

PATHWAYS TO EXIT

A study of women's
journeys out of
prostitution
and the response
to their complex
support needs

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I wanted to leave many times. I tried to leave. But I end up with really deep depression... I couldn't cope with life. It was too much for me... For many years I wanted out. Not my head. My head wanted to keep working [to remain in prostitution], but my soul wanted out. I wanted to be free... [but] I didn't know how to do it... Odele¹

1 Pseudonyms are used for service user interviewees throughout this report.

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Ruth and Mary, December 2023

About SERP

The Sexual Exploitation Research Programme (SERP) was established in 2017 in the School of Social Policy, Social Work and Social Justice at University College Dublin. In 2020, SERP joined UCD's Geary Institute for Public Policy.

SERP is the leading research programme in Ireland on commercial sexual exploitation. SERP conducts feminist research on all forms of commercial sexual exploitation that influences academic discourse and creates useful knowledge for law and policy makers, practitioners, survivors, supporters and activists.

SERP aims to strengthen the evidence base on current and emerging issues of sexual exploitation in Ireland, and beyond. Our work is designed to enhance understanding of the commercial sex trade, its impact on women and girls who are sexually exploited, on communities and on society at large.

The SERP team has decades of experience researching and writing about prostitution and sex trafficking, and members are often called upon to give evidence to public/State inquiries on these issues in Ireland and other jurisdictions.

In addition to strong links with international partners and allies, SERP also works collaboratively with support services for victims and survivors of prostitution and sex trafficking on the ground, seeking to bridge the gap between academia and frontline practice in generating new knowledge, insights and solutions on these issues.

SERP's work is underpinned by the principles of gender equality, social justice and human rights. The team is committed to rigorous, ethical, collaborative and participatory research practice.

Introduction and research aims

Exiting prostitution – the process by which women impacted by prostitution or sex trafficking leave or extricate themselves from the sex trade – is widely recognised in the international literature, but has never been formally documented in the Irish context.

SERP's 2020 study on the impact of Covid-19 on the Irish sex trade² highlighted how the pandemic significantly exacerbated the adversities women in prostitution were already facing – including poverty, homelessness, insecure immigration status, poor mental health, coercion and violence – leaving many women, including those wishing to exit, more entrenched in prostitution than ever before. Similar findings were documented by Ruhama in their report from the frontline during the pandemic.³ There is no doubt that Covid-19 hardened the barriers to exiting prostitution faced by vulnerable women in the Irish sex trade.

As a result, there is growing recognition across civil society and State bodies that women need urgent support to exit, and that the vast majority of women in the Irish sex trade wish to do so.⁴ This was further confirmed when prostitution and trafficking for sexual exploitation were formally recognised as forms of gender-based violence in the Irish Government's *National Strategy on Domestic, Sexual and Gender-Based Violence* (DSGBV), with the need for exit routes highlighted in both the Strategy and its accompanying Implementation Plan.⁵

However, 'exiting' is an often-misunderstood process. In particular, there is a lack of understanding of the effort and commitment that exiting entails, both for women and for those supporting them. The process of receiving support to exit can be complex in the ways it addresses women's vulnerabilities, aims to build their resilience and empowers them to recover from the traumatic impacts of sexual exploitation.

Ruhama has been supporting women in prostitution⁶ in Ireland for over thirty years and has developed significant expertise in this area. But the model of practice on which their work is based has never been formally documented outside the organisation, until now. This study is the result of a unique research partnership between SERP researchers and Ruhama service users and staff to explore in greater depth what exiting entails, both for women embarking on this journey,⁷ and for those professionals who support them along the way. Specifically, this study aims to:

- Provide an enhanced, survivor-informed and evidence-based understanding of women's 'exiting journeys' and pathways, the barriers they face and the multifaceted supports they require to achieve a sustainable exit
- Document the model of practice employed by Ruhama and the principles that underpin it

2 Breslin, R. (2020) *Exploitation 'as usual': Emerging Evidence on the Impact of Covid-19 on Ireland's Sex Trade*. Dublin: SERP.

3 Ruhama (2020) *Taking the Pulse on COVID 19 – The Experiences and Needs of Women in Prostitution During COVID 19: Forgotten Voices of the Pandemic*. Dublin: Ruhama.

4 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.

5 Government of Ireland (2022) *Third National Strategy on Domestic, Sexual & Gender-Based Violence 2022-2026*. Dublin: Government of Ireland. Available at: <https://www.gov.ie/en/publication/a43a9-third-national-strategy-on-domestic-sexual-and-gender-based-violence/> (accessed 4 December 2023)

6 This includes support for transgender people impacted by prostitution who self-identify as women.

7 Exiting was described as a 'journey' by many participants in this study, reflecting the fact that it tends to be a process, often non-linear, with many steps/stages along the way.

- Explore the role of supports, including peer support, in empowering women to recover from the trauma of sexual exploitation, build new lives and strengthen their voice in matters that affect them
- Inform both policy and practice responses to the provision of exiting supports for women going forward, in line with the delivery of plans under the *Third National Strategy on Domestic, Sexual and Gender-Based Violence*.⁸

Structure of the report

This report begins by outlining the services provided by Ruhama and exploring the concept and nature of exiting as outlined in the international literature. It then describes the methods employed in the undertaking of the study, followed by a detailed discussion of the findings in two parts. Section 1 explores women's entry into and experiences of the sex trade and the barriers they face both to exiting prostitution and to recovering and building new lives for themselves after leaving the sex trade. Section 2 outlines the multiple and often complex support needs of women who have been sexually exploited and how Ruhama responds to meet these needs. This includes an examination of Ruhama's model of practice, the principles that underpin it and the pillars that support the organisation's work. Conclusions and recommendations follow for a range of audiences arising from the study's findings, while further attention is given to the detail of the study's methodology in Appendix A.

A note on language

Throughout this report the authors use broad, inclusive terms, such as 'women in prostitution'/'women in the sex trade', 'women who have experienced' or 'women impacted by' prostitution/sex trafficking/sexual exploitation. The term 'prostitute' is not used; whilst it is the term used in Irish law, it tends to have very negative connotations for women. Nor is the term 'sex worker' used, as only a small minority of women in the Irish sex trade self-identify as such. It is notable that none of the interviewees who participated in this study use the terms 'sex work' or 'sex worker' to describe their own involvement in prostitution.

Furthermore, most survivors of the sex trade reject the terms 'sex work' and 'sex worker'. In attempting to frame prostitution as a regular form of 'work', they are typically regarded by survivors as exclusionary and deeply problematic terms that serve to obscure and obviate the profound harms of sexual exploitation that they have endured, and that are prolific within the sex trade, as this study yet again documents.

Finally, all references to trafficking in this study relate specifically to human trafficking for the purpose of sexual exploitation.

About Ruhama

Ruhama is the only specialist non-governmental organisation in Ireland⁹ working to support and empower women¹⁰ impacted by prostitution, sex trafficking and other forms of commercial sexual exploitation.¹¹ Ruhama supports women who are seeking to exit (leave) prostitution, women who are victims of sex trafficking, and women who are actively involved in prostitution with no plans to exit. The service provides safe, accessible, psychological and practical assistance to women so that they can co-create opportunities to enhance their lives.¹²

Using a case management model that is trauma-informed and safety-focused, Ruhama offers support to each woman based on her individual, self-identified needs. Together with the woman, Ruhama staff develop a care plan that identifies the internal and external supports she requires to meet her specific needs. Key elements of care include addressing the psychological and physical harms of prostitution and assisting women to access healthcare, including general health, sexual health, and addiction support services. Women are also supported with housing/accommodation issues and provided with guidance and advocacy to navigate the justice system, and legal and immigration processes in particular. In 2022, Ruhama's casework team conducted 1,248 support meetings with 297 women.¹³ As a national service, Ruhama employs caseworkers based in Dublin, the Midlands and the Mid-West region.

Ruhama delivers a dedicated outreach service through its assertive outreach caseworkers, to identify and meet the needs of the most vulnerable and marginalised cohorts of women in prostitution in Ireland. The focus of the current service includes women in reception and Direct Provision centres,¹⁴ women fleeing conflict in Ukraine, women living in homeless accommodation and those accessing addiction services. Developing relationships and collaborations with frontline professionals in this way allows Ruhama to reach and support more women in need of their services.

Ruhama's trauma therapy team offers specialist counselling to women impacted by prostitution and sex trafficking, recognising that trauma therapy is an essential element of healing and recovery from the sexual violence and other harms that women have experienced in the sex trade. In 2022, Ruhama provided 674 hours of one-to-one therapy to 79 service users who presented with varied and complex symptoms including depression, eating disorders, hypervigilance, anxiety, relationship difficulties due to trust issues, insomnia, intrusive thoughts and memories, panic attacks and post-traumatic stress disorder (PTSD).¹⁵ A series of group programmes focused on enhancing women's confidence and wellbeing were also delivered over the course of the year.

9 Ruhama operates as an independent registered charity. Like most charities in Ireland, Ruhama was originally established by religious orders. Today the organisation is run on a secular basis and has a non-religious mission and purpose. Ruhama's Board of Trustees includes only individuals with no affiliations to religious organisations and the organisation does not receive any funding or donations from religious institutions. For more information see: <https://www.ruhama.ie/policy-questions/> (accessed 19 November 2023). and Ruhama (2023) *Annual Report 2022*. Dublin: Ruhama.

10 This includes transgender people impacted by prostitution who self-identify as women.

11 Ruhama (2023) *op cit*, p.4. See also <https://www.ruhama.ie/about-ruhama/> (accessed 31 October 2023).

12 Ruhama (2023) *op cit*, p.4.

13 Ruhama (2023) *op cit*, p.18.

14 The Irish Government through its Reception and Integration Agency provides accommodation, known as Direct Provision, for applicants for international protection and suspected victims of human trafficking.

15 *ibid*, p.18.

In 2022, Ruhama also rolled out its new Seeking Safety programme which supports women currently experiencing mental health and addiction issues, alongside gender-based violence, through an educational programme that is designed to enhance their safety and wellbeing.

Believing in the transformative power of education, Ruhama delivers a trauma-informed adult education service, offering women the opportunity to identify their own unique learning goals and facilitating them to achieve these goals. Through its Education and Development service, Ruhama helps service users discover interests and strengths, fortify their skills, explore options, progress to accredited education and successfully achieve their goals. Women are provided with one-to-one classes to develop specific skills, group classes that focus on general skills and career development, as well as practical support in accessing further and higher education and development opportunities. In 2022, Ruhama supported over 200 women across Ireland to meet their education and development needs.¹⁶

Recognising the complexity of leaving prostitution and finding an alternative way of supporting oneself financially, Ruhama offers a Bridge to Work programme. This entails working on a one-to-one basis with service users to explore their career goals and options and assist them to become job-ready. Programme participants can avail of a broad variety of employment-focused supports including CV and job application preparation, interview skills, employment training, supports to navigate the Irish workplace and to start a new business, as well as assistance in securing internships and job placements. Ruhama works with a series of employment partners to provide paid placements for women seeking to enhance their CVs and professional experience. In 2022, 102 service users were supported through the Bridge to Work programme.¹⁷

Ruhama also provides support to women through its Peer Support programme, whereby service users are trained to support their peers. This is a non-judgemental, all-inclusive space that is guided by the values and competencies of international peer support practice and promotes the use of common experiences in the provision of emotional and practical support to service users.¹⁸ Peer support also plays a role in increasing social connection and a sense of belonging amongst those experiencing isolation. In 2022, ten peer supporters completed the dedicated peer support training programme, co-produced by and for peers. This programme is a key element of Ruhama's wider 'Survivor Voice Plan', which aims to support women who wish to speak out about their experiences in the sex trade to do so, promoting their healing and empowerment in the process.¹⁹

16 [ibid](#), p.19.

17 [ibid](#), p.25.

18 [ibid](#), p.29.

19 [ibid](#), p.27.

My exiting was a long, long fucking journey. Like, as soon as you start, I think you want to get out of it. Right now, where I'm at is I'm just getting through day by day... I'm just trying to work on my recovery... Emily

If recovering from heroin addiction is a lifetime journey, then so is recovering from selling sex... I can't do this on my own. I can't... nobody who's recovering from a journey like that can do it alone... Rose



Review of the literature

Introduction

The profile of prostituted and trafficked women in Ireland reflects the global pattern of girls and young women being targeted, recruited, coerced and trafficked from more impoverished countries to meet the demands of sex buyers in wealthier destination countries.²⁰ Young migrant girls and women constitute between 94% and 97% of those exploited in the Irish sex trade, a trade which is highly organised where traffickers, pimps and prostitution advertisers collaborate to profit from the sexual exploitation of others. Smaller numbers of Irish women are also present in the Irish sex trade and are over-represented in street prostitution, but over the last twenty years the bulk of the trade has been based in indoor locations across the island of Ireland. Women are highly mobile within it, moving or being moved by prostitution organisers constantly from location to location across the island; typical sites for prostitution include hotels and apartments.²¹ Analysis of the main prostitution advertising website operating across the island reveals that on a typical day in 2023, over 700 individual 'profiles' advertise or are advertised by a third party on Escort Ireland, the website which continues to dominate the market.²² In the snapshot analysis undertaken, IHREC (2023) reported that on average 21% of those advertised were between the ages of 18 and 25, with seven 18 and 19-year-olds advertised each day of the three week monitoring period.²³ As was previously reported, the vast majority advertised are migrant women and transwomen (94%) with less than 1% of profiles male.²⁴

The factors that intersect to make women and girls vulnerable to entry into the sex trade are structural and personal. Globalisation, conflict, poverty, forced migration and gender inequality in origin countries create an environment in which international pimps and traffickers flourish. But whether Irish or migrant, a number of vulnerabilities and adversities in the early lives of women and girls place them at risk of being groomed, recruited and entrapped within prostitution, including care giver strain, child maltreatment, homelessness, prior sexual abuse and family dislocation.²⁵ Once within prostitution, these earlier harms are compounded by the multiple counts of unwanted sexual acts, rape, sexual assault and physical violence perpetrated by pimps and buyers. Research and survivor testimony reveal the feelings of revulsion, disgust and pain that women experience in prostitution sex and the constant sense of violation and disconnection to their own bodies and selves.²⁶

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- 20 O'Connor, M. and Breslin, R. (2020) *Shifting the Burden of Criminality: An Analysis of the Irish Sex Trade in the Context of Prostitution Law Reform*. Dublin: SERP; United Nations Office on Drugs and Crime (UNODC) (2010) *The Globalisation of Crime: A Transnational Organised Crime Threat Assessment*. Vienna: UNODC.
- 21 Kelleher Associates, O'Connor, M. & Pillinger, J. (2009) *Globalisation, Sex Trafficking and Prostitution: The Experiences of Migrant Women in Ireland*. Dublin: Immigrant Council of Ireland; O'Connor and Breslin (2020) *op cit*.
- 22 IHREC (2023) *Trafficking in Human Beings in Ireland: Second Evaluation of the Implementation of the EU Anti-Trafficking Directive*. Dublin: Irish Human Rights and Equality Commission. p.223.
- 23 *ibid.*, pp. 224-225.
- 24 Breslin *et al.* (2021) *op cit*.
- 25 Coy, M. (2012) 'I am a person too: Women's accounts and images about body and self in prostitution'. In M. Coy (Ed.) *Prostitution harm and gender inequality: Theory, research and policy* (pp. 103-121). England: Ashgate Publishing Ltd; Reid, J.A. (2011) 'An exploratory model of girls' vulnerability to commercial sexual exploitation in prostitution', *Child Maltreatment*, 16 (2), pp. 146-157; Clarke, J.R., Clarke, E.A., Roe-Sepowitz, D. and Fey, R. (2012) 'Age at entry into prostitution: Relationship to drug use, race, suicide, education level, childhood abuse, and family experiences', *Journal of Human Behaviour in the Social Environment*, 22 (3), pp. 270-289.
- 26 O'Connor, M. (2017) 'Choice, Agency, Consent and Coercion: Complex Issues in the Lives of Prostituted and Trafficked Women', *Women's International Studies Forum*, 62, pp. 8-16; Moran, R. (2013). *Paid For: My Journey Through Prostitution*. Dublin: Gill and Macmillan. Doring, M. (2022) *Any Girl: A Memoir of Sexual Exploitation and Recovery*. Dublin: Hachette Books.

The traumatic nature of a single event of rape or sexual violence has been well documented, often resulting in anxiety, depression, anger, self-harming behaviour, suicide ideation and in many cases post-traumatic stress disorder.²⁷ Research on prolonged and multiple sexual victimisation indicates “significantly more current post-traumatic-stress-related symptoms, more depression symptoms, and poorer self-rated health”.²⁸ Post-traumatic stress disorder (PTSD) includes symptoms of depression, anxiety, insomnia, flashbacks and emotional numbing as a consequence of being subjected to traumatic events; it may also involve alterations in relation to: anger, self-destructiveness, addictions and self-harming behaviours; attention and consciousness, leading to amnesias and dissociative episodes and depersonalisation; a chronic sense of guilt and responsibility, and on-going feelings of intense shame; ambivalent, avoidant, or disorganised attachment; distrust or not being able to feel intimate with others; somatisation and/or medical problems; hopelessness and despair.²⁹ The work of Herman (1992) found that “the cumulative damage and symptoms are profoundly worse” than with single traumatic incidents or events (p. 122).³⁰ She developed the concept of Complex Post-Traumatic Stress Disorder (Complex PTSD) to more fully capture the trauma of ongoing or repeated victimisation that is experienced by people who are subjected to prolonged and systematic abuse rather than a single event of abuse, including women who have experienced commercial sexual exploitation. Understanding the adversities that brought women into the trade, the harms they have endured within it and the traumatic impacts on their mental and physical health is critical in responding to the complex needs of women in their exit from prostitution.

The process of exiting prostitution

Research consistently shows that the majority of women involved in prostitution, whether on-street or off-street,³¹ want to exit and recover from a damaging and exploitative situation to live a safer more positive life.³² Furthermore, many have argued that the only way to reduce the psychological, sexual and physical harms associated with prostitution is to provide supports to enable women to leave. However, exiting can be a long and complex process³³ although some would contend that women are able to leave prostitution within a reasonable period of time

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- 27 Bletzer, K. and Koss, M. (2006) 'After rape among three populations in the southwest: A time of mourning, a time of recovery', *Violence against Women*, 12, pp. 15-30; Courtois, C.A. (2008) 'Complex trauma, complex reactions: assessment and treatment', *Psychological trauma: Theory, Research, Practice and Policy*, 5 (1), pp. 86-100; Farley, M. (2004) 'Bad for the body, bad for the heart: prostitution harms women even if legalized or decriminalized: The case against legalizing prostitution', *Violence against Women, special issue*, 10 (10) pp. 1087-1126.
- 28 Casey, E.A. and Nurius, P.S. (2005) 'Trauma exposure and sexual re-victimization risk: Comparisons across single, multiple incident, and multiple perpetrator victimizations', *Violence against Women*, 1, pp. 505-529.
- 29 Courtois (2008) *op cit*.
- 30 Herman, J. L. (1992) *Trauma and Recovery: From Domestic Abuse to Political Terror*. London: Pandora (p. 122).
- 31 Off-street and indoor prostitution are used interchangeably throughout this report and include women been prostituted in any off-street location including brothels, massage parlours, strip clubs, private apartments, and hotels.
- 32 Bindel, J., Brown, L., Easton, H., Matthews, R. and Reynolds, L. (2012) *Breaking Down the Barriers: A Study of How Women Exit Prostitution*. London: Eaves; Breslin et al. (2021) *op cit*; Farley (2004) *op cit*; Hester, M. and Westmarland, N. (2004) *Tackling Street Prostitution: Towards a Holistic Approach*. Bristol Home Office Research, Development and Statistics Directorate; LeBail, H., Giametta, C. and Rassouw, N. (2018) *What do Sex Workers Think about the French Prostitution Act?*; Matthews, R., Easton, H., Young, L. and Bindel, J. (2014) *Exiting Prostitution: A Study in Female Desistance*. London: Palgrave Macmillan; Mayhew, P. and Mossman, E. (2007) *Exiting Prostitution: Models of Best Practice*. New Zealand: Victoria University of Wellington.
- 33 Cusick, L. et al. (2011) 'Exiting Drug Use and Sex Work: Career Paths, Interventions and Government Strategy Targets', *Drug Education Prevention and Policy*, 18(12), pp.145-156; Hester and Westmarland. (2004) *op cit*, Kaime-Atterhog, W. (2021) *Perspectives on the Swedish Model to Prevent and Combat Prostitution and Trafficking for Purposes of Sexual Exploitation*. Sweden: Houses of Plenty and Mittuniversitet Mid-Sweden University.

once they have appropriate support and suitable conditions, combined with a commitment to exit.³⁴ While it has been argued that exiting may differ for women in on-street prostitution compared to those involved in off-street prostitution,³⁵ it has also been pointed out that it is the meanings that women attach to exiting that can vary. For example, for trafficked women exiting can mean 'escape' or disentanglement from immediate danger, whereas for those who describe themselves as more independent in the sex trade, it can often be about planning for the future and making gradual change.³⁶ Hence it is important to consider the full range of women impacted by prostitution who are at different stages of the exit process and for support agencies to tailor interventions accordingly.³⁷

There is general agreement that exiting prostitution is not a once-off exercise but rather is typified by stops and starts, exit and re-entry and can take several attempts to achieve a permanent exit.³⁸ One Canadian study, for example, found that it took an average of 5.8 attempts to break from prostitution for two years, the period deemed necessary for behavioural change and identity transformation.³⁹ That said, as the harms from prostitution negatively impact both the individual and the State,⁴⁰ exiting prostitution can not only provide enormous personal and social benefits for the women who exit, but also offers the prospect of substantial savings to the State by reducing the long-term costs associated with protecting its citizens from further harm and the long-term health problems associated with experiences in prostitution.⁴¹ Hence when considering exit pathways and offering support to women that will facilitate their exit and recovery, it is important to carefully examine the barriers that women face that prevent them from leaving, and recovering from their experiences in prostitution, as well as available exit models that help deepen understanding of the exiting process.

34 Matthews *et al.* (2014) *op cit*; Bindel *et al.* (2012) *op cit*.

35 Sanders, T. (2007) 'Becoming an ex-sex worker: Making transitions out of a deviant career', *Feminist Criminology*, 2(1), pp.74-95; Mayhew and Mossman (2007) *op cit*.

36 Bindel *et al.* (2012) *op cit*, p.11.

37 Matthews *et al.* (2014) *op cit*, p.132.

38 Baker, L.M., Dalla, R.L. and Williamson, C. (2010) 'Exiting prostitution: An integrated model', *Violence against women*, 16(5), pp.579-600; Cimino, A.N. (2012) 'A predictive theory of intentions to exit street-level prostitution', *Violence against women*, 18 (10), pp.1235-1252; Mayhew and Mossman (2007) *op cit*.

39 Benoit, C. and Millar, A. (2001) *Dispelling Myths and Understanding Realities: Working Conditions, Health Status, and Exiting Experiences of Sex Workers*. Victoria, British Columbia: Prostitutes Empowerment, Education, and Resource Society.

40 Kaime-Atterhog, W. (2018) *Demand for Sexual Exploitation in Europe (DESIRE): Understanding Demand for Sexual Services, Human Trafficking for Sexual Exploitation and Laws and Policies in Sweden: Summary Findings, Conclusions and Recommendations*. Sweden: Uppsala University Team, p.8.

41 For instance, a study by ProstCost (2015) showed that prostitution costs the French economy €1.6 billion per year when taking into consideration: direct medical and non-medical costs; tax evasion costs; direct and indirect social consequences and the human cost (see ProstCost (2015) *Estimate of the economic and social costs of prostitution in France*. May. France: Mouvement du Nid and Psytel.

Barriers to exiting prostitution

While studies repeatedly show that most women in prostitution want to leave, the multiple obstacles they face and have to overcome make their exit challenging, cause them to return to prostitution or impede sustainable exit.⁴² In the same way that women's social circumstances can lead them into the sex trade, they can also act as barriers to exiting.⁴³ Some of the most common barriers faced by women have been identified in previous research and are set out in Table 1. They have been organised across five categories (individual, relational, coercive, structural and societal) with the exit process normally revolving around some combination of these barriers.⁴⁴

Table 1: Barriers to exiting prostitution

<p>Individual Barriers:</p> <ul style="list-style-type: none"> • Problematic drug and alcohol use • Physical, sexual and mental health problems • Experience of violence and abuse as a child • Entering prostitution at a young age
<p>Relational Barriers</p> <ul style="list-style-type: none"> • Erosion of social supports
<p>Coercive Barriers</p> <ul style="list-style-type: none"> • Coercion from others to remain in prostitution
<p>Structural Barriers</p> <ul style="list-style-type: none"> • Financial pressures • Problems securing housing • Criminal record • Lack of qualifications and training • Problem managing debts and disposable income
<p>Societal Barriers</p> <ul style="list-style-type: none"> • Shame and stigma

Source: Based on the authors' synthesis of the previous literature on exiting.

42 Baker *et al.* (2010) *op cit*; Gesser, N. and Shdaimah, C. (2021) "'I'm Doing Everything Right All Over Again': How Women Manage Exiting Street Prostitution Over Time", *Qualitative Criminology*, 10(4) pp1-33; Preble, K.M. (2015) 'Creating trust among the distrustful: A phenomenological examination of supportive services for former sex workers', *Journal of Aggression, Maltreatment & Trauma*, 24(4), pp.433-453.

