



Ruhama

NGO Submission to the UN Committee on the Elimination of all
Forms of Discrimination against Women

Ireland

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Introduction

Ruhama¹ is the only frontline NGO working specifically to support women affected by prostitution and sex trafficking nationally in Ireland. Ruhama are members of the National Women's Council of Ireland, The National Observatory of Violence against Women and the EU Civil Society Platform against Trafficking in Human Beings. Ruhama welcome the opportunity to submit to the CEDAW Committee based on the "List of issues and questions prior to the submission of the combined sixth and seventh periodic reports of Ireland."

Our submission will focus solely on the Committee questions for Ireland in respect of prostitution and trafficking, which are set out in paragraphs 14 & 15 of the "list of issues and questions."

Those questions to which we wish to respond are highlighted with our responses below.

CEDAW COMMITTEE QUESTION paragraph 14: In its previous concluding observations (para. 388), the Committee expressed concern at the lack of information on the extent of the problem of trafficking in women and girls in the State party and the lack of a comprehensive strategy to combat it. Please provide information on measures included in the National Action Plan to Prevent and Combat Trafficking in Human Beings, which expired in 2012.

While significant progress was made in the course of the implementation of the first National Action Plan to Combat Trafficking in Human Beings, this expired at the end of 2012. In late 2016 the Second National Action Plan was launched, however during this four year gap many of the concerns raised by various stakeholders in civil society relating to addressing the needs and treatment of victims of trafficking, including identification, provision of support to victims who are EEA nationals and accommodation provision, were deferred until such a time when the Second National Action Plan was published.

Ruhama welcomes the publication of the new plan and the broad number of actions listed within but note with concern, the lack of timeframes or designation of responsibility for ensuring the actions within are delivered.

Ruhama recommend: The immediate development of a clear operational plan, involving key stakeholders (including civil society), and including timeframes for completion of all individual actions relating to the roll out of the Second National Action Plan.

CEDAW COMMITTEE QUESTION paragraph 14: Since the adoption of the Criminal Law (Human Trafficking) Act 2008, has there been any significant increase in the identification, prosecution and conviction of perpetrators?

As outlined in US State Department Trafficking in Persons Report 2016², the majority of prosecutions reported by the State as trafficking cases involved prosecutions for the sexual abuse of children as opposed to trafficking as defined under the 2000 UN TIP Protocol. There has been no conviction for sex trafficking since 2013, which is both disappointing and concerning.

In relation to the prosecution of perpetrators, Ruhama welcomes the recent changes within the Irish Police, whereby there is a newly established 'Protective Services Bureau'. This Bureau has taken the remit for human trafficking from the Immigration section of the Irish Police (Gardai). Additionally the PSB has responsibility for organised prostitution which is also encouraging, given the clear evidence that sex trafficking occurs overwhelmingly in the context of criminally organised prostitution. Ruhama has been working with police to deliver training to frontline police encouraging a non-punitive approach to any person in prostitution, in recognition that they are vulnerable, may be a potential victim of trafficking (or other crimes) or a potential witness against organised criminals.

¹ www.ruhama.ie

² <https://www.state.gov/j/tip/rls/tiprpt/countries/2016/258788.htm>

There have been a number of failings by the State/including police which have been highlighted in the courts, whereby victims of trafficking have themselves been targeted for prosecutions (e.g. the 'P Case'³) in relation to trafficking for forced criminality⁴). Ruhama have also supported women who have been charged with prostitution related offences, and have subsequently been found to be victims of trafficking/exploitation. However we hope that the combination of our abovementioned collaboration with police to deliver a victim centred approach, the 'P case' ruling and the state's obligations under the EU Directive on Human Trafficking, in addition to CEDAW, will mark an enhanced approach by government and police to ensure victim's rights are upheld and traffickers targeted. **Ruhama recommends: It is critical the Protective Services Bureau is adequately resourced in order to mount comprehensive investigations into human trafficking if it is to be effective in successfully targeting traffickers and delivering a 'victim centred approach'.**

CEDAW COMMITTEE QUESTION paragraph 14: Please also provide information on measures taken to provide adequate assistance and protection to all victims of human trafficking and increase the number of State-run shelters for victims of trafficking.

