swedish context, ‘it has come to be seen as impossible to tackle trafficking, or indeed philosophically and discursively engage with it at all, without tackling sex work through criminalising sex purchase’. This conflation of consensual and non-consensual sex under Nordic style legal frameworks, ‘immateralise considerations of social justice for sex workers as well as legislation and policies that promotes their welfare and social inclusion’ (ibid.).

2.7 — Access to justice

Alexander (2001) argues that a context of risk exists when governance limits the power a sex worker has over his or her work increasing the likelihood of risk behaviours; ‘To the extent that the state apparatus ignores, or defines as illegal this “work”, an individual has little room to exert control over the sex “work” activities’ (Alexander, 2001: 3). In states where sex purchase is criminalised, sex workers’ become targets of police scrutiny (Amnesty International, 2016b) and efforts to avoid detection impacts on sex workers ability to firstly keep safe, and secondly limits their abilities to seek justice and redress when they have been subjected to abuse or violence (Lowman, 2000).

Compromising sex workers’ access to justice is a recurring feature across a number of studies of sex worker experiences under Nordic style laws (Levy, 2015; 2018; Amnesty International, 2016b; Platt et al., 2018; Brooks-Gordon et al., 2020). In their meta-analysis of the qualitative literature, Platt et al., (2018: 3) found that ‘in contexts of any criminalisation, repressive policing of sex workers, their clients, and/or sex work venues disrupted sex workers’ work environments, support networks, safety and risk reduction strategies, and access to health services and justice’. The reluctance of sex workers to report attacks, abuse and harassment in contexts where sex purchase is criminalised, compounds the sinister proposition that violence is an inevitable aspect of the experience of sex workers. While some international women’s groups and radical feminists support the utility of such sex purchase laws to send a symbolic message on sexual behaviour, there is little consideration of the impact on sex workers’ safety (McGarry and FitzGerald, 2018). When access to justice is conditional for some and differentially available across society on the basis of sex work law, this represents a violation of the human rights of sex workers (Amnesty International 2016a; 2018) and exacerbates the infringements on human rights that sex workers are exposed to. In their meta-analysis of 94 qualitative studies, Platt et al., (2018) found that the relationship between sex workers and the police, sex workers’ access to justice and their powers to negotiate with clients improved in decriminalised contexts.

Scoular and O’Neill (2008) regard the regulatory techniques employed to criminalise elements of the sex industry as a form of state feminism where neo-abolitionist policies perpetuate and legitimise more invasive systems of control which exclude women who do not assume a victim identity, who do not ‘self-responsibilise’ and who persist in sex work (p.18). In this way, discourses on rights for sex workers becomes invalidated and thus legitimises the reality of limited access to justice for sex workers who persist to expose themselves to potential risks in sex work.

Brooks-Gordon et al., (2020: 8) argue that ‘the distinction between ‘good’ women who deserve protection and ‘bad’ women who forfeited their right to protection against abuse implies two unpalatable propositions. Firstly, that sex workers may be abused with impunity. Secondly, that the right of women to be protected against violence and abuse is determined by their sexual purity or ‘honour’. Such a stance is deeply anti-feminist and not only harmful for sex workers, but for all women (Wijers, 2015). While differing views exist on how sex work should be governed, international research shows sex workers have long been denied fundamental rights and protections in relation to health, safety and well-being (Scoular and O’Neill, 2008; Levy and Jacobsen, 2014). Vast differentials exist in how they and similarly marginalised groups experience and access such rights (Fraser, 2010), leading to unequal and adverse health outcomes for them. It is within this context where the health and human rights of sex workers are compromised (McGarry and FitzGerald, 2018).

In contexts where sex workers’ harm reduction health services are relegated by neo-abolitionist policies promoting prostitution reduction, there are clear adverse implications for sex workers’ health and well-being outcomes (HIV Ireland, 2016). Such an approach has come to dominate law and policy on sex work in Ireland, creating significant obstacles to the realisation of positive health and human rights of sex workers in the Republic of Ireland.

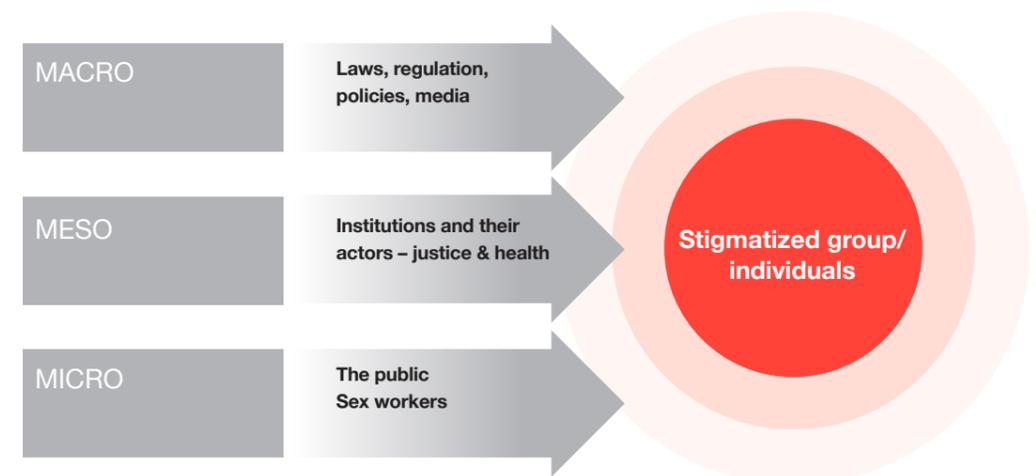
2.8 — Stigma

This project understands the experiences and vulnerabilities of sex workers as they access health and justice through the concept of stigma and structural violence. Differing from physical violence, structural violence is a product of, and becomes embedded within social structures as a result of power imbalances and unequal life chances (Galtung, 1990; Krusi et al., 2016; Farmer, 2004). For sex workers, regimes of criminalisation, poverty, racism and sexual stigma become institutionalised within society’s structures leading them to become internalised and seen as both natural and inevitable. For Masse (2007: 7), structural violence operates in two ways; firstly, where gender, class and ethnicity become structured thereby limiting individual behaviour and choice and secondly through ‘exposure of risk and access to health care’. Here we see how structural violence goes beyond the physical ‘to include assaults on self-respect and personhood’ (Scheper-Hughes and Bourgeois, 2004).

The criminalisation of sex workers and associated structural violence that impacts on their access to health and justice is understood through the underlying concept of stigma. Associated with sociologist Erving Goffman (1963), stigma separates individuals from wider society marking them out as bearers of a tarnished and discredited identity (Benoit et al., 2018: 458; Whitaker, Ryan and Cox,

2011: 1087). There are internal and external dimensions to stigma in how it is experienced in social interactions

(enacted stigma) and internalized by the bearer of the stigma (felt stigma) (Foley 2017: 52). Internalizing this ‘felt stigma’ leads to an expectation of judgment and discrimination that can lead to avoidance and secrecy, often detrimental when groups like sex workers seek access to health or justice. The stigma attached to sex work and prostitution is well documented. It is pervasive across all types of sex work, including legal forms like stripping (Trautner and Collett, 2010), male sex work (Ryan, 2019) and intersects with racism, homophobia and transphobia (Sanders, 2018). The stigma that sex workers carry can be concealed (Goffman, 1963). Managing this stigma can take the form of ‘passing’ or hiding or ‘covering’, a strategy of disclosure to a select number of friends or family members (Koken, 2012; Goffman, 1963). However, there is an emotional and physical cost of carrying a stigma that can be concealed or hidden and it is these strategies that sex workers engage in to control information related to their stigmatization, that can cause isolation, anxiety, loss of social ties, low self-esteem and the restriction of freedom (Oliveira, 2012, 2018; Koken, 2012: 211). Although the stigma of sex work can be concealed, in certain jurisdictions, like Senegal, public registration of sex work brings this identity into public view often with negative consequences (Foley, 2017).



2.9 — Health outcomes under models of (de) criminalisation

The Platt et al. (2018) meta-analysis reviewed 40 quantitative and 94 qualitative research studies published between 1990 and 2018 in English, Russian and Spanish. The analysis of the quantitative studies clearly showed that sex workers living in countries subjected to repressive policing measures were, on average at an increased risk of contracting HIV/STIs compared to those that were not (p.9). Repressive policing increased the use of sex without a condom across 9,447 sex worker participants from four studies. The analysis of the qualitative studies revealed that criminalisation regimes impeded and rushed negotiations with clients where there was limited time to screen potential clients or discuss safer sex (p.22). Criminalisation regimes acted as a clear impediment to safer sex practices with police using the possession of condoms as evidence of sex work.

Specific research projects give a greater insight into the difficulties that varying degrees of criminalisation present to sex workers. In Canada for example, criminalised aspects of buying and selling sex creates stigma and violence against sex workers who are seen as deserving of criminal sanction (Lyons et al. 2017:186). Trans sex workers specifically were afraid to report or seek medical assistance after assaults by clients for fear that they would be arrested for sex work (p.185-6). Here, accessing health care by sex workers is made more difficult by identifying as a stigmatized gender/sexual minority (Lyons et al. 2019: 10; Marin et al. 2013: 281). The impact of criminalisation on sex workers' ability to implement safety strategies was also present in Kruijsi et al's (2014) Vancouver study. Here sex workers reported that time pressure and risk of arrest meant they had insufficient time to screen clients and negotiate the terms of the transaction, which were increasingly happening in more isolated areas (p.6).

2.10 — Migrants and health care access

In Cameroon, research found that a history of violence impacted on current engagement with health services and as a barrier to condom use (Decker et al., 2015: 602-3). Migrants were particularly vulnerable in their ability to negotiate safer sex with clients and access health care, hampered by a lack of information in their native language. Marin et al. (2013: 281) found that 32% of their sample of sex workers in Argentina were undocumented migrants who feared deportation if they accessed health care services. Selvey et al. (2018:5) in their study of South East Asian female sex workers in Australia found a profound lack of sexual education, with 44% of women learning about safer sex from their clients. In New Zealand, where prostitution has been decriminalised since 2003, Abel's (2014) report revealed that most sex workers were accessing their GP for both general health (91.8%) and sexual health (41.3%). Local sexual health centres were the second most popular services utilized with one-quarter of participants stating it was their preferred option. Laverack and Whipple (2010: 37) also reported improved sex worker health outcomes in New Zealand, with 87% of all survey participants having a regular doctor and with sex workers less likely to report that they felt pressured to accept a client when they did not want to. However, working in a decriminalised legal environment is no guarantee of an absolute absence of judgement and stigma. Foley's (2017: 54) research on female sex workers in Senegal, who can work legally if they register at a government approved medical centre, reported that staff were frequently rude and judgmental about their choice.

2.11 — Mental health

Given that sex work is criminalised to varying degrees in most jurisdictions, the health of sex workers, including their mental health lies beyond the remit of occupational health. This is reinforced by a societal construction of sex work as a 'public health' problem with a focus on STI and HIV transmission (Rossler et al. 2010: 144). In the Rossler et al. (2010) study of 193 female sex workers in the Swiss city of Zurich, the research team found a higher prevalence of mental disorders among this cohort than the general population, although it was difficult to control for those who had conditions prior to their involvement in sex work. This disparity was associated with the range of violence, both physical and structural, to which women were exposed, even though a regulatory regime governed prostitution in the city.

3.1	Methodological overview
3.2	Approach to research
3.3	Research design: PAR
3.4	Methodology
3.5	Phasing of research
3.6	Sampling and recruitment
3.7	Methods
3.8	Ethical research practice
3.9	Methodological limitations

The commitment to a peer-led approach in this research seeks to challenge exclusionary research practices controlling knowledge production about sex workers. A qualitative methodology complements a design which seeks to empower sex worker participation in the research process and to centre sex worker voices.

EXCERPT FROM METHODOLOGY

3.1 – Methodological overview

The aim of this study is to understand the impact of the new Criminal Law (Sexual Offences) 2017 Act on the health, safety and well-being of sex workers. To this end, the researchers were tasked with the objectives of exploring perceived impacts through engaging with sex worker communities; centring sex worker voices including migrant sex worker voices and developing crucial evidence to inform policy and practice.

The approach taken through research design and methodology, which was found to be most appropriate in delivering key research objectives, is outlined below.

3.2 – Approach to research

The research takes place within a Participation Action Research (PAR) framework. The ISWRN researchers on this project are committed to working with community organisations in a meaningful way to pool knowledge, shape research design and conduct peer led research that seeks to find solutions to problems and initiate significant social change at policy level. The research is designed to engage in a dialogue with participants to uncover their needs and understand their worldview. The methodology facilitates a flexible research design, which can encompass multiple perspectives where the participants are not seen as passive actors in the research process. Focus groups are used within an interpretive perspective that seek to uncover meaning. This small-scale project is viewed as an initial exploratory phase of a potentially larger health and well-being action research project with sex workers in Ireland. Given the short time frame and limited funding available for this research, it was felt that it was neither practical nor appropriate to employ a pure participative model which is peer-led from initial research design

to the final stage of research dissemination. However, through the establishment at the outset of this project of a SWAI research advisory group (comprised of sex workers and sex work advocates) the research was conducted in a collaborative manner through is collaborative through peer informed fieldwork planning, peer-led research workshops and data collection and peer informed research reflection.

3.3 – Research design: PAR

The commitment to a peer-led approach in this research seeks to challenge exclusionary research practices controlling knowledge production about sex workers (Lynch, 1999). Researchers were guided by the PAR idea that group processes are at the heart of facilitating change (Chui, 2003) and availed of the opportunity to engage meaningfully with sex workers throughout the research process. The role of the peer researchers for this study involved:

1. Participation in an initial peer led discussion wi project start (June 2019) to develop fieldwork planning.
2. Participation as peer facilitators in a small number of focus groups (July–Sept 2019);
3. Participation in dissemination events including a conference and research reporting (Sept 2019–present).