43 Mayhew and Mossman (2007) *op cit*.

44 Månsson and Hedin (1999) developed a three-tiered framework (individual, relational and structural factors) for organising the multiple barriers faced by women in prostitution (see Månsson, S.A. and Hedin, U.C. (1999) 'Breaking the Matthew effect—on women leaving prostitution'. *International Journal of Social Welfare*, 8(1), pp.67-77). Their framework was later extended by, among others, Baker *et al.* (2010) *op cit* to include societal factors (see also Learmonth, D., Hakala, S. and Keller, M. (2015) "'I can't carry on like this": barriers to exiting the street-based sex trade in South Africa', *Health Psychology and Behavioral Medicine*, 3(1), pp.348-365). While previous research has included coercion as a relational barrier, the authors of this study believe it warrants a separate heading to highlight the organised coercive element of prostitution through pimping and trafficking.

Individual barriers

Problematic drug and alcohol use is very much intertwined with and mutually reinforced within prostitution.⁴⁵ Some women enter prostitution to fund their addiction while other women only start to use drugs and alcohol as coping mechanisms to deal with prostitution sex.⁴⁶ As a result, women are then faced with having to undergo 'multiple recoveries' as well as deal with the stigma attached to prostitution and addiction (see later discussion on stigma).⁴⁷ However, while problematic drug and alcohol use can act as a barrier to exit it can also act as a stimulus to leave, as women begin to recognise the negative impact their consumption is having on their lives. Hence it is important to understand this complex relationship between prostitution and substance use when determining the support that women may need to exit.

The extent of physical, sexual and mental health problems that women sustain in prostitution serve as a further individual barrier to their exit.⁴⁸ Such problems can come directly from the endemic violence that women sustain from buyers, pimps and traffickers in prostitution as well as indirectly from the coping mechanisms of dissociation or drug and alcohol use that they adopt to numb the resulting trauma and pain.⁴⁹ Sexual violence includes vaginal rape, forced anal or oral sex, forced unprotected sex, gang rape, forced sex without lubricants, sex during menstruation, and sex accompanied by violent or degrading rituals.⁵⁰ Such is the extent of violence and abuse that many women report anxiety, depression, hostility, PTSD and an inability to imagine an alternative future, which in turn acts as a barrier to their exit. This barrier is further compounded by a general lack of knowledge in the field of mental health about what prostitution is like for women, and can lead to their reports of anxiety and requests for help being dismissed by mental health professionals.⁵¹ However, for some women, the realisation of the physical, sexual and psychological effects of their involvement in prostitution can also serve as the stimulus for them to exit.⁵² When assessing the support that a woman may need to exit it is critical to consider not only the underlying health issues but also the impact these may have on her ability to exit.

Experiences of violence and abuse as a child can also act as an individual barrier to exit by further compounding a woman's sense of worthlessness, and ensnaring her further into prostitution which she then has a harder time breaking away from.⁵³ Moreover, the need to escape an abusive childhood home results in a loss of social support, a relational factor that poses a further significant barrier to exit.⁵⁴ In addition, their past experiences of childhood sexual or

45 Bindel et al. (2012) *op cit*; Dalla, R.L. (2006) "'You can't hustle all your life": An exploratory investigation of the exit process among street-level prostituted women', *Psychology of women quarterly*, 30(3), pp.276-290; Gesser and Shdaimah (2021) *op cit*; Morton, S., Curran, B. and McLoughlin, E. (2023) *'You can't fix this in Six Months': Exploring the Intersectionality of Women's Substance Use in the Irish Context*. University College Dublin and Merchants Quay Ireland: Dublin Ireland.

46 Matthews et al. (2014), *op cit*.

47 Keane, M., McAleenan, G. and Barry, J. (2014) *Addiction Recovery: A Contagious Paradigm! A case for the re-orientation of drug treatment services and rehabilitation services in Ireland*. Dublin: Soilse.

48 Breslin et al. (2021) *op cit*; Farley (2004) *op cit*; Farley, M. (2018) 'Risks of Prostitution: When the Person is the Product', *Journal of the Association for Consumer Research*, May, pp.97-108; Learmonth et al. (2015) *op cit*; Zimmerman, C. et al. (2006) *Stolen Smiles: A Summary Report on the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe*. London: London School of Hygiene and Tropical Medicine.

49 Courtois (2008) *op cit*.; Herman (1992) *op cit*.; O'Connor (2017) *op cit*.; Morton et al. (2023) *op cit*.

50 Zimmerman et al (2006) *op cit*., p.60.

51 Hedin, U.C. and Månsson, S.A. (2004) 'The importance of supportive relationships among women leaving prostitution', *Journal of Trauma Practice*, 2(3-4), pp.223-237.

52 Matthews et al. (2014) *op cit*.

53 Bindel et al. (2012) *op cit*; Månsson and Hedin (1999) *op cit*.

54 Learmonth et al. (2015) *op cit*., p.354.

physical abuse and neglect suggest “this is a population with a long history of trust violations and that, possibly, they have not learned how to trust another person.”⁵⁵ Such an inability to trust in her earlier life may impact a woman’s capacity to trust service providers subsequently. Research also shows that women who enter prostitution as children experience a significantly greater number of barriers compared to those who entered as adults.⁵⁶ For those who enter as children, many are unable to remember a life before prostitution and find it more difficult to form a new role and way of life when they exit.⁵⁷

Relational barriers

The second category of barriers identified in the literature are described as relational barriers and focus on the erosion of a woman’s relationships and social networks. It is recognised that many women in prostitution have lost the social support networks that they can go to for help and ease their transition out of prostitution.⁵⁸ This is especially the case for migrant women in prostitution whose social networks of family and friends are in another jurisdiction.⁵⁹ Recent research in Ireland and the UK identified hidden and transient subgroups within the sex trade who have limited or no contact with service providers as they are under constant pressure to keep moving and make money which in turn makes them extremely isolated and often vulnerable and lonely.⁶⁰ Indeed, for many women in prostitution, their support network becomes other women in prostitution which may entrap them further in the sex trade as they fear having to break with all contacts in that social environment should they exit.⁶¹ Therefore, supporting women to repair former social networks they maintained prior to their involvement in prostitution and to develop new formal and informal social relationships can have a significant bearing on their ability to exit and remain out of prostitution.⁶²

Coercive barriers

This category of barriers relate to those women who have been directly forced or coerced into prostitution by a third party, and draws on research which shows that many women, have been physically, emotionally and/or sexually coerced by traffickers, pimps, partners and/or relatives to remain in the sex trade.⁶³ Hence exiting prostitution may not always be within a woman’s control, in other words she may not have the agency, or capacity to act independently and make her choices freely.⁶⁴ Coercion is a complex issue with many of the hallmarks of domestic abuse

55 Preble (2015) *op cit.*

56 Matthews *et al.* (2014) *op cit.*, p.64.

57 Bindel *et al.* (2012) *op cit.*

58 Mayhew and Mossman, 2007, *op cit.*, p.20.

59 Breslin *et al.* (2021) *op cit.*, p.26.

60 Breslin *et al.* (2021) *op cit.*, p.51; O’Connor and Breslin (2020) *op cit.*; Hester, M. *et al.* (2019) *The Nature and Prevalence of Prostitution and Sex Work in England and Wales Today*. England: University of Bristol.

61 Hedin and Månsson (2004) *op cit.*; Cimino, A. N. (2019) ‘Uncovering intentions to exit prostitution: Findings from a qualitative study’, *Victims & Offenders*, 14(5), pp.606-624.

62 Hedin and Månsson (2004) *op cit.*, pp.231-234.

63 Kennedy *et al.* (2007) ‘Routes of recruitment: Pimps’ techniques and other circumstances that lead to street prostitution’, *Journal of Aggression, Maltreatment & Trauma*, 15(2), pp.1-19; Matthews *et al.* (2014) *op cit.*, p.65; Mayhew and Mossman (2007) *op cit.*; O’Connor and Breslin (2020) *op cit.*

64 For example, participants in O’Connor’s (2017) study reported experiences of coercion, abuse, severe violence, and rape in both on-street and indoor locations (O’Connor, 2017, *op cit.*, p.15). See also Cimino (2012) *op cit.*, p.1245.

whereby the objective of the perpetrator is to maintain power and control over the woman.⁶⁵ Women's insecure immigration status, drug dependency, and housing needs have also been used by perpetrators to coerce women to comply with their wishes and remain in prostitution.⁶⁶ In January 2022 the Irish Government introduced an amnesty scheme that allowed undocumented migrants to apply for legal status and enter the labour force.⁶⁷ In doing so, officials specifically referenced the risks to migrant women of being trapped and exploited in the sex trade by criminal elements due to their undocumented status and the hope that by being given the opportunity to regularise their status they would no longer remain trapped in these exploitative circumstances.⁶⁸

Structural barriers

These barriers include problems that women face in relation to being financially secure, accessing housing, having a criminal record, lacking qualifications and training to secure employment, as well as problems around managing debt. For many women, poverty is the biggest driver of their entry into the sex trade. As many studies have found, women enter prostitution in the hope of escaping poverty and being able to provide for their children and/or wider family.⁶⁹ However, in very many instances the financial pressures that cause women to enter prostitution in the first instance, persist and serve to keep them entrenched within it. For example, many women report that they are unable to exit as they have no other means of financially supporting their children or other loved ones including siblings, sick and/or aging parents and other relatives.⁷⁰ This barrier to exit is compounded by their lack of education, training or work experience that is required in order to obtain other employment. Hence women believe they have no choice but to remain in prostitution, or if they do exit, financial pressures may force them to return to the sex trade because other employment may be difficult to find or may not adequately meet their financial needs.⁷¹ Hence, as highlighted in previous research, rather than helping lift women out of poverty, prostitution leaves women vulnerable to lifelong poverty as they miss out on developing education and skills during those critical years of young adulthood, while also damaging their health and personal relationships.⁷²

65 Bindel *et al.* (2012) *op cit.*

66 Breslin *et al.* (2021) *op cit.*, p.26.

67 Department of Justice (2022) 'Scheme for long-term undocumented migrants now open', *Press Release*, 31 January. Available at: <https://www.gov.ie/en/press-release/f03fc-scheme-for-long-term-undocumented-migrants-now-open-for-applications/> (accessed 24 April 2023).

68 Bracken, A. (2021) Undocumented migrants in Ireland offered 'once in a generation' amnesty' *The Irish Independent*, 22 August 2021. Available at: <https://www.independent.ie/irish-news/undocumented-migrants-in-Ireland-offered-once-in-a-generation-amnesty/40775476.html> (accessed 4 December 2023).

69 Breslin *et al.* (2021) *op cit.*, p.29; O'Connor and Breslin (2020) *op cit.*, p.38; Sweeney, L. and FitzGerald, S. (2017) A Case for a Health Promotion Framework: The Psychosocial Experiences of Female, Migrant Sex Workers in Ireland', *International Journal of Migration, Health and Social Care*, 14 (4) pp.419-431.

70 Breslin *et al.* (2021) *op cit.*; Manopaiboon, C. *et al.* (2003) 'Leaving sex work: Barriers, facilitating factors and consequences for female sex workers in northern Thailand', *AIDS care*, 15(1), pp.39-52.

71 Dalla (2006) *op cit.*; Ingabire *et al.* (2012) 'Joining and leaving sex work: experiences of women in Kigali, Rwanda', *Culture, health & sexuality*, 14(9), pp.1037-1044; Manopaiboon, C. *et al.* (2003) *op cit.*, p.48; Williamson, C. and Folaron, G. (2003) 'Understanding the experiences of street level prostitutes', *Qualitative Social Work*, 2(3), pp.271-287.

72 Breslin *et al.* (2021) *op cit.*, p.80; Breslin, R., Canning, M., deFaoite, M. and Keenan, M. (2022) *Gender Equality and Sexual Consent in the Context of Commercial Sexual Exploitation*. September. Dublin: SERP/NWC, p.9; DeRiviere, L. (2006) 'A human capital methodology for estimating the lifelong personal costs of young women leaving the sex trade', *Feminist Economics*, 12(3), pp.367- 402.

Women report being pressured into staying with buyers and pimps in order to avoid homelessness in circumstances where it is difficult to secure safe and affordable housing.⁷³ In other instances women are forced to live in mixed hostel accommodation where they often experience further exploitation or are moved to locations where it is either difficult to separate themselves from women who remain in prostitution or result in them being isolated from their support networks.⁷⁴ Recent research on women's experiences of prostitution in Ireland demonstrated the highly mobile nature of the sex trade, with a significant proportion of women being of 'no fixed abode', constantly on the move around Ireland or Western Europe for the purposes of prostitution, living and sleeping in many multiple locations wherever they see sex buyers. A further problem identified in Ireland is the inappropriateness of housing victims of human trafficking, in particular women who have been sexually exploited, in Direct Provision⁷⁵ centres. In such centres, the traumatic stress and other mental health issues that arise from trafficking are not considered or responded to appropriately.⁷⁶ Instead women report being propositioned for sex by staff, residents, and men in the local community.⁷⁷ Hence, in these centres, women remain vulnerable to further exploitation which could keep them or push them back into the sex trade. This lack of stable accommodation contributes to women's vulnerability and often limits their ability to access supports or pursue education or employment opportunities.⁷⁸ To help alleviate this exit barrier, it is important to recognise that women at different stages of exit require housing arrangements that address their individual needs for support. For example, women at the early stages of exit may require a housing arrangement that offers more hands on mental and physical health support whereas for women who are at a more advanced stage, an independent tenancy may be more suitable.⁷⁹

Having a criminal record acts as a critical structural barrier to a woman's exit from prostitution as it serves to further stigmatise and marginalise the woman which in turn can make it more difficult for her to secure employment or receive social services.⁸⁰ The enactment of the *Criminal Law (Sexual Offences) Act, 2017* in Ireland, which decriminalised the selling of sex, was an effort to alleviate this barrier. An additional measure was undertaken by the Irish Government in April 2021 when it announced an initiative to expunge previous convictions for 'sale of sex' offences in order to facilitate affected persons rebuild their lives.⁸¹

73 Bindel et al. (2012) *op cit.*; Cusick, L., Martin, A. and May, T. (2003) *Vulnerability and Involvement in Drug Use and Sex Work*, (2nd ed). London: Home Office; Matthews et al. (2014) *op cit.*; Mayhew and Mossman (2007) *op cit.*; Ruhama (2020) *op cit.*

74 Bindel et al. (2012) *op cit.*; Dalla (2006) *op cit.*; Matthews et al. (2014) *op cit.*, pp.51-52.

75 The Irish Government through its Reception and Integration Agency provides accommodation, known as Direct Provision, for applicants for international protection and suspected victims of human trafficking.

76 Joint Committee on Justice and Equality (2019) *Report on Direct Provision and the International Protection Application Process*. December. p.31. Dublin: Houses of the Oireachtas.

77 AkiDwA (2019) *Submission to the Joint Committee on Justice & Equality: Direct Provision & the International Protection Application Process*. May. p.2. Available at: <https://akidwa.ie/wp-content/uploads/2019/06/190531-AkiDwA-Direct-Provision-submission-web-version.pdf> (accessed 22 August 2023).

78 Breslin et al. (2021) *op cit.*

79 The Chrysalis project in South London provides a good model of how the provision of different types of accommodation at different stages of the exiting process can be critical in helping women move on and live independent lives (reported in Matthews et al., 2014, *op cit.*, pp.53-54).

80 Matthews et al. (2014) *op cit.*, p.23; Monroe, J. (2005) 'Women in street prostitution: The result of poverty and the brunt of inequity', *Journal of poverty*, 9(3), pp.69-88; Roe-Sepowitz, D.E., Hickie, K.E. and Cimino, A. (2012) 'The impact of abuse history and trauma symptoms on successful completion of a prostitution-exiting program', *Journal of Human Behavior in the Social Environment*, 22(1), pp.65-77.

81 See <https://www.gov.ie/en/press-release/dbc0f-of-minister-mcentee-announces-initiative-to-expunge-previous-convictions-for-sale-of-sex/> (accessed 10 August 2021).

A lack of qualifications, training and/or work experience or work history acts as a further barrier to exiting as it limits the number of viable alternatives open to women and traps them in prostitution.⁸² Access to education and training are critical factors in successfully leaving prostitution in the longer term and some argue that such access should be made available while women are in the process of exiting rather than waiting until they have left.⁸³

Another structural barrier often cited is the existence of debt with women believing the fastest route to becoming debt free is to continue in prostitution.⁸⁴ While some women report earning large sums of money through prostitution, they also report having to pay exorbitant fees or relinquish a substantial proportion of their earnings to organisers, pimps and profiteers for travel, accommodation, advertising and 'agency' fees.⁸⁵

Societal barriers

This final category of barriers relates to social perceptions of prostitution, and in particular to the shame and stigma that is attached to it. Women who engage in prostitution are among the most stigmatised individuals in society to the extent that some members of society believe that they are less deserving or worthy of help.⁸⁶ Research studies highlight how such perceived societal discrimination and ostracism of women in the sex trade lead to their exclusion from various spheres of life or being turned away from places, resulting in them having a lack of trust in the outside world and entrapping them further in prostitution and making exit even more difficult.⁸⁷ This public stigma can also limit the amount of resources and funding allocated to assisting women to leave.⁸⁸ Linked to public stigma is structural stigma whereby women may believe that the stigma attached to prostitution results in professionals using negative language and practices towards them, or more critically, to their fear of losing their children or facing child protection proceedings should they disclose details of what they do, to professionals.⁸⁹ Hence according to Blakey and Gunn (2018) such structural stigmatisation prevents them from "assuming new roles by not allowing them to shed the old ones".⁹⁰ Furthermore, many women in prostitution can internalise these beliefs of shame or feelings of unworthiness, known also as self-stigma. Such internalisation can interfere with women's engagement with support programmes and negatively affect their willingness to ask for help.⁹¹ It may also lead to women feeling the need to hide aspects of themselves from significant others (such as their children or parents) in their

82 Baker et al. (2010) *op cit.*, p.581; Dalla (2006) *op cit.*, p.289; Matthews et al. (2014) *op cit.*, pp.63-64.

83 Matthews et al. (2014) *op cit.*, pp.63-64.

84 Breslin et al. (2021) *op cit.*, p.29; Manopaiboon et al. (2003) *op cit.*

85 Breslin et al. (2021) *op cit.*, p.49; De Riviere (2006) *op cit.*; O'Connor and Breslin (2020) *op cit.*

86 Blakey, J.M. and Gunn, A. (2018) 'The "ickiness factor": Stigma as a barrier to exiting prostitution', *Journal of Offender Rehabilitation*, 57(8), pp.538-561; Kaime-Atterhog (2018), *op cit.*, p.65.

87 Baker et al. (2010) *op cit.*, p.590; Cimino (2019) *op cit.*, p.614; Johnson, H. (2015) *The Emotional Trajectories of Women's Desistance: A Repertory Grid Study on Women Exiting Prostitution*. UK: Doctoral dissertation, University of Kent, p.136; Learmonth et al. (2015), *op cit.*, p.359.

88 Blakey and Gunn (2018) *op cit.*, p.556.

89 Dalla (2006) *op cit.*, p.286; Neale, J. and Hodges, K. (2020) "'My Head Was Like a Washing Machine on Spin": (Improving) Women's Experiences of Accessing Support', *Dignity: A Journal on Sexual Exploitation and Violence*, 5(3), pp.1-19; Sanders (2007) *op cit.*, p.92; Whitaker, T., Ryan, P. and Cox, G. (2011) 'Stigmatization among drug-using sex workers accessing support services in Dublin', *Qualitative Health Research*, 21(8), pp.1086-1100.

90 Blakey and Gunn (2018) *op cit.*, p.553.

91 Blakey and Gunn (2018) *op cit.*, p.555.

lives.⁹² For example, Morton *et al.* (2023) report how women who disclose that they used money from prostitution to fund their drug addiction were talked about in a derogatory way by other members in the mixed gender substance group. This caused “further stigma, shame and a need to hide their own experiences of prostitution or sexual exploitation”.⁹³ While mental health supports designed to address these negative feelings are vital to a successful exit from prostitution, research evidence suggests that some women may be reluctant to seek help from professionals to exit as they may fear the consequences of revealing details of their lives because of structural stigmatisation described above. That said, in her study of women involved in prostitution in the US, Cimino (2019) found that the desire to avoid the impact of stigma felt by the significant others in their lives also served to increase the women's intentions to exit.⁹⁴

In summary, women in prostitution face many individual, relational, coercive, structural and societal barriers when seeking to exit the sex trade. They may experience many of these barriers simultaneously or some combination of these barriers that require an individualised and tailored package of support to help them exit. Furthermore, while those involved in prostitution are far from homogeneous, many have needs that are complex, intertwined with feelings of low self-esteem and social exclusion.⁹⁵ They may be reluctant to engage with formal support services fearing judgement and/ or stigmatisation if they disclose their involvement in prostitution. It must also be remembered that some of the barriers above, for example problematic drug and alcohol use or stigma, can also act as a stimulus for change. In other words, the barriers can also act as ‘turning points’ that may ultimately lead women to exit or at least start them down this path.⁹⁶ Exiting prostitution is complex, and it is therefore important that service providers attempt to understand these complexities when seeking to support women exiting. To help with this understanding, models of the exit process need also to be considered and are explored next.

Exit models

Exiting or leaving prostitution can mean different things to different women. For women who have been trafficked, pimped or coerced, exiting can mean ‘escape’ or disentanglement from immediate danger.⁹⁷ Exiting for other women is seen not as a singular spontaneous event, but rather as a process that can take place over time and in many different phases, and that requires planning and gradual change.⁹⁸ In either case, the subsequent process of recovery and rebuilding of one's life is not sudden. It can instead be a long and complex process⁹⁹ but with the appropriate support and suitable conditions combined with a desire to exit, exiting and recovery is possible for most women.¹⁰⁰ That said, for some women the barriers they face may be too difficult for them to overcome and they may never leave prostitution until they reach an age when buyers no longer want to purchase sexual access to their bodies. Therefore, in order to better understand the complexity of this process it is useful to examine the different exit models that have been developed which can then be used by service providers in the approach and programme of services that they provide to support women.¹⁰¹

92 Blakey and Gunn (2018) *op cit.*, p.556; Cimino (2019) *op cit.*, p.615.

93 Morton *et al.* (2023) *op cit.*, p.14.

94 Cimino (2019) *op cit.*, p.619.

95 Hester and Westmarland (2004) *op cit.*; Learmonth *et al.* (2015) *op cit.*; Mayhew and Mossman (2007) *op cit.*

96 Breslin *et al.* (2021) *op cit.*; Matthews *et al.* (2014) *op cit.*

97 Bindel *et al.* (2012) *op cit.*

98 Bindel *et al.* (2012) *op cit.*; Dalla (2006) *op cit.*; Hester and Westmarland (2004) *op cit.*; Learmonth *et al.* (2015) *op cit.*; Månsson and Hedin (1999) *op cit.*; Williamson and Folaran (2003) *op cit.*

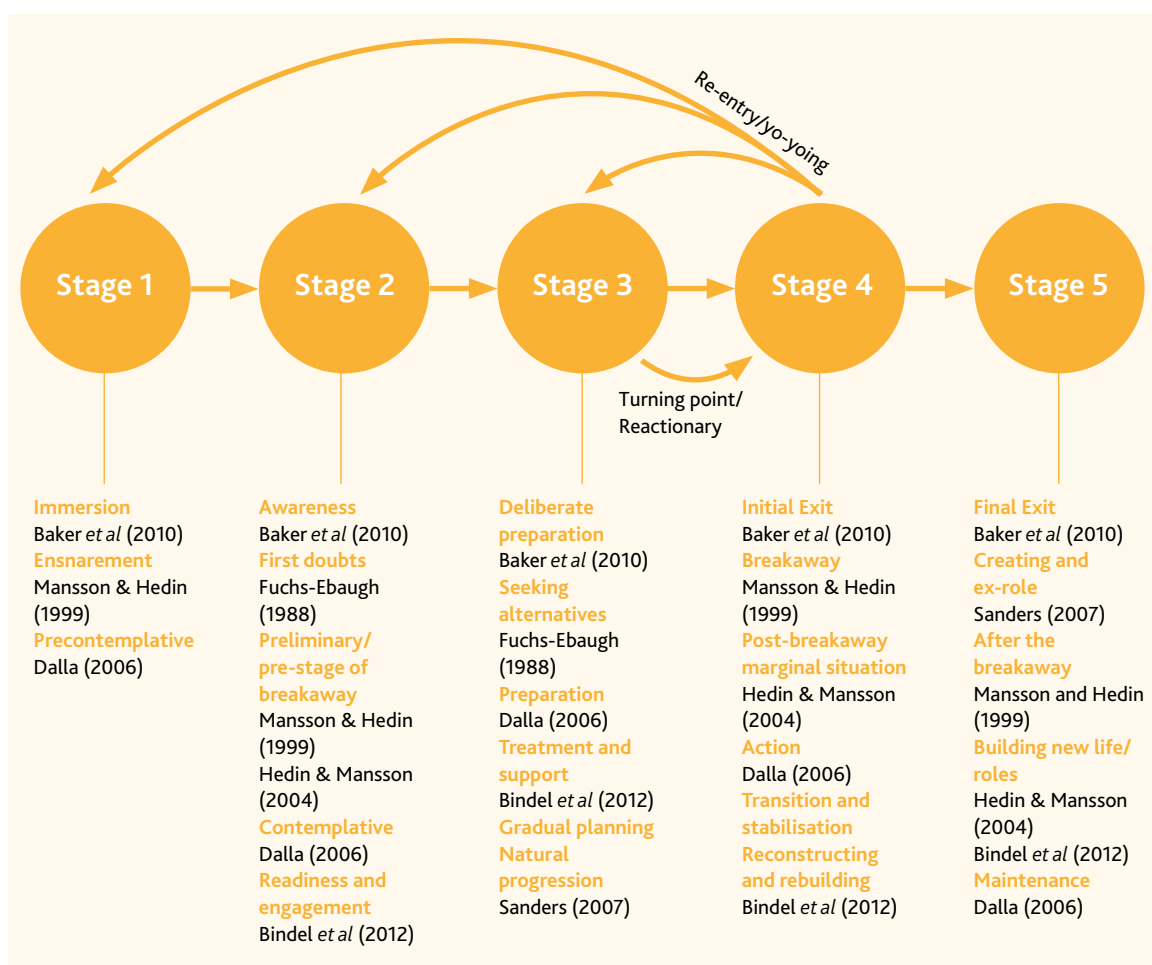
99 Hester and Westmarland (2004) *op cit.*

100 Johnson (2015) *op cit.*, p.185; Matthews *et al.* (2014) *op cit.*

101 Baker *et al.* (2010) *op cit.*, p.579.

A summary of the exit models developed by previous researchers is depicted in Figure 1 and shows that exiting for most women is seen more as a staged process than a single event, with women exiting in a series of stages over time.¹⁰² Before examining each of the stages depicted, it is important to understand that the exit process is not necessarily a rigid or a strictly linear series of stages but to appreciate instead that the distinctions between the stages are often blurred with stages overlapping or even missed altogether as happens for women who escape their trafficker or pimp.¹⁰³ Bindel *et al.* (2012), for example, observed that women in their study occupied a number of stages simultaneously and their exit pathway did not always follow a sequential path which is not unusual and is supported by other research.¹⁰⁴

Figure 1: Staged exit models



Source: Based on the authors' synthesis of the previous literature on exiting

102 Baker *et al.* (2010) *op cit*; Bindel *et al.* (2012) *op cit*; Dalla (2006) *op cit*; Fuchs Ebaugh, H.R. (1988) *Becoming an Ex: The Process of Role Exit*. Chicago: University of Chicago Press; Hedin and Månsson (2004) *op cit*; Månsson and Hedin (1999) *op cit*.