Identification of victims of trafficking

There is a broad consensus across NGO & statutory agencies of the need to fully revise and change the identification process for suspected victims of trafficking, which has been highlighted in the Second National Plan on Trafficking. **Ruhama urge the Irish Government to expedite the creation of a new identification system that will remove the sole authority for identification from the immigration police (which is the current situation, notwithstanding the establishment of the Garda Protective Services Bureau which now has responsibility for Human Trafficking). Any identification system must involve other appropriate bodies and not solely the police.**

A further concern is that only non EEA nationals are 'identified' as 'suspected victims of trafficking' and then only on the basis that there is a risk of their removal from the state. This directly excludes victims from EEA countries, Irish nationals and others who have legitimate permission to be in the state from 'identification'. EEA nationals who are victims of trafficking are particularly disadvantaged by the 'habitual residency condition' in Ireland which precludes them accessing social welfare and other state supports that would be afforded to a non EEA suspected victim of trafficking who has been granted a 'leave to remain' permission. **Ruhama recommends that all suspected victims of trafficking be eligible for identification as such, and that a waiver of the habitual residency condition be implemented for EEA nationals to ensure their equal access to supports and services when compared with suspected victims from non- EEA countries who are granted a 'leave to remain' permission.**

There is also an issue whereby persons who are in the Asylum system may not also be identified as suspected victims of trafficking and therefore may not access the entitlements which may be due to them as such. **Ruhama recommends that early legal intervention be made available to all suspected victims of trafficking to give them access to clear advice about their options and entitlements. A further provision should be made to permit suspected victims of trafficking, who have sought asylum, to seek the administrative arrangements for victims of trafficking without prejudice to their asylum claim.**

CEDAW COMMITTEE QUESTION paragraph 14: [report] on measures taken to improve government cooperation with and funding for non-governmental organisations providing temporary shelter, rehabilitation and reintegration services for victims.

Ruhama receives financial support from the Irish Government through the Health Service Executive and the Anti-Human Trafficking Unit of the Department of Justice & Equality for which we are extremely grateful. These combined

³ P. v. The Chief Superintendent of the Garda National Immigration Bureau & Ors (2013/795/JR)

⁴ <http://www.mrci.ie/press-centre/landmark-high-court-judgment-condemns-garda-failure-to-assist-trafficked-woman/>

grants make up between 60-65% of the organisations running costs each year. The remainder must be achieved through fundraising and small non-statutory grants.

Ruhama is supportive of a number of mechanisms that have been created to facilitate engagement & collaboration with state organisations in recent years. These include:

- Partnership with the Department of Justice & Equality, Health Service Executive and other key stakeholders in the EU funded REACH Project in 2014 & 2015.
- Ruhama's positive relationship with the Irish police. Ruhama delivers training to the police on the issues of trafficking and prostitution to raise awareness & encourage a victim centred approach towards individuals in prostitution when policing the commercial sex trade.
- Ruhama's close working partnership with the HSE Anti-Human Trafficking Team, who is tasked with delivery of the state care plan to victims of trafficking. We regularly engage in joint caseworking of victims of sex trafficking to prevent duplication and to offer a broad based support service to victims.

However, in relation to the state 'care plan' a matter of particular concern is the reduction of psychological supports in the statutory response to victims of trafficking. Presently there are, no dedicated state provided psychological support services available to victims of trafficking in Ireland (all forms of THB) as a part of the National Referral Mechanism. While Ruhama and other NGOs do provide counselling services these are oversubscribed so there is a need for an effective statutory response, as indicated in the NRM. **Ruhama recommends the immediate identification & ringfencing, by the State, of dedicated psychological support services for victims of trafficking who require more in depth mental health supports to assist their recovery.**

CEDAW COMMITTEE QUESTION paragraph 14: Please provide information on the treatment of women and girls who are victims of trafficking who are placed in Direct Provision Centres.