A further phase following completion of the report of the findings arising from this study is:

4. Participation in a workshop discussion (scheduled for later 2020) to reflect on the key themes arising from the research to inform recommendations in the research report and identify next steps in terms of addressing the findings.³

³ The finalisation of this report coincided with the onset of the COVID 19 pandemic in Ireland and global wide necessitating the

A PAR design provides ‘the foundation for co-creating new knowledge as the basis of action for change’ (Ledwith, 2016: 144). While this project is limited by its size and scope, the researchers were motivated by the potential of initiating a process of change through a phased approach. As part of the proposal the researchers saw this small-scale project as a possible first stage of a phased approach in exploring the issues presenting. By employing a peer engaged approach and providing the basis for strengthening peer action in research and policy activism, further stages beyond the study might involve building towards a larger scale project including the development and piloting of a harm reduction toolkit/health and support intervention arising from the findings.

There are two key orientations to PAR according to O’Neill and Laing (2018 citing Fals Borda, 1988)– partnership approaches to designing, conducting and writing up research, and commitment to change processes. A fundamental aspect of this approach according to O’Neill and Laing (2018: 173) is: ‘a commitment to doing research that develops partnerships responses, shared ownership and innovative ways of consulting and working with sex workers that lead to actions, interventions and social change’.

3.4 — Methodology

The researchers, influenced by critical feminist praxis, were conscious of key considerations in the design and methodology of this study and what this means for the relationship between knowledge production and power in the research process. As detailed above, PAR was identified as the most conducive research design for delivering on the research objectives while maintaining a commitment to challenging structures which have long excluded the voices of marginalised communities, such as sex workers, from having a voice in research. A qualitative methodology complements a design which seeks to empower sex worker participation in the research process and to centre sex worker voices. Qualitative research draws on an inductive approach which builds from the research, and as a strategy it is ‘sensitive to how participants interpret their social world’ (Bryman, 2008: 26). In order to uncover these interpretations through a PAR the researchers phased the research in the manner laid out below.

3.5 — Phasing of research

At the initial stages the researchers consulted with the SWAI research support group in order to plan for the initial peer-led workshop. This group was established through SWAI as a group to:

1. Support and promote the project.
2. Provide advice regarding practical research matters (scheduling and managing fieldwork).
3. To collaborate with the researchers to provide support to peer facilitators.
4. To inform researchers of particular issues arising within communities which may have implications for the research; and
5. To be a trusted contact for ongoing support for sex workers as required during the research and beyond.

Our initial workshop was an opportunity to bring together a purposive group of sex workers identified and invited by SWAI for the purposes of engagement as peer researchers/facilitators. Two peer researchers were recruited, who chose the pseudonyms Whitney and Laura, along with a lead peer researcher from SWAI, Kate. In the initial meeting discussions included the research project; key issues arising for sex workers relative to the research theme, in order to develop data collection protocols for focus groups; identifying ways to recruit sex workers for focus groups; and the peer facilitation role in focus groups. The role of the researchers at this workshop was to provide information on the project, respond to questions, assist in developing the discussion guide for focus groups and provide input on the peer facilitation role in focus groups. Given the small pool of peer facilitators available and the small number of focus groups involved one or both peer facilitators would undertake these focus groups with support from one of the principal investigators (Kathryn or Paul).

Taking an inductive approach to the study, and centring the voices and input of sex workers from the outset, the kick start peer workshop was an opportunity to discuss the research topic itself, the kinds of issues currently arising for sex workers since the new laws were introduced, how sex workers’ health and well-being have been impacted in different ways and what needs to be done in order to address this. Discussions also took place around the kinds of questions that might generate useful discussion in focus groups (the focus group discussion guide is appendaged to this report – see Appendix 1). The data collection protocol covered key

concerns voiced by sex workers whilst also reflecting the core objectives of the study as set out by HIV Ireland – to uncover the perceived impacts to health, safety and well-being of sex workers under the new laws in Ireland, with a particular focus also on migrant sex worker needs.

3.6 — Sampling and recruitment

In conjunction with the peer researchers, it was decided that the best strategy for recruitment for the focus groups would be through peer outreach/invitation and this networking might allow for snowball sampling to occur through word of mouth amongst sex working communities. The peer researchers engaged in advertising the research through online fora (Escort Ireland, sex worker groups on social media) as well as through word of mouth in sex worker meet ups. SWAI allies in Limerick (e.g. GOSHH) and in Cork (Sexual Health Centre) were also important research advocates in advertising the study (research recruitment poster – see Appendix 2). In some instances, this generated quite a lot of interest, for example in the Dublin focus group, which had nine participants. In other venues numbers were smaller, due to a number of reasons including unavailability due to work/last minute cancellations. In Galway, the focus group had five participants, in Cork there were four participants and in Limerick there were three. While this led to over 20 sex working participants across the four focus groups, there was some cross over with peer researchers (four) attending all or some of these groups. In line with best practice in research with other marginalised groups (Shannon et al., 2007) and as budgeted for at the outset of this PAR study, a small compensation was offered to participants for their time and expertise in taking part in the discussions, and peer researchers were provided with a stipend for their role in facilitating the focus groups and for their time and expertise. Information sheets and consent forms were provided to each participant (a copy of this is appendaged to the report – see Appendix 3) and details on the process of obtaining informed consent are provided in the section on ethics below).

3.7 — Methods

Focus groups were chosen as the most appropriate method for generating data. Given the aim of the study was to explore perceived impacts of the law on sex workers health and well-being, it was felt that focus groups would complement and build upon on the ongoing work of SWAI, as a research partner, in bringing together sex workers to discuss their concerns, rights and support needs. Having peer researchers facilitate these discussions and having our SWAI research partners available in order to offer support and follow up with any individual, were invaluable aspects of the PAR approach as focus groups became both tool and process in the research. Regardless of numbers involved in the discussions, the focus group was a safe and positive space to bring people together to reflect on their experiences in solidarity with others, provide a sense of collective support and to allow opportunities for sex workers to develop ideas for change together. According to Morgan (1998) focus groups often ‘give a voice’ to marginalised groups. Indeed, the absence of such opportunities for sex workers to participate in democratic spaces on issues affecting their own lives became a major impetus for the research strategy.

Four focus groups took place with sex workers, led by sex workers, in Dublin, Cork, Galway and Limerick. Focus groups lasted between one and a half to two hours in total. The focus groups were digitally recorded by the researchers and this recording was securely stored electronically and encrypted under password protection. The recordings were transcribed verbatim, and all participants were anonymised. All participants chose a pseudonym for use for the purposes of the research and any identifying details were anonymised during the course of data transcription and throughout the research. Transcripts were held electronically and encrypted under password protection. No identifying details were gathered/held on individual participants.

The analysis included thematic coding of the data according to the overall objectives of the study. As focus group data allows for the coding of both content and process (the manner in which data is generated through group discussion) (Morgan, 1998), a picture could be built of the issues for sex workers as well as how the discussion generated data on group identified issues and solutions. Findings are set out according to issues regarding health, well-being, justice and the law for sex workers in the remaining chapter of this report.

rescheduling of research related events.

3.8 — Ethical research practice

Prior to commencing our research project, the research project, ethical approval was obtained from Maynooth University Social Research Ethics Committee. During this process the potential vulnerability of participants was acknowledged, including:

1. Sex workers are stigmatised for their work and disclosure has real implications for family and work relationships.
2. Sex workers may also be disclosing information of activities that are against the law e.g. sharing accommodation with another sex worker.
3. Sex workers will also be divulging personal health information about STI and HIV testing.

In order to address any ethical concerns, the provision of safeguards in the study were made clear:

1. The research utilised relationships already established between SWAI and other organisations such as GOSHH and sex workers who attend their coffee mornings or 'meets'. These organisations have experience in dealing with vulnerable clients. There is already trust and rapport established in which participants would feel they could enter and disclose information in a non-judgemental and confidential manner.
2. All prospective participants received a detailed information sheet with consent form prior to participating in the focus group. These forms were distributed on the day of the focus group and time was provided for the researcher and peer researchers to discuss with participants; the aim and objectives of the study; the purpose of the focus group and the nature of their involvement. This also included details on how the discussion would be recorded, managed, stored and eventually destroyed. Participants were also informed of their rights to anonymity, to withdraw from the study at any time, how the focus group would be a confidential space, and how data would be managed in a confidential manner (copy of this information sheet and consent form – see Appendix 2).
3. Research partners are available for follow up supports, can arrange for legal advice to deal with legal queries of participants and can provide access or referral to sexual health services to deal with health-related matters.
4. Participants will be free to opt out of the research without affecting their relationship with SWAI/GOSHH.
5. The PAR methodology that facilitates the focus groups to be peer led with the researchers present greatly reduces traditional power relationships within the research process.
6. Committing to not just employ standard anonymization procedures but going further to disguise certain biographical features of the participants.

3.9 — Methodological limitations

As a small scale funded project, the researchers were aware from the outset that the research would be limited in scope. While they would have liked to have incorporated a range of perspectives and a triangulation of method, it was not possible to do this in an effective manner in the time available. The researchers had attempted to contact service providers with a brief open-ended email questionnaire on their perspectives, from their experiences of working with sex workers, of sex worker health, safety and well-being under the new laws. Unfortunately, they did not get the response rate we would have hoped for in the time available and we were unable to proceed with this part of the research.

The researchers were aware that in small scale studies, reliant on snowballing methods of purposive sampling, it can be challenging to ensure the diversity of participants. It was possible, through purposive sampling, to include migrant sex workers. However, they did not include quotas on other key demographics including male sex workers, trans sex workers and sex workers from different sectors. Some male sex worker and trans sex worker voices were included in the focus groups, and the researchers acknowledge that the participants were in some way networked to our peer researchers in SWAI, SWAI research advocates in Limerick, Galway and Cork and/or heard of the research from information communicated through SWAI online and through sex worker groups on social media. Sex workers not engaged in these fora did not have an opportunity to lend their voice to the research and this may have included sex workers isolated from sex working communities and/or in very vulnerable and exploitative situations. Nevertheless, the researchers were satisfied that the focus groups undertaken provided an important, exploratory first stage in a project to identify key health and human rights concerns for sex workers in Ireland today, provided important evidence to inform the review of the Criminal Law (Sexual Offences) Act and instigated an approach to research that builds solidarity among sex working communities. Taken together these methodological achievements provide much potential to build upon in further related study.

04

Experiences of Sex Work and the Law

- 4.1 A context of structural violence
- 4.2 The framing of the law and the 'inevitability of violence' discourse
- 4.3 Impact on access to justice
- 4.4 Structural violence – exposure to harm
- 4.5 Everyday violence – laws affecting views and behaviors
- 4.6 Everyday violence – wider effects on lived lives
- 4.7 Intersections of vulnerability
- 4.8 Migrants sex workers and everyday violence
- 4.9 Everyday resilience

This study found that the lived effects for sex workers under current sexual offences laws include the targeting of sex workers, a climate of mistrust and fear both among sex workers and in relation to the authorities, effects on lived lives outside of sex work and particular effects on migrant sex workers. Taken together the findings from this study suggest that the authoritative gaze of the law is negatively impacting sex workers lived lives, and sex workers report feeling hampered in accessing justice, compounding the marginalisation they are experiencing.

EXCERPT FROM EXPERIENCE OF SEX WORK AND THE LAW

Findings from the focus groups reveal much about the context of engaging in sex work under criminal laws in Ireland. While sex workers engage in active risk management efforts to protect their health, well-being and safety, such efforts are compromised in a context where sex worker rights are deprioritised. The concept of structural violence (Gultang, 1970; Krusi et al., 2018) has much resonance in the findings. This chapter considers how the data shows sex workers negotiating their everyday lives in a context where unequal power relations shape sex workers experiences of managing their health and welfare, their ability to mitigate violence and their access to justice.

4.1 – A context of structural violence

A wealth of international evidence points to the negative impacts of criminal laws on sex workers, compromising their health, safety, well-being and access to justice (Brooks-Gordon et al., 2020; Platt et al., 2018; Levy and Jacobson, 2014). This study found that the lived effects for sex workers under current sexual offences laws include the targeting of sex workers, a climate of mistrust and fear both among sex workers and in relation to the authorities, effects on lived lives outside of sex work and particular effects on migrant sex workers. Taken together the findings from this study suggest that the authoritative gaze of the law is negatively impacting sex workers lived lives, and sex workers report feeling hampered in accessing justice, compounding the marginalisation they are experiencing.

So in one way it's very simple, it's very small, it's legal infrastructure, it's labour rights; and in another way it's really complex, it's really huge, it's culture and society shifting their mindset about how they see us.

The notion of how structural violence operates in the context of sex work is succinctly illuminated in the words of the lead peer researcher Kate at the Galway focus group:

There's a line in 'Revolting Prostitutes' and I think it so brilliantly encapsulates our situation. It's talking about a horrific spree of outbursts of sex workers being murdered in England, and it's talking about what these women needed was so small but also so huge at the same time, so simple and so complex....

So in one way it's very simple, it's very small, it's legal infrastructure, it's labour rights; and in another way it's really complex, it's really huge, it's culture and society shifting their mindset about how they see us.

The idea of how sex workers are perceived, by authorities and by society is a recurring theme in the findings of this research as sex workers make sense of their differential treatment under the law and their differential exposure to risk and harm. Krusi et al (2018) point to the macro social arrangements (such as in this case Ireland's laws criminalising sex purchase) which render certain populations vulnerable to harm (in this case sex workers in Ireland). Considering how structural violence and everyday violence operates in the context of sex workers' lived lives, the researchers considered findings from the data in terms of look first at findings from our data in terms of how sex workers see the framing of the law as shaping a particular discourse which harms sex workers.

You're a victim so you need to be taught a lesson. You're victimising yourself by doing all these evil things, and it's like you're an errant child that need to be put back in line.

4.2 — The framing of the law and the 'inevitability of violence' discourse

Many commentators have reflected on the framing of sex work purchase laws/Nordic style legislation and how, contrary to official rhetoric to protect sex workers by ending demand, these laws have created a context of risk for sex workers and heightened their exposure to harm (Ostergen and Dодillet, 2011; Levy and Jacobson, 2014; Sanders and Campbell, 2014; Levy, 2014; Krusi et al., 2018). Participants in the Dublin focus group discussed the disconnect between official framing of laws and the lived reality of its implementation:

Lee: The police are cracking down, they aren't even pretending that enforcing this law is something that is about sex workers as victims, and protecting women, they're not even pretending. They're doubling down on the brothel-keeping law in just sweeping rates.