103 Baker *et al.* (2010) *op cit*; Bindel *et al.* (2012) *op cit*.

104 Bindel *et al.* (2012) *op cit*; Littell, J.H. and Girvin, H. (2002) 'Stages of change: A critique', *Behavior modification*, 26(2), pp.223-273.

In *stage 1* described as immersion or ensnarement or the pre-contemplative stage, the woman is seen to be totally immersed in prostitution and has no thought or limited awareness of exiting prostitution now or in the foreseeable future.¹⁰⁵ She may be experiencing PTSD, as discussed earlier, showing disconnection, signs of depression and/or emotional numbing.¹⁰⁶ She may not be contemplating exit because of a lack of hope and/or a belief that change is not possible, or she may have numbed her emotions through using drugs and alcohol that will first require treatment in order to bring sufficient stability for her to consider change. She may even report positive impressions of her current situation and not believe that she is under undue influence or third-party control.¹⁰⁷ However, opening dialogue about the possibility of exit is crucial at this stage as well as dedicated supports to respond to any depression and resulting trauma she may be experiencing.¹⁰⁸

The next stage, *stage 2*, brings awareness or first doubts and is described by some as the preliminary breakaway or contemplative or readiness and engagement stage. In this stage, the woman is thinking about leaving prostitution believing that the drawbacks of remaining are beginning to outweigh the perceived benefits,¹⁰⁹ but she is not yet ready to leave.¹¹⁰ She may have concerns about her safety, be feeling isolated, have no other means to sustain herself and is in need of support and acceptance. Therefore, it is vital at this stage to offer her a non-judgemental place of sanctuary in a supportive environment where she has the opportunity to explore these feelings and concerns, build trust and restore social networks while also moving away from any harmful relationships.¹¹¹

Stage 3 is a more active stage, whereby women begin preparations to exit by making small changes in their lives¹¹² as well as gathering information from support agencies about resources needed to exit¹¹³ and assessing viable alternatives to prostitution.¹¹⁴ A woman at this stage may be experiencing uncertainty and low self-esteem around what is possible in her future and also be vulnerable to returning to the sex trade if she can see no desirable alternatives. She needs support with finance, housing, training and education, as well as support with transitioning into independent living and possible therapeutic intervention focused on choice and empowerment.¹¹⁵

In *stage 4*, due to a 'turning point' that can be a traumatic event (positive or negative) or a more gradual process, a woman actively makes the initial exit.¹¹⁶ As pointed out by Matthews *et al.* (2014) there are a number of factors that may prevent the initial exit from becoming a permanent exit, including difficulties for the woman such as breaking away from controlling or abusive relationships, giving up a network of acquaintances, her need for money and recurring

105 Baker *et al.* (2010) *op cit*; Dalla (2006) *op cit*; Månsson and Hedin (1999) *op cit*.

106 Stand Against Sexual Exploitation (SASE) (2021) *Emotions and Exit: The Model - A Model of Emotionally Intelligent Service Provision for Women Leaving Prostitution*, p.6.

107 Henderson, A. and Lundstorm, M. (2021) *Exiting Prostitution: Moving Through the Stages of Change during a Pandemic*. Avery Centre.

108 SASE (2021) *op cit.*, p.6.

109 Bindel *et al.* (2012) *op cit*; Hedin and Månsson (2004) *op cit*.

110 Dalla, (2006) *op cit*.

111 SASE (2021) *op cit.*, p.7.

112 Dalla (2006) *op cit*.

113 Baker *et al.* (2010) *op cit*; Bindel *et al.* (2012) *op cit*.

114 Fuchs Ebaugh (1988) *op cit*; Hedin and Månsson (2004) *op cit*.

115 SASE (2021) *op cit.*, p.8.

116 Fuchs Ebaugh (1988) *op cit*; Hedin and Månsson (2004) *op cit*; Dalla (2006) *op cit*; Sanders (2007) *op cit*; Baker *et al.* (2010) *op cit*; Bindel *et al.* (2012) *op cit*.

forms of addiction.¹¹⁷ Hence, it is common for the exit process to be a series of “entry, exit and re-entry” as identified by Baker *et al.* (2010) or reflect a yo-yo pattern as described by Sanders (2007). The stage at which women re-enter prostitution and the length of time it takes them to then progress to the next stage, if they progress at all, is difficult to determine and is dependent on the individual, the interplay of barriers (individual, relational, coercive, structural, societal) that coalesce at each stage to hinder their ability to leave as well as the supports that are made available to assist them to exit.¹¹⁸ What is important, however, is for support agencies to see the re-entry into prostitution as part of the exiting process and not as a failure or false commitment to exit and to work with women to find ways of helping them get back on the exiting track as each failed attempt means a woman is selling sex for longer, and therefore exposed to more risks.¹¹⁹ In addition, it is important, as pointed out by Baker *et al.* (2010) for support agencies not to neglect or overlook those women who, despite wanting to exit, may not have the confidence or capacity to seek help and present themselves to service providers.¹²⁰ Furthermore, support services may also need to consider harm reduction supports, as reducing drug and alcohol use may be a parallel process with exiting prostitution given that addiction is strongly associated with remaining in the sex trade.¹²¹

The final exit stage, *stage 5*, involves women creating new roles, identities and lives for themselves. This can be a very vulnerable and challenging time for them, not only as they dangle between the two worlds of ‘before exit’ and ‘after exit’¹²² but also as they seek to address the long-term harmful traumatic effects that their experiences within prostitution have had on them.¹²³ At this stage, SASE (2021) notes that women seek *grounding* through developing strong roots and a sense of purpose, direction and stability.¹²⁴ Their needs are focused on sustainable employment opportunities, support to become independent and finding new communities away from peer groups especially where there is pressure to re-engage in the sex trade. They may also need further therapeutic interventions that focus on any residual guilt and shame that they may be feeling and help them to heal the wounds that have resulted from both long-term exploitation and from the defensive screening of the bodily experiences of prostitution.¹²⁵ After breaking with prostitution, women must work through the consequences of their feelings of not wanting to be touched, feelings of detest or repulsion for their bodies, feelings of sexual desire and a certain contempt for men which can be difficult to overcome.¹²⁶ As women must overcome a myriad of structural, relational, individual and societal barriers when exiting prostitution, Baker *et al.* (2010) are cautious in saying ‘final’ exit stressing instead that there are ‘no guarantees’ that the exit will be final,¹²⁷ but with the right supports in place it is much more likely to be sustained.¹²⁸

117 Matthews *et al.* (2014) *op cit.*, p.39.

118 Baker *et al.* (2010) *op cit.*; Bindel *et al.* (2012) *op cit.*; Dalla (2006) *op cit.*; Hedin and Månsson (2004) *op cit.*; Månsson and Hedin (1999) *op cit.*; and Sanders (2007) *op cit.*

119 Cimino (2019) *op cit.*, p.621; Gesser and Shdaimah (2021) *op cit.*, p.25; Matthews *et al.* (2014), *op cit.*, p.42; Menezes, S. (2019) ‘A Thesis on Exiting Prostitution: Implications for Criminal Justice Social Work’, *International Journal of Criminal Justice Sciences*, 14(1), pp.67-81..

120 Baker *et al.* (2010) *op cit.*

121 Wilson, B., Critelli, F.M. and Rittner, B.A. (2015) ‘Transnational responses to commercial sexual exploitation: A comprehensive review of interventions’ *Women’s studies international forum*, 48, pp.71-80.

122 Fuchs Ebaugh (1988) *op cit.*; Månsson and Hedin (1999) *op cit.*; Hedin and Månsson (2004) *op cit.*; Baker *et al.* (2010) *op cit.*; Bindel *et al.* (2012) *op cit.*

123 Høigård, C. and Finstad, L. (1986) ‘Backstreets: Prostitution, Money and Love’, cited in Månsson and Hedin (1999) *op cit.*, p.68; Hedin and Månsson (2004) *op cit.*, p.231.

124 SASE (2021) *op cit.*, p.9

125 Månsson and Hedin (1999) *op cit.*, p.72.

126 *ibid.*

127 Baker *et al.* (2010) *op cit.*, p.594.

128 Månsson and Hedin (1999) *op cit.*, p.72; Hedin and Månsson (2004) *op cit.*, p.234; Matthews *et al.* (2014) *op cit.*

In summary, there are many similarities across the models even if the researchers use somewhat different terms to describe the stages of exiting. The process occurs in stages over time and is not necessarily a linear or once-off exercise but may take women many attempts to exit. Furthermore, the distinctions between the stages are often blurred whereby the stages may overlap or be missed altogether. The process of exiting is very much dependent on the individual woman, the barriers she faces and the stage she is at on her exiting journey. Hence, the supports offered must be designed to meet her individual needs.

Case management approach to support provision

Recognising the significant barriers women face in their attempt to exit the sex trade and rebuild their lives, the case management approach provides women with support whereby a single point of contact is provided to address the emotional and practical needs associated with exiting in a manner that is individualised, targeted, coordinated and flexible in terms of duration.¹²⁹ Central to this approach is the relationship of trust that the support worker builds with the woman such that she feels listened to, respected and supported in practical and emotional terms while fostering hope of an alternative life.¹³⁰ Given women's exposure to high levels of physical, sexual and emotional abuse in the sex trade, trauma-informed care is considered essential in assisting women to exit.¹³¹ Such an approach to care recognises the impact of trauma, the myriad of coping strategies that survivors engage in to withstand it, and ensures that exit programmes do not subject women to further trauma. Positioning women as experts in their own lives is deemed critical in the supports that are offered to them given the invaluable expertise that can only be acquired through experience.¹³²

129 Matthews *et al.* (2014), *op cit.*

130 Neale and Hodges (2020) *op cit.*

131 Cascio, K. A. (2019) 'Providing trauma-informed care to women exiting prostitution: assessing programme responses to severe trauma', *Journal of Trauma Disassociation*, 20(1), pp.100-113.

132 Kaime-Atterhog (2021) *op cit.*; Yonkova, N., Henderson, M. and Campbell, J.O. (2020) *Assisting Trafficked Women: Best Practice Principles of Gender Specific Legal Assistance and Integration Supports to Third Country National Female Victims of Trafficking for Sexual Exploitation*. ASSIST Project. Dublin: Immigrant Council of Ireland.

[T]here are so many women going through what I went through and they don't want to speak out. They are afraid... So, whenever Ruhama ask me about this research, I said 'yes' [to participating]... so that it will help other people that are going through exactly what I went through, so that it will help them. Eme



Methods

Overview

This study, conducted over a period of two years 2021-2023, adopted a mixed methodological approach, employing both quantitative and qualitative research methods. The study is based on data gathered from a variety of sources, including:

- A survey of Ruhama service users, which achieved 62 individual responses
- Three focus groups with Ruhama service users, involving 23 participants
- One-to-one in-depth interviews with 11 women accessed via Ruhama's services
- Semi-structured interviews with seven Ruhama staff
- One focus group with Ruhama staff, involving 17 staff members
- Seven study information and feedback sessions – four with service users and three with staff.

Establishing the research study

This is a multifaceted study, involving a wealth of both quantitative and qualitative data from a variety of sources, exploring multiple aspects of women's lives, and focused on the complex and often challenging issues of sexual exploitation. As such, extensive groundwork was undertaken to establish the research within Ruhama at the outset – to ensure that it was robust, ethically sound, effectively embedded within the service in which it was being conducted, and that its purpose and value were clearly understood by all concerned. To this end, a number of steps were undertaken and are described in detail in Appendix A.

A survivor-informed study

Throughout its development and undertaking, the study was directly shaped and informed by women accessing Ruhama's services. This approach is based on the principle that women – in this case survivors of sexual exploitation – are the experts in their own lives and experiences. To truly understand the nature of exiting it was vital that their unique perspectives guided the conduct of the study in a meaningful way. This was achieved primarily through the information sessions (see Appendix A) and focus groups with services users which provided opportunities for women to guide, advise and inform the researchers in a number of key areas, including:

- The scope and progress of the study and what topics and themes data collection should focus on
- The questions that should be asked in the survey and interviews, as well as women's preferences for participating in data collection
- The study's findings and recommendations – providing comments and reflections on both, including identifying any gaps or areas that required further attention or explanation.

As the study progressed, modifications were made to data collection tools and approaches based on women's feedback. Research participants also played a central role in the dissemination of the study's emerging findings, with survivor voice as a core component of this work (see Appendix A on the modification of tools and survivors' participation in an international conference sharing emerging findings).

The survey

The survey was divided into seven sections and asked a series of mainly closed (tick-box selection) questions about the respondent, how they would rate their health, their decision to exit/consider exiting, the barriers to exiting they face/faced, the supports needed to exit, any challenges they may have faced after leaving the sex trade, where relevant, and their views on the helpfulness of Ruhama's services. Many questions included an additional free text box where respondents could add further information or reflections. Qualitative data gathered in this way were included in the qualitative analysis.

An open invitation to complete the survey was sent to all active Ruhama service users (approximately 350) in May 2022. Respondents were given the option to complete the survey anonymously online via Survey Monkey or on paper, with respondents offered in-person support to complete the survey where needed (see Appendix A for full details on the completion of the survey, and the respondent safeguards and supports put in place).

The target set for the survey to achieve was 50 responses, this was surpassed with 62 responses received in total – 57 online and five paper copies were completed. The latter responses were manually entered by researchers into the Survey Monkey tool for analysis. The quantitative data presented in this report are based on an analysis of the full sample of 62 respondents.

The focus groups

The focus groups with service users were designed to seek their guidance in shaping and informing the study. The first two focus groups were held in early Spring of 2022 with two different groups of women. One was held in-person in Ruhama's head office and one was held over Zoom for women who could not travel to central Dublin or preferred this format of engagement. All focus groups were audio-recorded with consent. Eight service users participated in-person and twelve in the online session. Focus group participants came from a group of approximately 50 active service users who had expressed an interest in the study and/or attended the study information sessions.

These initial focus groups were vital in helping to shape the study at the early stages – participants advised researchers especially in relation to the scope of the study and the topics and themes that it should explore (see Appendix A for further details).

A similar focus group was held with Ruhama staff in-person in April 2022, and focused in particular on the development of the service user survey, garnering staff input on the survey themes and wording of questions.

A third focus group with service user interviewees was held in November 2023 to obtain feedback on the final draft of the report, its findings and recommendations. While interviewees described the emotional impact of reading their own words in the report, they welcomed the study and recognised the need for this research in giving voice to their experiences.

The interviews

The interviews with women accessed via Ruhama were very loosely structured in nature and designed to encourage a narrative style. An opening question invited each interviewee to tell the researcher how she came to be in prostitution, what she experienced within it and whether and how she exited. This allowed interviewees a great deal of free reign in how they chose to tell their stories and what details to include. This assisted women in feeling that they were in control of their own narrative as much as possible throughout the interview. Follow-up questions by the researcher were mainly comprised of prompts or minor checks to seek clarity on what each woman was saying.

In adopting this approach, the interviews broadly explored women's entry into prostitution, their experiences within it and experiences of exiting/escaping/trying to exit, where they 'are at' in their lives at the time of interview, and their hopes and plans for the future.

Women were selected on the basis that they met the ethical criteria for inclusion in the study (see Ethical considerations in Appendix A) and had expressed an interest in being interviewed following their participation in study information sessions and/or focus groups.

Researchers had set an initial goal of eight to ten interviews – ultimately 11 were completed during the course of this data collection phase. Interviews took place either in-person in Ruhama's head office (seven), or over Zoom (four) according to the woman's preference and convenience. Interviews ranged in length from the shortest (36 minutes) to the longest (1 hour 56 minutes) and in total over 14 hours of audio-recordings were made of the interviews, for which every interviewee provided informed consent. To ensure that the safety and wellbeing of all interviewees were protected, the researchers followed clear ethical protocols in the conduct of the interviews (see Ethical considerations in Appendix A). To protect their identity, pseudonyms are used for all interviewees accessed via Ruhama throughout this report.

A series of semi-structured qualitative interviews were also undertaken with seven members of Ruhama staff, three of whom were interviewed a second time to further explore or clarify matters that arose in the first interview. Topics covered during these staff interviews included the main barriers they identify to exiting and rebuilding their lives that the women they support face, the supports they provide to women on this journey, the core elements and principles of their model of practice in responding to women's needs, and the skills and supports that staff need to undertake this work. In total over 13 hours of audio-recordings were made of the interviews, for which each interviewee provided informed consent. To protect their identity, a number has been assigned to each staff member, for example, Staff 1, Staff 2 etc., which is used throughout this report. For the three members of staff who were interviewed a second time, their interview is noted as Int 1 or Int 2 accordingly.

Further details on the wealth of data gathered via all these tools and mechanisms, and the forms of analyses used, are contained in Appendix A (see also Table A in Appendix A).

Profile of the sample

The survey

According to the brief demographic data provided by those who completed the survey, survey respondents were diverse in nature and had had a range of different experiences of the sex trade. Women from four different continents were represented among respondents – namely Africa, Europe, Latin America and Asia. The youngest age of entry into prostitution was 12 and the oldest 43, with the average age being 25. Eleven respondents had been groomed or coerced into the sex trade as minors under 18 (18%). The length of time women remained in prostitution varied widely from a minimum of two weeks to a maximum of 20 years. The most common length of time selected by respondents was 1-3 years (23%). The majority of respondents (71%) had already exited, and the rest, apart from one respondent who had not considered exiting and one who skipped this question, were making progress on their exiting journey.

The focus groups

Women from across the globe were represented among the participants in the focus groups – including from Ireland, Eastern Europe, the Middle East, Africa, Asia and Latin America. The nature of the focus group was such that no information on participants' ages or their length of time in the sex trade was collected. Instead, the focus groups were designed to encourage a broad discussion, seeking participants' views on the topics to be addressed in the study, their advice on the survey instrument and the issues that should be investigated in more depth in the interviews, as well as gathering their feedback on the draft report at the end of the study. That said, each of the focus groups resulted in a deep discussion of the issues at the heart of exiting and the data gathered formed part of the findings included throughout the report (see Table A in Appendix A for some examples).

The interviews

The profile of the eleven interviewees broadly reflected the diversity of Ruhama's population of service users overall, particularly in terms of nationality, age and gender identity. Interviewees originated from Ireland, Eastern Europe, the Middle East, Africa, Asia and Latin America. Interviewees ranged in age from 28 to 60. One interviewee is a transwoman. Three of the eleven had become involved in prostitution as minors. A variety of prostitution locations featured in the interviews – including the street, brothels, their own homes, buyers' homes, traffickers' properties, hotels, strip clubs and nightclubs. Some had been involved in a range of different locations. Six interviewees had been trafficked into the sex trade.¹³³ A host of vulnerabilities and adversities in their lives had preceded all interviewees' entry into prostitution, whether they had been trafficked or not (see Table 2 in the main body of the report for further details). Two interviewees were still involved in prostitution at the time of interview but had embarked on their own journeys to exit. There was a huge range of diversity in interviewees' experiences within and exit from the sex trade, but there were also many common themes that provide an enhanced understanding of the exiting process.

133 In the case of one interviewee, it was unclear whether she had been trafficked or not as she chose in interview not to speak about her entry into the sex trade or her experiences within it, but to focus instead on the exiting and recovery process.

Having worked as frontline workers with many hundreds of women impacted by sexual exploitation over the years, staff interviewees' extensive knowledge of women's experiences within and exiting from prostitution further informed this study's analysis, and their insights are integrated throughout the report. Seven staff,¹³⁴ including the Chief Executive Officer, were interviewed in total, representing a diversity of roles and specialisms within Ruhama, for example casework, education and development, employment, peer support, counselling and psychotherapy.

Ethical considerations

The study achieved full ethical approval from University College Dublin's Human Research Ethics Committee and adhered to the highest ethical standards in conducting research with vulnerable groups. A fuller description of how all ethical considerations and potential risks were handled in this study can be found in Appendix A.

Limitations of the data

One key limitation to be borne in mind throughout any reading of this report is that this sample cannot claim to be representative of all women in the Irish sex trade. Rather, it is representative of those women who are in a position to be able to access the supports provided by Ruhama. Previous studies¹³⁵ have found that women in prostitution in Ireland are not a homogenous group and how they interact with support services may differ depending on the context, including for example whether they are a victim of trafficking/are currently involved in prostitution/are under the control of a third party etc. It should therefore be borne in mind throughout that the sample does not include women in the Irish sex trade whose movements are controlled by a pimp or other third party to the extent to which they are prevented from accessing any forms of support or assistance.

Furthermore, given that a key focus of this study is exiting prostitution, the majority who participated across all forms of data collection had exited prostitution, and nearly all the rest were making progress to exit. Therefore, this study is not representative of the experiences of women currently involved in prostitution in Ireland who have not considered exiting.


Finally, it is important to note that, in addition to exploring women's barriers to exiting and subsequent recovery from the harms of prostitution, the focus of this study was to document the model of practice employed by Ruhama in responding to the needs of women impacted by the sex trade, including those who wish to exit. It must be emphasised that this study is not an evaluation or a detailed critical analysis of Ruhama's model and the services it provides, but rather an exercise in describing and presenting the model as it stands to an external audience for the first time, in order to promote a wider, evidence-based understanding of what exiting entails, women's complex needs in this process and the specialist supports they require on their exiting journeys.

134 One of the staff interviewees also had lived experience of prostitution. She was offered and availed of the opportunity to participate in two separate interviews – one with her 'survivor hat' on and one with her 'staff hat' on. While it is important to acknowledge that these two roles are impossible to completely separate, her unique perspectives, combined from both her professional and personal experiences of the sex trade, undoubtedly added to the richness of the data she contributed to this study.

135 See Breslin *et al.* (2021) *op cit*; O'Connor and Breslin (2020) *op cit*; Kelleher *et al.* (2009) *op cit*.

And there were times that some of these people, I don't think they see us as human beings, once they have paid their money, they are allowed to do anything to you. So, I have had vegetables and other stuff, even steaks, put inside me, and... it strips you of the person you are. Abigail

You cannot forget because in your darkest moment the memory comes back staring at you, whether you want to or not, the memory is something that you will live with forever... It still haunts me... It's always there. It's like a hidden demon that is with you forever. Sade



Findings

The findings of this study are presented as follows. Section 1 details women's experiences of prostitution and sex trafficking and of the exiting process, including any barriers they faced to exiting and recovering following their experiences in the sex trade. Section 2 explores how Ruhama, as a unique service in Ireland specialising in supports to exit, responds to the multiple and often complex needs of the women they serve.

Section 1: Women's experiences of prostitution and exiting

As the interviews encouraged a narrative approach, a single opening question invited each interviewee to tell the researcher how she came to be in prostitution, what she experienced within it and whether and how she exited. This allowed interviewees a great deal of free reign in telling their own stories. There were common patterns in what emerged, with most women recounting the 'before, during and after' of their experiences in the sex trade, while those who had not yet exited described the stage they are currently at in their exiting journey. These findings are set out below and supported or complemented as necessary with some reflections from the staff interviews.

