



# Confronting the harm:

The impacts of prostitution on women's health

*Ruth Breslin, MSc – SERP | Linda Latham, RGN, MA, MSc – WHS | Monica O'Connor, PhD – SERP*

This research reveals that women are experiencing myriad, interlinked and often persistent or reoccurring sexual and reproductive health harms arising from their involvement in prostitution, which are linked to buyers' demands for risky practices and the frequency with which multiple buyers have sexual access to their bodies.

Women's mental health and wellbeing are also negatively impacted by prostitution, with fears, anxiety, coping difficulties, stress and depression common features in the lives of women in the sex trade.

Women further disclosed the emotionally harmful realities of prostitution – having to emulate non-existent sexual desire for buyers, handling demands they find repellent or frightening, enduring physical and sexual contact they can no longer bear – and the cumulative negative effects these experiences have on their own sexual lives, identities, intimate relationships and ability to trust.

## What did we do?

SERP – the [Sexual Exploitation Research Programme](#) at University College Dublin – undertook this study in collaboration with the [HSE's Women's Health Service](#) (WHS). WHS is Ireland's only dedicated health service for women in prostitution, providing a free sexual health service including full sexual health testing, smear tests, treatment, contraception and onward referrals to women currently involved in prostitution, including transwomen. Running alongside the Clinical service, WHS also provides an 'Outreach' service which is delivered by support workers providing advice and advocacy, who can assist with a broad range of issues women in prostitution may be experiencing.

This [study](#) aimed to document the presenting issues of WHS's services users and demonstrate the impact of prostitution on women's physical, sexual, reproductive and mental health.

The research team collected and analysed data from the following sources:

- 144 unique service user records of women who accessed WHS over a four-year period
- Medical files of 50 women drawn from the wider sample of 144
- Semi-structured interviews with WHS staff
- One-to-one in-depth interviews with women accessing WHS.

This sample is representative of those women who are in a position to be able to access WHS. It became clear during the course of the study, and was further verified by WHS staff and women in prostitution themselves, that those accessing WHS typically possess the freedom of control over their own movements to at least be in a position to actively seek out and access the support of WHS. This sample, therefore, does not include those women in the Irish sex trade who are prevented from accessing any forms of support or assistance, including healthcare, by a pimp or other third party.

## What did we find?

### Profile of the women accessing WHS

*Women who access WHS face a series of significant adversities in their lives, which not only led many into prostitution in the first instance, but also leave them vulnerable to further exploitation and harm once involved.*

- It is overwhelmingly migrant women who access WHS – 26 different nationalities were recorded. Only 9 of the 144 women in the sample are Irish. 37.5% are Brazilian; just under 32% are Romanian
- The average age of women when they first access WHS is 29, with wide variation within this – women accessed the service for the first time from as young as 18 and as old as 56
- Nine women in the sample (6.3%) are transgender – all self-identify as women
- Almost 40% have an insecure or absent (undocumented) immigration status
- A significant number of women have poor English language skills
- Many women are without stable or safe accommodation – living and sleeping in multiple locations wherever they see buyers – almost a fifth (18%) were of 'no fixed abode'.

### Entry into prostitution

*The sex trade values youth, with poverty and coercion the key driving forces into the trade.*

- Excluding those where no age of entry was recorded, just over half the sample (51.3%) reported that they had first entered prostitution between the ages of 16 and 24
- Numerous women in the sample were pimped or trafficked into prostitution by another person or persons – both individual 'boyfriends' and wider, more organised prostitution networks – through grooming, deception, coercion and debt bondage
- Deception and false promises are very common tactics used by pimps and traffickers, who promise women the opportunity to earn money legitimately, but their intention is always sexual exploitation

- Many women report entering prostitution because they needed money – to escape poverty, to survive day-to-day, to support loved ones, to pay off debts, to avoid economic crises in their home countries, to secure their immigration status, to pay rent, to fund their education or future plans
- Many entered prostitution specifically so that they could financially support their children or other family members, including siblings, sick and/or aging parents and other relatives, either in Ireland or in their country of origin.