Gina: And there's parts of the government that will say that it's to protect them, but it's not how it's playing out at all...In the Irish mind, what I've learnt over the last few months, protection is a very open-ended idea, it's like they more want to protect you from yourself and your evil ways. That's the attitude, that's how it is, wretched woman, wretched is one of the words that comes to mind, these wretched women need to be brought into line and protected from themselves, that's their version of protection.

Kay: You're a victim so you need to be taught a lesson. You're victimising yourself by doing all these evil things, and it's like you're an errant child that need to be put back in line.

This experience is echoed in other international research where sex workers are framed in particular ways which impacts on the shaping of the risk environment they are exposed to (Brooks-Gordon, 2006; Sanders and Campbell, 2015; Krusi et al., 2018). Amnesty International in their 2016 policy statement on sex work state that 'sex workers also frequently face censure, judgement and blame for being seen to transgress social or sexual norms and/or to not conform to gender roles and stereotypes because they are sex workers' (p.6).

Kay: You can't be trusted to make your own decisions.

Laura: And by doing this they allow the abusive people to come to us and do exactly what they're afraid of.

Whitney: And for that to be justified under the guise of morality.

Gina: Ya, and the average middle-aged lady would probably say "ya she deserved it, she shouldn't have been doing that to be honest with you, she shouldn't have been doing that, she brought it on herself".

Lee: That's actually what Judge ___ said, "nobody made you do this", which shows a real misunderstanding of history and patriarchy and many other things. (Dublin focus group)

Scoular and O'Neill (2008) regard laws which criminalise aspects of the sex industry as feeding into a system which frames women as victims, those who persist in sex work need to 'self-responsibilise' and exit the industry. Such a framing implies that support and protection is only available to those outside of sex work and not for those who 'persist' in sex work.

As a sex worker if someone does something to me, I should be able to find someone to help me. But I absolutely cannot, even though I am just doing a job like any other job.

4.3 — Impact on access to justice

Many of the participants described reluctance in reporting violence or harms to the authorities. This reticence was explained as being borne out of the perception that sex workers will not receive the same treatment under the law as other people. One participant in Dublin highlighted how the right to justice is not available in the same way to sex workers:

I one hundred percent agree with decriminalisation, because what that now does is, it allows what we're doing to be work. To simply be able to like... if I'm a barista and I make coffee and somebody sprays it into my face, I have the ability to call someone to help me. As a sex worker if someone does something to me, I should be able to find someone to help me. But I absolutely cannot, even though I am just doing a job like any other job (Piper, Dublin).

This view is echoed by a participant in another focus group who described their reluctance in reporting violence to the Gardaí. This experience relates to previous findings in contexts where the purchase of sex work is criminalised, and reluctance to report violent incidents to police has compounded sex worker experience of everyday violence (Krusi et al., 2018).

Well, first off, I would say, no, there's not any support at all. The only support that we have found has been sex worker led support, where we've had SWAI and stuff like that. But still is very little, SWAI can't do everything. To me, there is no services, everything that there is, there's no place to go if you're hurt, I mean I would never go to the cops in a million years. Where are you going to go, who are you going to say anything to? (Piper, Galway).

To me, there is no services, everything that there is, there's no place to go if you're hurt, I mean I would never go to the cops in a million years. Where are you going to go, who are you going to say anything to?

In its 2016 policy on sex work, Amnesty International calls for states to '[e]nsure that sex workers are entitled to equal protection under the law and access to justice, and are not excluded directly or in practice from the practice of anti-discrimination, labour, health and safety and other laws' (Amnesty International, 2016a: 11). The reality for many sex workers in this study is that, even when they have been subjected to violence or sexual assault, they have not sought help from authorities or legal redress as they do not feel they would be offered equal treatment or entitled to equal protection. One participant Lola, a migrant sex worker in Dublin, sadly described her experience of being raped and in the aftermath of this incident felt unable to report the incident to authorities or to inform health services in order to receive the appropriate health and legal response.

Well when that thing happened to me I was afraid, I didn't go to the police because I didn't know the consequence so I prefer to stay at home. The next day I went to the health centre. So I was waiting to receive help, but I didn't, well not enough, so maybe if we start to say what we are doing and the people don't judge it could be better. But it's society, so we can't change their minds, the way they think about us. But I really don't know what is better now. I just want to have support now to the community, and then the institutions and police (Lola, Dublin).

This experience underlines the manner in which sex worker perceptions of how they are viewed impacts on their ability to manage their safety and also impacts on their trust in the authorities to protect them and be responsive to their needs. In Lola's words, 'it's society, so we can't change their minds' and in Piper's words 'there's no place to go if you're hurt'. These views reflect the ideas underpinning the concept of *symbolic violence* in the literature, whereby those most marginalised accept the natural order of things, often internalising responsibility for being perceived as lower in the social hierarchy (Krusi et al., 2018). The upshot of this means that sex workers adverse circumstances are compounded where there is a perception amongst sex workers based on their experiences of their being no easy path to seeking protection, or there is a reluctance to seek justice. These experiences are mirrored in international studies which reveal how macro legal contexts which criminalise aspects of the sex industry create conditions affecting sex workers' experience of exposure to risk, ability

to manage risk and ability to seek justice (Brooks-Gordon et al., 2020; Amnesty International 2016b; 2018; Levy, 2014; Levy and Jacobsson, 2014; Mai, 2009; Dodillet and Östergren, 2011). These very issues are strikingly illustrated in the words of the peer researcher Laura below.

...they allow this group in society to feel so scared, to feel so vulnerable, and marginalised, and thrown away, and ostracised, that this group would do anything, literally anything, to avoid the consequences of having to go to the police, of being found out. So many people live absolutely horrible lives, not because of what they do, but because they don't have any protection when anything happens, unlike any other group in society (Laura, Dublin).

At the same time, many participants spoke about the need for sex workers to have a voice and how, in order to be responsive to sex worker needs, sex workers need to be able to speak and to be heard. Kay, in the Dublin focus group aptly described the importance of sex workers to have the freedom and space to name their experiences. Moreover, this need is most pronounced for those who are most vulnerable:

I think that is something that would be helpful here, is people recognising that this is their life and their right, and they can stand up and speak out, and obviously it's not made easy, and the people who do need to be heard the most are told to shut up the most. So just having that freedom, of being able to say these things without fear of being persecuted for it. And that falls under freedom of speech, but for goodness sake, the freedom of speech to what degree. I mean what degree are we actually free to speak our minds and to say what is happening in our world (Kay, Dublin).

The manner in which sex workers are silenced and denied justice is a recurring theme in research on contexts where sex work is criminalised and where Nordic style "sex purchase" laws operate (Levy, 2014; Levy, 2018; Amnesty International, 2016b; Platt et al., 2018; Brooks-Gordon et al., 2020).

So many people live absolutely horrible lives, not because of what they do, but because they don't have any protection when anything happens, unlike any other group in society/

4.4 — Structural violence – exposure to harm

Many of the participants across the different focus groups spoke about the constraint in implementing effective risk management strategies with clients given their marginal status under the law, which is seen as further diminishing sex workers' power in interactions. Cassandra and Freya in the Galway focus group described their experiences of being vulnerable due to the need to work alone to avoid detection. Mirroring findings from research on the experiences of sex workers in Northern Ireland following the implementation of the sex purchase ban there (Ellison et al., 2019), sex workers have found that sex working in the Republic of Ireland has been riskier and more dangerous. Cassandra also drew attention to her background as a migrant which locates her at a particular intersection of vulnerability to structural violence. While participants challenged the victimising discourses associated with dominant ideas of sex workers, they recognised the contexts within which they were located which shaped vulnerability in particular ways.

The manner in which clients feel they can deal with me in particular, with all of us sex workers, but me in particular from my background or whatever, has worsened. I have never in my life, like there are the old time-wasters, and then there are the new ones, and they are out here... you can almost smell them getting high off this idea that you're this tiny weak victim or whatever, and they just have zero respect (Cassandra, Galway).

Isolation, working alone. I have ...I could work with a friend. It's probably not such an issue... But the isolation is intense. And the risk is intense. And not being able to screen, and this is something that I read, I hadn't really thought about it, I don't get asked that much am I alone in the house, but I do get asked am I alone in the house and I understand that this has got worse because of the whole independent thing, and are you going to a brothel, are you not going to a brothel, are you going to someone independent. But I do find it hard to screen people, so if anyone asks me that I just won't see them. But I could be turning down a good client, who knows. Yeah, I don't work from hotels, I work alone (Freya, Galway).

But it is scary that you can't work with someone, and it can be as simple as being able to say "there's somebody else here". Just being able to say "there's somebody else here" can sometimes be enough to deter somebody from doing something.

It was the fight on the top of the law changed. But it is scary that you can't work with someone, and it can be as simple as being able to say "there's somebody else here". Just being able to say "there's somebody else here" can sometimes be enough to deter somebody from doing something. When I worked in other places, and we were working alone, we would sometimes just put a television on to make it seem like there was somebody in the other room, even though there wasn't. Like put the television on, shut the door, be like "oh there's someone in the back room", and then if they got near the room they would hear the television so they would think that. But now there's no... I can't say that anymore, it's not a threat anymore (Piper, Galway).

Participant narratives tell of experiences of 'everyday violence' (Scheper-Hughes and Bourgois, 2004), whereby contexts shape and normalise the experience of violence as part of sex work. Maher (1997) argues that the victimisation of sex workers is a part of a continuum of violence in their lives. O'Neill and Barbaret (2000: 129; citing Edwards, 1990) contend that 'victimisation reflects women's lack of power to demand safe working conditions and police protection'.

The need for sex workers to isolate themselves and work independently in order to avoid detection is something which emerged as part of discussions in focus groups. Many sex workers described the precarity of managing work without a friend for support, and how having this deterrent as part of their risk management repertoire is no longer an option:

Ya obviously I can't speak for the change [in the law] because obviously I wasn't here before...

For sex workers in this Cork focus group, having the safety of working with trusted friends is not an option as they are fearful of breaking the law. Discussions revealed a recent case in which two sex workers were imprisoned under the Criminal Law (Sexual Offences) 2017 Act. This was at the forefront of some participants minds.

Facilitator 2: If you were allowed to – if the law was different and you were allowed to have someone with you...

Daisy: Oh, it would be fantastic! Fantastic, it would be great, you could tour, I wouldn't have to worry about getting thrown out of a hotel. You could be upfront. I would really like if there was, like there are apartments, but I would be afraid to rent them to other girls.

Lena: But you can do this if you want, you can come touring with me if you want.

Daisy: Breaking the law, I won't do it. They put two girls in prison, they gave a 20 and a 25 year-old pregnant woman nine months of prison. I'm so angry about that, so angry about that. (Cork focus group)

As noted in the research on experiences of the sex purchase ban in Northern Ireland, '[s]ex worker rights activists and have argued that others forcing sex workers to work alone increases their risks of victimisation since there is no one to assist in the event that the sex worker is attacked or assaulted by a client' (Ellison et al., 2019: 160). The majority of sex workers surveyed as part of the review of the sex purchase ban in Northern Ireland (63%) felt that working with a colleague/friend would make them feel safer.

4.5 — Everyday violence – laws affecting views and behaviours

Findings from this study suggest that whilst sex workers seek to protect themselves from attack in an increasingly constrained environment, there exists an ongoing atmosphere of violence and harassment which sex workers try to manage in their everyday lives. Previous research on sex work has drawn attention to the connection between the stigma sex working communities face and their exposure to violence (Lowman, 2000; Kinnell, 2006; Lyons et al., 2014; Platt et al., 2018; Krusi et al., 2018). Participants in the Dublin focus group described how, in their experience, the laws have created a context which affects the attitudes and behaviours of not only clients but wider society towards sex workers. Lee suggested that as the law frames clients as criminals, they will act like criminals towards sex workers. Piper and Gina concurred noting the consequences of framing men as criminals means sex workers are not being afforded a voice, are being disrespected and have limited capacities to keep safe.

It's also like increasingly, the government, society, everybody, the media, is telling these guys "you're criminals, you're scumbags for doing this" etc., and so that's how they act. It really breeds a culture, it fans the flames of them acting on bad behaviour with us (Lee, Dublin). That's one of the consequences of entitling them to that, them knowing that we don't have a voice (Piper, Dublin).

[...]

Well as I said, there's been a marked decrease in respect for the girls, that's the one thing that I've seen over the years, the respect has gone down and down and down. Girls are mistreated, and there's a lot more crime against girls because they're just not safe anymore, and nobody wants to take the chance of working with another girl, even having a friend sit with her while she's working (Gina, Dublin).

Girls are mistreated, and there's a lot more crime against girls because they're just not safe anymore, and nobody wants to take the chance of working with another girl, even having a friend sit with her while she's working.

4.6 — Everyday violence – wider effects on lived lives

For sex workers, being subjected to discriminatory practices is an effect felt in their wider personal lives. Reflecting the findings from other studies internationally (Skilbrei and Holmstrom, 2011; Levy and Jacobson, 2014; Amnesty, 2016b), the research has found that criminalising demand has adverse impacts on sex workers lives outside of their sex working, with some participants discussing experiences of being evicted from their homes without reasonable grounds.

I was evicted from my work premises because of police involvement and the pressure of the landlord into not renewing my lease (Whitney, peer researcher workshop Dublin).

Whitney's partner Piper further discussed this situation in the Dublin focus group, where their sex working came to the attention of the authorities, and the police in turn contacted their landlord in order to ensure eviction.

I mean it's also since the laws came through, homelessness has worsened, and the housing crisis keeps getting worse and worse, and even when you are legal, like in our instance the police made sure to contact our landlord, to make sure that our lease wasn't renewed, and then since that we've been onto people who the landlord was contacted, and told they were a third party making money through sex work and then the girls are getting evicted, so they're putting people out on the street during a housing crisis (Piper, Dublin).

Participants in the Galway focus group felt similarly that the current laws limited sex workers' opportunities for demanding equal treatment before the law:

I think that's such a huge thing right now, that they're doing so many more raids and even when people know their rights, it's so hard in that moment to assert them, people just want to take the path of least resistance, people don't want to take or catch a case, and they're just rampaging based on all of that and just dispersing workplaces left, right, and centre because they can get away with whatever they want (Kate, Dublin).