Detected victims of trafficking are accommodated in direct provision centres, originally designed and still used for individuals seeking international protection in the State. The continuing accommodation of suspected victims in direct provision hostels is considered by Ruhama to be inappropriate.

The facilities of the direct provision centres are inadequate for the recovery and reflection of deeply traumatised individuals because of the lack of privacy, the lack of choice of food/clothes/toiletries, and the considerable length of time suspected victims of trafficking have to spend there. A report prepared in 2009 by the *Free Legal Advice Centres*⁵, highlights serious shortcomings in the system, stemming from the fact that the care for residents has been contracted out to private operators, and the quality of care varies largely. The report views the scheme as a system that tends to dehumanise people. It finds that "much of the system of direct provision and dispersal needs substantial overhaul in order to meet the international human rights standards to which the state has committed itself" (p: 12). Another report: *Safety & Security Issues of Women Seeking Asylum in Ireland*⁶, produced by AkidWa (African and migrant women network) in 2012 and to which Ruhama contributed, the authors conclude that the direct provision system is inadequate for catering to women who have been subjected to rape, sexual exploitation and other types of violence because of its lack of gender sensitivity.

While Ruhama acknowledge, welcome, and often assist with the provision of care planning provided by the State services to victims of trafficking we believe that the actual conditions of this accommodation can delay, and in many cases hinder, the recovery and social reintegration of victims. Some of the specific issues (highlighted in the above reports and others) concerning direct provision hostels include:

⁵ http://www.flac.ie/download/pdf/one_size_doesnt_fit_all_full_report_final.pdf

⁶ <http://akidwa.ie/publications/safety-and-security-issues-of-women-seeking-asylum-in-ireland.pdf>

- Victims have very little privacy; they have to share bedrooms with at least one and often more than one additional person who is a stranger to them.
- The hostels are generally mixed gender and can leave already vulnerable, sexualised young women open to further grooming and exploitation.
- There is evidence that Reception Integration Agency (RIA) hostels can be targeted by men looking to buy sexual services and these men have propositioned women outside the hostels.
- Living in these hostels means victims do not have a choice about what food they can eat or when they can eat it. Suspected victims have reported difficulty in eating the food provided and consequently, they have very little comfort or nutrition.
- Experience shows traffickers have used the asylum system for residency and accommodation, while they simultaneously traffic victims, leading to the increased risk of targeting for re-trafficking.
- The RIA's dispersal policy can result in re-locating victims to any part of the country and removing them from an established support network.

CEDAW COMMITTEE QUESTION paragraph 15. Please provide information on the prevalence of exploitation of prostitution in the State party.

Research conducted in 2009 indicates at least 1000 women in indoor prostitution in Ireland at any time, with a far smaller number in on-street prostitution in larger cities. This research further revealed a criminal underworld in which international traffickers, Irish pimps, prostitution agencies and buyers collaborate in the commercial sexual exploitation of women and girls. It indicated a highly lucrative industry worth approximately €180 million and easily accessible indoor prostitution in every part of Ireland⁷. Key findings of the research include:

Profile of women exploited in the Irish sex trade:

- 1,000 women in indoor prostitution with over 800 women advertised on the internet with sexually explicit pictures and detailed lists of the sexual acts which can be bought; 102 women identified as trafficked for sexual exploitation; 11% were girls at the time.
- 87% to 97 % are migrant women aged between 18-58 with evidence that girls as young as 16 years are involved; 51 different nationalities of women advertised; women are targeted by traffickers, pimps and prostitution ('Escort') agencies from impoverished regions in Africa, Latin America and Central Europe.
- While some women operate independently, the Irish sex industry is for the most part highly organised with women being constantly moved from place to place. Prostitution agencies and pimps exercise different levels of payment, penalty, debt bondage, control and violence. Investigative documentary programmes produced by Ireland's national broadcaster RTE in 2012 ('Profiting from Prostitution')⁸ and in 2015⁹ revealed vast majority of women, 99.24%, were advertised as independent escorts, but the researchers state that '...this was completely untrue. Most of the women we interviewed or otherwise researched were working for a pimp or some kind of organiser'

CEDAW COMMITTEE QUESTION paragraph 15: Please provide information on measures taken to understand the impact that the criminalisation of sexual services will have on the State party's efforts to effectively combat HIV/AIDS transmission among women involved in prostitution.