1.1 Early experiences of adversity

As described above, the interviews explored women's earlier life experiences prior to their involvement in the sex trade because, as one staff member pointed out, *'everything starts before they [women] actually enter prostitution'* (Staff 6). Table 2 presents a summary of the adversities that the women interviewed for this study reported they had experienced in their lives prior to their entry into prostitution. These adversities were self-reported by the women, arising in the course of them telling their stories. It is notable that all eleven interviewees had experienced at least one self-reported adversity, with four interviewees reporting that they had endured between four and six adversities in their lives prior to their entry into the sex trade.

Table 2: Experiences of adversities prior to entry into prostitution

	Lilian	Angela	Odele	Emily	Abigail	Sade	Rose	Nailah	Amara	Larisa	Eme	Total
Living in poverty		✓		✓	✓		✓		✓		✓	6
Child sexual abuse			✓			✓	✓		✓	✓		5
Abusive intimate relationship					✓		✓	✓			✓	4
Homelessness			✓	✓			✓		✓			4
Single parenthood	✓				✓	✓			✓			4
Early school leaver		✓		✓	✓				✓			4
Substance misuse			✓	✓			✓					3
Child neglect									✓	✓		2
Mental health problems				✓								1
Total	1	2	3	5	4	2	5	1	6	2	2	33

Each of these adversities individually are likely to have rendered a woman vulnerable at the time of her entry into the sex trade. Hence, the significant number of adversities reported indicates how highly vulnerable the majority of interviewees already were prior to being subjected to the further harm that is endemic within prostitution.¹³⁶

Table 2 shows that living in poverty was a frequent feature of women's prior experiences. Women who were victims of trafficking for sexual exploitation reported how their impoverished life circumstances were exploited by pimps and traffickers through deception and false promises of a better life. The exploitation of the vulnerabilities that poverty can create in women's lives by sex trade profiteers is clearly evident in these testimonies.

I don't have support from my family, I don't have husband... And then she [trafficker] say, 'Maybe you stay three or six months, if you like it, you stay more'... I need to stay too long, not three months... because all the time I need pay more, pay more. Work [sell sex] and pay her. Lilian¹³⁷

So, coming from a broken home and no responsible parents... I had to parent myself... I had to leave home when I was I think 16 – 15 going to 16 – and I was in the street since then on my own. So, that's where it all started. A friend of mine introduced me to a certain lady... to help me get a safer place... a promise like I'll go get a job and work and then get my kids over [to Ireland]... So, I agreed, only for me to come here and discover like it was not as they had told me. Amara

They [my husband and his family] want to give my girls [daughters] female genital mutilation... So, we [my parents and I] hid the girls... they [husband's family] would beat me... and my parents... A family friend told me about a man who's looking for young hard-working people who can work for him in his shop in London. I went with him, and he promised me that if I am good and I work really hard that within a year he would get me my papers, my visa and I can get the girls... He gave me a really, very small tight dress to wear for work. And I said 'I don't think I can work comfortably in this dress'. He said 'just wear it and don't complain'... And then they brought a man in [and this was the point she realised it was prostitution]... I have to work for him for five years to pay for my travel and he say after five years I would be free to go. But... from the way they treated me, something in me told me that even after the five years, they would not let me go. Abigail

136 See for example: Breslin et al. (2021) *op cit.*; Farley et al. (2003) *op cit.*; Farley et al. (2018) *op cit.*; Hester et al. (2019) *op cit.*; Zimmerman et al. (2006) *op cit.*

137 Pseudonyms are used for service user interviewees throughout the report.

As is evident in the above interviewee extracts, women often experienced an interplay between poverty and other adversities – being a single parent with no support, experiencing child neglect or seeking safety from gender-based violence – which in turn further increased their vulnerability. Poverty was also a strong feature of the adversities faced by other interviewees who were not trafficked at the time of their entry into the sex trade. Once again, poverty went hand-in-hand with other adversities that increased their vulnerabilities including leaving school at an early age, homelessness, substance misuse, mental health problems and having experienced child sexual abuse and neglect (see Table 2). In interview, Angela, Emily and Rose recount how they chose to enter prostitution, but it is clear from their life stories that this ‘choice’ was made in the context of incredibly constrained and challenging circumstances underpinned by poverty – in these instances ‘choosing’ prostitution could be described as a ‘choiceless choice’.¹³⁸

I belong to very, very poor family... I cannot get into Grade 6 because I start to help – I have a brother and sister behind me... And then at the time [in Ireland] I'm struggle about the financial, until I hear my friend talking about [a known location for street prostitution in Dublin]... is lots of woman standing there doing business [street prostitution]... so I think I really need this place... I stay eight years... My family, they may die [without financial help]... my family they don't ask me [for money]. I volunteered to because that's my culture [to provide for my family].

Angela

And I left school without anything – there was no social welfare for me... I couldn't hold down a job... But when you have no money, it's there. You're on the street... There's just some way that a man will contact you. And do you know what, fifty euro [is much needed]... I remember thinking in my head, 'I'm so young, I'm so young'... I was always a vulnerable [girl]... I've like weight on me... I was so disgusted with my body... I'm 14... I was like drinking... because there's no way I could do this sober. Emily

[When] I first got involved in prostitution, I would have been using drugs chronically and I'd become physically addicted to heroin. So, I was strung out on heroin. And I had moved out of a homeless hostel... I had experienced sexual abuse from a very young age and had been raped by a family member as well when I was quite young. So, I know I had very little sexual boundaries. I had no sexual boundaries, and I learned at that time, even with the man I married, that I could pacify him with sex. I learned that having sex with people could be something that I could use to get by. Rose

138 Coy, M. (2016) 'Joining the dots on sexual exploitation of children and women: a way forward for UK policy responses', *Critical Social Policy*, 36(4), pp. 572-591.

Although poverty was not experienced by all research participants prior to their entry into prostitution, their earlier experiences of other adversities, including sexual abuse as a child and/or abusive intimate relationships, made them vulnerable at the time they entered the sex trade, in some cases believing that they 'deserved' to be abused there too.

My childhood was not fantastic. I was abused by several uncles. So, you know it becomes like a pattern in your life. You think 'oh, maybe I deserve to be treated [in] this manner. Maybe this is what I should be getting from people.' So, you don't even know what is right and what is wrong. (FGSU1)¹³⁹

Odele reflected on how the sexual abuse she had experienced as a child led to her being exploited as a teenager in a strip club.

I was very young... I was 16, almost 17. And it was the first time... that the manager of the club put me in a room with a man and told me to have sex with him. And I had no idea that was what I was supposed to do, but that's what happened. And I couldn't say no because I'm a sexual abuse victim from my childhood. So, I couldn't say no then, and I couldn't say no in the same situation in that room. I couldn't find the place in me that said [no]... it didn't come out. Odele

Such was the impact of these earlier life experiences as to make women more vulnerable to being further exploited and harmed in the sex trade. Staff in Ruhama also recognise that women impacted by prostitution may have faced additional past traumas.

[T]hey grew up with that trauma of not being good enough... when there's something that is already belittling and undermining who they are, then it [prostitution] fits perfectly. It confirms... 'I'm only good to be used by others'. (Staff 6)

It became very clear from listening to the women recounting these earlier experiences, why it is critical that the subsequent supports they receive take account not only of the impact of their experiences within prostitution, but also the impact of earlier adverse experiences on their lives, on the way they see the world, on how they respond in different situations and so on. As Rose pointed out, the woman who comes to Ruhama for support is a combination of all these experiences:

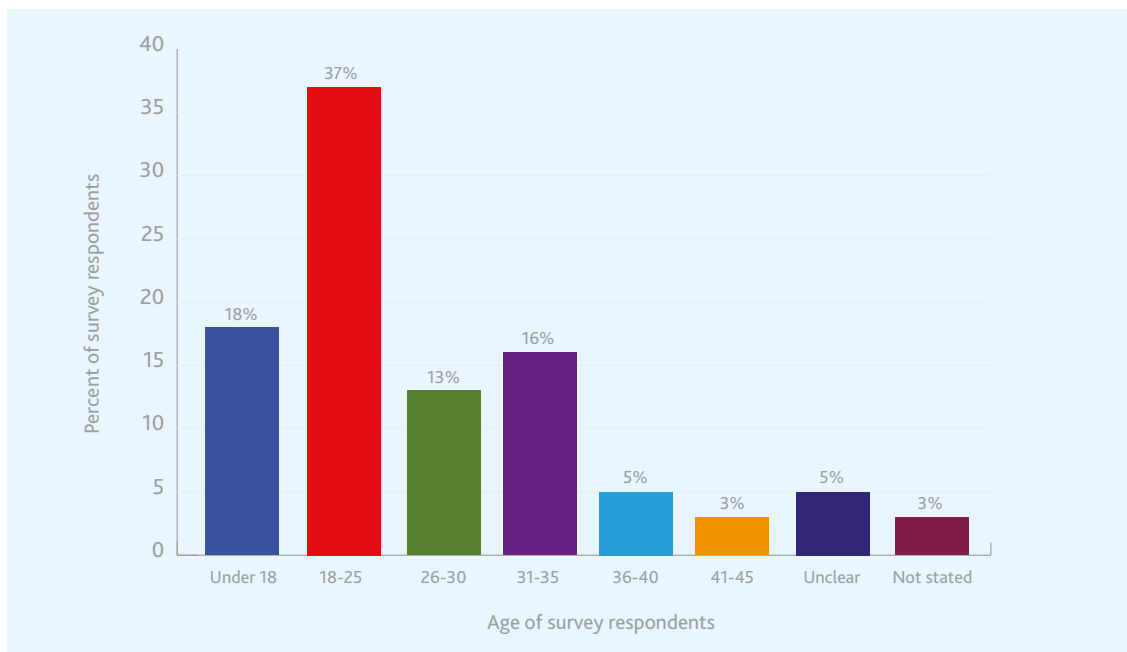
I would say the trauma from selling sex, you can't just isolate that... because there's other traumas as well. I often think 'am I this way because I sold sex or am I this way because I was a heroin addict? Or does this affect me because of being abused as a child? Or is it just a combination of all?' Rose

139 As explained earlier in Methods, three focus groups were held with Ruhama service users. FGSU1 refers to the first of these focus groups.

1.2 Entry into prostitution

As described above, research participants' entry into prostitution typically involved the exploitation of the vulnerabilities that arose from previous and current adversities they were facing in their lives. Many women had experienced specific circumstances of grooming, coercion, force and trafficking into prostitution, which often occurred at a young age. Amongst the 62 survey respondents,¹⁴⁰ the youngest respondent was twelve years of age at the time of her entry into prostitution, while the oldest was 43. However, as can be seen from Figure 2, almost 70% of survey respondents were under 30 years of age when they entered the sex trade, and 18% were in fact children (under 18 years of age).

Figure 2: Age on entry to the sex trade



Similarly, a number of interviewees in this study also reported being drawn into prostitution before the age of 18. As Odele described earlier, she was only 16, almost 17 when she was first exploited in the sex trade, while Amara was 15 going to be 16 and Emily was just 14 years of age.

So, on the internet obviously you'll see dating websites. I'm 14. I'm seeing all sorts out there. And I remember so well this profile Sugar Daddy and he had just a picture... So, he starts texting... Anyway, long story short, he was offering me like two hundred euro to come over. Emily

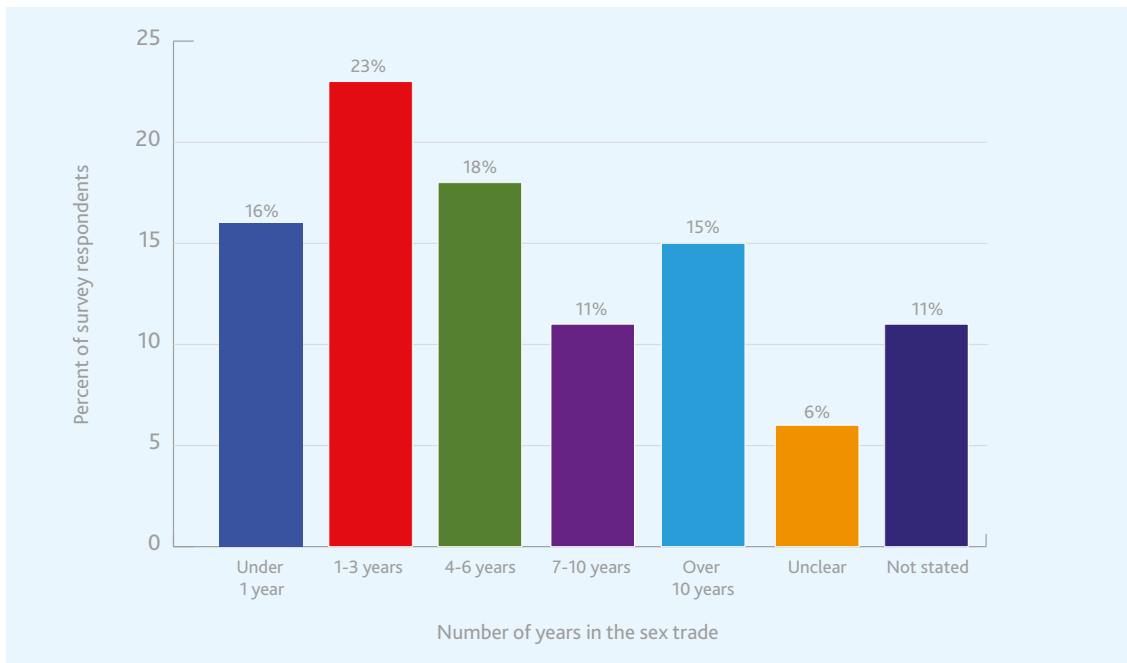
¹⁴⁰ As outlined earlier in Methods, the survey asked service users to provide some background information about themselves, their experiences in the sex trade and their exiting journeys. 62 service users completed the survey in total.

Recent research on the Irish sex trade also reported similar findings regarding women entering and being exploited in the sex trade as children or very young women.¹⁴¹ Such findings are further supported with evidence of children and young people, and in particular girls, in residential care in Ireland, being targeted in an organised manner for sexual exploitation by coordinated networks or gangs of predatory men.¹⁴²

1.3 Experiences within prostitution

There was wide variety in terms of the length of time research participants spent in prostitution. Survey respondents reported spending anything from under one year to over ten years, as shown on Figure 3. In a follow-up question, respondents were asked to state specifically the length of time they had spent in the sex trade. The shortest amount of time recorded was less than one month, while two respondents reported that they had spent 20 years in prostitution. Excluding those who did not indicate, or where the length of time was unclear from their responses,¹⁴³ almost 70% (68.6%) spent up to six years in prostitution. Similarly, the length of time spent in the sex trade reported by interviewees also varied widely. For example, Lilian reported being in the sex trade for three years while Angela remained for eight years.

Figure 3: Length of time in the sex trade



141 See O'Connor and Breslin (2020) *op cit*; Breslin et al. (2021) *op cit*.

142 See Canning, M., Keenan, M. and Breslin, R. (2023) *Protecting Against Predators: A Scoping Study on the Sexual Exploitation of Children and Young People in Ireland*. Dublin: SERP.

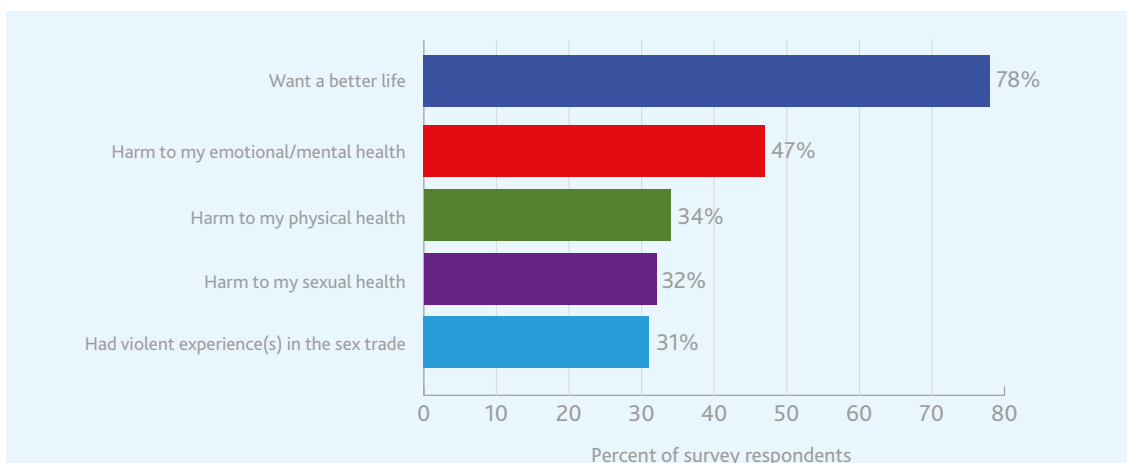
143 Four responses were classified as 'unclear' as they included a number only, but it was not possible to ascertain whether the number referred to days, weeks, months or years.

In terms of research participants' specific experiences within prostitution, some very clear themes emerged from the data. Overwhelmingly, women did not have positive experiences to recount and focused instead on describing often extreme levels of violence and mental, physical and sexual harm they suffered during their time in the sex trade. The traumatic consequences of these harms, and the trauma resulting from sexual violence in particular, were recurrent themes in women's accounts.

Experiences of violence and mental, sexual and physical harm

As Figure 4 shows, experiences of violence and harm to their mental, sexual and physical health were four of the top five reasons given by survey respondents for wanting to exit, or for thinking about exiting, the sex trade. These experiences accord with much of the previous literature¹⁴⁴ and indeed with the experiences of all of the interviewees, and clearly illustrate a trade in which violence is endemic.

Figure 4: Top 5 Reasons to exit/think about exiting



Note: Multiple responses were possible¹⁴⁵

Interviewees described specific incidents of harm they sustained at the hands of buyers, pimps and traffickers, including being beaten, raped, and sexually, emotionally and physically assaulted.

And yeah, it [the sex trade] comes with so many challenges, like violence. You end up being beaten. You end up being drugged. You end up being raped. You end up being physically assaulted, emotionally assaulted... And it's fifty-fifty chances you might go, come back home safely, go, come back with a disease. I remember I used to suffer from STIs most every... week... some people went away in the streets, went with the clients [sex buyers] and never came back; they just found a body. So, it's not a guarantee that you will be back home at the end of the night. Amara

144 See for example: Breslin et al. (2021) *op cit.*; Farley et al. (2003) *op cit.*; Farley et al. (2018) *op cit.*; Hester et al. (2019) *op cit.*

145 Respondents were provided with a list of 16 statements and were asked to select all statements that described their reason to exit or think about exiting the sex trade. Space was also provided to allow them to include any other reasons for wanting to exit.

*He [a pimp] started controlling what I was doing. I woke up one morning and my forehead was out like that [indicates a large swelling]. He punched me in my sleep... he got one of the gang of girls to jump me one night and I got stabbed. They stabbed me in the head with a fucking [pointed implement]... And of course he was the knight in shining armour then, brought me in, cleaned me, cleaned the wound, the whole lot. **Rose***

*And I knew that they [pimps/traffickers] would beat me, because that is what they do, if I refuse to let someone touch me or come near me, the [pimps/traffickers] will come inside, beat me up, tie me down and the person [buyer] will do what he needs to do and go away. **Abigail***

Similarly, one survey respondent recounted the harm from the violence she experienced at the hands of buyers and how she did not have the necessary language to stop them from performing sexual acts that she did not consent to. She was left not knowing how to explain these unwanted experiences to her family.

Many clients were violent. I was attacked. I have marks on my body. I did not have the language to say 'stop' if I did not want to do what they asked to do. I did not understand what clients were saying. It was not my choice. So, I would say and think, 'just do what you have to do and let me go.' Explaining that to my family, to my husband, is not easy. How do I explain it? (Survey respondent)¹⁴⁶

Participants also spoke about their constant fear in prostitution not only for their own safety but for their family's safety when pimps/traffickers threatened to kill them, and/or their loved ones, if they did not do as they were asked.

*And I'm really scared... she [pimp/trafficker] talking about if I don't do exactly what she want... she kill me, she do everything bad for destroy my life. She talking about I have family in [home country], be careful... Then one day, the men come and they attack me. She paid men's friends, gangs... for go inside the apartment, say 'I am customer', but hit [me], and they collect [steal] all the money... And I needed pay her [repay all the stolen money to the pimp]... And this never stop. **Lilian***

... what if they're threatened that they'll be killed or something like that, or the beloved ones will be hurt or house on fire or car, whatever? I am afraid of these things. I have been threatened [with] that. My parents, they have a place [where they store dry material]... and I was threatened that that will be set on fire. And I suppose that's why maybe I'm concerned. And also... the guy that I was in the care of [pimp], he kept saying things that other ones can get paid five hundred euros and they can kill or do whatever [to my parents], and I'm threatened for those things.

Larisa

¹⁴⁶ Space was provided in the survey instrument for respondents to include any additional information that they wished to share about exiting.

You're scared... if you're trafficked, are they looking for you... you're walking along the streets and thinking what is going to happen to me, what is going to happen to my family? You're walking with your back against the wall every day. (FGSU2)¹⁴⁷

Taken an oath – juju and consequences of that – fear of family and self being killed. (Survey respondent)

In addition to the threat and incidence of extensive physical violence, as outlined above, women also described multiple specific instances of sexual violence, including gang rape, perpetrated against them by sex buyers.

And I remember... I'd be seeing these men and... they'd be asking me 'would I get pissed on, shat on... and anal?' I didn't want to do [those things], but they persisted. Emily

[Y]ou're thinking that you're just going to have vaginal sex and they end up like turning you around and you get anally raped, or they shove their cock into your mouth... being seriously abused in every kind of an imaginable way... I was gang-raped as well, because when I went to this guy's house and was held down and... I can't move. Rose

I had a client, I went to his place, I didn't know [there] was other people there. And I went there, they offered me drinks, they spiked my drinks, and all the men there ended up sleeping with me. So, such things happen. You might go somewhere and get raped. Amara

Women further described feeling repulsed, degraded and dehumanised by the sexual acts that sex buyers demanded they perform or have performed on them.

And there were times that some of these people, I don't think they see us as human beings, once they have paid their money, they are allowed to do anything to you. So, I have had vegetables and other stuff, even steaks, put inside me, and... it strips you of the person you are. Abigail

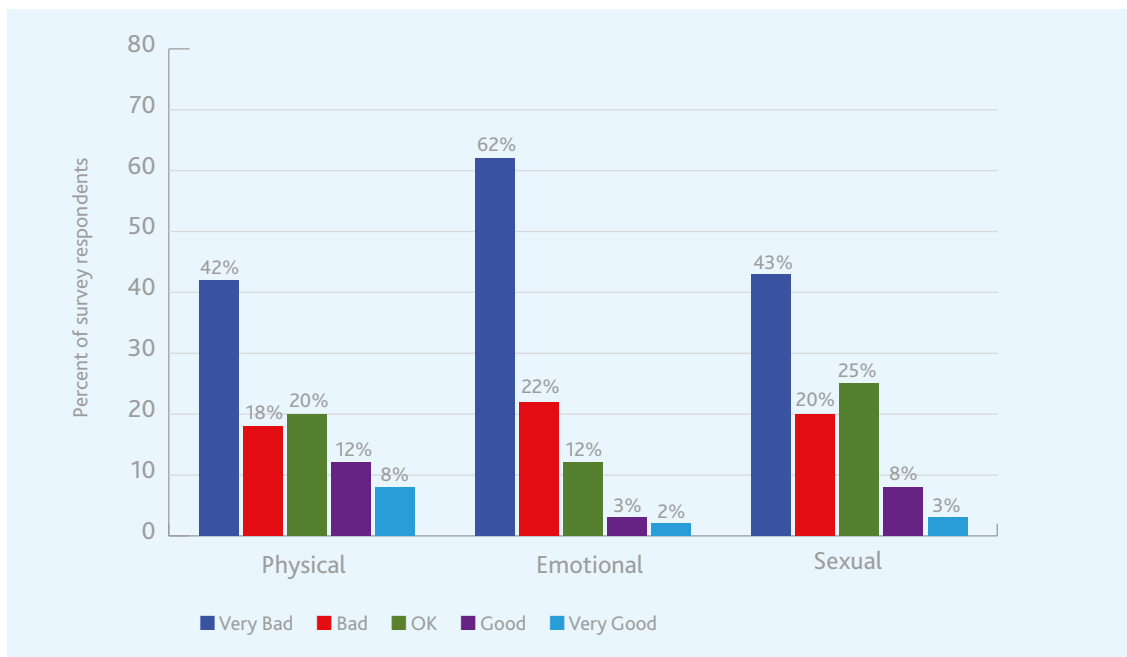
But it [selling sex] kind of degrades you as well, and your self-confidence goes with it. Your worth, it just disappears... It was the toughest, the most dehumanising, the most embarrassing at the same time, and painful. Amara

Then they want to start using me for dog. That is why I said 'no, if you guys would kill me, it's better you kill me. I won't have anything to do with an animal. I can't.' They beat me up. Eme

147 As explained earlier in Methods, three focus groups were held with Ruhama service users. FGSU2 refers to the second of these focus groups.

Exposure to such extreme and constant levels of violence and harm has serious impacts on women's physical, emotional and sexual health. As shown in Figure 5, when survey respondents first accessed Ruhama seeking support, a very high proportion of them rated their health as 'bad' or 'very bad'.¹⁴⁸

Figure 5: State of health when first came to Ruhama



Note: Percentages may not total to precisely 100 due to rounding.