It's a cop free-for-all, and the law makes it a free-for-all, they literally can come after you for anything they want to. They can make up whatever they want to (Piper, Galway).

From the perspective of criminal laws in the UK, Kinnell (2006) argues that the law and how it is enforced is directly connected to and shapes the violence that sex workers experience (Sanders and Campbell, 2014). This is echoed in research on sex workers experiences in Sweden following the sex purchase ban (Ostergen and Dodillet, 2011; Levy and Jacobson, 2014; Levy, 2014) where there has been found to be an exacerbation of stigma and discrimination faced by sex workers and difficulties reporting such violence to authorities. For some sex workers, there are other issues which exacerbate the everyday violence they are exposed to. Some of these issues are considered below.

Furthermore, participants in the groups felt that the existence of these laws deterred sex workers from organising for rights and solidarity. Laura and Kay discussed how some sex workers are more vulnerable to the marginalising effects of these laws, such as migrant, LGBT trans and intersex sex workers, and are fearful of trusting organisations tasked with advocating for their rights.

Which is exactly how the situation is, migrants are terrified of the law, and will hide, and it's really difficult to reach out. We've heard criticism about not reaching out to more marginalised communities, but people don't have any idea how hard it is to, because migrant communities, and LGBT communities, and the intersex communities are very tight and they protect each other, because who is going to trust an organisation in this situation, it's insane (Laura, Dublin).

And that mistrust is being put on them on purpose, it's being designated on purpose, that threat and that fear, it is meant to divide, and it is meant to make people cower and take a step back, and either stop doing this altogether, or do it in the shadows, where you belong. They won't let you just live your life. They're going after the people they know they can bully the most (Kay, Dublin).

The fact that some sex workers face additional intersectional discrimination and marginalisation including migrant sex workers and sex workers who are LGBTI is well documented (Amnesty, 2016a, Oliveria, 2018).

4.7 — Intersections of vulnerability

Discussion in the focus groups point to the very intersections of vulnerability which render some sex workers more marginalised, having less of a voice and more invisible in research and in policy arenas.

Peer researcher Whitney and her wife Piper drew attention to the Dublin group:

There's also the intersection of what you're bringing up about being trans, or just being LGBT anyway, and being queer, or being migrant, or being disabled in some way, and you add sex work to any of those things, and you're already receiving stigma for something that's a part of who you are, that you cannot change at all, anywhere you turn to for help, they're going to be judging you for who you are, and what you do. And so you're just that much more endangered. And there's a massive intersection as well with people who are in sex work for those reasons (Piper, Dublin).

I don't know if I ever would have done sex work if I wasn't trans and intersex. We also live in a country, maybe the entire planet, where you never see any trans people, Irish, despite our progress, the trans community is very much underground, there's many of them that are young, [...] But you never see any because nobody will hire us. Because again, for fear of jeopardising my wife's citizenship, I've gone back in the closet for work, I wear a chest binder and go back to work like previously. I'm back in the closet just to make ends meet (Whitney, Dublin)

Because that's what it takes these days (Piper, Dublin).

You've gotta do what you gotta do (Whitney, Dublin).

Findings from this research suggest that intersectional discrimination is a feature of life for some sex workers and reflect Amnesty International's (2016a: 5) view that 'multiple and intersecting forms of discrimination and structural inequalities have an impact on the lives of many sex workers and can play a role in an individual's decision to engage or remain in sex work'. We turn now to look at how everyday violence impacts on the lives of migrant sex workers arising from the findings of our study.

So there is a group there that just carries on with any type of abuse because the consequences for them is going to be way worse... nothing is going to be done about it because that is the way they look at migrants in the first place, as people who are lower than anyone else.

4.9 — Everyday resilience

While sex workers in this study discussed the intersections of vulnerability shaped by current laws and practices which creates structures of violence, they spoke of their active risk management strategies (Sanders, 2005) and approaches to building 'everyday resilience' (Scheper-Hughes, 2008). Recognising their right to protection and to justice, sex workers discussed what needed to be done in order to strengthen their abilities to manage and respond to risk.

Sex workers spoke about the need to extend the capacities of community policing/Garda liaison personnel in order to better respond to sex workers. Part of this would necessitate disaggregating Garda liaison work from Garda vice operations work, in order to protect more vulnerable sex workers who are undocumented.

If I can just jump in on protection, and back to the inadequate services. We need an An Garda Síochána rep who is willing to work with sex workers whilst following their ethical guidelines, because we all know that ain't been happening so far. And that all goes back to what you were saying about building a different culture, where the Gardaí don't feel like they can take the fucking piss (Cassandra, Galway).

Well we have Liaison Officers, but they need to not be an actual part of Operation Quest. There needs to be an actual firewall between them and immigration, so they don't have to tell if someone is undocumented, so that they can't tell (Kate, Galway).

Furthermore, solidarity across sex working communities and engaging with other sex workers for support, information-sharing and friendship was described by sex workers as important in terms of building their capacity to manage risk, for everyday resilience. Roberto, a migrant male sex worker, in the Dublin focus group described the isolation he felt from support and also from knowledge on the law and rights while working here. Through his own research he found SWAI and received support:

I don't know a lot about laws, I don't know about bad clients [...] I would like to know what's the right way to act apart from defence for myself [...]. And what should I do if the police is not doing his right job, like if they want to take advantage of me that I'm a migrant, I need a lot of education. Well the few things that I know is thanks to Kate, so you helped me when I had a bad experience.. so that night I Googled what was the situation with sex work in Ireland, if it was legal, and I found in Wikipedia SWAI, I got the name of the organisation, and I found it on Facebook, and that night I contacted Kate, and the next day I met her. So I was almost crying that day, but the next day I got help, and those few things that I learnt that day helped me a lot. And now that I'm hearing more bad stories, I feel a bit scared again. So I would really like to learn more about what to do if something bad happens (Roberto, Dublin).

This research provided considerable evidence of the importance of solidarity among sex workers, for keeping safe and for support in accessing health and harm reduction information and services, justice and knowledge on rights. How participants experience and manage health, health risks, health services and supports is considered below.

...anywhere you turn to for help, they're going to be judging you for who you are, and what you do.

4.8 — Migrant sex workers and everyday violence

The intersectionality of vulnerabilities in this regard can be seen in the data in particular where migrant sex workers discussed their need to be “doubly invisible”, in terms of both their sex work and their migrant status and how this creates a particular context of risk and vulnerability. Participants in this research included migrants who are undocumented or who have a conditional visa (limiting the number of hours they can work legally for example). For migrant sex workers in this study, becoming invisible in order to manage their sex work and their status is part of the context of structural violence in which they operate in Ireland. As Levy (2018) argues, the evidence emerging from sex workers in countries where the sex purchase ban operates goes against what proponents of the ban lauded in terms of how it protects sex workers from harm by criminalising demand.

Laura, a migrant sex worker, discusses how her migrant status renders her sex work illegal under current Irish laws, creating a particular context of risk for her work:

Ya, because with this law, it only protects Irish citizens. Still there are reports that women are not being listened to, even if they are legally doing it, but if you are in anyway illegally doing it, any way, if clients would prefer to go to someone who is legally doing it, imagine what kind of client will be coming to us that are illegal. No one wants to be in a position to be a criminal, so what kind of clients are going to come to us that are illegally doing it (Laura, Dublin).

Cassandra in the Galway focus group describes how she is fearful of authorities so could not report experience of violence for fear it would jeopardise her citizenship application:

There are many things that I don't do because I'm afraid... I don't interact with the police for any reason, let's say someone attacked me on the streets, I would still not likely go to the police, because I would be afraid that I might not be able to get my citizenship because I might be on a police register because I was attacked (Cassandra, Galway).

Amnesty International (2016a) note that some sex workers such as migrant sex workers are subject to discrimination on the basis of their migrant status, race or ethnicity and that this may lead to ‘a heightened risk of human rights violations in sex work, including higher rates of criminalisation, abuses of power or discrimination by authority figures such as police officers, judges and magistrates’ (p.6).

Laura described how her experience has made her fearful of detection by the authorities as she seeks to manage her sex work in covert ways. Indeed, seeking to remain invisible means that putting yourself forward in order to connect with other sex workers, and represent sex workers through activism is very difficult for migrant sex workers.

I think when you are a migrant you are terrified of immigration and you would do anything, literally anything to escape that... But also the other way of work, if you are so marginalised you cannot afford to put your face forward, you are terrified of organisations in general. And for migrants you would rather die than face the consequences of going to the police because not only are you going to be outed you can go to jail. So imagine explaining this to people around you because we are not criminals, we are just regular human beings. Imagine explaining to your mum that you are being jailed in a different country because you are doing sex work (Laura, Dublin).

Laura explained further how, trying to avoid detection exposes migrant sex workers to a particular atmosphere of everyday violence, describing this in terms of symbolic violence (Krusi et al., 2018), where a perception exists of where migrant sex workers are on the social hierarchy, compounding and normalising their risk experiences.

So the stigma, and then the stigma around it, you cannot speak about this to anybody. Not only because people are not trustworthy and they might out you and they might cause you trouble with immigration but also, and immigration is a big thing, but also because of the way they are going to look at you. Even other migrants, you are in their country ...but you are seen as lower than anyone else. So you have to be invisible as much as you can and that obviously will push you into danger, you are going to put up with a lot of things. So there is a group there that just carries on with any type of abuse because the consequences for them is going to be way worse... nothing is going to be done about it because that is the way they look at migrants in the first place, as people who are lower than anyone else (Laura, Dublin).

This idea of becoming visible, and being doubly invisible as a migrant sex worker is starkly illuminated as part of a discussion in the Dublin focus group:

Whitney: You want to be invisible...

Laura: And that is a dangerous thing, when you want to be invisible, dangerous things happen.

Whitney: Ya, because you're in the shadows, and that's where all the monsters hide.

05

Experiences of Sex Worker Health Management

- 5.1 Disclosure of sex work to health professionals
- 5.2 Strategies to avoid disclosure
- 5.3 Deficiencies in existing sexual health provision
- 5.4 Negotiating safer sex
- 5.5 The impact of the law on negotiating safer sex
- 5.6 Mental health and well-being
- 5.7 Isolation and the lack of community

Research participants felt that, as sex workers, the law [Sexual Offences Act 2017] had created an environment which encouraged clients' demand for more unsafe sex creating a more widespread expectation. The disappearance of regular clients after highly publicised brothel raids left sex workers vulnerable to accept clients they previously would have declined over a health concern or a potential risk of aggression or violence.

EXCERPT FROM EXPERIENCES OF SEX WORKER HEALTH MANAGEMENT

5.1 – Disclosure of sex work to medical professionals

Several international studies suggest that non-disclosure of involvement in sex work to health service professionals is a barrier to accessing comprehensive health care (Lazarus et al., 2012; Benoit et al., 2018; Slabbert et al., 2017). Stigma is reported as key motivating factor in this non-disclosure. While stigma can be enacted, for example by shunning, the internalization of stigma can lead to shame, self-hate and self-derogation (Whitaker, Ryan and Cox, 2011: 1087). It also creates an environment where sex workers feel compelled to develop strategies to hide their involvement in sex work, a process that increases stress and contributes to negative health outcomes (Lazarus et al. 2012: 140; Benoit et al., 2018). In Jeal & Salisbury's (2004: 516) study of sex workers in the English city of Bristol, 83% of their respondents had failed to disclose their involvement in sex work to their GP, leading to low take-up of preventive health care services. In Oliveira's (2018: 20) study of male and transgender sex workers, 61% of participants said they had never disclosed sex work to a health care professional. For transgender workers, the research found that participants were afraid how such a disclosure of being a sex worker would affect subsequent medical or therapeutic interventions they may need (p.20). Participants in this research expressed a similar reluctance to disclose their experience of sex work with a range of health professions, recognising, with regret, that this hindered their ability to receive holistic care.

I don't like the subterfuge; I can't go to my GP and say 'test me there I'm doing this job' ... I could never go to my GP. And my GP is very open-minded, I just wouldn't want her to know.

You just can't be honest with your health professionals, about what it is they do, and why they are at risk, and they can't get access to the proper healthcare, because they can't say. And it is important for your healthcare professional to know, it's sort of like being a smoker and you can't tell your doctor you're a smoker, and then you die of lung cancer. You have to be able to tell those things, but you can't (Piper, Dublin).

I don't like the subterfuge; I can't go to my GP and say 'test me there I'm doing this job' ... I could never go to my GP. And my GP is very open-minded, I just wouldn't want her to know. I have come here [sexual health clinic] once when they did have a doctor for the testing, that was fantastic, but I got an awful grilling. It was before I ever came to the meetings here, it was oh... I felt dirty afterwards, I got a serious grilling like. I didn't tell them I was a sex worker, I had to make up a big lie, 'oh I've discovered my boyfriend's been unfaithful' and I gave them a false name, everything was false. And they did the tests and the tests were fine, it's the subterfuge that I don't like (Daisy, Cork).

The fear associated with disclosure is well founded with a large body of research pointing to insensitive and abusive language being used against sex workers within health care settings (see Benoit et al., 2018: 462). Even within designated sexual health screening services, participants living outside of Dublin, often felt uncomfortable disclosing their sex work, for fear, or an experience of judgement. International health care models have pointed to the importance of peer led (Cohan et al., 2006) and/or greater sensitivity training that would contribute to non-judgmental services to create an environment which would lead to a greater take up of services (Lazarus et al., 2012; Slabbert et al., 2017).

5.2 — Strategies to avoid disclosure

This unwillingness to disclose resulted in participants deploying a range of strategies to negotiate their sexual health screening, resulting in medical care that was clearly deficient.

I mean while I was living in Ireland, I go back to England for a sexual health check, because I'm in rural Mayo, and the only STD clinic is in Castlebar, Mayo General. And I'm not going to go to a general hospital in Castlebar for an STD check because I would see... I'm not going to... In England there's STD clinics, most of them have worked with sex workers before, you just say you're a sex worker, they say fine, blah blah blah, but here... I go back to England (Freya, Galway).

I can check in by myself, I order it online, a kit, and I can send it to a lab, but every year I go home, in my country and I check in there. (Lena, Cork).