⁷ Kelleher Associates, O'Connor M., and Pillinger, J. (2009) *Globalisation, Sex Trafficking and Prostitution: The Experiences of Migrant Women in Ireland*, Dublin: Immigrant Council of Ireland.
<http://www.dublinpact.ie/dignity/traffickingreport.pdf>

⁸ <http://www.rte.ie/news/player/2012/0207/3193909-prime-time-profiting-from-prostitution>

⁹ <http://www.rte.ie/news/player/2015/1130/20889852-rte-investigation-finds-up-to-20-gangs-running-prostitution-rings-in-ireland/>

Ruhama, does not anticipate a negative impact on combatting HIV/AIDs transmission among women in prostitution should legislation to criminalise the purchase of sex in keeping with the 'Nordic Approach' be implemented in Ireland.

As the national frontline organisation working each year in Ireland with hundreds of women affected by prostitution and sex trafficking, Ruhama supports legislation which will **decriminalise the sale of sex by individuals, while targeting the sex buyer** as the driver of demand for sex for sale, in addition to pimps and traffickers who profit from the prostitution of others. Such legislation is also supported by the 70+ members of the **Turn Off the Red Light Campaign**¹⁰ which includes: Trade Unions, including the Irish Nurses and Midwives organisation, Prostitution survivor groups and individuals, Violence against Women's organisations, Children's Rights organisations and many others.

An extensive consultation on the future direction of prostitution legislation in Ireland was initiated by the Department of Justice and Equality in 2012, following the publication of a discussion document which reviewed legislative approaches in other jurisdictions, including the UK, Sweden, Germany, Netherlands, Australia, New Zealand and Canada. A Cross party Parliamentary Committee on Justice, Equality and Defence conducted a public consultation process. Presentations from 26 organisations and individuals (including women both involved in, and exited from prostitution) and over 800 written submissions were considered. In its report, the Committee unanimously recommended the introduction of legislation to criminalise the purchase of sex and decriminalise individuals in prostitution.¹¹

Support for this 'Nordic Approach', takes the view of prostitution as incompatible with equality. This legislation is supported by numerous Irish organisations, as noted above, who recognise the systemic, gendered and racist nature of the sex trade. Poor women, indigenous women, women of colour and other marginalised groups such as transgender women are disproportionately represented in brothels across the world, including Ireland. The harm and violence of prostitution is endemic no matter what legislation is in place. You cannot regulate this harm away. There is no 'magic bullet' to resolve the challenges to women & girls safety, health and equality presented by prostitution, but the Nordic approach works best to reduce the exploitation & numbers being trafficked and coerced into the sex trade, and it holds those who benefit from exploitation to account.

This approach is supported by the **European Parliament** and is recommended as a method to both increase gender equality and reduce exploitation of women & girls including human trafficking.¹² Additionally, in a major study on gender and trafficking carried out for the **European Commission** in 2016, the researchers state that there is no evidence to substantiate the claim that banning the purchase of sex increases violence against women in prostitution.¹³

Ruhama works in partnership with the state funded dedicated sexual health service for women in prostitution, the **Women's Health Service (HSE WHS)**¹⁴ whom we consulted for the purpose of this submission, in relation to any potential impact on HIV transmission to women in prostitution as a result of legislation to criminalise the purchase of sex.