It is notable that respondents reported that their emotional health was suffering the most at this time – 84% rated this as 'bad' or 'very bad', followed by 63% in relation to their sexual health and 60% in relation to their physical health. It seems clear that their involvement in prostitution was having a significant, negative impact on respondents' wellbeing at the point of first accessing Ruhama's support. Such evidence of the impact on their health is not surprising given the levels of violence and degradation that the women reported experiencing in the trade.

Trauma consequences of sexual violence in prostitution

Many research participants focused in particular on describing the traumatic impacts of experiencing multiple sexually violating acts in the context of prostitution. Numerous women described dissociation or instances that were indicative of dissociation – they needed to essentially remove themselves from what was happening to their bodies in order to be able to cope with the unwanted sexual contact and performance of the sex acts demanded by sex buyers that they typically found repulsive.

¹⁴⁸ The survey asked respondents to rate their physical health, emotional/mental health and sexual health when they first came to Ruhama on a scale from 'Very bad', 'Bad', 'OK', 'Good' to 'Very Good'.

It's fucking awful. They think they can ride you without johnnies... they're stinking, like you pull the foreskin back and they're stinking, they forgot to wash... old man on top of you grunting, sweating, going red, teeth fucking falling out... I'm not enjoying it... I just want them out as quick as possible... So, I'm doing it and I'm able to knock off in my head... because when I'm using [drugs] I can switch off and go to whatever place. Emily

[You're] selling your body and completely dissociating from your physical being while you're being penetrated... I can't even describe how dehumanising that makes me feel. And it took me a long time to understand that it had harmed me... really harmed me. Rose

Such splitting off and fragmentation, in other words dissociation, is according to van der Kolk (2014) the essence of trauma.¹⁴⁹ As one staff member explained, dissociation is a woman's 'protection for not fully engaging in the sexual act', in other words, 'their autonomic nervous system has responded to these multiple rapes by shutting down the body' (Staff 1, Int 1). Rose reported how she was 'destroyed, like physically destroyed...mentally destroyed', to such an extent that she 'was suicidal', from her experiences in prostitution. Other interviewees spoke of how their experiences had caused them to lose hope, self-confidence or the will to live:

It was as if I had lost hope in myself. I had lost confidence. You don't see yourself as amounting to anything. You see yourself as wasted. You keep thinking so much negative things. Sade

I had lost hope, to be honest, and I was like, you know what, if I died it's fine... no one care[s] anyway. Amara

For two other interviewees, the impact of prostitution on their mental health was so great that they had attempted to take their own life.

Sometimes, you just sit down and you see all the things that are happening to you and you think 'why do I have to live for this?'. So there were times that I did try to take my life, which I'm not proud of. Abigail

I tried to kill myself because of my really, really bad experience at that time. Angela

Support staff explained that the multiple and multilayered traumas suffered by women in prostitution are deeply embedded and need time to be slowly unpacked in therapy.

149 van der Kolk, B. (2014) *The Body Keeps the Score*. UK: Penguin Books, p.66.

... [women in prostitution] might have been raped over and over again... [by] different men. You're talking about the women experiencing it as non-consensual sex over and over again... So, you're talking about multiple trauma. I could sit in therapy and the woman could talk about one client [sex buyer] for a whole 50 minutes and then, the next week she could talk about another client for a whole 50 minutes, but she still only touched on, out of maybe 40 rapes that week, she touched on one client. So that's what we're talking about. That's how embedded it is. (Staff 1, Int 1)

Such is the embeddedness of the trauma that even after women process it, it can continue to be triggered by smells, sights or sounds, causing them further harm. Simple things like the smell of particular foods or flowers can act as powerful triggers of this trauma.

I had one woman... her partner was her pimp... his smell happens to be a smell of like an Indian curry... because he worked in the service industry... When she gets that smell, she pukes. Imagine, you're sitting with friends, people order Indian [food] or you go past an Indian restaurant and you just get that smell... She doesn't think 'I'm going to puke', just her body reacts. It's like a poison to her... I had another woman and she hated [the smell of] flowers, and that was because her boyfriend had brought her flowers after he would make her have sex with other people. (Staff 1, Int 1)

They [pimps] used to give us McDonalds and when I left that situation, I couldn't stand the smell of McDonalds, I would just not pass by there. Thank God now I see McDonalds as food, it doesn't trigger anything for me at the moment. Sade

As one woman remarked, even the 'simplest things in life' could force her to 're-live' the physically and sexually intrusive experiences she had endured in prostitution and cause her to have panic attacks.

It stops the simplest things in your life, of [watching] TV, walking down the street, passing a park, passing a doorway... passing a hotel... an aftershave... a pattern of clothing brings me back. I can't stand leopard skin. I fucking hate it because it pulls me [back]... How do I stop the whole place from spinning out below me and the whole walls are closing in? And I am standing in the street, and I can't even pick up my phone because I'm panic attacking. (FGSU2)

Other women described the recurrent flashbacks that bring them immediately back to their experiences in prostitution and how this can generate feelings of self-hatred and worthlessness.

You close your eyes and you're always haunted by the past... I have a lot of flashbacks. Sometimes I hate myself. Sometimes I'm disappointed at myself, even though it wasn't my fault. (FGSU1)

They further described how the trauma consequences of prostitution for them are lifelong and something that they have to learn to manage throughout their lives.

Trauma never goes away... It will always be there for the rest of your life. It's not something that you are going to forget... it is a process that you have to learn to manage... You can be having a normal life and then all of a sudden it just comes and it's like you've gone back to zero... start feeling suicidal and everything... (FGSU2)

The trauma is seen to permeate 'everything' in the woman's life and results in impacting not only her daily existence but also, for those who are mothers, the lives of her children, as she becomes 'hypervigilant' in her parenting. In this way some of the trauma consequences of women's experiences in prostitution are passed on to the next generation.

[U]nintentionally, they're passing on their trauma to their children... the women are so traumatised and so frightened, that their parenting has become this hypervigilance of just 'Don't do it!', 'We can't even discuss it, we can't discuss anything', because... they were never allowed discuss anything. When they were being trafficked, they got a slap if they said, 'No, I don't want to do that, or this is how I feel about something'. So, they just can't actually parent because they're so frightened of something happening to their children... So, that trauma is carried through everything. (Staff 1, Int 1)

I am a lot scared for her [her own daughter]. I want her to have a good future. I want her to work normal jobs and to have her own money. Imagine, I don't want her to end up like me where people take advantage of her. So, it's hard because it's also affecting me making more friendships, me being more outgoing, and it does affect us. Larisa

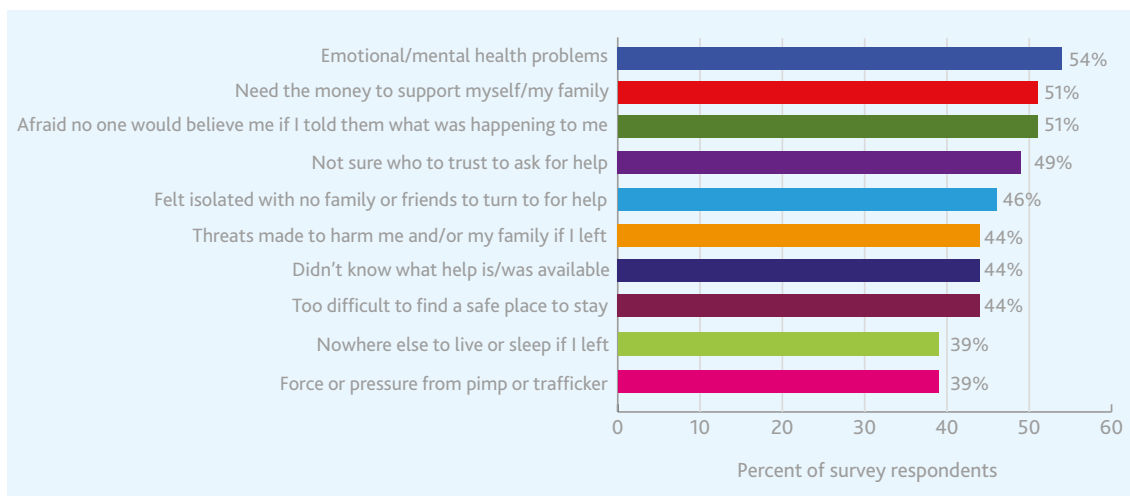
1.4 Barriers to achieving and sustaining exit

As shown in Figure 4 above, the majority of women seek to exit prostitution because they want a better, healthier life and one which is less marred by violence. They believed that remaining in the sex trade would cause continued harm to their mental, physical and sexual health and expose them to violent experiences. However, they faced a range of barriers to exiting, some of which were further hardened by Covid 19, as highlighted in previous research.¹⁵⁰ Many participants in this study reported that they faced multiple obstacles, similar to those identified in the literature on exiting, which made their exit difficult, led them to return to the sex trade or prevented sustainable exit.

150 Breslin (2020) *op cit*; Ruhama (2020) *op cit*.

A thorough understanding of the barriers that women face is vital for those supporting them to exit as it allows them to tailor supports to each individual woman's needs on her exiting journey. While barriers faced by women are '*individualised to each woman*' (Staff 5), there are some barriers that are more common than others. Survey respondents were asked to select from a set of 38 barriers, grouped under nine themes, that had been developed based on a review of the literature and in consultation with service users.¹⁵¹ Figure 6 presents the top ten barriers faced by the 60 survey respondents who stated that they were seeking to exit or had already exited the sex trade.¹⁵² Each of these barriers is outlined below.

Figure 6: Top 10 exit barriers



Note: Multiple responses were possible

Damage to emotional and mental health

As Figure 6 shows, the damage caused by the sex trade to women's emotional and mental health was noted by 54% of survey respondents as an individual barrier¹⁵³ to their exit. Staff noted that this damage to mental health that prevented women from exiting was largely caused by the very harms they had experienced within the sex trade in the first place.

The extent of the damage was such that one woman described experiencing '*deep depression*', '*detachment from reality*', and an inability to '*cope*' with doing '*normal*' things in life. These impacts on many women's emotional and mental health, which accord with the previous literature,¹⁵⁴ often resulted in them being trapped within the sex trade for longer periods of time than they would otherwise have intended, sometimes even for years.

151 This set of barriers was developed in consultation with service users in two focus groups. In the survey that was subsequently developed, respondents were asked if any issues around: support (3); health (4); accommodation (3); immigration and language (5); money or employment (5); force, pressure or loyalty (5); fear or safety (4); trust (3) and other issues (6) make leaving the sex trade difficult for them. Multiple responses were possible as respondents were asked to select all issues that applied to them.

152 One survey respondent had not considered exiting and one skipped this question.

153 See the Review of the literature for a more detailed discussion on the classification of barriers (individual, relational, coercive, structural and societal).

154 See Breslin *et al.* (2021) *op cit*; Courtois (2008) *op cit*; Herman (1992) *op cit*.

I wanted to leave many times. I tried to leave. But I end up with really deep depression... I couldn't cope with life. It was too much for me. I didn't know how to live, how to talk to people, how to walk in the street, how to hold on a job, a normal job. I tried a few times... For many years I wanted out. Not my head. My head wanted to keep working [to remain in prostitution], but my soul wanted out. I wanted to be free... [but] I didn't know how to do it... Odele

It became apparent from listening to participants that what also became entwined within the emotional and mental health impacts of prostitution, was a blurred sense of agency¹⁵⁵ in their decision to enter and remain in the sex trade. Some 'blamed' themselves for the choices they may have made to enter or to remain in the sex trade, believing that it was their 'own fault' or that they 'deserved' what had happened to them while there. This sense of self-blame served as a further obstacle to their exit – even though these women had made the 'choice' to enter prostitution in highly constrained circumstances and often with very few, if any, viable alternatives available to them, the 'choice' they made continued to weigh heavily on them, perpetuating self-blame and a belief that they had essentially brought all their subsequent troubles on themselves. Emily, for example, believed that she had 'made the decision' to enter prostitution when in fact she was only a fourteen-year-old child, or as she refers to herself 'a young one', when she was first exploited in the sex trade, while Rose believed she was not deserving of any help to exit because she was the one at fault.

I made the decision [to enter]... sometimes I have to remind myself... 'you were a young one'. Emily

[T]his is how I spoke to myself: 'You decided to do this. This is your own fault. No one's going to help you. You did this to yourself, now you have to get yourself out of it. Don't expect anyone to help you'... I didn't believe I deserved help. Rose

Such is the power of the public narrative around 'choice' in relation to prostitution,¹⁵⁶ that even women who are desperate to escape the sex trade are held back from doing so by misrepresentations of what truly constitutes free choice in this context. It is also clear that self-blame and shame are strong features of the experiences of women who have been sexually exploited.

I live with the guilt of working as a prostitute... It's a belief that I don't deserve [anything]... I take all the responsibility for me, all the guilt. I put it on my shoulders because I think I should have done better. Because I put myself in those situations, and I find that so shameful and [I feel] no one can accept me as a person now because of that. Larisa

Such feelings of self-blame are felt despite having been tricked and trafficked into the sex trade, as recounted by Abigail, who still blames herself and fears being blamed by others.

155 See O'Connor (2017) *op cit*.

156 *ibid*.

And I was always blaming myself for what happened to me. I always thought it happened to me because I deserved it... I am even scared for my own children to know what happened. I can't tell them... And I am scared if they find out, they would see me in a different way or blame me or... Even now that I do have a better understanding of everything, I still think like that. Abigail

Lack of money to support oneself and/or one's family

Over half of the survey respondents (51% - see Figure 6) stated that their need for money to support themselves and/or their family made leaving the sex trade difficult for them. As many interviewees explained, and in line with previous studies,¹⁵⁷ this financial necessity had not only contributed to their decision to enter the sex trade in the first instance, it posed a significant barrier to their exit or, if they had exited, caused them to return as they did not have any other means to support themselves and/or their loved ones.

But I remember one of the biggest things back then was the social welfare not giving me any money...I couldn't hold down a job. Emily

I would end up like going, maybe to the club or to the streets [for prostitution], I would have something to eat, I will have a roof over my head, I'll have some money to take care of myself... So I would say I ended up because of survival, first of all... I had to go back again for the kids' sake and all that. And it's not something like I was proud of, but it was the easiest way that I would quickly solve issues... and it was the only way I knew by then. Amara

Similarly, as two survey respondents explained, remaining in the sex trade or returning after exit *didn't make sense*, but rather was driven by their need to *provide* or *survive* for their children.

Exiting the sex trade isn't an event. I've wanted to return despite how harmful it was because it was familiar, I had financial security and could provide for my children. It didn't make sense why I wanted to go back. (Survey respondent)

It is not easy. I want to stop but I have to survive for my family. (Survey respondent)

The need for money to support themselves and their family was also highlighted by some participants in the focus groups as a significant barrier to their exit.

Money was a big thing. Often to support a family it [prostitution] was an easy catch [a quick way to make money]... like I made whatever in a day, where I could be working for a month [in regular employment] and make that amount. (FGSU2)

157 Breslin et al. (2021) *op cit*; Manopai boon et al. (2003) *op cit*; O'Connor and Breslin (2020) *op cit*; Sweeney and FitzGerald (2017) *op cit*.

Support staff also recognised this lack of financial support as a significant barrier to women's exit. They highlighted how *'the power of the need for money'* cannot be understated or overlooked as it plays a significant role in pushing many women into prostitution and then keeping them trapped within it as they try to support themselves and their family, just as has been previously demonstrated in recent Irish research.¹⁵⁸

Lack of financial support... is important because that is surviving and, in a way, we almost undermine the power of money or the power of the need for money... you forget that that is what provides us food on the table and [it's] that simple. If I don't have money, I won't have food to eat and if there is a child involved, then it's even more a risk because I won't have what to give to my child to eat. It's so, so basic... I was looking at the initial reason for entering prostitution and one of them would be supporting their family, their parents and siblings. We have service users who stayed in prostitution to put their siblings through school. They stayed in prostitution until they were able to bring their children here [to Ireland] and have them in school for a few years, until they were able to build a house for their parents... so this [the need for money] is all part of it. (Staff 6)

A number of participants heavily relied on the money they made in prostitution to finance their addiction. For example, some survey respondents described how they were *'addicted to heroin'* and needed the money to *'fund my drug habit until I found another way to cope with life without drugs'* (Survey respondent). Similarly, interviewees who had experienced addiction highlighted the vicious cycle of needing to sell sex to buy drugs, something they in turn often relied on to numb or block out the experiences of prostitution. This cycle kept them trapped in the sex trade or caused them to return to it again after they had left.

I was obviously strung out on heroin and I ended up going back again like you do... I didn't know how to get out of this because I have to use drugs to sell sex and I need to sell sex to feed my drug habit. So I'm in this vicious circle and I don't know how to get out of it... And the two of them were destroying me... It was money, drugs, money, drugs... Rose

I got hooked on the coke and I was on the game a hundred percent, 24/7... The addiction goes into it huge... But for me to be able to exit, I would say I have to get off drugs... Because when you have no money, you know it's there. Emily

158 Breslin et al. (2021) *op cit.*

Not knowing who to trust

It is striking that so many women (49% - see Figure 6) in the survey sample did not know who they could trust to ask for help when they were being exploited in the sex trade, while over half (51%) stated that they were afraid that they would not be believed if they actually told someone what was happening to them. As Lilian explained, her pimp warned her not to trust the Gardaí,¹⁵⁹ telling her that they were 'evil', while Nailah described her experience of not being believed by a social worker when she disclosed that she had been trafficked for sexual exploitation, causing her significant additional emotional pain. Sade also recalled the pain of not being believed when she disclosed that she was trafficked and what her body had been used for.

And she [pimp] said, 'Never say nothing [to] garda. Lie [to] garda'. She made me [think] garda coming in the apartment [and], that I need lie [to them]. And then she talking about the 'garda is so evil, very bad'. Lilian

There was one lady I had to meet, maybe I think she is the social worker. If I say anything, she will say 'you're lying.'... When you are saying the truth and somebody says you're lying... I lost all the confidence... thinking of suicide... and every night I won't sleep. I'll keep asking the question, like, who will believe me? [When] she didn't believe me, it killed my spirit. Nailah

So, imagine, if you are talking about how somebody trafficked you, what they used you for, and they [people in authority] are still [doubting you]. And these are women who are doubting you. And we are talking about 'this is how it feels for a woman's body to be compromised'... But when a woman is doubting this, it's painful. Sade

Participants in the focus groups also identified 'a lack of a trusted person that could guide them in the right direction' (FGSU1) as a barrier to their exit.

Lack of social connections to turn to for support

Figure 6 illustrates two related barriers identified by survey respondents that led to the erosion of their social supports and in turn to feelings of social isolation which made it difficult for them to exit prostitution. Forty-six percent of respondents reported feeling isolated with no family or friends to turn to for help, and 44% reported not having the information or social connections to know what help was available. This finding accords with previous literature which identifies a lack of social connections as a significant barrier to exiting the sex trade.¹⁶⁰ Many interviewees, focus group participants and survey respondents described feeling very alone, often because they were away from their home country or their relationships with their family had broken down. They explained how this relational barrier or sense of being alone, kept them trapped in the sex trade, 'struggling' and wondering how they would ever get out.

159 Gardaí are members of An Garda Síochána, Ireland's national police service.

160 See Månsson and Hedin (1999) *op cit*; Breslin *et al.* (2021) *op cit*; Mayhew and Mossman (2007) *op cit*; O'Connor and Breslin (2020) *op cit*.

I had nobody... I was a lone wolf... I had no kind of core, solid group of people. I had nobody around me... I moved out of my parents... I've no relationship with my family... And I started to think to myself 'How will I get out of it?' **Rose**

[F]or me it's a different struggle because I live alone in this country, I don't have family. **Angela**

I don't know anywhere, you know. I don't have anybody to help. **Nailah**

Less knowledge about the place [Ireland] and how it works. I was completely isolated. **(Survey respondent)**

I felt completely alone. I felt that nobody's going through what I'm going through... I never met women like me who actually exit prostitution... there was no family, there was no friends... there was no one that was going to help you and listen to you. **(FGSU2)**

Such isolation was exacerbated for some women during the Covid 19 pandemic as they were not able to attend support services in-person and meet with other women due to travel and related public health restrictions.¹⁶¹ For some women, their sense of belonging and of community come from the relationships they have with other women in the sex trade. Hence, they fear that exiting will lead to them losing these social connections and becoming further isolated. As one staff member pointed out, these difficulties explain why exiting prostitution can take so long and why some women return to the trade, sometimes more than once.

Once they enter prostitution... they become 'one of the women'. They have a comrade... and then, of course, you don't want to leave that. One woman struggled for a few months to leave prostitution and she was with me in Ruhama at the time, and she was saying how she felt so much like she was part of a family, and it was such a big difficulty to grieve that, to let that go. That was the only good thing she had... go to nothing... no friends, no community... and that's why transition [out of prostitution] takes a long while. That's why it's so difficult. That's why they go back several times. **(Staff 6)**

Threat of harm upon leaving

In addition to the serious levels of violence that women have experienced in the sex trade (see 1.3), the threat of further violence should they attempt to leave, entrapped them further. Survey respondents reported two harm-related threats (see Figure 6) – the threat made to harm them and/or their family if they left (44%) and direct force or pressure from a pimp or trafficker (39%) – as two of the top ten barriers that made it difficult for them to exit. Some participants who

¹⁶¹ See Ruhama (2020) *op cit.*

had been trafficked reported being physically and psychologically trapped, often because of the constant threats of violence made against them or their families by their trafficker or pimp should they try to leave.

[W]e were warned not to talk to anybody... if you misbehave or if you don't do what they [the traffickers] say, they will beat you blue-black... So, there were times I did try and open the door and that's when I realised that I have been locked [in], I don't know outside or inside, the door only opens on the outside, I can't go out. And there were no windows. The window was way up there [she pointed to high up in the room], a really small one which if I would like to reach, I would have to get a chair or something and stand on it to look outside. Abigail

You can be threatened. You or your family can be threatened. They can threaten your life or your belongings. (FGSU1)

Yes, they noticed that I wanted to escape, and they changed the house. I have to stay there because I don't know where to go, I don't know anybody, I don't know what is going to happen. They threatened me with the police, so I can't go, I have to stay. Eme

Sometimes, this coercion to remain in the sex trade was compounded by feelings of confused or misplaced loyalty to the pimp or trafficker, often facilitated by grooming, as one focus group participant explained.

Coercion to remain is the thing that happens like, you become like loyal and you get kind of trained in a mindset that you become loyal. And even if the police come over to you and even if you are brought to the police for an interview or whatever, it becomes something loyal that you're not going to discuss much and you're protecting persons that traffic you. So, there is this loyalty as part of the coercion. (FGSU1)

Lack of safe and appropriate accommodation

Figure 6 shows that difficulties around securing accommodation appeared twice in the top ten barriers that women faced when trying to exit the sex trade. For 44% of survey respondents this barrier was connected with finding a place to live that was genuinely safe, while for 39% of respondents, it was the difficulty of finding any place at all to live or sleep if they left. As one woman explained, despite wanting to exit the sex trade, not having *safe and supported accommodation* prevented her from leaving.

Because some people say: 'Just go, you're safe'. But where do I go? Where do you go when you are in a volatile situation, where that person could be following you, whether it's a pimp or a trafficker... where do you actually go? How do you even make that attempt to go in the first place if you've no supported accommodation? (FGSU2)

Another interviewee who faced homelessness, stayed with her pimp, who she perceived as a safer alternative to living on the streets.

[But] it [pimp's place] was a base until I could figure out what I was going to do next... when you are homeless and you're living on the streets and you're abiding by the street code, you never feel safe. Rose

Support staff identified the lack of suitable and safe accommodation as one of the largest and most significant barriers to exiting that the women they are working with are facing. This barrier has been further hardened by Ireland's current housing crisis – the major dearth of safe and affordable accommodation of all kinds across the country is both driving women into the sex trade and making exit even more difficult for many women and the professionals who are supporting them. Staff noted that there was 'no wonder why women end up in the sex trade because there's nowhere for them to go' (Staff 5). Support workers were concerned that women's precarious accommodation situation impacted their ability to engage with support organisations like Ruhama, which in turn affected the organisation's ability to provide them with the support that they needed.

Housing is the big thing... People are worried about where they're going to live... and women need to be supported with their accommodation... our work is directly being impacted by this housing crisis. Women aren't showing up for appointments, they haven't got the energy to attend meetings, they are just sick with worry about where they're going to live. (Staff 2, Int 1)

Feelings of shame delaying exit and recovery

Although not one of the top ten barriers, a further barrier identified by 36% of survey respondents that made exiting difficult, related to their feelings of shame. This issue was also reflected across the interviews and focus groups. One focus group participant explained that her sense of shame made her feel 'dirty' and while wanting to forget her experiences in prostitution, she was unable to, and she continued to be 'haunted' by the memories of what had happened to her in the sex trade.

But the shame. Sometimes I see myself as dirty, a nobody, I don't belong... you want to forget... but you are still being haunted by the past. (FGSU1)

Similarly, a survey respondent explained how the experiences were 'now stuck on my body, hard [for] me [to find] love because I fear what is going to happen. I feel my body is dirt to be with someone' (Survey respondent). For another interviewee it was having to retell her story about her trafficking experience, which she found shameful and embarrassing, to immigration authorities in order to secure permission to remain in Ireland.