I've never gone because it's public, down to the Victoria Hospital, which is the state public service. And everybody's in there, it's public, anybody with an STI gets recommended in there, and I know the woman running the clinic, I can't go there. So no, there is definitely a shortage, I mean I'll pay for the service. Now I know there's a place in Patrick's Street who do it. I think there's not enough testing, there's not enough... outside of Dublin anyway (Daisy, Cork).

The willingness to seek health care treatment from professionals that were unknown to sex workers and located far from their homes for fear of disclosure is an identified feature of previous research. Ghimire & Teijlingen's (2009: 15-16) study of female sex workers in Nepal found that workers travelled further from their homes or persuaded pharmacists to give them the anti-biotics they needed after self-diagnosis. Those that did self-disclose themselves as sex workers found health care professionals lacking the training and confidence to deal with their health needs. Abel's (20014: 36) study of sex workers in New Zealand did find increasing levels of disclosure to GP after decriminalisation of sex work in 2003.

This is what it comes down to again, it's the lack of education. As a woman, if she feels she's been exposed to a virus, does it matter what her sexual thing is? If she knows that she slept with somebody dodgy, whatever the circumstances, it's got nothing to do with anything else in my opinion.

5.3 — Deficiencies in existing sexual health provision

Our research participants felt that their experiences of accessing sexual health services as 'civilians' or people not disclosing their sex work made them more circumspect about being completely open about their sexual histories with staff.

What services do exist are not staffed by people who have the adequate sensitivity training to deal with this [sex work]. Talking about Mayo, I went up there just as a civilian, and she was like "how many men have you had sex with this year", and I was like "mmmm, 15?", and she left, and they started tittering and gossiping, and I was like oh that's just them because of that Jezebel thing, no. This is a common experience for people who are genuinely honest about their sexual experiences when they go to sexual health clinics in a lot of rural Ireland. And that shit is fucking annoying ... they're not being trained right (Cassandra, Galway).

Within urban centres this experience was slightly different. Participants did express confidence using sexual health services, although they lamented that they were often poorly resourced.

Well I would like more health services, this center is fantastic, but they can't get a doctor, that's a problem. I would like to be able to go to see someone confidential and say, "I'm a sex worker, please run all the tests" (Daisy, Cork).

It's good [Women's Health Centre, Dublin], they were very helpful. They were very helpful; they were very nice. And in Dublin I think also, this kind of thing is working there, and it's working well. They said they have psychologist, they can check the blood, so in Dublin yes. (Lena, Cork).

Others felt that health services linked with a strong prostitution exit strategy were offering services that were not of immediate concern.

How did I find them inadequate? I go up to them and say, ok, you want to get me out of sex work, hook me up with a job, hook me up with what I need to do, they're offering me how to draw up a CV, and how to talk English, bitch I been talking English (Cassandra, Galway).

The dominance of exit strategies from sex work and prostitution in Britain was found to have also been deficient in meeting sex workers' holistic needs (Cusick et al. 2010).

The decision of research participants not to disclose sex work to medical professions also had more serious health implications than just embarrassment. This non-disclosure led sex workers to have higher rates of attendance at accident and emergency departments (Lazarus et al., 2012: 146). Research participants had similar experiences. The woman below describes her panic after an unsafe sexual encounter and her attempts to persuade medical staff to prescribe her with PEP (Post Exposure Prophylaxis). Other participants agreed that medical staff should not be gatekeepers of PEP, if the woman believes she needs to take it.

I made call out, he [the client] picked me up, it was in the night, he brought me to his house, and we start to have sex, and he looks like a gentleman, but I didn't realise when he took off the condom. So I just saw when I was really wet, and I get really crazy, and I start screaming at him, but the action was made. I went to the hospital the next day, and I was nervous to say that I was a sex worker, so I didn't say anything, I just said that I had unsafe sex. But it was a really bad experience. I didn't realise he take off the condom, because I put the condom on to make sure, but I don't know when, I just felt the cum ... I asked for PEP, and they say to me, that the situation wasn't enough to have PEP, so they said no, because it was heterosexual, so they didn't give it to me (Lola, Dublin).

But imagine if she had felt like "I can just tell them I'm a sex worker", they would have been like "boom, here you go, do you want it for the next month?" (Lee, Dublin).

This is what it comes down to again, it's the lack of education. As a woman, if she feels she's been exposed to a virus, does it matter what her sexual thing is? If she knows that she slept with somebody dodgy, whatever the circumstances, it's got nothing to do with anything else in my opinion (Gina, Dublin).

And they'll take liberties, and rip off condoms you know, and make sure that they break or something, so we're at high, high risk of lots of things, besides HIV

In Sanders' (2004) study, research participants identified clients forcing unprotected sex, like the story above, condoms coming off and breaking as the main risks to their health. Participants who worked in collective establishments like saunas or brothels felt that forced unprotected sex would be less likely where the 'rules of the house' would be known to such clients who would more likely seek such unsafe sex from street workers.

5.4 — Negotiating safer sex

Research participants frequently reported that their clients did not have adequate sex education or were indifferent to the risk. In keeping with previous research in Ireland (Whitaker & Cox, 2009) that found sex workers were knowledgeable about safer sex and health risks, negotiating this with clients was sometimes difficult. In Australia, where there are high levels of self-reporting of condom use among female sex workers, rates of chlamydia and gonorrhoea continue to rise in this community (Callander et al., 2016). The promise of increased money, coercion or limited time were the key factors when male and female sex workers engaged in sex with without a condom (Whitaker & Cox, 2009: 117).

And again, back to clients not caring about their own health problems, not caring about their own wellbeing, because they're not educated enough about sex to know what diseases you can get, and how they contract these diseases. And they'll take liberties, and rip off condoms you know, and make sure that they break or something, so we're at high, high risk of lots of things, besides HIV (Gina, Dublin).

Another thing that in general I find that people are so uneducated about HIV over here, they haven't a concept ... there are girls, when I say girls I mean people out there that are offering unsafe services, and because of misconceptions, they don't even get the concept that "you're not only putting my life at risk, you're putting your own life at risk" ... I come from Africa, I know what AIDS is, I know the severity of it ... When I tried to tell this to clients, they'd be like "no" or "it doesn't matter". It's like "you want to stick a dick into a mouth bareback, you want to stick it into a mouth you don't know, how many other dicks have been there today?" (Gina, Dublin).

They're impervious to arrest, they're impervious to disease, they're impervious to everything, consequences (Kate, Galway).

They [clients] think they're special. They don't really think that they're in a day full of clients. Because these men, these clients, they have this fantasy that they're like special. And of course, that's part of your work, but I think part of their brain doesn't process that I'm handling cocks all day. I'm not just handling your cock, I'm handling a series of cocks in one day, why would you want me to handle one cock, and then handle yours (Freya, Galway).

5.5 — The impact of the law on negotiating safer sex

Research participants felt that, as sex workers, the law [Sexual Offences Act 2017] had created an environment which encouraged clients' demand for more unsafe sex creating a more widespread expectation. The disappearance of regular clients after highly publicised brothel raids left sex workers vulnerable to accept clients they previously would have declined over a health concern or a potential risk of aggression or violence.

They are having to offer bareback because some clients have gone away or do go away when there's a raid, but people still need to make money, so some people start offering bareback (Kate, Galway).

But what it also does is it makes it hard for us to train clients too because of the way the law is set up, there's always going to be a set of girls that are doing really dangerous behaviours, like maybe not using condoms, because they feel that they don't have a choice, they have to have unprotected sex. And these guys are pushing the escorts to do unprotected sex, like it is not uncommon to be asked to do things that you absolutely would never do, but the reason why they are asking for these is that people are doing it, because there's some people that think that they can't do it. And that just trains the client to think if I nag them enough, if I do shitty phone calls, if I whatever enough, I can get what I want (Cassandra, Galway).

...the way the law is set up, there's always going to be a set of girls that are doing really dangerous behaviours, like maybe not using condoms, because they feel that they don't have a choice, they have to have unprotected sex.

Research participants felt that the most vulnerable women were the most likely to be either voluntarily engaging in unsafe sex for extra money or being coerced into to doing so by clients or third parties. This is certainly supported by international research studies. Quaipe et al's (2019) study of 3591 female sex workers across four Indian states calculated that women were losing 78% of their income by choosing to engage in exclusively safer sex compared to women who did not. Similarly, a study by Kamal et al. (2015: 2415) of sex workers in Bangladesh found that just 4.5% of their sample would refuse to have sex if the client refused to wear a condom. One woman in our study reflecting on her time working in a brothel wondered why certain workers were more popular with clients.

Lena: When I meet this fella in a room [in the brothel], and I ask, "can you tell me why is she so busy this woman?", and he says "well she does everything without a condom".

Facilitator 1: Why would a sex worker... ?

Lena: For extra money. For example, my customer from Dundalk, he visited someone, and she said, "it's €100, but if you want without the condom, plus €50", and my customer asked "why?" "it's dangerous, for €100 it's dangerous, but for €150 it's not dangerous." (Cork focus group)

Research participants felt that sex workers themselves also needed to improve sexual hygiene in the services that they offered.

I wear gloves during tantric massage, and I'm increasingly asked not to. I will not do it without gloves. I was trained in a professional dungeon, and we didn't do anything with genitals without wearing gloves, so I always wear gloves. But the woman I first came to Ireland with, she did anal without wearing gloves, she did it with her fingers, she didn't ever wear gloves, and I had to train her to have some fucking hygiene. I was absolutely shocked when I sat in on her tantric massage sessions, I was like wow. She put dildos in without condoms on, my jaw just fell on the floor, like this woman had been doing it for ten years, how she hasn't brought her clients into harm I don't know. In terms of health, if people are pushing the bareback thing, if people are beginning to feel like they can push people around and push them into unsafe practices, and then you've got women as well, or sex workers who are not actually observing any hygiene, then that's an issue (Freya, Galway).

5.6 — Mental health and well-being

A lack of a community belonging has been identified as important in contributing to poor physical and mental health outcomes among sex workers (Benoit et al., 2016). In Portugal, Oliveira's (2018: 19) study points to the stress caused by concealment and isolation from others, while Koken et al. (2012:218) describe their participants life of isolation as 'living in the closet'. Research participants reported that stigma, isolation and a lack of community had contributed negatively to their mental health and well-being.

Yes... OK, what I miss, what is so bad, in this job, we don't have a community, we don't keep in touch. This job, if you are working in this job you are getting lonely. This is what I miss. I don't come here [the focus group] because I need the money... I miss being honest. We don't have a community; we don't keep in touch' (Daisy, Cork).

The law [Sexual Offences Act 2017], specifically brothel keeping measures, which increased penalties on sex workers working together was frequently cited as contributing to isolation.

Isolation, working alone. I have ... I could work with a friend. It's probably not such an issue... But the isolation is intense. And the risk is intense. And not being able to screen, and this is something that I read, I hadn't really thought about it, I don't get asked that much am I alone in the house, but I do get asked am I alone in the house and I understand that this has got worse because of the whole independent thing, and are you going to a brothel, are you not going to a brothel, are you going to someone independent. But I do find it hard to screen people, so if anyone asks me that I just won't see them. But I could be turning down a good client, who knows. Yeah, I don't work from hotels, I work alone. So, I don't know how that's changed over time (Freya, Galway).

It's just that you're having to live two lives, and that's going to try anybody, that's going to take a toll on anybody, if you're having to be the person who goes to the grocery store, and be the person who's making casual conversation in the street, and who is not supposed to be the same person who does sex work. And the person that you are if you have that regular employment, you don't get to be that same person at the one time. You're expected to segment yourself, and you're expected to be someone who is not a sex worker the rest of your life, and speak to people as someone who is not a sex worker, and have

Again, research participants pointed to a legal context, for example, why women in Direct Provision, may not be going for regular sexual health checkups.

I'm sorry if I can just say this - there is a lot of migrant women involved in sex work that are just ... that don't get themselves checked out as much as they should do ... because they're afraid that if any hint of them being involved in sex work gets out, their applications might get delayed, they might get stuck in DP [Direct Provision] for even longer. The women who, was it in the south of the country, were on a radio show back when they discovered that many migrant women in that area had taken to sex work in order to support their meagre €30 a week. You know for a lot of them they would have suddenly found it difficult to access certain services ... There's a lot of fear amongst migrant women, amongst visiting women, it doesn't matter how often you say to them "this, this, and that", there needs to be something there to bring them in. When we look at the social welfare here in Ireland, there's a lot of supports for getting people back to work, back to education, or helping them start their own small enterprises. These benefits are only open to Irish (Cassandra, Galway).

Coercion was another reason identified by research participants that prevented female sex workers from accessing sexual health services or negotiating safe sex with clients.

If you're working for a pimp there's no time for this kind of discussion, for checking your blood. So, when you come in Ireland to working, you are starting at 11, you finish at 12, maybe you have half an hour to go to the shop and come back, and you have to work. And if you have any problem, go back in your home, and you can check everything that you want in your country. This is what's happening (Lena, Cork).

interactions and connections as someone who is not a sex worker, and it does remind me of being closeted, because I wasn't out for a good bit of my life, a lot of it due to ignorance, due to not knowing who I was myself, and that coming from misinformation and coming from shame, and there's a lot of connection in that for me, in feeling like I just can't be honest about who I am, and about what that means to me, and about the fact that I'm an adult, making a choice about what I'm doing with my life, and that I don't get to be that person, because I have this legitimate name and I have this persona to my name that is not allowed to touch sex work, and I want my life to be one piece, and that's a big reason why I'm here (Kay, Dublin).

5.7— Isolation and a lack of community

Research participants from migrant backgrounds felt a greater sense of isolation, believing that they lacked crucial information to access legal or health services, especially when they had poor English. Similar research findings have been reported among female sex workers from South East Asia working in Australia, where non-disclosure of their sex work from family, friends and health professionals created isolation and increased stigma (Selvey et al., 2018: 6). Even within their sex work communities, competition for work also contributed to difficulty in establishing a support network. In this research, participations felt that this marginality was compounded by the intersection of other marginal identities like queer, trans or disabled.