In Ireland sexual health screening, including for HIV, for those in prostitution is available **free and confidentially** through the HSE WHS and has been for 25 years. The whole population irrespective of Immigration status can avail of free testing in GUM clinics nationally. Equally the prevalence of HIV among those in prostitution is far lower than the very high risk categories identified in Asia and other countries. The HSE WHS indicated that the numbers screened through their services with HIV are extremely low. Additionally, in nearly every case where a positive screen is found

¹⁰ www.turnofftheredlight.ie

¹¹ Joint Committee on Justice, Defence and Equality, Report on hearings and submissions on the Review of Legislation on Prostitution, June 2013 (see also: Joint Committee on Justice, Defence and Equality, Report on hearings in relation to Domestic and Sexual Violence, October 2014.)

¹² <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A7-2014-0071+0+DOC+XML+V0//EN#title6>

¹³ <http://ec.europa.eu/anti-trafficking/node/4946>

¹⁴ <http://www.hse.ie/eng/services/list/5/sexhealth/whp/>

the cause of infection is more likely to be either as a result of Intravenous Drug Use or a pre-existing infection contracted in Sub-Saharan Africa rather than directly through contact with an infected sex buyer in Ireland.

The HSE WHS provide condom distribution and other important health protection tools free of charge. In areas where there is on street prostitution (for example in Dublin and Limerick) there are services (Ruhama, WHS Outreach, Chrysalis, GOSHH, Doras Luimni) who provide condoms to women in street prostitution through outreach, as they may be less likely to engage with a clinic, due to chaotic drug use for example.

For women in prostitution, safe sex/reproductive health practices are encouraged by many of the services specifically accessed by them through both condom distribution and sexual health awareness sessions. In Ruhama's direct experience, women are proactive in most cases in using condoms, where negotiable. In a scenario where Ireland enacts laws to decriminalise those in prostitution and criminalise the buyers, women in prostitution will arguably have greater negotiating power in relation to condom use among buyers because they are not at risk of criminal sanction, but the buyer is.

Reports from other countries who have passed such legislation indicates that there will be a reduction in crime gangs organising prostitution in a jurisdiction where demand is criminalised, such pimps often actively encourage unsafe sex by women in their premises to meet the demands of the buyers.

We know from the Irish context at present (Ruhama, HSE WHS and RTE Prime Time investigative documentary: *Profiting from Prostitution 2012*) that pimps and buyers actively encourage and expect harmful practices such as CIM (ejaculate/ 'cum' in mouth) and OWO (oral without a condom), and also unprotected penetrative sex, from women in prostitution.

Ruhama acknowledges that: *"Persons who exchange sex are at increased risk of getting or transmitting HIV and other sexually transmitted diseases (STDs) because they are more likely to engage in risky sexual behaviours (e.g., sex without a condom, sex with multiple partners) and substance use."*¹⁵

However, we further note that there are a very broad range of **additional negative health risks directly associated with women's experience of prostitution and efforts to reduce the risks of these should also be key considerations in examining proposed legislation & policies**. In a report by Melissa Farley (2004) the negative health risks are comprehensively summarised from a range of research sources as including: exhaustion, frequent viral illness, STDs, vaginal infections, back aches, sleeplessness, depression, headaches, stomach aches, and eating disorders, cervical cancer, infertility, hepatitis, rape and sexual assault with related injuries such as fissures; traumatic brain injury from physical assaults; symptoms of post-traumatic stress disorder & suicidal ideation. Very importantly: women in prostitution are also known to be at far higher risk of murder compared to the general population.¹⁶

Combating HIV: The importance of context.