You have to start explaining everything to them... to get your Stamp 4. I have to repeat everything... It's so shameful. It's so embarrassing for the women. (FGSU2)

Another interviewee explained that the level of shame she felt about what had happened to her in prostitution was such that it delayed her seeking help from Ruhama in the first instance. This reluctance to seek help as a result of internalised shame accords with previous research.¹⁶²

I just threw the Ruhama brochure somewhere. I told myself 'this is a shameful experience enough for me, I don't want other people to know that I have been through something like this,' especially back home with my family. If I meet somebody from [my home country] and they know I am also with Ruhama, they might think 'oh, this is what you did, or this is what happened to you'. So, back then I really felt ashamed to admit to people that I have been through something like this. Abigail

Another interviewee who was seeking help for her substance addiction, also described feelings of internal shame which made it difficult for her to disclose to her addiction keyworker how she was funding her addiction. Unfortunately, the addiction keyworker was ill-equipped to handle her disclosure, leaving her feeling very lost and delaying her exit and recovery.

I couldn't tell anyone what I was doing for drugs. I felt so much shame about it. I know now that a lot of that shame was something that I internalised... And the hardest thing I've ever had to do was to tell someone what I was doing [selling sex]... And I told this guy [addiction keyworker] and I could tell by him that he just did not know what to do or say. He could talk to me about my drug use, but he couldn't talk to me about selling sex... Within my journey to exiting... there were two parallel things – there was the addiction and there was the prostitution. And because of all this shame, all the internalised shame that we all have, people working in drug services as well, they're afraid to ask. Or if they ask, they ask, 'what am I going to do? Where do I direct this woman...? How can I help her?' So, I was very, very lost. Rose

Support workers recognise the need for a space for women to be able to have open conversations about prostitution and what they have had to do within it, which helps them to deal with any shame they may feel in this regard. However, they noted that not many spaces for these conversations exist in reality.

[T]here's a lot of shame attached to selling sex and if you come up against this idea that you can't openly talk about where you're at, how can you ever accept your situation, and where's the space to make change, if there's no acceptance of, 'This is where I'm at, this is what I do to survive. It's not ideal for me maybe. I would like things to be different, but I can't see a way out. I can't see a way forward'. Where do women, realistically, get a space to have those conversations, you know? I haven't seen it in addiction services. (Staff 2, Int 1)

162 See Blakey and Gunn (2018) *op cit*.

One support worker highlighted how the Covid 19 pandemic combined with the housing crisis to make women's circumstances even more desperate, but that this at least allowed women to feel less shame and more able to reveal to outside support agencies that they were involved in prostitution and needed support as a result.

I think Covid [19]... because women became more desperate, and desperation, rightly or wrongly, maybe allows you reveal more of yourself... Now, the homeless situation is a big part of that because there's no housing and women feel desperate. They're much more willing to say, 'Look, I'm in addiction. I'm selling sex. I'm at rock bottom here. Try and get me somewhere to live that's safe.' (Staff 1, Int 2)

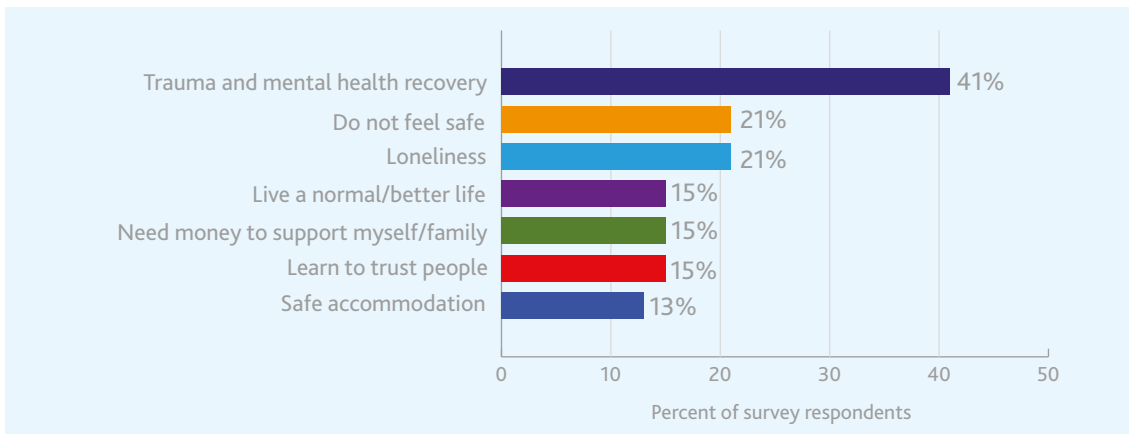
1.5 Barriers to recovery and rebuilding

A significant finding of this study is the extent to which many of the barriers and challenges women face when seeking to exit the sex trade continue to persist after they have exited. Women who had exited reported that they continue to face multiple barriers which delay or prevent their recovery and ability to rebuild their lives after prostitution. For some women, these barriers are experienced even more acutely after they have exited. In some cases, as described earlier, this led to them returning to prostitution in order to support themselves or family members or to fund their drug addiction. Knowledge and understanding of these continuing challenges are important when offering support to women as it became clear from the data that ongoing specialist support is needed in the majority of cases to help women sustain and cement their initial exit.

... you're dealing with people that are navigating a lot of difficulties in their lives and it doesn't just stop because you exit the sex trade. It doesn't. (Staff 2, Int 2)

Figure 7 identifies the biggest challenges that survey respondents reported continuing to face when trying to heal and rebuild their lives after they had exited the sex trade. Perhaps unsurprisingly, all of the top barriers previously identified by women when trying to exit (see Figure 6) – including the negative impact on their mental health and resulting trauma, lack of money to support themselves, social isolation, inability to trust, feeling unsafe and lack of suitable accommodation – remained challenging issues for them after they had exited.

Figure 7: Biggest challenges to heal and rebuild life after exit



Note: Multiple responses were possible¹⁶³

Long-term trauma and mental health challenges

As Figure 7 shows, 41% of survey respondents reported how their mental health continued to suffer as they sought to heal and rebuild their lives after exit. Women interviewed described feelings of ongoing psychological torture, torment, confusion, intense shame and self-loathing, a sense of being damaged, hopelessness and forgetfulness. Such feelings have been recognised in previous research as symptoms of post-traumatic stress disorder (PTSD)¹⁶⁴ or complex post-traumatic stress disorder (Complex PTSD).¹⁶⁵ These symptoms are reflective of trauma from repeated and prolonged systemic abuse that is prevalent in the sex trade, but which continues to be felt even after women have left. It is indeed notable that many of these more intensely-felt experiences only come to the fore *after* a woman has exited, when she is no longer in crisis or ‘survival’ mode as the immediate dangers she was facing in the sex trade have been removed. However, this provides her with more time and space to pause and reflect on her past experiences in prostitution – in many instances this is when the multiple impacts of trauma start to hit the hardest.

I felt like I was tortured, only psychologically... Inside... my body stay safe... but for me I don't feel [safe]... I stayed three months before I get a tablet for traumatised. And in this time, I stay in the torment through bad place inside... I get into more traumatised... I have big traumatised now. I'm out of this three years. Lilian

It [the sex trade] shaped me differently. I think differently. I do sex differently... I get confused... I'm a chaos... sometimes, I'm so irresponsible. [I] forget... [I] push things aside and pretend it didn't happen... I'm working with a damaged head... I want to break down every day... It's always hard for me. It's never easy. Odele

163 Respondents who had already exited the sex trade were asked 'what are / were the 2 biggest challenges for you to heal/build a new life after leaving the sex trade?'

164 See Courtois (2008) *op cit*, van der Kolk (2014) *op cit*.

165 See Herman (1992) *op cit*; van der Kolk (2014) *op cit*.

*[S]itting in a room and just feeling less than everybody else... And I've often sat in [work] meetings [and] thought 'what the fuck am I doing?' Then I started avoiding the meetings... I just couldn't cope with that feeling of... 'I'm a piece of shit'... I thought all that stuff that happened to me was all my own doing, that it was my own fault. **Rose***

*[I]t's just that you don't have that hope anymore; it's just gone completely, like you've completely given up. **Amara***

For some women, the memories of their time in the sex trade never seem to go away, and when triggered, can bring deep depression and suicidal thoughts.

*It never goes away... sometimes you see somebody on the street, and it just reminds you of someone you met back then and that is your whole day spoiled. Sometimes it brings you right back to the dark place... during the Christmas I had a total breakdown... I didn't feel like I want to live... I thought that maybe... my children would be better off without me. **Abigail***

*You cannot forget because in your darkest moment the memory comes back staring at you, whether you want it to or not, the memory is something that you will live with forever... It still haunts me... It's always there. It's like a hidden demon that is with you forever. **Sade***

*I've tried to forget the past... it's difficult to forget... I still have that flashback. And once in a while, I still remember all of those things. But how I wish I could just forget and never think they happened. But it's difficult for me to do that. **Nailah***

A number of interviewees described the ongoing 'pain' and 'hurt' they continue to feel from their previous experiences within the sex trade. To avoid further damage to their mental health, they try, as highlighted in previous literature,¹⁶⁶ to 'suppress the depression' by taking anti-depressants, keeping themselves 'busy' to 'distract' themselves from 'thinking' about, or 'remembering' the past while recognising that irrespective of how hard they try to forget, the past 'stays with you'.

*People are battling inside. Our faces can look polite, can look happy outside but inside we are hurting. So, we just try to put on a fake front just to get by... Yes, you still have pain every day... I try to keep myself busy. You see when I am not busy, that's when I go down mentally... So, the only way I can distract myself is by just being busy... Because I don't want to... start remembering... I don't want to let it win. I am taking a lot of anti-depressant medications, so I am trying to suppress depression... Irrespective of how you try and distract yourself, it stays with you. **Sade***

166 See van der Kolk (2014) *op cit.*

Support workers describe the importance of working with women to address their trauma, especially as issues around suicide, suicidal ideation and self-harm are still arising for women for months or even years after they have exited.

A lot of issues crop up around suicide and suicidal ideation and self-harm... and a lot of women... would say, 'I was suicidal when I was in the trafficking situation, or I was suicidal when I was in the sex trade but I'm not now', and that's fine. But then, six or seven months down the line, it seems to come up again, the thoughts are back or they're kind of actively planning [self-harm or suicide] and so we do an awful lot of work around that piece... I think that's a huge trauma response as well. (Staff 5)

Staff further explained that *'the physical manifestation of trauma comes to the fore'* or is 'more obvious' once women have exited and this realisation can be *'very disappointing for women'* (Staff 1, Int 1) because their exit does not immediately feel like the positive experience they imagined. Using one of her clients as an example, a support worker described the many physical ailments or *'body pain'*, that the woman endured after exiting. This body pain she described is the physical materialisation of the trauma resulting from the multiple rapes the woman sustained in the sex trade and is likened to the symptoms of PTSD and Complex PTSD described above and earlier in the literature.¹⁶⁷

I had a client... she escaped, and then she was diagnosed with lupus, fibromyalgia, severe arthritis... and she was so disappointed because she said when she was having sex with all these men, when she was being raped over and over again, she had no body pains... Now she's free but riddled with body pain, and for me, that's trauma. When you're surviving a rape or repeated rapes like that, your body seizes up. It's like being a war veteran... you've to get through it, you've to survive it, you've to battle it, so your body holds its own. But as soon as you get free, your body then relaxes [and becomes prone to the pain]. (Staff 1, Int 1)

Another staff member also described the body pain that one of the women she supports was experiencing and how this pain arose from her remaining silent about what she had endured in the sex trade.

[O]ne of the service users was saying that she has body pain. Like she has pain in her body, and she was saying how she kept all this inside. So, she... was making the link between all the things she couldn't talk about and now her body is aching. (Staff 6)

167 See Herman (1992) *op cit*; van der Kolk (2014) *op cit*.

Staff described the importance of being cognisant in their work of the traumatic impacts that the women's previous experiences in the sex trade can have on their ability to heal and recover after they exit. Some women will require '*long-term, deep, uncovering psychotherapy*' (Staff 1, Int 1) to address this. Unless the trauma that arises from their experiences in the sex trade is addressed, in particular their multiple experiences of sexual violence, women will remain '*vulnerable*' and will continue to be '*preyed upon*' (Staff 6) even after they leave.

Feeling unsafe and lack of a safe place to live

As Herman (1992) states, the first stage in recovery from trauma is the establishment of safety. Hence it is concerning that women reported that they continue to feel unsafe for themselves and/or their family even after they exit the sex trade, thereby delaying their recovery and ability to rebuild their lives. The psychological hold that third parties may have had over them whilst they were in the sex trade often seems to endure. Such was the case for 21% of survey respondents (see Figure 7). Interviewees described being hypervigilant – '*always looking behind*' themselves – and the ongoing threats made by traffickers to kill or harm their family if they '*made trouble for them*' by disclosing information about them to the police.

So, every little thing afraid of, I am always looking behind me. You are not totally free with yourself. You are always afraid that anything can happen. Sade

So, when I ran away, [name of trafficker] sent his people to where the children were, they were playing in their playground. And when I called them to talk to them, they told me that 'Mom, [name of trafficker] said that we should tell you that they are watching over us'... And then they [the traffickers] went to my Mom and told her that if I made trouble for them, they would make sure that I come back home to bury my family – they would burn everyone alive for me to come and bury them. So, I was scared. Abigail

Another concern that women had about their safety was their inability to secure safe housing. Thirteen percent of respondents noted the lack of safe housing challenged their recovery after they exited the sex trade (see Figure 7). Some of the interviewees who had escaped their traffickers had been accommodated by the State in Direct Provision centres. As previously noted in the literature, this form of accommodation has been deemed highly inappropriate for women who have experienced sexual violence and sexual exploitation, often further exacerbating their vulnerabilities and trauma.¹⁶⁸ Interviewees themselves described not feeling safe living in Direct Provision and some had experienced physical assaults and sexual harassment there.

Yes, for me here [in Direct Provision centre], it's not a safe place, I won't call it a safe place. But it is better than nothing... a roof over my head... You don't have your privacy... We're living with the same people for over two years. Sade

168 See AkiDWA (2019) *op cit.*; Joint Committee on Justice and Equality (2019) *op cit.*

And I stay living in provisional accommodation [Direct Provision]. It's so dangerous... for me and the children... I stay in this dangerous situation three years... two weeks ago the men hit my son. My son is 7 years old. This is adult. Hit him in the face... And he say [threatened her], 'I hit you!'... And he talking [to] my friend [saying] he wants sex with me now, fuck me now! Lilian

Staff also recognised how unsafe the centres were for women and their children not only in terms of assaults by fellow residents, but from being targeted by local men for sexual exploitation, and in more recent times with centres being targeted by protesters.¹⁶⁹

Direct Provision, they're not safe... for women, they're not safe for children... A lot of Direct Provision centres are being targeted by local men [to sexually exploit the women living there] because they know that there are women in there that are desperate and whatever. So, it's not safe. It's not safe from residents. Some women have been attacked by fellow residents in the centres and... now, obviously... being targeted by protesters. So, definitely... there are safety issues there. (Staff 3, Int 1)

One woman who had exited the sex trade, described circumstances where she had no money and was deceived about a spare room being available in a house but was expected to perform sex in return.

And sometimes you'll be told there's a spare room that's going, and you get there and there isn't, and you have to sleep with your man [who has offered the spare room], and he would be trying to cuddle you. And you know, you'd say, 'no I am going.' But you've no money, no nothing. Emily

Staff recognise that the women they support are unlikely to be able to undertake any deep therapy work to help them heal and recover until such time as their basic safety needs are first met. Such practice is supported by Herman (1992) who notes that 'no other therapeutic work can possibly succeed if safety has not been adequately secured'.¹⁷⁰ Hence, support workers concentrate their therapy work to begin with on the woman's day-to-day functioning rather than deep therapy to address her trauma.

[M]y feeling is if you've a woman and she's in Direct Provision, she's not in a safe space anyway. So, a lot of the work you're doing in therapy is about her functioning on a day-to-day level. You haven't really visited traumatic memories at all. You haven't touched them. So, you actually need her to be, have her own accommodation, have her papers [to work and live in Ireland] and everything before you really touch that... it's only then really that that kind of safety, that kind of freedom kicks in, where she can really begin to [address] her trauma. (Staff 1, Int 1)

169 See Lally, C. and Holland, K. (2023) 'Anti-immigration protesters block traffic in Dublin and Cork', *Irish Times*, 12 Jan. Available at: <https://irishtimes.com/ireland/2023/01/12/direct-provision-centre-urges-residents-not-to-speak-to-protesters/> (accessed 13 July 2023).

170 See Herman (1992) *op cit.*, pp. 229-330.

Loneliness and lack of personal and social connection

The importance of relationships with family and loved ones in order for traumatised people to recover has been recognised as providing “*physical and emotional safety, including safety from feeling shamed, admonished, or judged and to bolster the courage to tolerate, face and process the reality of what has happened.*”¹⁷¹ However, women who had exited spoke extensively about feeling isolated and lonely because their ability to trust people had been damaged by their previous experiences prior to and during their time in the sex trade. Aside from the support workers in Ruhama, some women found it very difficult to trust other people.

So, it took me a while, like, to really open up here in Ruhama... And outside Ruhama, I don't have the confidence to like talk to anybody... when people betray you, you find it difficult to trust other people. Nailah

I don't really trust, I don't really trust many people. I trust myself. Eme

It took me a very, very long time to trust and open up... when you're coming from a place where you've trusted people that have ended up hurting you or someone would want something from you in return... they would pretend to give you affection and care or attention, but they would want something from you in return. So, it's never a free give. So, when you see someone nice to you, you're like, 'what do you want?' Amara

This inability to trust people made it difficult for interviewees to make friends and contributed to their feelings of further loneliness and isolation. Instead, the women reported that they chose either not to make friends or to keep them at a distance because they feared people would consider them ‘dirty’ if they disclosed information about their past experiences in the sex trade. Shame and self-blame is a common theme here in women’s narratives once again.

I feel very lonely... I don't have friends... I can't talk to anybody. I am scared and ashamed that if I make friends that through conversation, they ask how you got to come here and then you have to tell the story and I don't want to. And I don't know how they would look on me after that. It's just always at the back of your mind, you are thinking, 'yeah someone else somewhere might hear the story and feel like you are dirty, you are a different person'. Abigail

Friends, yes I have people I talk to but I don't call them friends. I prefer to interact more at work than here [Direct Provision centre]. Why, because, with that creation of friendship, they need more, they are demanding a lot from you. And when you cannot meet their demands, it becomes something else... I don't like that because it makes me uncomfortable. Sade

171 van der Kolk (2014) *op cit.*, p. 210.

For other women, they felt lonely because their ability to develop healthy sexual relationships has been damaged by their past experiences of sexual violation within prostitution. Rose described her worries that the damage done to her sexual self by child sexual abuse and prostitution may be long-term and that she may never be able to have a healthy sexual relationship again.

I would say that part of being a healthy human being is being able to have a healthy sex life. And I feel robbed of that. I don't know if I'm ever going to recover from that... I feel that that is a long-term effect that might be overlooked... what about my right to have a healthy sex life? What about my right to be able to have like a romantic relationship? How do I navigate that? Do you stay on your own?... I don't know how to navigate that... Or not being able to feel pleasure... because you're physically harmed... like trauma, addressing the trauma, and changing the patterns of behaviours, breaking the old cycles... because I'm very dysfunctional sexually. Rose

Emily also reflected on the damage prostitution had done in her young life to how she views men.

Because I've chased people out of my flat with golf clubs because I became just a man-hater. I just became this mad-hating man-hater, like... I'll take the money and I'll chase them out of that flat, because I just became so angry at men. Every single man, like, I hated them. Emily

As one support worker noted 'the fallout from it [prostitution] is considerable' as she reflected on one of the women she is supporting who 'doesn't know how to have loving, equal sex' (Staff 1, Int 1).

The struggle to live a 'normal life'

A further difficulty encountered by 15% of survey respondents (see Figure 7) in seeking to recover and rebuild their lives after exit was their struggle to live a 'normal' or 'better' life after exiting. As highlighted earlier in Figure 4, women's desire for a better life was the top reason that survey respondents (78%) identified for wanting to exit or for thinking about exiting the sex trade in the first instance. What women meant by 'normal' or 'better' life was explained in more detail in interview. For one woman, it was simply having a coffee with friends or going home and feeling safe:

I wish for long, long life, nothing rich, expensive, nothing too much, just normal life. And sometimes I go for my friends' house and make some meals or drink coffee or simple cooking, traditional food from [her home country]. This is very important... Sometimes I catch myself remembering what it felt like to have a normal life... Sometimes you have a hard day in work or college study, and you just want to go home to your safe place and rest. But I haven't known what that is for a long time. Lilian

For another woman who had escaped from her trafficker and was trying to live her life 'as normal as she can', even the task of opening a bank account proved difficult and triggering for her when she was asked to explain how she had lost her passport.

*[W]hen I was going to get my bank account and they ask me for a passport and I simply said 'I lost it'. And then they asked me 'how I lost it?' And I was thinking 'ok, so how do I explain this?' I don't want them to know that I was trafficked, and that the trafficker took the passport... So, I just said 'it was taken away from me'. And then they may go on and ask 'how was it taken away from you'? So yes, when you come out of this, you try to live your life as normal as you can but along the way, things or people keep knocking you with things that would take you way back to where you came from. **Abigail***

For other women, it was living in Direct Provision that made living a 'normal' life difficult for them as they had little say over where or how they lived and or were unable to make some of the most basic life decisions, including for example, when and what to eat.

*I live in one room... me and children [a teenage son and a younger child] in the same room... But I don't feel comfortable to stay here for everybody, because the staff don't want you walking around the hotel... I feel this place I same as a dog, you give food, you put it someplace and leave... I am an adult. I need make my decisions for my life. **Lilian***

As support staff explained, living a 'normal' life can be challenging for some women who never before had a normal life of being respected and freely interacting with people in their everyday lives. Instead, they have learned to 'people please' and develop inauthentic relationships which, without support, can lead some women back into the sex trade.

[T]hey never had a normal life... just your human rights being respected, which has never happened... they are not familiar with a normal life... they now have to interact with people... have a normal interaction with them... to follow a programme... All these normal things that they never did before and I think that's challenging. (Staff 6)

[T]alking to women, what they're looking for is an ordinary life. They want an apartment or a house. They would like a boyfriend; they would like children... I think that kind of normality is very hard for them because they have learned to 'people please'... and it's inauthentic and they fall back into the inauthentic very quickly in relationships. So that can be really hard. I think that keeps women pretty much back in the sex industry very quickly. (Staff 1, Int 1)

Another staff member explained that for some women who exit, living this 'normal life' is like living in an alien world, from the clothes they must now wear to the new friendships they must forge. This reflects the findings of recent Irish research which found that for many women, and migrant women in particular, their involvement in prostitution is 'all-consuming' at the expense of all other aspects of their lives.¹⁷² As a result, it was unsurprising to find that many women struggle with all the changes involved in trying to start over and rebuild their lives after the sex trade.

[T]he whole lifestyle [of the sex trade] for people... leaving that... and some women have said, 'It's weird being up in the day, it's weird being out when it's bright. It's weird wearing, you know, clothes that are just ordinary'... that somehow there was a whole world and a whole social structure and whole friendship groups and a whole identity that somehow, the loss of that is like, 'Well, where do I start? It's like I've come out of this, I've come out of somewhere into this [regular] world and it feels very alien'. So, I know some people have really struggled with that in terms of how you start again, how you absolutely start again.
(Staff 3, Int 1)

In summary

The above findings starkly demonstrate the many vulnerabilities, adversities and coercive forces that draw women into the sex trade and often serve to keep them trapped within it. It reveals, once again, the profound harms of prostitution and the serious levels of sexual violence and sexual exploitation women are subjected to within the trade, which have significant, traumatic and often long-term consequences for their health and wellbeing. Given the abuses to which they are subjected, it is unsurprising that the majority of women wish to exit prostitution and are simply seeking a better life, but many face significant barriers to doing so. Upon exiting, women describe how many of the barriers to exiting they have already experienced persist, blocking or delaying their recovery from sexual exploitation and hindering their ability to build a new life. Women who have been sexually exploited therefore tend to have multiple and often complex support needs that required a dedicated and tailored response. The nature of this response, encapsulated in Ruhama's model of practice is explored in Section 2.

172 See Breslin et al. (2021) *op cit*.

[T]he sex trade is incredibly harmful, it's incredibly exploitative... it's so demeaning. And the damage that that does mentally to women is lifelong. And you don't want anyone in that situation short, medium, or long-term if it can be avoided. But the reality is there are people in that situation, and that's where you're meeting them where they're at. And, hopefully, they won't always be there. But you've got to respect people's choices for whatever reason as to why they are there and why they may have to stay there. So, I think it's important as a service to highlight there's lots of different options available whatever path somebody's on. (Staff 7)

[W]alking along with someone on their journey, wherever that takes them... supporting someone to create autonomy in their own life... that's also part of their healing... so it's important that I'm asking, listening, respecting, and supporting them in their individual journey. (Staff 4)



Section 2. Ruhama's response to women's needs

Interviews with Ruhama staff adopted a semi-structured approach, exploring each staff member's area of expertise, their thoughts on the exiting process and women's support needs in this regard. They also examined Ruhama's model of practice as it applies to the staff member's own area of work, the supports staff need in providing a service to women who have been sexually exploited, and any external factors that impact on their work. The findings that follow draw on these interviews and are further complemented with insights from service users on their own support needs and their experiences of accessing Ruhama's unique set of services. The analysis includes an exploration of the principles that underpin Ruhama's response to the women they serve, the practical applications of their model of practice, and the pillars that support it.