And there is a lot to do with visas with migrant girls, as migrants we don't always have this information, we don't always feel safe to say that, especially if you're a migrant that is not welcome in Ireland, the kind of migrant that they don't want here, and so they have a different view of you, and so you don't have a say. Similar things happen to other girls, but because of their position, where they knew their rights, and they knew what to do and what to say, to get the PEP in the same situation, they got it. And obviously it's a horrible situation at any level, but when you're a migrant and you don't have the same information and you don't feel safe to talk to people at the same level (Laura, Dublin).

There's also the intersection of what you're bringing up about being trans, or just being LGBT anyway, and being queer, or being migrant, or being disabled in some way, and you add sex work to any of those things, and you're already receiving stigma for something that's a part of who you are, that you cannot change at all, anywhere you turn to for help, they're going to be judging you for who you are, and what you do. And so you're just that much more endangered. And there's a massive intersection as well with people who are in sex work for those reasons (Piper, Dublin).

The risk of violence and coercion combined with this isolation was also identified as having a corrosive effect on the research participants mental health and wellbeing.

And we're vulnerable, which has an impact on your mental health. Every day you go out, and you're getting ready, and you're thinking what might happen today? What could happen? And when you have something that you need help with, where do you go for support? I mean there's no shortage of support for alcoholics or drug addicts, and abused women, but for us there's none, so how can you go for counselling, and sit down with someone that is actually going to understand a tenth of what you're saying about what you're feeling (Gina, Dublin).

But anyway, ya, just stuff like that, I wish it was more... [crying] I'm just feeling so powerless with it all like. The more stuff that goes around like, this guy was blackmailing me basically going "send me more pictures and I'll delete it", and I was like "sure my family has already seen it, what worse could happen like". And just not knowing who any of these people are, like all of these fake accounts texting me, and people using fake names threatening me, and shit like that (Carla, Limerick).

Research participants also had little faith in being able to avail of sex worker supportive mental health services. When asked whether she was availing of any support, this woman who was being blackmailed over her photos felt that she had little options for support.

Not really. Like I've been going to the counsellor in UL but she doesn't like... she is really good, and I've always been talking to her about my normal problems, with accommodation like. But she's not very qualified in this field like, she didn't really know much about it. She was saying that the solicitor that they have, that he's not great, he's kind of old-fashioned and stuff like that, he wouldn't really know what to do with stuff like this and he would probably think that I was the one in the wrong. So I don't know... anyway (Carla, Limerick).

Or even to find a counsellor that isn't going to be judgy about what you do, or to be moralistic "oh those aren't my morals, I wouldn't do sex work, so therefore you shouldn't be" (Gina, Dublin).

In Koken's study (2012: 220), participants referred to counsellors or therapists as one of the few people they disclosed their sex work too, underlying the importance of services that provided non-judgmental services.

The following section outlines conclusions drawn and what the findings of this research mean for further study, policy and practice.

And we're vulnerable, which has an impact on your mental health. Every day you go out, and you're getting ready, and you're thinking what might happen today?

06

Recommendations

Engagement with sex workers on this project illuminates the value of centring sex workers in knowledge production; in foregrounding sex worker voices in research evidence and in strengthening opportunities for sex-worker led agendas for change to address sex workers health and well-being.

EXCERPT FROM RECOMMENDATIONS

The findings presented in this report, gathered through this peer engaged and participatory research project, provide some important insights into the experiences of sex workers under new laws in Ireland. The aim of the study, as set out by HIV Ireland, was to explore the perceived impacts of the new laws on the health, safety and well-being of sex workers, with a particular focus also on migrant sex workers.

The evidence emerging from research undertaken in jurisdictions where Nordic style laws have been implemented, reveal that such laws compromise sex worker health and safety and expose sex workers to increased risk of abuse and violation of their rights (Ellison et al., 2019; Amnesty, 2016a; 2016b; Ostergen and Dodillet, 2011). This is reflected in the findings from this study, where the data suggests that sex workers manage their lives within a context of structural violence and this shapes their health, safety and well-being, as well as their perceived access to justice in a number of ways. The data shows that sex workers now perceive themselves to be more vulnerable to health risks, to have limited recourse to health supports and interventions and also reveal that they are constrained in their abilities to manage health risks in a context where they must operate covertly to avoid detection. For migrant sex workers the need to remain invisible in order to conceal both their sex working and their migrant status, shapes their vulnerability in particular ways and compromises their safety. Moreover, such health impacts exacerbate negative mental health outcomes for sex workers.

All of this takes place with the context of a legal system which this study finds heightens the stigma and everyday violence sex workers are exposed to, impacting their perception of equal treatment before the law and so mitigating mistrust in authorities, fear of reporting abuse and so impacting on their access to justice. For migrant sex workers this situation is, again, further compounded in a bid to maintain invisibility.

These findings present much evidence to trouble current laws which elsewhere have been found to create a context of risk for sex workers (Levy and Jacobson, 2014; Amnesty, 2016b). Engagement with sex workers on this project illuminates the value of centring sex workers in knowledge production; in foregrounding sex worker voices in research evidence and in strengthening opportunities for sex-worker led agendas for change to address sex workers health and well-being. On this latter point this study sets out a number of key recommendations for policy and practice arising from the findings of this study, grounded and guided by the principles of 'harm reduction, gender equality, recognition of the personal agency of sex workers, and general international human rights principles' as advised by Amnesty International (2016a:2).

Recommendations

01 — Protections in law mean protections in health for sex workers – we need law change to protect sex workers health, safety and well-being

Sex workers are exposed to structural violence by virtue of the legal context within which they operate in Ireland, and in line with other international evidence this limits their abilities to mitigate risks including physical, health and emotional risks (Sanders, 2005). The findings from this study point to the negative impact of current laws on the abilities of sex workers to keep safe and reduce harms to their health and well-being. In line with mounting evidence from other jurisdictions where sex buyer laws are in place (Ostergen and Dodillet, 2011; Levy and Jacobson, 2014; Amnesty International, 2016b; Ellison et al., 2019), this study calls for the repeal of laws which violate sex workers' health and safety.

02 — Protections in law mean access to justice for sex workers – we need law and policies which facilitate access to justice for sex workers

Our data shows sex workers are reluctant to report abuse to the Gardaí as they do not perceive they would be treated in the same way as another victim of abuse. Sex workers do not feel they have the same access to legal protections as anyone else and, their reluctance to report abuse to the authorities implies how they feel their access to justice is limited by virtue of what they do. Such a context perpetuates the structural violence and context of risk sex workers are exposed to. The repeal of laws which criminalise sex purchase are required. As Amnesty International (2016a: 2) argue '[s]uch laws force sex workers to operate covertly in ways that compromise their safety, prohibit actions that sex workers take to maximize their safety, and serve to deny sex workers support or protection from government officials. They therefore undermine a range of sex workers' human rights, including their rights to security of person'. In addition, new laws, which do not channel Garda resources into monitoring sex workers in order to criminalise sex buyers, would allow for strengthening of relationships between Garda liaison workers and sex worker communities. This would mean sex workers are not impeded in accessing justice, have protections enshrined in law and allow for greater communication between sex workers and authorities about incidences where violence and exploitation occur in order to bring perpetrators of such abuse to justice.

03 — Legal protections mean wider access to human rights for sex workers – we need to address the range of rights violations of sex workers

Repealing the laws which criminalise sex purchase would contribute to a cultural shift which regards sex workers' human rights as human rights for all. Currently sex workers are regarded as operating outside of the law and so, as data from this study shows, show, sex workers perceive this to mean that abuse, harassment and violations of rights to services, supports, health and housing are justifiable to wider society. In addition to calling for a repeal of criminal laws impacting adversely on sex workers, this study presents evidence from sex workers on the wider impact of the stigma and discrimination on their lived lives arising from the existence of criminal laws. For example, such discrimination can impact on their right to housing and their engagement with wider services. This research reiterates Amnesty International's (2016a: 9) call to 'ensure that sex workers and their families enjoy equal protection under the law and are protected from all forms of discrimination'. As Grenfell et al (2018: 107) argue, legal reform alone is insufficient when sex workers are threatened by poverty, homelessness, limited access to health services, restrictive immigration policies, racism and transphobia and urban regeneration, to name but a few threats. This research calls for a social justice response to sex worker rights (FitzGerald and McGarry, 2018), in tandem with legal changes in order to address the range of violations of human rights which can occur in contexts of risk and stigma.

04 — Legal protections means recognition and rights for migrant sex workers – we need to recognise and address the rights of migrant sex workers

While all sex workers may be negatively impacted by current sex purchase laws, this study shows that migrant sex workers are exposed to heightened risks given their need to remain covert and away from the detection of authorities. A first step in addressing this is to hear migrant sex worker voices. By hearing their stories we can see how, as Oliveria (2018: 156-7) states 'to move from an external gaze that represents them as victims to save or criminals to repress and control, to an insider perspective – reflecting their own vision – which states they need and deserve human rights and social recognition'.

05 — The right to health – greater funding for community health services

Calling for a right-to-health approach for sex workers through decriminalisation, as advised by the UN Special Rapporteur on Health (UN, 2010), allows states and communities to prioritise the safeguarding of sex workers rights, health and well-being. To this end there is a requirement for greater funding to improve community health services for sex workers. Community health services and supports could also be improved in order to enhance the right-to-health approach for sex workers, by supporting peer-led community health supports and interventions. One such recommendation on how this might be developed is detailed in section 12 below.

06 — The right to health supports

– increase staff training for appropriate health supports

Data from this research reveals how sex workers are reluctant to engage with some health services, and reluctant to reveal their sex working status in order to avoid stigma or discriminatory treatment. There is a need for increased training amongst health professionals in health issues and support requirements arising for sex workers, in order to respond in a manner that is sex worker friendly, and to develop services which are sex worker inclusive. This research calls for responses to stigma in health services for sex workers through increased staff training.

07 – The right to mental health – greater awareness of mental health and sex work and greater inclusivity in terms of mental health supports

The heightened exposure to violence and vulnerability and lived experience of violence, harassment and abuse has been found in this study, and many other studies internationally to impact on the mental health of sex workers (Platt et al., 2018; Krusi et al., 2018; Grenfell et al., 2018). This project calls for a greater recognition of the requirement for the availability of mental health interventions for sex workers which are not solely “exit” focused. It also calls for mental health professionals who are specialised in working with sex workers. The need for sex work friendly counsellors and other mental health professionals has been identified as a key issue by other services in Ireland (GOSHH, personal communication, June 2020). This research reiterates this call as part of the wider right-to-health of sex workers.

– increase peer-led sexual health screening services

Further to the right-to-health approach, findings from this research reveal the need to increase the availability of sexual health screening services for sex workers and, moreover, that these services should be peer-led. Grenfell et al (2018: 107-8; citing NWSP 2014) note how ‘sex-worker-led and specialist health projects offer spaces where sex workers can seek and share advice without judgement’. This study calls for the availability of peer-led sexual health screening services for sex workers in order to address stigma in service engagement and also to communicate health and harm reduction knowledge amongst sex working communities through trusted advocates.

09 – The right to harm reduction – create greater awareness of the role of PrEP as an option for sex workers in managing health risks

Findings from this study point to the concerning impacts of the covert nature of sex working activities under current laws, and how this exposes sex workers to adverse health risks and health outcomes (Platt et al., 2018; Krusi et al., 2018). This research calls for the right to harm reduction for sex workers and following on from the work of HIV Ireland in its work on promoting PrEP amongst at risk communities in Ireland, the need for health intervention practice which raise awareness about the role of PrEP as an option for sex workers in managing health risks.

08 – The right to health screening

10 – The right to collective support – strengthen sex-worker led supports in order to strengthen everyday resilience amongst sex workers

This study reveals the importance of peer engagement in communicating knowledge on health, physical and emotional risks (Sanders, 2005) and moreover, this research project underlines the value and importance of peer engagement in order to provide safe spaces, supports and to ultimately have a voice. While the data reveals the experiences of structural violence shaped by current laws and practices, and the everyday violence sex workers must negotiate as part of their lived lives, the findings also illuminate the strength and everyday resilience (Scheper-Hughes, 2011) of sex workers in how they actively manage risks. While this is important on an individual level, the strength of collective action for solidarity, participation and harm reduction cannot be underplayed. This study calls for policies and practices which enable the everyday resilience of sex workers through supports for peer-networks to empower sex workers.

11 – The right to a voice

This study centred participatory action in a bid to address the traditional power differential in research which has long disenfranchised sex workers and other marginalised groups. Having others speak on behalf of sex workers undermines and infantilises such communities, dismisses and silences sex workers and excludes them from democratic spaces and processes (McGarry and FitzGerald, 2016). Findings from this study provide evidence of the importance of centring sex workers in research and respecting sex worker spaces which provide sex workers with a voice. This study calls for research, policy and practice approaches to be sex worker inclusive, to enable sex worker voices to be heard and to situate sex workers as experts in their own lives.

12 – The right to knowledge

As noted, this participatory study is an important element in approaches which address the misrepresentation of sex workers and promote inclusive policy and practice. Giving a voice to sex workers in research however is tokenistic, when the knowledge generated is removed from sex workers and taken out of their ownership. In a bid to address the disenfranchisement of sex workers in knowledge production and utilisation, this study calls for a greater role for participatory action research in the research agenda for sex workers, in which the knowledge generated from community engaged research is returned to communities in order to develop appropriate supports and interventions. More specifically, this study recommends the funding of the next stage of this small-scale project which can build upon this exploratory phase of research in order to develop a larger community-based support research project for sex workers. It is envisaged that this project will involve a number of key stages including (1) develop further discussions with sex workers based on the findings arising from this study in order to establish a programme of actions on safety, well-being and harm reduction (2) bring this data together in order to develop a community based harm reduction tool-kit for sex working communities (3) initiate a pilot study in order to roll out a peer led support intervention programme with this toolkit (4) assess the perceived impacts of this harm reduction toolkit (5) call for more funding to refine this further through advanced research and/or to roll out this harm reduction toolkit as a peer led right-to-health intervention.