The global combating of the HIV/AIDS is vital. Education and prevention, and where required treatment for all vulnerable groups is essential. However, considering the context of **the existing policies and legislation relating to groups vulnerable to HIV/AIDs in Ireland** is critical if one is to consider the potential impacts of criminalising the sex buyer on those in prostitution. In some discourses, the issue of HIV prevention among persons involved in prostitution is referenced in conjunction with other at risk groups and jurisdictions where discrimination remains legal against such groups including: women, men who have sex with men, persons in prostitution, drug users, and ethnic minorities. In countries without laws & services to protect those in prostitution, drug users, and men who have sex with men, and

¹⁵<http://www.cdc.gov/hiv/group/sexworkers.html>

¹⁶http://s3.amazonaws.com/academia.edu.documents/35219764/Bad_for_the_Body_Bad_for_the_Heart_Prostitution_Harms_Women_Even_if.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=1472120171&Signature=yeiUQwH%2BY9DUBB1a7zfyI1waAhg%3D&response-content-disposition=inline%3B%20filename%3DProstitution_Harms_Women_Even_if_Legaliz.pdf

which have repressive cultural and social policies towards women & girls it is noted that only a fraction of these populations has access to HIV prevention mechanisms.

In the Irish context this is not the case.

Firstly, Ireland has a much **lower** prevalence of poverty, lower prevalence of HIV/AIDS and far **higher** availability of services and provision of health care for the general population overall when compared to countries where both discrimination against vulnerable groups and access to health care are serious barriers to HIV prevention (e.g. Kenya, Brazil, India). For example, in Ireland the rate HIV among the adult population (19-49 years) is 0.20%, compared with 6.70% in Kenya.¹⁷ There are a number of well-established NGOs in Ireland operating comprehensive support services for those living with HIV/AIDS in Ireland which can be accessed by any individual who has a positive diagnosis (42 services listed in the HIV Services Directory)¹⁸.

Secondly, Ireland does not have the same degree of discriminatory policies towards vulnerable groups which are often cited as significant barriers to HIV prevention.

Drug Users: In Ireland there are a wide range of schemes and health services available to support those suffering with drug misuse¹⁹. While there are scenarios where possession of drugs may be an offence, there has been a considerable revision of the strategy to combat drug misuse and 2015 Justice Committee report has recommended that possession for personal use be dealt with outside the ambit of the criminal justice system.²⁰

Men who have sex with men: Homosexuality is not criminalized in Ireland. Further, Marriage Equality was established in law in 2015, following a large majority of the Irish population voting in support of equal rights for members of the LGBT community.

Mandatory testing for HIV/AIDS, which **can** be discriminatory and repressive of the human rights of at-risk groups such as women in prostitution, and is a punitive approach used in other countries, **is not** policy in Ireland.

Education/Attitudes to condom use among sex buyers: Recommendations for education of men in changing attitudes to condom use are to be welcomed but should not – and arguably **cannot** - be restricted to sex buyers. Such initiatives must (and generally do) target all men who are sexually active, who can be classed as ‘potential buyers. The UNFPA Broad Activity Achievement report, referencing the work of UNAIDS is clear that this is the approach generally taken to educate men on condom use rather than initiatives for actual *acknowledged* sex buyers. The logistics of ‘engaging’ sex buyers as a separate cohort are not feasible – especially as the majority are married and unlikely to engage as a part of this categorized group²¹. **The greatest barrier to condom use in most western countries is arguably not the prostitution legislation but the men who refuse to use them – whether with those in prostitution or other sex partners.** It is imperative to recognise the reality that sex buyers will often offer to pay more money to have unprotected sex and, in some cases, violence/coercion or deceit is employed in such a way that negatively impacts on women’s ability to negotiate condom use.

Policing prostitution: Greater targeting of pimps and organizers of prostitution, who are commonly responsible for encouraging/coercing unsafe sex practices, will be easier for Gardai in the context of a smaller sex trade, which would reduce if demand is criminalised. Prioritising policing of organised crime rather than targeting individual women in prostitution will arguably also have a positive impact on the small minority of individuals ‘independently’ in prostitution by reducing the risks of these criminals pose to their welfare. Irish police have already indicated that the policing of any

¹⁷ CIA World factbook: HIV AIDS adult prevalence 2011

¹⁸ <http://www.hivservices.ie/directory/>

¹⁹ http://www.services.drugs.ie/?gclid=CjwKEAjrwrq9BRD5gLyruftqg0YSJACcuF81X8NW7B--bRr1QAEdPDp9mBno7uzibKolyY_HiSBhxoC2jXw_wcB

²⁰ <http://www.oireachtas.ie/parliament/media/committees/justice/Final-Report---For-Publication.pdf>

²¹ McLeod et al 2008

'sex buyer' laws will be focused in the context of broader investigations targeting organised prostitution/trafficking as this is where the policing priority is, and where resources will be deployed.