2.1 Principles underpinning Ruhama's response

It became apparent during the course of the interviews with service users and staff that Ruhama's work with and for women who have experienced sexual exploitation is underpinned by a number of key principles that inform and shape their response. These principles have been developed and refined during more than thirty years of Ruhama's practice in responding to the needs of women impacted by prostitution and sex trafficking and are directly informed both by women's lived experiences within the sex trade and the impacts these experiences have had on multiple aspects of their lives.

Confronting the harm of prostitution

This first principle is based on the recognition of the profound harm of prostitution to women arising from the multiple counts of unwanted sexual acts, sexual violence and sexual exploitation that women in prostitution have been subjected to, and how the purchase of sexual access to their bodies has been experienced as violating and traumatic on both a physical and a psychological level (as explored in Section 1 above). On a daily basis in their practice with women, Ruhama staff are hearing, bearing witness and then responding to these harms. Their recognition and deep understanding of these harms is based on their extensive professional experience of supporting and listening to victims and survivors of the sex trade. Staff members reflected on the highly gendered nature of the sex trade and described how this principle of confronting the harm of prostitution underpins their work.

It's that women are unequal to men. So, it's as simple as that because we wouldn't have to sell sex if we were equal... But it is the backdrop of why women have to sell sex because men feel entitled to buy sex and women are poor. So that's the bottom line. If women weren't poor, if women had the same life chances as men, they wouldn't sell sex. There would be no need... my own core value is that exiting is a good idea... I think selling sex is harmful [to women]. (Staff 1, Int 1)

[W]e hold firm on the position [that prostitution is gender-based violence], that we feel is really important because of how harmful the sex trade is and because of the level of gender-based violence that goes with it... I've had a lot of experience working with people in recovery. But the level of harm is different with sexual violence than anything else I've ever worked with... (Staff 7)

... sexual violence is something I have really considered and reflected on... the lens that I would have as a feminist... I value women's contribution in society, and I would like them to be able to choose careers that don't involve having to sell sex to men. (Staff 1, Int 2)

Staff are well aware that some people outside Ruhama take a different view – that rather than being a harmful and exploitative system and a recognised form of gender-based violence, they consider prostitution to be a legitimate form of work. One support worker described how she responds to this based on her own professional experience of supporting women in prostitution and confronting the realities of their lives.

They [those who advocate against the sex trade] have to be assertive and they have to call it out for what it is... prostitution is something that's harmful... that's when I really have an impact, because if I come and I attack everything, then it's more likely not to be [well] received, [but] if I'm assertive and just say the truth, 'I'm saying the truth', you know, with strength. (Staff 6)

More experienced staff also noted that sometimes newer or less experienced staff feel a tension between remaining non-judgemental of the individual woman they are supporting while at the same time being critical of prostitution as a harmful system in which sexual violence and exploitation are endemic. This reflects the findings of earlier research that one can condemn a harmful system – such as the system of prostitution – without condemning, judging or stigmatising those who are caught up within it.¹⁷³ Senior staff noted that this analysis of prostitution is something that is regularly addressed by staff, but also that the more staff learn from service users about their lived experiences of prostitution, the sooner they come to a full understanding of the harms of the sex trade.

So, I think there's maybe a societal blurring of like porn and sexual violence and consent and what is acceptable... we take [new] staff who have come out of [that] culture. They come into Ruhama, and it can just take a while. And they need, they actually need to hear the stories. They need to meet the women. They need... to see the women in their victimhood moving into their... survivorhood. And when they see that, they definitely change [their viewpoints]. (Staff 1, Int 2)

I think for some people when they start in Ruhama, they're unsure of the position [on prostitution as gender-based violence]... it doesn't take too long to work in Ruhama to figure absolutely that this position is the position to take, because when you see the mental, the physical, and the sexual harm day in, day out, it's not difficult to defend the position... we're always trying to have conversations about that. And it's something we probably don't do enough of – because we're so busy with the work [of supporting women] – taking the time to... really tease that out. (Staff 7)

All of the supports that Ruhama provides to women are designed around this principle of confronting and then responding to the harms of prostitution. Hence, it is very important that all staff are given the space within their professional environment to explore how to work in a non-judgemental way while at the same time holding strong to this understanding that what is done to women in prostitution is harmful and an unacceptable violation of their bodily and sexual integrity. This analysis can assist staff in framing and supporting their work with victims and survivors.

Working in a trauma-informed way

A second key principle guiding the supports offered by Ruhama is working with victims and survivors of prostitution in a trauma-informed way. This approach involves being sensitive to the impacts of trauma on individuals and working to avoid re-traumatisation. This requires staff to be equipped to recognise the presence of trauma symptoms and acknowledge the role trauma can play in women's lives and in how they interact with and respond to the world around them. This second principle, a trauma-informed approach, is very much linked to the first principle above and is essential in responding to the profound harms of sexual violence and exploitation that are inherent in prostitution, and that staff so often bear witness to in the testimonies of survivors. As one staff member put it: '*...if you don't recognise [the harm of prostitution] so, you're never going to recognise someone's trauma...Trauma is embedded. It is the harm of prostitution*' (Staff 1, Int 2).

Staff further explained that it is important for everyone working in Ruhama to be trauma-informed across all of the services, always remaining alive to trauma and how it can manifest itself in the women they are supporting.

[T]rauma-informed is being sensitive to the impact of trauma on someone else. And the whole key is not to re-traumatise. (Staff 7)

I just mean, it's a kindness that you carry with you. It's a kindness. To me, being trauma-informed is it's a constant kindness and curiosity about other people's lives, about what happened, what's going on with them, [what is] happening today for them?... You have to work on it, you have to work with it every day... if you don't use it [the trauma-informed approach], you lose it. (Staff 1, Int 2)

In a practical sense, this approach informs the way in which Ruhama operates its various programmes or tailors their logistics to take account of trauma, such as recognising the detrimental impact of trauma on memory and therefore making simple but important provisions such as regular course, appointment and meeting reminders for service users.

[W]ith this model... we'll have an art class but the purpose of it is to support a woman to work through her trauma in relation to sexual exploitation. So, it's not just an art teacher going, 'Let's do [glass work] this week'. It's a teacher coming in and going, 'Okay, let's do [glass work] of... [and asking] 'what does that conjure up? Why does that conjure up stuff and how do you work through them?' It's a different service. It's not just art... What you're trying to do is get her to process something through art and speak about something publicly in a way, because her picture will be there, or her creative writing piece will be there for people to read and see... it is part of the woman's healing process and that's what's important about all the services. (Staff 1, Int 1)

But trauma is real and affects the brain... women can't retain... ordinary bits of information... I have a woman, I see her every Wednesday for six months. I see her at [exactly the same time] and every Wednesday, I send her a reminder... because she would still forget. (Staff 1, Int 1)

I think any kind of an exiting service must be trauma-informed... across the board... So it is about understanding that trauma for somebody, it can be that they forget things... so when you do a class or whatever, that you actually have to labour it a little, reminders, Zoom links, this kind of thing... working in a trauma-informed way... (Staff 2, Int 1)

Equipped with these insights into the trauma consequences of women's experiences helps staff better understand the anger and frustration that women sometimes express while accessing the service, and the need to ensure that service users understand that support is always available to them if and when they need it.

[T]he reality is someone presenting with trauma... could be extremely aggressive and abusive, and... they shouldn't be excluded from the service. It [aggression/abuse] should be worked with and there should be systems in place to deal with that effectively so that the end goal being that the person doesn't leave the service and that the door is left open for them to come back when they want to, if they want to. (Staff 2, Int 1)

Support staff also recognised that these negative emotions may reflect a woman's 'low tolerance for pain', or her feelings of frustration with her abilities, her progress, or that her recovery does 'not happen' as quickly as she would like.

[B]ecause of the previous trauma, their nervous system is not able to tolerate pain... They cannot deal with frustration, with uncertainty. That's why they would be irritable. That's why women... [can be] very aggressive. In a way, they have to have a window of tolerance that's quite low because there are threats everywhere... They have to quickly fight, flight or freeze. When they come out [of prostitution], they cannot tolerate... [when change] does not happen in a day. (Staff 6)

They get frustrated that they can't do what they want to do or they're not where they're want to be or... they forget appointments... that kind of frustration with themselves because their general functioning has been impacted by what they've been through. (Staff 5)

In order to help women manage these feelings, support workers highlighted how essential it is to work with women 'where they're at' and be comfortable 'sitting with' them in their frustration and anger rather than becoming 'defensive' or attempting to 'fix everything' for them. In this way, women can learn to develop their own skills in processing and then managing their stress or frustrations for the future.

I'm thinking of one woman I've been working with... she got very angry... women have been impacted in very, very different ways, and there are different kinds of exiting struggles, and part of the work is working with people where they're at. (Staff 3, Int 1)

I think having support staff sit with someone who is frustrated... and who aren't themselves frightened and going defensive or fixing everything – 'Oh don't worry, it will happen next year' – because... then the woman won't actually learn to stay with the frustration... stay in it, not rush through it. (Staff 6)

The importance of being person-centred and meeting and working with women 'where they are at' in their lives was consistently highlighted by staff as being central to Ruhama's response. This is explained and explored further in 2.2.

Staff further acknowledged that working in a trauma-informed way involves not just responding to a woman's needs arising from her involvement in prostitution, but also being cognisant of her earlier life experiences of trauma and adversity, including those experiences that may have played a role in drawing her into the sex trade in the first instance (see 1.1). It is clear that the violence of prostitution can only serve to compound and increase the complexity of the traumas women have so often already suffered as a result of enduring severe poverty, neglect or physical and sexual violence in their earlier lives.

... it starts way before. It doesn't start with prostitution... because it's the trauma that they grew up with, [if they] didn't have means to survive, then of course that came with trauma. That came with... hindrance to access education, to be accepted in society, to have a social status, to be respected in society... So, then you don't have value, you don't have self-worth... they were not accepted or valued or seen as someone important. (Staff 6)

Staff noted that they must remain cognisant of these layers of trauma in all of their work responding to women's needs.

Adopting a survivor-informed approach

A third principle guiding Ruhama's work is the adoption of a survivor-informed approach. This approach involves meaningful input from survivors into programmes or interventions that affect their lives. Adopting a survivor-informed approach is relatively new for Ruhama, but aspects of this approach are starting to become more embedded in the organisation's work.

It was noted that one of the benefits of a survivor-informed approach is the role it plays in enabling women who have experienced sexual exploitation to move from being victims to survivors and to feel a greater sense of empowerment, which in turn enhances their recovery. In taking this approach, service users are very much understood by staff to be the experts in their own lives and to have knowledge and experience that support workers themselves can learn from.

[I]t is about building up women's beliefs in themselves, giving them opportunities to see their own leadership skills and working and meeting them where they're at, and looking at the realities of people's situations as well... [L]et them [survivors] lead the way, we [support workers] don't need to figure this out. They know. Listen. Ask them. (Staff 2, Int 1)

You're trying to respect and work with the human being that's in front of you... that sense of working together where people can empower themselves, where they can strengthen themselves but it's very much collaborative... I don't do something 'to' you, we work together to make some kind of change happen. (Staff 3, Int 1)

As one staff member described, Ruhama's previous modus operandi, while trying to protect often very vulnerable women, sometimes served to confine them solely to the role of victim.

I think partly what we were doing was keeping her as a victim. You know, always treating her as a victim all the way through the model, whereas now we treat her as a survivor. (Staff 1, Int 1)

Over the last few years, significant efforts have been made to involve service users in the work of the organisation in a more meaningful and empowering way, particularly through the development of the peer support and 'survivor voice' elements of the service (see 2.3), which

have resulted in survivors being involved alongside staff in the co-production and co-delivery of a range of programmes.¹⁷⁴ Ruhama intends to continue this work across many aspects of the service as the organisation moves to further embed a survivor-informed approach. Staff noted that meaningful service user involvement is a critical learning tool for Ruhama, contributing to the development and delivery of a more authentic service.

Listening to service users lived experiences has proven to be a valuable learning tool offering a broad scope for self-reflection to address internal bias and challenge guarded perspectives. It is a valuable resource to tap into to inform service development and provide authentic peer support... I would say that if you want service users to inform services and you want to get them involved in things, they have to feel that they matter, and they have to feel that what they say is being heard. (Staff 2, Int 2)

I think service user engagement is critical, and it has to be meaningful engagement as opposed to tick-box tokenistic... at the end of the day, you have to come back to what's the service for? Who is it for, and who's going to tell you best about the service – [it is] the people who attend and what they need. (Staff 7)

2.2 Ruhama's model of practice

Centring women who have been sexually exploited

At the centre of Ruhama's model of practice is the individual woman impacted by prostitution or sex trafficking who accesses the service seeking support. As previously outlined, Ruhama is unique in Ireland as the only non-governmental organisation in the country that is funded solely to provide supports to women who have experienced sexual exploitation. While Ruhama's model of practice has elements similar to those operating in other fields, such as addiction or mental health services for example,¹⁷⁵ the unique aspect of their model is that it has been designed to respond to the very specific, multiple and often complex needs of victims and survivors of sexual exploitation. This is described as the 'lens' through which Ruhama works.

... something that you would see replicated all over the place – the mental health services [for example] – it's supported independent living skills, and they've all these kind of supported jobs, and sheltered workshops and all, you see it. So, you see a model. There is a model. Probably very similar to our model in a way, except that it's not done with the lens that somebody was sexually exploited. (Staff 1, Int 2)

174 Service users have been involved in the co-development of a number of initiatives within Ruhama, including education information workshops, the SHINE sexual health programme, the Service User Involvement Group and the Peer Support programme itself (Ruhama, 2023, *op cit*, pp.22-29).

175 Much of this work draws on the stages of change model that has been used across a variety of health risk and health protective behaviours. Moving between the stages requires motivation, and motivational interviewing is often used by counsellors to assist individuals to accomplish the various tasks required to transition from one stage to the next – see for example DiClemente, C.C and Velasquez, M.M. (2002) 'Motivational Interviewing and the Stages of Change' In W.R. Miller and S. Rollnick (Eds) *Motivational Interviewing: Preparing People for Change*. New York: The Guilford Press. (pp.201-216).

This 'lens', which takes account of the multiple, sexually violating and traumatic experiences women in prostitution have endured, informs in every way the dedicated supports that women receive from the service, which are underpinned by the principles outlined above. In placing women who have been sexually exploited at the heart of their response, supports are tailored according to each woman's own individual experiences, including her entry into the sex trade and experiences within it, the stage she is at (planning to remain in prostitution, exiting, exited/escaped) and the barriers she may be facing that are holding her back from achieving or sustaining exit or rebuilding her life after prostitution.

Ruhama's service users themselves recognise and describe how they are centred in the care they receive from the service, which adapts to their changing needs. Support workers ask women '*what can we do to help?*', give them the '*respect*' and '*space to be*' themselves, recognise when they are '*ready*' for each service, and '*walk*' with them on their '*journey*' to overcome the harms they have experienced and help them to '*heal*'.

[Ruhama asked me] 'what can we do to help you? What can we do to support you?' That opened the floodgates for me to recover... I needed a space to be able to be me. I needed a space to be able to tell my story, come to peace with my story. Rose

They [Ruhama] watch you and they'll see, 'well, she's ready for this now, she's ready for that now'. Emily

I would say Ruhama has been my strongest [support] system. It's been the people that I've talked to and have walked [with me] through the journey of healing and transformation. Amara

I think person-centred is the most important... that we're not prescriptive, that we're not paternalistic, that it is what she wants to do at her pace... Walking with her, not ahead of her or behind her. (Staff 5)

The care pathway

Ruhama adopts a comprehensive care and case management approach¹⁷⁶ to responding to the often-complex needs of women who have been sexually exploited.¹⁷⁷ This involves a combination of supports that are provided in-house and the coordination of the supports and interventions service users require from external agencies. Through this approach, service users are supported and empowered to access and navigate the many different interventions they may require in order to address their multiple needs.

176 It must be noted that the elements of Ruhama's model of practice outlined here in 2.2 are not distinct from each other, but rather overlap, interconnect and often run parallel to each other. However, they are described here under separate headings for the purpose of clarity, with a view to assisting the reader to more fully understand each of these elements within the model.

177 See Matthews et al. (2014) *op cit*.

As previously noted, core to Ruhama's response is working with women 'where they are at' in their lives. In practice what this means is that as soon as a woman accesses Ruhama, staff work with her to establish her previous and current life circumstances, her frame of mind, her support needs and her plans for the future. They will ask her about important matters such her current level of safety, whether she is housed or homeless, and whether she is experiencing addiction or any other physical or mental health struggles. Central to this process is establishing the stage each woman is currently at in relation to her involvement in prostitution – whether she is currently active in prostitution with no plans to exit, is considering or attempting exit, has already exited, or has escaped a coercive situation or person such as a pimp or trafficker. Staff describe responding to each woman along a 'continuum of care' according to the differing needs she is likely to have arising from where she is at in her life, particularly in relation to her involvement in prostitution.

... we work in a person-centred way, which means we meet people where they're at and what they present with. So, that could be anywhere on the continuum of care, from somebody who's active in prostitution to somebody who hasn't even contemplated [exiting], to somebody who is maybe contemplating [it]... [to] victims of sex trafficking, people who've exited, people who exit and relapse and come back. So, anywhere along the continuum. (Staff 7)

In line with this continuum of care, staff stressed the importance of giving women a very clear view of their care pathway through the service and the different supports that they can avail of along that path, which should be aligned to their evolving needs. Women's journeys along this pathway are designed to have a beginning, a middle and an end – because ultimately the goal is to support women to a place of empowerment where they no longer need to rely on the support of Ruhama and can move to independence.

In terms of the care pathway... the care pathway is just that there's a start, there's a middle, and there's an end to the process, because what's important is you don't want people to become dependent on you or your service and stay forever. So, they [service users] see a care pathway – I come in, these are all the things that's available to me, and then I can exit the service, but the door is open for service users to return if they need to. (Staff 7)

Care planning

Women first access Ruhama by self-referral or are referred by another agency.¹⁷⁸ Once referred, each woman receives an initial assessment of her needs and is allocated to a caseworker who leads on coordinating the supports she requires. The care planning process is described by Ruhama as a 'conversation' between the service user and the service provider about the impact prostitution/trafficking has had on her life, and how she can be supported to best meet her practical and wellbeing needs. The resulting tailored care plan that is developed sets out a series of goals based on the specific needs identified by the woman during this initial assessment.

178 In 2022, Ruhama received external referrals from a wide range of agencies including An Garda Síochána, Direct Provision centres, mental health, addiction and homeless services (Ruhama, 2023, *op cit.*, pp.16-17).

Essentially when somebody comes into the service, their needs are assessed, and then they are directed to whatever supports can be offered... whether it's legal, medical, educational, whether they're looking for a job... a plan is made and worked on. But it's very much a unique, tailor-made, individual plan for each particular person. (Staff 3, Int 1)

So, you have a care plan...that she pretty much designed because when she came in to you she said things like, 'I want a house.' 'I want to get my kids back.' 'I can't stop thinking about these punters,' whatever. And then you say to her, 'Well, list the most important thing on that. What do you want to work on first?' And then you set up her goals around that and the steps she takes, the steps you take... (Staff 1, Int 2)

Goals can be short, medium or long-term and are reviewed at least quarterly, but often more regularly, with each service user. Care plans and their reviews are documented on Ruhama's service user database. Staff described how important it is that each woman is at the centre of the care planning process, that she feels complete ownership over her care plan and that it is only shared with other agencies as required, and with her full consent. Staff noted that offering in-house support is essential for women who are not ready or willing to engage with external agencies. However, in the long-term, providing in-house support only is not seen as ideal, because ultimately, as previously noted above, women cannot stay with Ruhama forever and will need to engage with the external world and the services and supports available to them in this broader context.

[To begin with] She'll have a caseworker who helps her, even help to [navigate Ireland's public transport systems], all these basic things... she'll be involved in various [programmes like] Bridge to Work... But the thing is we wouldn't be doing her any service if we kept [her] like that, in this hiatus, this artificial bubble of kindness and trauma-informed care. (Staff 1, Int 2)

As each woman avails of the supports on offer as set out in her care plan, she then receives a further, more comprehensive needs assessment and her care plan is updated accordingly. The plan reflects the supports she requires from any external agencies that will be vital in addressing her varied needs. Ruhama works with each woman to navigate this process, whilst also ensuring she is aware of her rights and entitlements and ultimately will be empowered to self-advocate for the external supports she may require in the future.

... so, what are we doing [is] to ensure she takes her power... once there's an external agency involved... you'll be liaising on her behalf or advocating for her or getting her to self-advocate maybe with you in the room... (Staff 1, Int 2)

The comprehensive and coordinated case management approach

The comprehensive and coordinated case management approach is the overarching approach through which Ruhama seeks to ensure that service users are offered a range of integrated options tailored to meet their needs and linked to their individual care pathways. This approach acknowledges that the majority of women impacted by sexual exploitation typically have multiple and often complex needs that cannot be met by a single agency. Interagency work is therefore essential, but with one central, coordinating agency taking the lead in this work to ensure an efficient, integrated approach to service delivery.

So, case management is all about involving the other organisations. And in an ideal world you would have the same templates and it's about sharing the care plan so that you don't constantly [re]assess and re-traumatise the person. So, they have one comprehensive assessment, and they will have one care plan in each organisation focusing on their part of the care plan, for example housing, health, education, etcetera. (Staff 7)

So, you can't just exit prostitution in isolation from all the other services that are out there as well, you know what I mean? Like, people need to be housed. People need an income. People need health services and they need psychological support. They need therapy. Rose

Through Ruhama's comprehensive and coordinated case management approach, caseworkers plan and continually evaluate the actions required to meet each of their service user's holistic needs. They advocate with and for the service user to ensure she is receiving the best possible supports she requires, working alongside both in-house and external support providers.

And say she has a solicitor, and she has Women's Health [sexual health service] and she has the Guards [police] involved in her case now. So, it's a comprehensive assessment. And you sit down with her [and go through the] comprehensive assessment. And she signs off 'you can talk to the Guards about me', 'you can talk to my solicitor about me.' So, she signs off that [gives her permission], and then she looks up what her goals are in relation to those agencies... I can't sort out her asylum claim. Her solicitor does that, and I can't set goals for her solicitor. So, I am then going to take her comprehensive assessment with her permission, and I'm going to ring her solicitor and say, 'Look, there are goals on this care plan that you will need to take, can we have a three-way meeting?' (Staff 1, Int 2)

In this advocacy role, caseworkers help women to navigate the complex network of services that are available externally, while also acting as a mediator with and for their service users to tackle any gaps and blocks to service provision. Staff noted that the clear benefit of a properly executed case management approach is that it avoids service users falling through the cracks in an already complex system of supports, and State supports in particular, while also avoiding duplication and overlap of supports as these are being coordinated centrally by Ruhama as the lead agency.

A model for all stages of a woman's journey

As previously highlighted in the international literature and throughout this study's findings, it is vital that interventions for women impacted by prostitution and trafficking are tailored not only to their specific needs but also to the stage they are at with regards to their involvement in the sex trade. As discussed, Ruhama supports women at all stages – including those currently active in prostitution with no intention to exit, those considering or attempting exit, and those who have already exited or have escaped a coercive situation or person such as a pimp or trafficker. Through the needs assessment, the supports women may require at all of these different stages are identified, carefully matched with the particular stage they are at, and then provided for as far as possible.

In this context, staff noted a number of common external misconceptions about Ruhama – namely that the organisation only provides supports to migrant or trafficked women, and/or that it only supports women exiting or who have already exited prostitution. On the contrary, the service supports many women each year who are Irish,¹⁷⁹ many women in prostitution who are not identified as trafficked,¹⁸⁰ and many women who have no plans to exit or may be unable to exit the sex trade.

[T]here's a view out there that we only deal with victims of trafficking... that we don't work with women who are trying to exit or we don't work with women who are actively involved in the sex trade, but we do. (Staff 5)

Not all of them, but so many of them, say 'I want to get out of this [prostitution], I've had enough... I want to do something different with my life'... [However] a lot of women can't exit and will never exit... not because everything is amazing but because they're getting too old to do something different... So, you work with what somebody needs or wants. (Staff 3, Int 1)

Reflecting Ruhama's truly person-centred approach, it is important to note that not all women will necessarily have exited prostitution by the time they come to the end of their care pathway in Ruhama, and this is because exiting prostitution may not have been their goal when they came for support in the first instance. Support is provided according to women's stated needs and wishes at the time they access the service, without judgement of any kind. Ruhama staff stressed that their role is not to promote exiting to women or put them under any kind of pressure to exit, rather their purpose is to provide supports to improve women's lives according to their stated needs.

It's not necessarily exiting prostitution; it's exiting the service. But a lot of people when they exit the service, they're at that point where they've exited prostitution as well. Not everybody, but a significant number... And it's not about the end game or about exiting [prostitution]; it's about right now they need support. So, there's a value in that. (Staff 7)

179 In 2022, Ruhama supported 212 individuals who were impacted by prostitution, 45 of whom came from Ireland (Ruhama, 2023, *op cit.*, p.11).