## Experiences of prostitution

*Women's transience and extreme social isolation within the sex trade are further compounded by the emotionally harmful realities of prostitution, which have far-reaching negative effects.*

- All but one woman in the sample are involved in 'indoor' prostitution. 68.8% had been in prostitution in Ireland for less than six months; some entered within days of their arrival in the State
- Women revealed the emotionally harmful realities of prostitution – having to emulate non-existent sexual desire for buyers, handling demands they find repellent or frightening and enduring physical and sexual contact that is unwanted and undesired, and which they often feel they can no longer bear
- Women described the cumulative negative effects that prostitution has on their own sexual lives, identities, intimate relationships and ability to trust
- Women who access WHS are a highly mobile group – travelling or being moved constantly by prostitution organisers within Ireland or across Europe for the purpose of prostitution
- This transiency means that women become lonely, rootless and extremely socially isolated, often finding it difficult to engage with any form of support
- The extent to which prostitution was all-consuming for women in the sample was striking – for some prostitution is their primary experience of being in Ireland.

## Violence, pimping and profiteering

*Women are experiencing frequent, serious physical and sexual violence at the hands of perpetrators such as buyers, pimps and traffickers, whilst those profiting from prostitution reap the financial rewards.*

- More than one fifth (21%) of the sample who attended WHS more than once disclosed experiencing incidents of criminality, threats of harm or violence and actual violence, all of which occurred in the context of prostitution, and the vast majority of which were severe
- Violence and the threats of violence are used by criminals, pimps, traffickers and buyers alike as a means to control women or ensure that they bend to their will – the evidence demonstrates that violence is endemic to the trade, and this was the case across all years of data collection
- There was ample evidence that the Irish sex trade is highly controlled and organised – with multiple third parties profiting from the prostitution of women and the exploitation of their vulnerabilities, their isolation, their need to earn money or other difficult life circumstances
- Women are facing significant pressures to see as many buyers as possible simply to cover their costs within the sex trade – including paying large sums to the website where they are advertised, alongside exorbitant rents to landlords who know that their premises are being used for prostitution.

## Health impacts of prostitution

*Prostitution is severely detrimental to women's health and wellbeing – women are experiencing multiple sexual, reproductive and mental health harms arising from their involvement in prostitution, which are linked to buyers' demands for risky practices and the frequency with which multiple buyers have sexual access to their bodies.*

- Women presented to WHS's Clinical service with 28 different, broad-ranging sexual and reproductive health issues during the data collection period – the majority presented with multiple issues – the most common of which tend to be reoccurring, requiring repeat attendances and repeat or ongoing treatment
- Women most commonly present to WHS with vaginal discomfort, abnormal discharge, abnormal odour, candida, bacterial vaginosis (BV) and pain when urinating, indicating a urinary tract infection (UTI) – one or more of these most common issues were experienced by 79% of the relevant sample overall, and in most cases, on multiple occasions
- The most prevalent harms to the sexual health of women in prostitution result from the *frequency* with which multiple, different, often previously unknown buyers have sexual access to their bodies, demanding sex acts that are unwanted, undesired and violating
- While the majority of women are doing all they can to protect their sexual health, the precautions they are taking are regularly undermined by buyers' actions – including demands for oral, vaginal and anal sex without a condom and the practice of stealthing (removal of a condom during intercourse without the woman's consent)
- Fears about the harm to their sexual health caused by prostitution, including any potential long-term impacts on their fertility, are a constant source of anxiety for women
- Women who access WHS's Clinical service are facing higher risks of contracting STIs than the general population, and undergo regular rounds of sexual health screening, with HPV and chlamydia the most common STIs detected
- A number of women in the sample experienced crisis pregnancies and had had one or more terminations whilst in prostitution
- 66% of women who attended WHS more than once presented with issues and concerns relating to their mental health and wellbeing, including

worries and fears, anxiety, coping difficulties, stress and depression, in most cases caused by or related to their involvement in prostitution

- Some women in the sample developed problems with alcohol and drugs, using these substances to numb or cope with the experience of prostitution
- Only a tiny proportion of the sample (8.3%) had registered with a GP; for the vast majority the specialist service provided to women in prostitution by WHS is the *only* healthcare service they are accessing in Ireland.