A number of initiatives have been established including, in some areas, 'welfare checks' which are instigated to build up more trusting relationships between those in prostitution and police. In the course of these visits police can also make women aware of free health and support services that are available to them.

These kinds of initiatives, while still on a small localised scale and which require more resourcing, can be important tools in supporting victims who have little or no trust in authorities to disclose that they have been trafficked. Research conducted by the REACH project (<http://www.reachproject.eu/>) found that the police were a critical first responder, that the tone and nature of the contact was extremely important (i.e. respectful and honest,). It is known of the unlikelihood for victims to make disclosures at an initial encounter with police (or other) first responders. Therefore approaches which aim to share information and build confidence in victims to come forward will continue to be encouraged.

The success of alternative legislative approaches to protect the health of women in prostitution?

*"Most articles advocating the full decriminalisation/legalisation of the sex trade as a means to combat HIV transmission among those involved in prostitution consistently fail to account in their analysis for two key factors. Firstly, **the desire of sex buyers for unprotected sex**, whereby availability of condoms does not automatically address this common demand & is often bartered for in exchange for extra money or mediated for by pimps who are women's 'managers'. Secondly; **accounting for the scale effect** whereby such a legislative approach increases the numbers both selling & buying sex and thereby proportionately increases the overall risk to both those in prostitution and the population as a whole. In contrast to the impact of reducing the size of the sex trade in countries like Sweden where sex buyer laws are in place, research show that in countries that have legalised or fully decriminalised the sex trade there are significantly larger numbers in prostitution and numbers of sex buyers."* 22

An alternative to the 'Nordic Approach' where there was legalization/full decriminalisation of the sex trade would not suddenly better 'empower' women to negotiate safe sex. In the legal context competition and danger are just as apparent due to the enlarged size of the trade. Higher risk activities are more likely as a result and so there is no reason to believe that there would be any positive shift to reduce HIV/AIDs but rather that women's health may suffer further in jurisdictions that do not recognise the vulnerability of those in prostitution.

Jurisdictions that have legalised prostitution, such as the Netherlands and Germany have produced reports that confirm that they have completely failed to meet objectives of better protecting and supporting the human rights of those in prostitution²³. A European Parliament report by the DG for Internal Policies found that, *"In the Netherlands it is reported that: Establishing a licensing system for the prostitution sector was expected to make prostitution more manageable and lead to the eradication of abuses in the sector. However, several cases have shown that widespread exploitation can also take place in the licensed sector. This has influenced attitudes towards the prostitution sector over the last decade with the result that the sector is prone to human trafficking"*²⁴. In the Netherlands the wellbeing of those in prostitution had diminished and the use of sedatives had increased. In both jurisdictions it is estimated that a large proportion of the **legal** sex trade is populated by vulnerable and coerced women.

In Germany, home to 'megabrothels', trafficking, coercion & unsafe sex are prevalent in the legal sector, not just in the parallel illegal trade. At present, a number of high profile 'legitimate' German brothel owners are facing trafficking

²² Cho et al 2012 "Does legalized prostitution increase human Trafficking?"
http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1986065

²³ A.L Daalder 2007 <file:///C:/Users/sarah/Downloads/nederlandsk%20evaluating%20av%20legalisering.pdf> German federal report https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/federal_government_report_of_the_impact_of_the_act_regulating_the_legal_situation_of_prostitutes_2007_en_1.pdf