References

- Abel, G. (2010) Decriminalisation: A harm minimisation and human rights approach to regulating sex work. PhD thesis, University of Otago
- Abel, G. (2014) 'Sex workers' utilisation of health services in a decriminalised environment', *The New Zealand Medical Journal*, Vol. 127: 30-37
- Abel, G.M. (2014) A decade of decriminalisation: sex work 'down under' but not underground, *Criminology & Criminal Justice*; 14 (5): 580–92.
- Agustín, L.M. (2006) 'The conundrum of women's agency: migration and the sexindustry' in Campbell, R. and O'Neill, M. (eds.) *Sex Work Now*. Cullompton: Willan Publishing
- Alexander, P. (2001) 'Contextual Risk versus Risk Behaviour: The Impact of the Legal, Social and Economic Context of Sex Work on Individual Risk Taking', *Research for Sex Work* 4: 3 – 4
- Amnesty International (2016a) Amnesty International Policy on State Obligations to Respect, Protect and Fulfil the Human Rights of Sex Workers. Available online: www.amnesty.org/en/documents/pol30/4062/2016/en/ (accessed on 12 February 2020).
- Amnesty International (2016b) The Human Cost of 'Crushing' the Market: Criminalisation of Sex Work in Norway. Available online: <https://www.amnesty.org/en/documents/eur36/4034/2016/en/> (accessed on 12 February 2020).
- Bacchi, C. (2009) *Analysing Policy*. Sydney: Pearson Higher Education Australia
- Barry, K. (1995) *The Prostitution of Sexuality: The Global Exploitation of Women*. New York: NYU Press
- Benoit, C., Jansson, M., Smith, M., & Flagg, J. (2018) 'Prostitution Stigma and its Effect on the Working Conditions, Personal Lives, and the Health of Sex Workers', *The Journal of Sex Research*. Vol. 55, (4-5): 457-471
- Bourgeois, P., Prince, B. and Moss, A. (2004) The everyday violence of hepatitis C among young women who inject drugs in San Francisco, *Human Organization*, Vol. 63, (3): 253–64
- Brooks-Gordon, B. (2006) *The Price of Sex: Prostitution, Policy and Society*. Cullompton, Devon: Willan Publishing
- Brooks-Gordon, B. (2008) 'State violence towards sex workers', *BMJ* 337: 908
- Brooks-Gordon, B., Wijers, M. and Jobe, A. (2020) 'Justice and Civil Liberties on Sex Work in Contemporary International Human Rights Law', *Social Sciences*, Vol. 9 (4) doi:10.3390/socsci9010004
- Brooks-Gordon, B. (2010) 'Bellwether citizens: The regulation of male clients of sex workers', *Journal of Law and Society* 37: 145–70
- Bryman, A (2008) *Social Research Methods* 3rd Edition. London: Oxford University Press
- Callander, D., Cox, C., Schmidt, H-M. & Donovan, D. (2016) 'Sex Worker Health Surveillance: A Report to the New South Wales Ministry of Health', SWOP, Kirby Institute & the New South Wales Ministry for Health
- Chapkis, W. (1997) *Live Sex Acts: Women Performing Erotic Labour*. New York: Routledge
- Chiu, L.F. (2003) 'Transformational potential of focus group practice in participatory action research', *Action Research* 1 (2): 165-183
- Cohan, D., Lutnick, A., Davidson, P., Cloniger, C., Herlyn, A., Breyer, J., Klausner, J. (2006) 'Sex worker health: San Francisco style', *Sexually Transmitted Infections*, 82, 418-422
- Cusick, L., McGarry, K., Perry, G., & Kilcommons, S. (2010) 'Drug services for sex workers – approaches in England and Ireland', *Safer Communities*, Vol.9 (4):32-39
- Decker, M.R., Lyons, C., Billong, S.C., Njindamn, I.M., Grosso, A., Nunez, G.T., Tumasang, F., LeBreton, M., Tamoufe, U. & Baral, S. (2016) 'Gender-based violence against female sex workers in Cameroon: prevalence and associations with sexual HIV risk and access to health services and justice', *Sex Transm Infect*, 92: 599-604
- Doezema, J. (2005) 'Now you see her, now you don't: Sex workers at the UN Trafficking Protocol Negotiation', *Social & Legal Studies*, 14(1) doi.org/10.1177/0964663905049526
- Ellison, E., Ni Dhonail, C. and Early, E. (2019) A Review of the Criminalisation of Paying for Sexual Services in Northern Ireland. Queen's University Belfast School of Law
- Farmer, P. (2005) *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press.
- FitzGerald, S. and McGarry, K. (2016) 'Problematising prostitution in law and policy in the Republic of Ireland: A case for reframing?', *Social and Legal Studies* 25: 289–309.
- FitzGerald, S. & McGarry, K. (eds) (2018) *Realising Justice for Sex Workers: An Agenda for Change*. London: Rowman & Littlefield
- Foley, E.E. (2017) 'Regulating sex work: subjectivity and stigma in Senegal', *Culture, Health & Sexuality*, Vol. 19 (1): 50-63
- Fraser, N. (2010) *The Scales of Justice: Reimagining Political Spaces in a Globalising World*. New York City: Columbia Press.
- Galtung, J. (1990) 'Cultural violence', *Journal of Peace Research*, Vol. 27 (3): 291–305.
- Ghimire, L. & Teijlingen, E. (2009) 'Barriers to Utilisation of Sexual Health Services by Female Sex Workers in Nepal', *Global Journal of Health Science*, Vol. 1 (1):12-22
- Goffman, E.(1963) *Stigma Notes On The Management Of Spoiled Identity*. London: Pelican
- Grenfell, P., Platt, L. and Stevenson, L. (2018) 'Examining and Challenging the Everyday Power Relations Affecting Sex Workers' Health' in FitzGerald, S. & McGarry, K. (eds) *Realising Justice for Sex Workers: An Agenda for Change*. London: Rowman & Littlefield pp.103-122
- HIV Ireland (2015) Potential Impact of the Swedish Model on Rates of HIV/AIDS among Sex Workers and Their Access to Healthcare available online <https://www.hivireland.ie>
- Hubbard, P, Matthews, R. and Scoular, J. (2008) 'Regulating sex work in the EU: prostitute women and the new spaces of exclusion', *Gender, Place & Culture*, 15: (2): 137 -152
- Huschke, S., Shirlow, P., Schubotz, D., Ward, E., Probst, U., & Ni Dhónaill, C. (2014)
- Research into Prostitution in Northern Ireland, Belfast: Department of Justice Northern Ireland
- Immigrant Council of Ireland (ICI). (2009). Globalisation, sex trafficking and prostitution: The experience of migrant women in Ireland. Dublin: Immigrant Council of Ireland.
- Jeal, N. & Salisbury, C. (2004) 'Self-reported experiences of health services among female street based prostitutes: a cross-sectional survey', *British Journal of General Practice*, 54, 515-519.
- Jeffreys, S. (2008) *The Industrial Vagina: The Political Economy of the Global Sex Trade*. London: Routledge.
- Kamal, S.M., Hassan, C.H. & Salikon, R.H. (2015) 'Safer sex negotiation and its association with condom use among clients of female sex workers in Bangladesh', *Asia Pac J Public Health*, Vol. 27(2): 2410-22
- Kearins, E. (2000) *Rent: The secret world of male prostitution*. Dublin: Marino Books.
- Kerrigan, D. et al. (2015) 'A Community Empowerment Approach to HIV Response among Sex Workers: Effectiveness, Challenges and Considerations for implementation and Scale-Up', *The Lancet* 385 January 10: 172-85
- Kinnell, H. (2006) 'Murder made easy: the final solution to prostitution?' in Campbell, R. and O'Neill, M. (eds.) *Sex Work Now*. Cullompton: Willan Publishing. pp. 141 – 168
- Koken, J.A. (2012) 'Independent female escort's strategies for coping with sex work related stigma', *Sexuality & Culture*, 16: 209-229
- Krüsi A, Pacey K, Bird L, et al. (2014) 'Criminalisation of clients: reproducing vulnerabilities for violence and poor health among street-based sex workers in Canada—a qualitative study', *BMJ Open*, 4: 1-10.
- Krüsi, A., Kerr, T., Taylor, C., Rhodes, T. and Shannon, K. (2018) "They won't change it back in their heads that we're trash": the intersection of sex work-related stigma and evolving policing strategies', *Sociology of Health and Illness*, 38 (7): 1137-1150
- Kulick, D., (2005) 'Four Hundred Thousand Swedish Perverts', *GLQ: A Journal of Lesbian and Gay Studies*, vol 11 (2): 205-235.
- Laverack, G., & Whipple, A. (2010) 'The sirens' song of empowerment: a case study of health promotion and the New Zealand Prostitutes Collective', *Global Health Promotion*, 17(1), 33–38
- Lazarus, L., Deering, K.N., Nabess, R., Gibson, K., Tyndall, M.W. & Shannon, K. (2012) 'Occupational stigma as a primary barrier to health care for street-based sex workers in Canada', *Culture, Health & Sexuality*, 14: 2, 139-150
- Ledwith, M. (2016) *Community Development in Action: Putting Freire into Practice*. University of Bristol: Policy Press
- Levy, J. (2015) *Criminalizing the Purchase of Sex: Lessons from Sweden*. Abingdon: Routledge
- Levy, J. (2018) 'Racism, xenophobia and hegemonic masculinity: The Nordic model of criminalizing the purchase of sex' in FitzGerald, S. & McGarry, K. (eds) *Realising Justice for Sex Workers: An Agenda for Change*. London: Rowman & Littlefield pp.1-20
- Levy J, Jakobsson P. (2014) 'Sweden's abolitionist discourse and law: effects on the dynamics of Swedish sex work and on the lives of Sweden's sex workers', *Criminal Justice*, 14(5):593–607.
- Lowman, J. (2000) 'Violence and the outlaw status of (street) prostitution in Canada', *Violence against Women*, 6, 9, 987–1011
- Lynch, K. (1999) 'Equality studies, the academy and the role of research in emancipatory social change', *The Economic and Social Review*, 30(1): 41-69
- Lyons T, Kerr T, Duff P, Feng C, Shannon K. (2014) 'Youth, violence and non-injection drug use: nexus of vulnerabilities among lesbian and bisexual sex workers', *AIDS Care*, 2014; 26(9):1090–4. <https://doi.org/10.1080/09540121.2013.869542> PMID: 24382155 Mackinnon (2011)
- Lyons, T., Krüsi, A., Pierre, L., Kerr, T., Small, W. & Shannon, K. (2017) 'Negotiating Violence in the Context of Criminalisation: The Experiences of Trans Sex Workers in Vancouver, Canada' *Qualitative Health Research*, Vo. 27(2): 182-190.
- Maginn, P., & G. Ellison. (2014). *Male sex work in the Irish Republic and Northern Ireland*. In V. Minichiello & J. Scott (Eds.), *Male sex work & society* (pp. 426–461). New York: Harrington Park Press.
- Maher, L. (1997) *Sexed Work: Gender, Race and Resistance in a Brooklyn Drug Market*. Oxford: Oxford University Press
- Mai, N. (2009) *Migrant workers in the UK sex industry: final policy-relevant report*. London: London Metropolitan University
- Marin, G, Martinez, S. & Sanguinetti, C. (2013) 'Health care programme for sex workers: a public health priority', *International Journal of Health Planning and Management*, Vol. 30, (3): 276-284
- Masse, R. (2007) 'Between Structural Violence and Idioms of Distress: The Case of Social Suffering in the French Caribbean', *Anthropology in Action*, Vol 14 (3): 6-17
- McGarry, K. & FitzGerald, S. (2017) 'The politics of injustice: Sex-working women, feminism and criminalizing sex purchase in Ireland', *Criminology & Criminal Justice* DOI: 10.1177/1748895817743285: 1 - 18
- McGarry, K. and FitzGerald, S. (2018) 'Introduction: Social justice through an agenda for change' in FitzGerald, S. & McGarry, K. (eds) *Realising Justice for Sex Workers: An Agenda for Change*. London: Rowman & Littlefield
- Morgan, D. (1998) *Planning Focus Groups*. London: Sage Publications
- Oliveira, A. (2012) 'Social control of immigrant sex workers: Transforming a group recognized as "at risk" into a group viewed as "a risk"', *International Journal of Migration, Health and Social Care*, Vol. 8 (1): 32–41
- Oliveira, A. (2018) 'Same work, different oppression: Stigma and its consequences for male and transgender sex workers in Portugal', *International Journal of Iberian Studies*, Vo. 31(1): 11-26
- Oliveria, A. (2018) 'Turning perspectives on migrant sex workers inside out: From criminalisation and victimisation to rights-based law and policy' in FitzGerald, S. & McGarry, K. (eds) *Realising Justice for Sex Workers: An Agenda for Change*. London: Rowman & Littlefield pp.141-160
- Östergren, P. and S. Dodillet, S. 2011. *The Swedish Sex Purchase Act: Claimed Success and Documented Effects*. Presented at The International Workshop: Decriminalizing Prostitution and Beyond: Practical Experiences and Challenges. The Hague, 3-4 March.
- O'Neill, M. and Barbaret, R. (2000) 'Victimisation and the social organisation of prostitution in England and Spain' in Weitzer, Ronald (ed.) *Sex for Sale: Prostitution, Pornography and the Sex Industry*. U.K: Routledge. pp. 123 – 137

