



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Submission to the Department of Justice and Equality on
The Future Direction of Prostitution Legislation

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The Irish Medical Organisation is the representative body for all doctors in Ireland and represents over 5,000 medical practitioners. The IMO welcomes consultation from the Department of Justice and Equality on the future direction of prostitution legislation and supports the Turn Off The Red Light Campaign which calls on the government to introduce legislation which makes it illegal to purchase sex.ⁱ

Demand for unprotected sex puts pressure on sex-workers and exposes them to higher risk of HIV and sexually transmitted infection. In addition international research shows that sex-workers and those trafficked for sex are exposed to a wide range of other physical and mental health problems. In particular women involved in prostitution are exposed to high levels of violence including sexual and physical assault, rape and murder. Studies show that the majority of women and adolescents who have been trafficked or involved in prostitution have been physically assaulted or raped and show symptoms of post-traumatic stress disorder.ⁱⁱ Other mental health issues are common among sex-workers including depression and anxiety disorders which can continue long after a woman has exited prostitution and which in a significant proportion of cases can remain with a woman for life.ⁱⁱⁱ

Drug and alcohol addiction is also prevalent among sex-workers.^{iv} Sex-workers often enter into prostitution to support drug addiction, but also can become reliant on drug use as a support mechanism to cope with the trauma of prostitution. Sex-workers who use drugs are more likely risk unprotected sex and are more likely to neglect their health, seeking care only at more advanced stages of illness.

Mortality rates are higher among females in prostitution than the general population. In London mortality rates are estimated to be 12 times higher among women in prostitution than the national average,^v while a Canadian study estimates that mortality rates are up to 40 times higher.^{vi}

Data compiled from the HSE's Women's Health Project in 2007^{vii} showed that the majority of women recorded symptoms related to sexually transmitted infections, reproductive tract infections or other health complications related to prostitution including bacterial vaginosis, thrush, Hepatitis A and B, Chlamydia, vaginal/genital warts, urinary tract infections and cervical cell abnormality. Project workers received regular reports from women of violence inflicted on them and expressed concern about the long-term impact of prostitution on the women's health.

A study by the National Advisory Committee on Drugs^{viii} on drug-using sex workers in Dublin found that the women and men interviewed were dependent heroin users before engaging in sex work and a significant minority were minors at the time. Most had grown up in marginalised communities and had experienced prolonged periods of homelessness. Most entered sex-work for financial reasons or to maintain their drug dependency while increased income from sex-work invariably contributed to an escalation in drug use. Drug use enabled sex workers to work longer hours and minimise distress levels as a consequence of the work but increased the risk of engaging in unprotected sex or their ability to assess the dangers of a situation. 78% of interviewees reported having Hepatitis C and 21% reported that they were HIV positive. The vast majority had been physically or sexually assaulted by a client.

Most women do not choose prostitution; but are forced into prostitution because of poverty, homelessness or drug addiction. Purchasers of sex exploit their desperation.

A wide range of measures are necessary to combat prostitution and sex trafficking including the provision of health and social supports for prostitutes to enable them to exit prostitution as well as social supports for young people at risk of prostitution. There is also a need to change attitudes towards prostitution and the growth of the sex industry through legislation criminalising the purchase, not the sale of sex, and a public awareness campaign to educate the public of the physical and mental harm caused by prostitution.

Experience from Sweden shows that criminalising the purchase of sex and not the sale of sex has reduced demand and contained the extent of prostitution. A recent evaluation by the Swedish Government^{ix} found that since the introduction of legislation in 1999 to criminalise the purchase of sex, street prostitution in Sweden has halved. In 2008, the number of people in street prostitution was estimated to be three times higher in Norway and Denmark than in Sweden. On the introduction of a ban on the purchase of sex in Norway in 2009, a study by the Bergen Municipality also reported an immediate dramatic drop in street prostitution. While internet prostitution has increased, as elsewhere, the report found no overall increase in indoor prostitution as a result of the legislation. Police officers and social workers report that purchasers of sex have become more cautious and surveys show that the legislation has had a deterrent effect on men.

Conclusion

International research shows that sex-workers and women and adolescents trafficked for sex are exposed to a wide range of physical and mental health problems in addition to HIV/AIDS and sexually transmitted disease. Mortality rates are higher among females in prostitution than the general population. Most women do not choose prostitution; but are forced into prostitution because of poverty, homelessness or drug addiction. Purchasers of sex exploit their desperation. A wide range of measures are necessary to combat prostitution and sex trafficking and experience from Sweden shows that criminalising the purchase of sex and not the sale of sex has reduced demand and contained the extent of prostitution. The IMO supports the Turn Off The Red Light Campaign and calls on the Government to introduce legislation which makes it illegal to purchase sex.

ⁱ See IMO General Motion 11/26

ⁱⁱ Zimmerman C. et al, Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe, *The London School of Hygiene & Tropical Medicine* 2006, and

Farley M. et al, Prostitution and Trafficking in Nine Countries: An Update on Violence and Posttraumatic Stress Disorder Co-published simultaneously in *Journal of Trauma Practice* 2003: 2 (3/4) 33-74 and *Prostitution, Trafficking and Traumatic Stress* (ed. Farley M) Haworth Press 2003: 33-74

ⁱⁱⁱ Farley M. Et al 2003

^{iv} Baker L, Case P, Policicchio D, General health problems of inner-city sex workers: a pilot study, *J Med Libr Assoc.* 2003; 91(1): 67–71.

^v Mayor of London The Way Forward - Taking action to end violence against women and girls, Final Strategy 2010-1013, March 2010

^{vi} Canada Dept of Justice, Pornography and Prostitution in Canada: Report of the Special Committee on Pornography and Prostitution, Summary 1985

^{vii} Kelleher Associates, O'Connor M Pillinger J, for Immigrant Council of Ireland in collaboration with the Women's Health Project and Ruhama, *Globalisation, Sex-trafficking and Prostitution: The Experiences of Migrant Women in Ireland* Immigrant Council of Ireland 2009

^{viii} Cox G. Whitaker T. National Advisory Committee on Drugs, *Drug Use, Sex Work and the Risk Environment in Dublin*, 2009

^{ix} Swedish Institute 2010, The Ban against the Purchase of Sexual Services. An evaluation 1999-2008, Selected extracts of the Swedish government report SOU 2010:49: downloaded from <http://www.sweden.gov.se/sb/d/4096/a/119861>