²⁴ [http://www.europarl.europa.eu/RegData/etudes/etudes/join/2014/493040/IPOL-FEMM_ET\(2014\)493040_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/etudes/join/2014/493040/IPOL-FEMM_ET(2014)493040_EN.pdf)

charges²⁵. Women in prostitution have limited access to health services and have highly limited control over the nature and volume of, often high risk, sex acts that they are expected to perform. A study carried out in 2007 by the Federal Ministry found that 92% of women working as prostitutes interviewed had suffered sexual harassment, 87% physical violence and 59% sexual violence. 41% of prostitutes had experienced violence in the context of performing sexual services. Of the sample, around half of the interviewees showed symptoms of depression, a quarter had contemplated suicide, and 41% had taken drugs in the last year.²⁶

In a trafficking investigation highlighted by an extensive article on the failure of legalised prostitution in Germany by Der Spiegel, it was reported that: *"Prosecutors learned that the women in the club had to offer vaginal, oral and anal sex, and serve several men at the same time in so-called gangbang sessions. The men didn't always use condoms. "I was not allowed to say no to anything," says Alina.*²⁷

New Zealand is lauded by some as the new model to pursue. Full Decriminalisation is, in effect, legalisation but with less oversight and regulation. This model is most sought after by those who most gain from the prostitution of others: pimps and traffickers. It is being hard lobbied for by vested interest groups. The Global Network of Sex Work Projects (NSWP) represents organisers of prostitution who are influential members, not just individual 'sex workers'. Alejandra Gil, former vice president of GNSWP who served as co-chair of the UNAIDS Advisory Group on HIV and Sex Work & key figure in the drafting of the 'Advisory Report on Sex Work' to UNAIDS, was last year sentenced to 15 years in jail for the trafficking of hundreds of girls in Mexico.²⁸

The losers here are those in prostitution or at risk of entering prostitution. There is increased criticism of the New Zealand model emerging, including from women who have worked in prostitution in New Zealand under both its previous & current laws. In a recent article,²⁹ journalist Megan Murphy interviews Sabrina Valisce who was involved in the sex trade in New Zealand both before and after decriminalization. Valisce was a volunteer with the New Zealand Prostitutes Collective. She had advocated for full decriminalization - until she experienced its results firsthand.

While the Prostitution Reform Act was meant to make the industry safer, it's done the opposite. Valisce reported that the autonomy of those in prostitution to refuse unsafe sex acts and better manage their boundaries and safety are now seriously undermined: "All that has gone by the wayside [due to] high competition and lowered rates". Valisce's efforts to institute exiting programs were also rejected—a pattern that repeats in all jurisdictions that effectively normalise prostitution as a regular job. Indeed, the New Zealand Prostitutes Collective, the largest lobby group established on foot of concerns about HIV prevention offers no programmatic support such as job training/advocacy/exiting support for women stuck in the sex trade.

In conclusion: Ruhama is confident that Ireland is well placed to reduce the exploitation of prostitution and sex trafficking through legislation that criminalises the buyer & those profiting off the prostitution of women & girls, while decriminalising the individuals 'selling' sex. The country has a low number of sex buyers relative to other jurisdictions (8% - from a national RedC Poll in 2015) & well established free, confidential sexual health and exiting services for women in prostitution to priorities their overall health and wellbeing.

²⁵ <https://www.theguardian.com/world/2016/apr/15/hells-angels-brothel-raided-by-900-officers-say-german-police>

²⁶ BMFSFJ (2007), Health, Well-Being and Personal Safety of Women in Germany

<http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationsliste.did=93194.html>

²⁷ <http://www.spiegel.de/international/germany/human-trafficking-persists-despite-legality-of-prostitution-in-germany-a-902533.html>

²⁸ <http://www.faber.co.uk/blog/a-human-rights-scandal-by-kat-banyard/>

²⁹ <http://www.feministcurrent.com/2016/05/12/unethical-practices-produce-new-york-times-sex-work-story/>