## The desire to exit prostitution

*Being in prostitution is not something women feel they can tolerate in the long term, and while the majority proactively plan to leave as soon as they can, many find themselves trapped.*

- 71% of women who attended WHS more than once explicitly expressed a desire to exit (leave) prostitution and/or described their future plans outside of prostitution
- Women often experience particular 'turning points' in their lives – a mix of positive and negative life events that prompt them to exit – such as starting a new relationship, becoming pregnant, having a baby, a close relative falling ill in their home country, contracting an STI or having other health-related problems caused by prostitution, or being the victim of an assault
- Exiting was rarely a simple, linear process – many women in the sample felt trapped in prostitution or coerced to remain in it – typically the financial and other external pressures that lead so many into prostitution in the first instance are the same pressures that keep them there once they start
- Some women in the sample became entrenched in the sex trade, their original plan to enter and stay in prostitution for just a few months turned into many years
- Women do not emerge from prostitution in better economic circumstances than when they first started – in fact quite the reverse – they were poor when they entered prostitution and, while they may have managed to support themselves and their families along the way, they are still poor if and when they leave.

## Why does this matter?

The vast majority of people in prostitution in Ireland are migrant women, many of whom are young or otherwise vulnerable. Already experiencing a range of adversities in their lives, they are driven into the sex trade by poverty and coercion. Once there, they are experiencing acute harms to their health, and their sexual, reproductive and mental health in particular. These harms are compounded by the frequent physical and sexual violence women are experiencing at the hands of perpetrators such as buyers, pimps and traffickers, whilst multiple prostitution profiteers make money from their suffering. Many are trapped in the Irish sex trade, and extremely socially isolated – prostitution is their primary experience of being in Ireland.

Women in prostitution therefore require a range of specialist health and other supports to help them to overcome the harms and trauma they are experiencing, not least vital supports to assist them to exit this grossly exploitative and dangerous trade.

## What needs to be done?

The **continued need for the dedicated, specialist health service for women in prostitution** provided by the HSE's WHS is clear. Free and accessible healthcare, with a particular focus on sexual and reproductive health, is an essential provision for this very marginalised and often vulnerable cohort. WHS should also **seek to extend its geographical reach** to better serve women based outside Dublin.

The provision of sexual healthcare to women in prostitution must be **complemented by trauma-informed mental health and wellbeing supports**, all delivered in tandem with **specialist, holistic supports for women to exit prostitution**, recover from sexual exploitation and rebuild new lives beyond the sex trade.

[Download](#) *Confronting the Harm: Documenting the Prostitution Experiences and Impacts on Health and Wellbeing of Women Accessing the Health Service Executive Women's Health Service.*

### About the research

Full reference: Breslin, R., Latham, L., and O'Connor, M., 2021. *Confronting the Harm: Documenting the Prostitution Experiences and Impacts on Health and Wellbeing of Women Accessing the Health Service Executive Women's Health Service.* Dublin: SERP.

[SERP](#) in the Geary Institute for Public Policy, UCD, is the only independent research programme in Ireland dedicated to building the evidence base on commercial sexual exploitation and investigating the impact of the sex trade on those exploited within it and on society at large. Our starting point is a feminist analysis of commercial sexual exploitation as a form of gender-based violence and harm. Our research in this field is designed to create useful knowledge for law and policy makers, practitioners, survivors, supporters and activists.

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