Appendix I

- O'Neill, M. and Laing, M. (2018) 'Sex worker rights, recognition and resistance: Towards a 'real politics of justice' in FitzGerald, S. & McGarry, K. (eds) *Realising Justice for Sex Workers: An Agenda for Change*. London: Rowman & Littlefield
- Pateman, C. (1988) *The Sexual Contract*. Oxford: Polity Press in association with Basil Blackwell Ltd, Cambridge
- Platt, L., Grenfell, P., Meiksin, R., Elmes, J., Sherman, S., Sanders, T., Mwangi, P. and Crago, AL. (2018) 'Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies', *PLoS Med* 15(12): e1002680. <https://doi.org/10.1371/journal.pmed.1002680>
- Pitcher, J. and Wijers M. (2014) 'The impact of different regulatory models on the labour conditions, safety and welfare of indoor-based sex workers', *Criminology & Criminal Justice*, 14(5):549-64.
- Quaife, M., Lepine, A., Deering, K., Terris-Prestholt, F., Beattie, T., Isac, S., Paranjape, R.S. & Vickerman, P. (2019) 'The cost of safe sex: estimating the price premium for protected sex during the Avahan HIV prevention programme in India', *Health Policy & Planning*, Vo. 34: 784-791
- Quinlan, M., Wyse, D., & O'Connor, A. M. (1997) *Men in prostitution*. Dublin: Gay Men's Health Project and Eastern Health Board.
- Rhodes, T., Singer, M., Bourgois, P., Friedman, S.R. and Strathdee, S.A. (2005) 'The social structural production of HIV risk among injecting drug users', *Social Science and Medicine*, 61: 1026 – 1044
- Rössler W, Koch U, Lauber C, Hass A-K, Altwegg M, Ajdacic-Gross V, Landolt K. (2010) 'The mental health of female sex workers', *Acta Psychiatr Scand*, 122: 143-152
- Ryan, P. (2016) '#Follow: exploring the role of social media in the online construction of male sex worker lives in Dublin, Ireland', *Gender, Place, and Culture* Vol 23 (12): 1713-1724
- Ryan, P. & Ward, E. (2018) 'Ireland: The Rise of Neo-Abolitionism and the New Politics of Prostitution' In: Jahnsen, S. and Wagenaar, H (eds). *Assessing Prostitution Policies in Europe*. Milton Park: Routledge.
- Ryan, P. (2019) *Male Sex Work in the Digital Age: curated lives*, London: Palgrave
- Sanders, T. (2004) 'A continuum of risk: The management of health, physical and emotional risks by female sex workers', *The Sociology of Health and Illness*, Vol. 26 (5): 557-574
- Sanders, T. (2005) *Sex Work: A Risky Business*. Cullompton: Willan
- Sanders, T. and Campbell, R. (2014) 'Criminalisation, protection and rights: Global tensions in the governance of commercial sex', *Criminology & Criminal Justice*, 14 (5): 535-548
- Sanders, T. (2018) 'Unpacking the process of destigmatization of workers: Response to Weitzer 'Resistance to sex work stigma', *Sexualities*, Vol 21 (5-6): 736-739
- Scheper-Hughes, N. (2008) 'A Talent for Life: Reflections on Human Vulnerability and Resilience', *Ethnos*, 73(1): 25-56
- Scheper-Hughes, N. and Bourgois, P. (2004) Introduction: making sense of violence. In Scheper-Hughes, N. and Bourgois, P. (eds) *Violence in War and Peace: An Anthology*. Malden: Blackwell Publishing.
- Scouler J and O'Neill M (2008) *Legal incursions into supply/demand: Criminalizing and responsabilising the buyers and sellers of sex in the UK*. In: Munro V and Della Giusta M (eds) *Demanding Sex: Critical Reflections on the Regulation of Prostitution*. Hampshire: Ashgate, 13-34.
- Selvey, L.A., Lobo, R.C., McCausland, K.L., Donovan, B, Bates, J., Hallett, J. (2018) 'Challenges facing Asian Sex Workers in Western Australia: Implications for Health Promotion and Support Services', *Frontiers in Public Health*, 6: 171.
- Shannon, K., Bright, V., Allinott, S., Gibson, K., Tyndall, M. and the Maka Project Partnership (2007) 'Community-based HIV prevention research among substance-using women in survival sex work: The Maka Project Partnership', *Harm Reduction Journal*, doi:10.1186/1477-7517-4-20
- Shannon, K., Kerr, T., Allinott, S., Chettiar, J., et al. (2008) 'Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work', *Social Science & Medicine*, 66, 4, 911-21.
- Simic, M. and Rhodes, T. (2009) 'Violence, dignity and HIV vulnerability: street sex work in Serbiam', *Sociology of Health & Illness*, 31, 1, 1-16.
- Skilbrei, May-Len & Holmström, Charlotta. (2011) 'Is There a Nordic Prostitution Regime?', *Crime and Justice*, 40. 479-517. 10.1086/659841.
- Slabbert, M., Venter, F., Gay, C., Roelofsen, C., Lalla-Edward, S. & Rees, H. (2017) 'Sexual and reproduction health outcomes among female sex workers in Johannesburg and Pretoria, South Africa: Recommendations for public health programmes', *BCM Public Health*, Vol. 17(Sup 3): 17-27
- Svanström, Y., (2004),. 'Criminalizing the john – a Swedish gender model?' in Outshoorn, Joyce (ed.) *The Politics of Prostitution: Women's Movements, Democratic States and the Globalisation of Sex Commerce*. Cambridge: Cambridge University Press. pp. 225 – 244
- Traunter, M.N. & Collett, J.L. 'Students Who Strip: The Benefits of Alternate Identities for Managing Stigma', *Symbolic Interaction*, Vol. 33, (2): 257-279
- UN (2010) Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover. *A/HRC/14/20*
- Visser, J., Randers-Pehrson, A., Day, S. and Ward, H. (2004) 'Policies towards the sex industry in Europe: new models of control' in Day, S. and Ward, H. (eds.) *Sex Work, Mobility and Health in Europe*. London: Kegan Paul
- Ward, E. (2013) 'Migrants or Victims? Debating prostitution law reform in Ireland' *ICHL Conference*, NUI Galway
- Whitaker, T. & Cox, G. (2009) *Drug use, sex work and the risk environment*, Dublin: NACD
- Whitaker, T., Ryan, P. and Cox, G. (2011) "Stigmatization Among Drug-Using Sex Workers Accessing Support Services", *Qualitative Health Research*, 21 (8):1086-1100
- Wijers, M.(2015) 'Purity, Victimhood and Agency: Fifteen years of the UN Trafficking Protocol', *Anti-Trafficking Review* 4: 56-79.
- World Health Organisation (2012) 'Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low and middle income countries: Recommendations for a public health approach' Geneva: WHO
- ## 1.1 Information and consent form for peer facilitators
- ### Information Sheet
- Purpose of the Study. I am Kathryn McGarry, a researcher, in the Department of Applied Social Studies, Maynooth University.
- I am undertaking a research study as part of my research funded by HIV Ireland.
- The study is concerned with how sex workers access health services and how this has changed since the sex purchase ban introduced in 2017.
- What will the study involve?** Your participation in the study will involve (1) participation in an initial peer led discussion at project start (May 2019) to develop fieldwork planning (2) participation as peer facilitators in a small number of focus groups (June-July 2019) and (3) participation in a workshop discussion (October 2019) to reflect on the key themes arising from the research. We will provide information at each of these stages and you are free to withdraw from participating at any point. The focus group facilitation will mean meeting for talk with other sex workers to discuss some of these issues. This will be a group interview (focus group) that will take about 45 minutes. It will be hosted by myself and Kate McGrew/ another member of SWAI. We are seeking peer facilitators to assist with this.
- Who has approved this study?** This study has been reviewed and received ethical approval from Maynooth University Research Ethics Committee. You may have a copy of this approval if you request it.
- Why have you been asked to take part?** You have been asked because of your knowledge of these issues.
- Do you have to take part?** No, you are under no obligation whatsoever to take part in this research. However, we hope that you will agree to take part and give us some of your expert time to be part of this project. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records at each stage. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research findings are published by November 2019. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with Kate or SWAI.
- What information will be collected?** The focus group discussion will be recorded and written up. No identifying personal information will be collected about you. We will allocate another name for you as facilitator which will be used in the report.
- Will your participation in the study be kept confidential?** Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All hard copy information will be held in a locked cabinet at the researchers' place of work, electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by Kathryn McGarry and Paul Ryan, another Maynooth University researcher on this project.
- No information will be distributed to any other unauthorised individual or third party. If you so wish, the data that you provide can also be made available to you at your own discretion. It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.
- What will happen to the information which you give?** All the information you provide will be kept at Maynooth University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed by the researchers. Manual data will be shredded confidentially and electronic data will be reformatted or overwritten by the PI in Maynooth University.
- What will happen to the results?** The research will be written up and presented as a report which will be submitted to HIV Ireland. The results will also be written up and submitted for publication to an academic journal. A copy of the research findings will be made available to you upon request.
- What are the possible disadvantages of taking part?** I don't envisage any negative consequences for you in taking part as you will not be asked for your experiences directly – you will have the opportunity to participate to the discussion as you wish.
- What if there is a problem?** At the end of the group interview, I will discuss with you how you found the experience and how you are feeling. If you experience any distress following the discussion you may contact Kate who will direct you to additional support if needed. Kate and SWAI are providing support to this research and can be contacted at any time.
- Any further queries?** If you need any further information, you can contact me: Dr. Kathryn McGarry, Department of Applied Social Studies, tel. (01) 7166539, email Kathryn.mcgarry@mu.ie
- If you agree to take part in the study, please complete and sign the consent form overleaf.
- Thank you for taking the time to read this

Appendix II

Information and consent form for research participants

Information Sheet

Purpose of the Study. I am Kathryn McGarry, a researcher, in the Department of Applied Social Studies, Maynooth University.

I am undertaking a research study as part of my research funded by HIV Ireland.

The study is concerned with how sex workers access health services and how this has changed since the sex purchase ban introduced in 2017.

What will the study involve? The study will involve meeting for talk with other sex workers after the coffee morning to discuss some of these issues. This will be a group interview (focus group) that will take about 45 minutes. It will be hosted by myself and Kate McGrew/ another member of SWAI.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Research Ethics committee. You may have a copy of this approval if you request it.

Why have you been asked to take part? You have been asked because of your knowledge of these issues.

Do you have to take part? No, you are under no obligation whatsoever to take part in this research. However, we hope that you will agree to take part and give us some of your time to be part of this informal discussion of these health issues. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research findings are published by November 2019. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with Kate or SWAI.

What information will be collected? The discussion will be recorded and written up. No identifying personal information will be collected about you. We will allocate another name for you which will be used in the report. We refer to the city/country where you were born and give an indication of your age. E.g. 18-25 25-35 etc.

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All hard copy information will be held in a locked cabinet at the researchers' place of work, electronic information will be encrypted and held securely on MU PC or servers and will be accessed only by Kathryn McGarry and Paul Ryan, another Maynooth University researcher on this project.

No information will be distributed to any other unauthorised individual or third party. If you so wish, the data that you provide can also be made available to you at your own discretion. It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.

What will happen to the information which you give? All the information you provide will be kept at Maynooth University in such a way that it will not be possible to identify you. On completion of the research, the data will be retained on the MU server. After ten years, all data will be destroyed by the researchers. Manual data will be shredded confidentially and electronic data will be reformatted or overwritten by the PI in Maynooth University.

What will happen to the results? The research will be written up and presented as a report which will be submitted to HIV Ireland. The results will also be written up and submitted for publication to an academic journal. A copy of the research findings will be made available to you upon request.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part as you will not be asked for your experiences directly – you will have the opportunity to participate to the discussion as you wish.

What if there is a problem? At the end of the group interview, I will discuss with you how you found the experience and how you are feeling. If you experience any distress following the discussion you may contact Kate who will direct you to additional support if needed. Kate and SWAI are providing support to this research and can be contacted at any time.

Any further queries? If you need any further information, you can contact me: Dr. Kathryn McGarry, Department of Applied Social Studies, tel. (01) 7166539, email Kathryn.mcgarry@mu.ie

If you agree to take part in the study, please complete and sign the consent form overleaf.

Thank you for taking the time to read this

Consent Form

I.....agree to participate in Kathryn McGarry's research study titled 'Exploring the impact of the sex purchase ban on the health and well-being of sex workers in Ireland'

Please tick each statement below:

The purpose and nature of the study has been explained to me verbally & in writing. I've been able to ask questions, which were answered satisfactorily.

I am participating voluntarily.

I give permission for my focus group discussion with Kathryn to be audio-recorded

I understand that I can withdraw from the study, without repercussions, at any time, whether that is before it starts or while I am participating.

I understand that I can withdraw permission to use the data right up to the publication of the report in October 2019.

It has been explained to me how my data will be managed and that I may access it on request.

I understand the limits of confidentiality as described in the information sheet

I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below:

I agree to quotation/publication of extracts from my interview

I do not agree to quotation/publication of extracts from my interview

Signed..... Date.....

Participant Name in block capitals

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed..... Date.....

Researcher Name in block capitals

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact the Secretary of the Maynooth University Ethics Committee at research.ethics@mu.ie or +353 (0)1 708 6019. Please be assured that your concerns will be dealt with in a sensitive manner.

For your information the Data Controller for this research project is Maynooth University, Maynooth, Co. Kildare. Maynooth University Data Protection officer is Ann McKeon in Humanity house, room 17, who can be contacted at ann.mckeon@mu.ie. Maynooth University Data Privacy policies can be found at <https://www.maynoothuniversity.ie/data-protection>.

Two copies to be made: 1 for participant, 1 for PI

Participant Recruitment Poster

Do you want to be part of the conversation on sex work?

What's this about?

Sex workers from the Sex Workers' Alliance of Ireland (SWAI) supported by researchers from Maynooth University are undertaking focus groups as part of a HIV Ireland **study to explore experiences of sex working under the new laws in Ireland.**

We are interested in talking to sex workers to hear your views on

- How are sex workers managing health, well being and safety while working?
- What are some of the key issues facing sex workers since the law change?
- **How can we better support sex workers?**

Why does this matter?

Most importantly we need to hear sex worker voices. This information will be vital in informing policy and to make recommendations on what services and supports are required for sex workers.

What's involved?

We are looking for sex workers to take part in a focus group discussion with other sex workers. This will take approximately 1 hour. Your participation will be anonymous and all data will be treated confidentially. We will offer a small fee for participation as a token of appreciation for your time and expertise.

Are you interested?

If you are interested in taking part and finding out more about the study please **contact Kate McGrew (SWAI co-ordinator) on 086 7778700**



1.4 Sex Worker Focus Groups: Indicative focus group discussion guide

1. What are some of the key issues presenting amongst sex working communities today?
2. In what ways have the new laws impacted on sex worker lives in Ireland?
3. What are the particular (if any) impacts on sex workers' health?^a
4. What are the particular impacts (if any) impacts on sex workers' well-being?
5. re these impacts felt similarly across sex work sectors? If not, what are the differences?
6. Are there sufficient services and supports currently available to respond to sex worker needs? If not, what is required?
7. What, if anything, needs to happen to support sex worker health and well-being in Ireland?