180 Of the 497 individuals that Ruhama engaged with during 2022, 30% were victims of trafficking, while 70% were individuals impacted by prostitution or at risk of sexual exploitation (Ruhama, 2023, *op cit.*, p.10).

This approach reflects the complex realities of the lives of women who have been sexually exploited.

[T]he sex trade is incredibly harmful, it's incredibly exploitative... it's so demeaning. And the damage that that does mentally to women is lifelong. And you don't want anyone in that situation short, medium, or long-term if it can be avoided. But the reality is there are people in that situation, and that's where you're meeting them where they're at. And, hopefully, they won't always be there. But you've got to respect people's choices for whatever reason as to why they are there and why they may have to stay there. So, I think it's important as a service to highlight there's lots of different options available whatever path somebody's on. (Staff 7)

In the case of women not intending to exit, the focus of support work is often on ensuring that the potential harms are minimised, and their safety is maximised as they remain in prostitution.

We work with women who say, 'I do not want to exit but I need support accessing condoms, I need support accessing sexual health and I need support with my immigration permission. But I'm not going to stop what I'm doing because I want to do it or because I need to do it'. (Staff 5)

Work to reduce harm and enhance women's safety is provided by caseworkers on a one-to-one basis, but also via the Seeking Safety programme.¹⁸¹ As this staff member explains, caseworkers are trained to provide women with harm reduction measures to help keep them safe in the sex trade.

I would talk to them [the caseworkers] about a harm reduction model in terms of selling sex...have they spoken to their service user about what time she [sees punters] at?... Where is her ad up? Is it [on a particular advertising platform]... if she has control over it, does she ask the punter... 'where did you see the ad?' You know, does she do a little bit of housekeeping herself around it, about taking control... so that she'll know after a while [not to take calls after a certain time late at night, and she will say] 'I'm not going to do that anymore... I'm going to [see punters] earlier in the day'... It's just tools really. And they seem so ordinary, but actually women don't [always] apply them... But this would honestly be just like a harm reduction piece that caseworkers... do from the get-go. So, it's like, 'have you enough condoms? Have you enough lube? Do you want some?...' It's those conversations... So, it's very practical things. (Staff 1, Int 2)

181 Seeking Safety is an educational programme designed to enhance women's safety and wellbeing. It aims to support women who experience both mental health and substance use issues, with a particular focus on those experiencing domestic, sexual and gender-based violence (Ruhama, 2023; *op cit.*, p.9).

Staff explained that offering support to women who are currently in the sex trade also serves to make them aware of the existence of other possibilities should they begin to consider exiting at a later time. This accords with previous research which suggests that it is valuable to provide relevant information about the range of supports available to women in the pre-contemplative stage.¹⁸²

[S]ay that the woman out on the street, women that tour [travel to a variety of locations for prostitution], and they're engaging [with one or two aspects of Ruhama's service] and they're doing English classes and while they're doing that work, they might be thinking to themselves, 'If I get a job then I might stop doing this', they need spaces to think about those things. (Staff 2, Int 1)

I think there's just a value in coming in [to Ruhama], because... where they're at in their life they're looking for support... If they weren't coming in in the first place, they'd never know that there are services there to support them. (Staff 7)

However, the following examples demonstrate once again of the service meeting each woman where she 'is at' and carefully 'matching' supports along the continuum of care to the specific stage she is at in terms of her involvement in the sex trade, and then aligning these supports to her specific needs. Staff described how it can be inappropriate or even risky for some women to offer them psychotherapy support while they still remain in prostitution, given that part of this therapy entails dismantling the very dissociation they use to protect themselves from fully engaging in the unwanted sex acts involved. Support workers in general try to remain cognisant of the fact that women may leave a support session with them to see buyers that very same evening, so they actively avoid impinging on any coping mechanisms women who remain in prostitution may be relying on at this time.

I work with women... who have identified as escorts but they've had terrible things happen them... They talk about dissociation being a real tool that they use... I can't dismantle that in therapy, whereas I can with somebody who has exited. (Staff 1, Int 1)

...you have to be so careful as a therapist. If I have a woman sitting with me and we start talking [about something that triggers her]. If I start going into that and she has to go and sell sex that night, what does that do? Whereas for other women who are in recovery, sometimes they will sit and they would recall one punter who made them sick, or who didn't. You know, or one punter who was nice to them... Now, they have to bring it into the room... you would tease those things out... [but] I'm not teasing that out if a woman's going to have to have sex with three or four men tonight... Particularly if she says, 'The way I was able to cope with it is by going somewhere else in my head and my body'... if I start working on that piece... I've just made it a cognitive thing for her, I've brought it in to her... it's no longer in her unconscious, it's in her conscious now – what does she do with that? So, you have to be very careful. (Staff 1, Int 2)

182 See Dalla (2006) *op cit*; Henderson and Lundstorm (2021) *op cit*.

A model that supports exiting

It is clear from the data that one of the key strengths of Ruhama's model of practice is its flexibility and agility in supporting exiting. This allows supports to be tailored to women at all stages of the exiting process as defined in the literature (see Figure 1). Whether a woman is pre-contemplative (not ready to consider exiting), at the contemplative stage (considering it), planning her exit, actively receiving assistance to exit, or building a new life after exit, Ruhama can provide the appropriate supports internally, or coordinate supports from external agencies, at every one of these stages.

... we're very aware that we're leading the way with that model [that supports exiting], I would say, rather than foisting it on others. It's a model that is tried and tested. It works. We know it works for exiting... every strand you look at in it relates to exiting and supports exiting in some way. (Staff 1, Int 2)

Participants in this study were themselves at different stages in their exiting journeys – 71% of survey respondents indicated that they had already exited the sex trade, others reported that they were trying to exit or had exited, then returned to prostitution but were trying to exit again. One survey respondent stated that they had not considered exiting and another skipped this question. The majority of interviewees had already exited, with two making progress towards doing so.

Ruhama's model is also agile enough to accommodate women who may move in and out of these different stages or states of exiting – for example those who exit but then may return to prostitution once or a number of times before they make a final exit, never to return. An initial return after a period of exit is often because women find themselves in dire financial circumstances, as Eme describes.

I don't have any option than to go back because I don't have any place where I can go to. I just have to go back. And I will tell you the truth that I did it [return to prostitution] for some time just to survive, just to survive. Eme

Ruhama's approach to supporting women who want to exit is designed to take account of the fact that, for many women, exiting is not a simple linear process, and therefore supports need to be flexible enough to adapt to this movement between stages according to each woman's current circumstances.

... women can take two or three steps [forward] and then, something will happen that will nearly cause a re-traumatisation or will spark some sort of issue and then they go four steps backwards. So, it's really... not linear, it's not straightforward... (Staff 5)

[we must] tailor it [supports] to the person sitting in front of you... maybe six months down the line, she'll say, 'Do you know what, I wanted to exit but now I'm going to go back again because I can't pay my rent'... because this is the reality for people. (Staff 2, Int 1)

A significant element of Ruhama's work in this context is supporting women to tackle the many barriers they face, both to exiting, to sustaining exit, and to recovery and building a new life after prostitution, as described in Section 1 above.

In responding to women who are actively seeking to exit and those who have exited and are recovering from their experiences, service providers also have to be cognisant of how long both of these processes can take for some women, and tailor their supports accordingly. A number of interviewees described the length of time it can take to recover from the traumatic impacts of prostitution. They highlighted that this can be a slow or in some cases a lifelong journey that they have to navigate. Women described needing to be supported with a structure to get through each day, learn to cope with their trauma and understand that they do not need to make this journey on their own.

My exiting was a long, long fucking journey. Like, as soon as you start, I think you want to get out of it. Right now, where I'm at is I'm just getting through day by day... I'm just trying to work on my recovery... I just need a little bit more structure. I've been doing a lot with Ruhama. Emily

If recovering from heroin addiction is a lifetime journey, then so is recovering from selling sex... I can't do this on my own. I can't. And nobody who's recovering from a journey like that can do it alone... there's days where I wake up and I'm not okay... and I don't know what's wrong, I don't know why I'm not okay. Rose

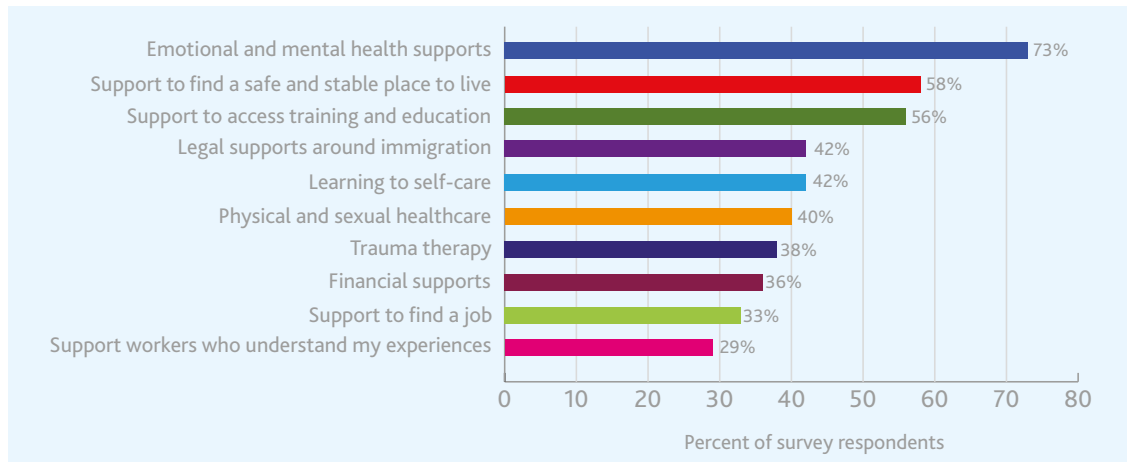
I learned to accept that that's what I've been through and that's what I've done but it does not define me. The pains, the hurt, the trauma will always be there, but I learned to accept and learned how to live with it, rather than hide and it eating me up every single day of my life... So I had to learn to accept – yes it happened, yes I went through this, yes I will always have this relapse, yes I will always have these trauma traits, but accepting and saying there's something better for me and I can start reliving those moments in another way... I always say it's an ongoing healing process. Amara

2.3 Key elements of support provided within the model

As outlined above, Ruhama offers their service users access to a range of internal and external supports, based on their needs. Comparing the supports on offer with the most important supports to exit identified by survey respondents themselves (see Figure 8), it is clear there is a great deal of synergy between the two. This finding demonstrates that the supports to exit provided by Ruhama are closely aligned with women's self-identified needs in this regard.

The majority of these supports are centred around dealing with the harms that lead women to consider exiting the sex trade in the first instance (see Figure 4) and overcoming the challenges they face when trying to exit and recover from their experiences of harm and violence within prostitution. These supports, which are embedded within the services offered by and through Ruhama, are described in more detail below.

Figure 8: Ten most important supports



Note: Multiple responses were possible¹⁸³

Casework

Casework in Ruhama encompasses a very broad spectrum of work to support women with multiple, often-complex needs in line with the goals they have set for themselves as part of their care plan. Many of the top ten supports services users said they needed (see Figure 8) were also identified by the casework team in Ruhama.¹⁸⁴ Casework involves advocacy and the coordination of all the interventions each woman needs within and external to Ruhama, including supports to navigate the justice, immigration and welfare systems and access healthcare and housing (detailed further below).

As well as the breadth of supports provided, the role of the caseworker itself cannot be underestimated in terms of what it means to service users to have one person dedicated to their care and to ensuring continuity within this process.

I think, the caseworker, you know, setting up that relationship so that the first person they meet in Ruhama, they will always have that person as a contact. They can go back to them for anything, so they have one person that they know is involved in their case all the way through, and I think that's really important, and I think all the women who speak publicly talk about that, that first friendly face, that first assessment, the first time they were listened to... it's about that person being key [to] the woman herself (Staff 1, Int 1)

Nailah reflects on her experience of being supported through casework in Ruhama and how she knows that support is always available to her even though she has now completed her care plan, reached her goals and achieved independence.

183 The survey included a list of 22 types of support. Respondents were asked to select the five most important supports in helping them to exit the sex trade.

184 In 2022, the casework team conducted 1,248 meetings with women to support them in relation to their physical, mental and sexual health needs, addiction, family, relationships, self-care, legal representation, finances, accommodation and multiple issues arising from selling sex or being trafficked for sexual exploitation (Ruhama, 2023, *op cit.*, p.15).

... I can continue with Ruhama even though [I've reached] the goals... [The caseworker said] 'If you need anything in future, you can call us, I will be there to help.' Which is just what they're doing... I know they have got me to a place where I have the confidence, where I've achieved my life goals and all that, and they still promise me like if you need anything, ring and we are there to help... They're doing for every woman out there, to give us the support, to give us a listening ear... No matter whatever we do, we are not being judged. They are there to give us the support. Nailah

Casework – Support with health issues

As Figure 8 illustrates, health-related supports dominated women's main support needs, reflecting the extensive damage to their health caused by their experiences in prostitution. Four of the top ten supports identified by survey respondents focused on their need for a range of healthcare, including emotional and mental health supports (73%), physical and sexual healthcare (40%), as well as trauma therapy (38%) and learning to self-care (42%).

Staff noted the supports required to address women's sexual health needs in particular, and that services of this nature must be made far more accessible to women in prostitution.

I think there needs to be more accessibility [in] sexual health services [for women in the sex trade]... there's very limited services and they're in Dublin. And we have women from all over Ireland... we work with a lot of women, they've huge issues to do with their sexual health in terms of like the internal rupturing, really bad hips and backs from the constant sexual violence, huge gynae problems from the disturbing things that [have] been inserted in them. (Staff 7)

Interviewees themselves described some of the sexual health-related supports that have been essential to them.

So, I went to the doctor, and I had to explain to him why I feel the way I feel and why I want all these tests done on me, just to be sure... And my only reason why I even went to the doctor and told him was that I was just scared that I have some disease and I wanted him to check me out. And even if I have it, if they treated me, I would be able to survive long enough to see my children before I die. So that was the only reason I told the doctor [who then referred her on to Ruhama]. Otherwise, I don't think I would have got in contact with Ruhama or anybody else. Abigail

We need sex education...so we did SHINE¹⁸⁵ here and I did facilitate a few classes... and I learned so much about intimacy, I learned so much myself... Emily

185 In 2022, service users and support staff co-developed a programme called SHINE (Sexual Health and Intimacy Now for Everyone), which supports women around issues of sexuality, sexual intimacy, sexual relationships, sexual health and wellbeing (Ruhama, 2023, *op cit.*, p.23).

Mental health supports were also identified by interviewees as vital both to exiting and to their subsequent recovery from their experiences in the sex trade.

I would say the wellness classes [in Ruhama] like where you're trying to listen to emotions, listen to your feelings, meditate on yourself... learning to put yourself first and working on yourself before other people... I think that gave me a reflection of myself, like that hidden self within me that I had been hiding over the years in that dark place and I was like I don't want to deal with this... but I think it was what I needed to ease the burden I was carrying, and the pains, that blame I was keeping for myself... I had to deal with that to free myself from the bondage I was in... Amara

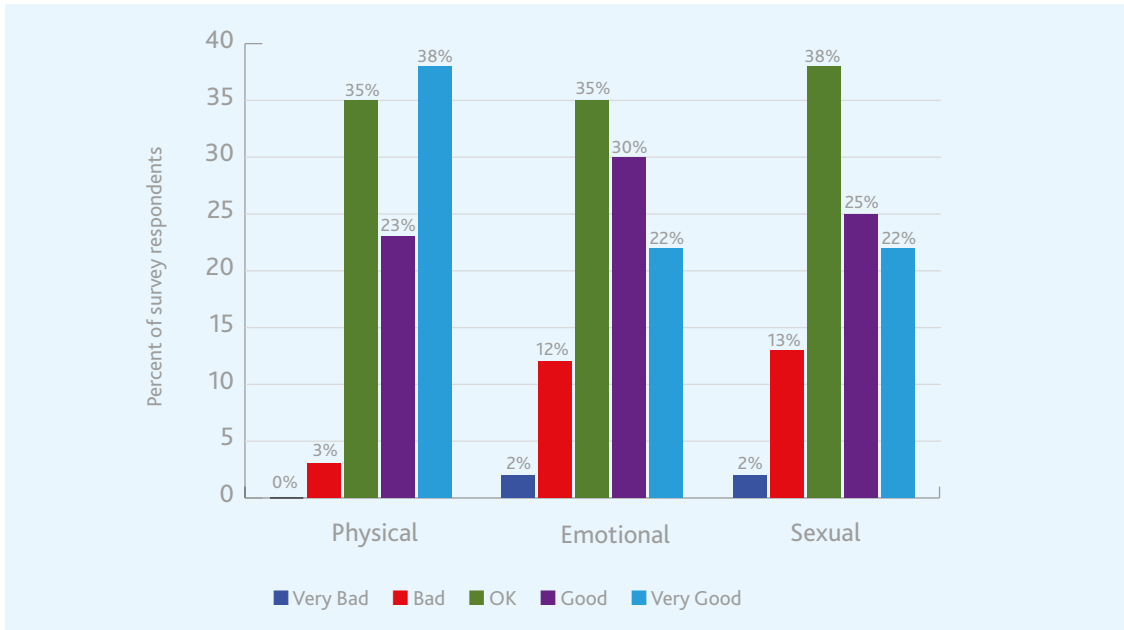
... the victims from traffic... They need to go for a doctor [straight away]. ... Don't need to wait too long... Yeah, because I started taking the tablet [medication for the trauma she had suffered], all of my life change for better... And I start to understand everything. Yeah, did start try normal life, because before I scared everything. Yeah, I think it's very important, this one. Lilian

It was clear from the findings that the supports provided by the casework team were essential to many women in helping them to identify and access the health services they required, attend appointments, receive test results and generally build their confidence in navigating Ireland's healthcare system.

Survey respondents' were asked to rate various aspects of their own health at the time of completing the survey (see Figure 9).¹⁸⁶ When these results are compared to how they rated their health when they first accessed Ruhama (see Figure 5) a significant improvement can be observed across all three health categories. Only 3% of respondents consider their physical health to be 'bad' and 0% consider it to be 'very bad' now compared to 42% rating it as 'bad' and 18% as 'very bad' when they first began accessing Ruhama's services. Similarly, respondents' emotional and sexual health has significantly improved in the intervening period, with just 14% of respondents rating their emotional health as 'bad' or 'very bad' and 15% rating their sexual health as 'bad' or 'very bad' now, down from 84% and 63% respectively when they first accessed Ruhama's services.

186 Question 8 of the survey asked respondents to rate their physical health, emotional/mental health and sexual health now on a scale from 'Very bad', 'Bad', 'OK', 'Good' to 'Very Good'.

Figure 9: Health now



Note: Percentages may not total to precisely 100 due to rounding.

Although there are likely to have been many factors that have contributed to this significant improvement in women's health overall during the period in which they have been accessing the service, the clear benefits to women of receiving specialist, person-centred supports from Ruhama are hard to deny. The data certainly suggest that the supports that they are receiving through Ruhama have been beneficial to their health and wellbeing as a whole.

Casework – Support with housing issues

Support with finding a safe place to live was identified as important by 58% of the survey respondents (see Figure 8). Women explained in interview how securing a place to live was what had brought real stability to their lives and in turn facilitated their recovery.

At the IPO [International Protection Office], when I told them my story... they told me that I would be given accommodation, I would be ok. So, when I was given accommodation, I was happy. I could see people. I felt like a human being again. Abigail

I think for me the single biggest thing that happened for me that helped me to stabilise my life was putting a roof over my head... I ended up then being supported with my housing. I got a place with [a housing association]. And that was another place where I was able to open up a little bit more about... my experiences. And like being housed was that thing [that gave stability]. [I] feel like it was housing, being housed, and not having to navigate the fear of... having no stability at all. Rose

Emily describes how, without the support she received from Ruhama to secure housing, she would have had to remain in prostitution just to put a roof over her head.

And then 2018 was the worst and the best year of my life because I got kicked out of the house... And like, it was just so cosy and safe in here [Ruhama]. So, I got counselling, housing... if there was no housing officer¹⁸⁷ here when I got here, I don't really know how I would be. It's huge to have your base, you know. Like, I was selling myself to have places to stay because I wasn't allowed to go home. Like, just for a place to stay, no money or anything, just a bed to sleep in... So, housing's huge.

Emily

Supporting women to secure a safe place to live is a significant part of the caseworker's role at present, given Ireland's current housing crisis. This involves caseworkers working closely with a range of specialist housing agencies to meet women's housing needs and alleviate the precarious situations so many are living in.

Ruhama reached out to me... they knew that at that moment [where I was living] was a safe place, but it was not the right place for me to be because I was losing it [my mental health] while I was there... the place kept bringing back the memories... it kept dragging me back and I kept seeing myself like I was dying... But I was moved from that place because they [Ruhama] saw [what I needed]. (FGSU1)

Casework – Immigration-related supports

Given the predominance of migrant women in the Irish sex trade,¹⁸⁸ it is not surprising that legal advice and representation in relation to their immigration status was identified as an important support by 42% of survey respondents. Interviewees explained how much they relied on support of this nature to navigate the legal system and processes in a country they were unfamiliar with.

So, when I had that first meeting with that lawyer from the Irish Refugee Council and the way she explained things and talked to me, I felt she's the one I want to be handling my case. And so... I sent all my papers, everything to the Irish Refugee Council. They were very helpful as well. But when you come out like this [escaped from her trafficker], especially as a foreigner and you have no idea what is happening in this country... if you don't have this help, if you don't have Ruhama who you can always go to and ask for certain help... you are at a loss, you don't know what to do. Abigail

187 Since 2019, Ruhama has not had a housing officer but works instead through the care and case management approach with housing agencies who are specialists in this area (Staff 1, Int 2).

188 94% of the sample in Breslin et al's study (2021) are migrant women, while 90% of women accessing Ruhama's services are migrant women representing 46 different nationalities (Ruhama, 2023, *op cit.*, pp.10-11).

[W]hen I was at the airport [facing deportation], Ruhama are the ones who intervened, and they are the ones who introduced me to the solicitors, they are the ones who take care of me until I get my papers.

Eme

A number of women also outlined how they relied on the support and independent advocacy provided by their caseworker, particularly in their ongoing dealings with immigration authorities, as Nailah describes.

[T]he Garda immigration who were in charge of my case were coming to my house every time. I was scared. I had a boyfriend... and I don't want him to know what happened to me in the past... I had to talk to Ruhama... Ruhama contacted the... Immigration Council [Immigrant Council of Ireland]... they had to write, 'if you need to see [name of interviewee], she needs to come down to your office; I don't think it's a good idea going to her house', and all that. And [the immigration authorities] they stopped. Nailah

Trauma therapy

In addition to the emotional support service users receive from their caseworkers, women can also access Ruhama's specialist trauma therapy service.¹⁸⁹ Through therapy, women can begin to process the trauma that results from the physical and sexual violations they have experienced in prostitution. They learn to cope when triggered and are supported to address the varied and often complex manifestations of their trauma. Staff noted that for many women, trauma therapy is a vital component of their recovery from their experiences in the sex trade, helping them to heal so that they can move forward in their lives.

She can't undo what was done to her [in prostitution]. So, unless she starts dealing with it, she's never, ever going to be able to integrate it, and integrate the pain and be able to function... (Staff 1, Int 1)

Interviewees also described the important role that such specialist supports have played in their recovery from trauma.

I have done counselling for over two years... [W]ithout counselling I don't know where I would be. Ruhama have done a lot of work for me...

Sade

I started working with a therapist. I've only finished up with her, so I've done four years of therapy. She has supported me to stay in my job, supported me to stay in college, she supported me on the times where this dissonance would happen in me where I think, 'who am I, what do I think here?'... I think that working... with a therapist [has been key to]... addressing the trauma, and changing the patterns of behaviours, breaking the old cycles. Rose

189 See Ruhama (2023) *op cit.*, p.18.

Education and Development

The importance of education and development as a support to exit was identified by over half of the survey respondents (56%) and the majority of interviewees. For some women, education centred on English language support while for others it entailed assistance with college applications and promoting self-confidence and a belief in their ability to learn and attain their goals.

*Without Ruhama I cannot go to college. I cannot experience college. Yeah, so I cannot experience how to use the grammar, how to phrase... I have one year English [classes] in there. **Angela***

*I talked to them [Ruhama] about going to school. They put me all through the process. And I have a one-to-one English class. They really helped me a lot, you know. Because if you have the brain, you can do something. I know I have the brain. I can go to school. I can do it. I did it. **Nailah***

*Ruhama have done a lot of work for me... Even [support] for me to go back to school. I had [education] from my country but it was [as] if I had lost it all. It was as if I had lost hope in myself. I had lost confidence. You don't see yourself as amounting to anything. You see yourself as wasted, you know, you keep thinking so much negative things. But you know... I have to be a role model to my kids... so when they see me always trying to work, study, they can think, 'oh mummy can do it, I can do it'. **Sade***

*I appreciate the management in Ruhama for the support they gave me throughout the years with them. Today I am a proud holder of a second-class honours in [name of University degree] and I just got an admission in [name of University] to do [name of postgraduate degree]. **(Survey respondent)***

Believing in the transformative power of education, Ruhama's Education and Development service offers women the opportunity to set their own unique learning goals and facilitates them in achieving these goals.¹⁹⁰

*It is the understanding that in this whole process, in the model, that education is regarded as something that is really important in terms of personal and social transformation. **(Staff 3, Int 2)***

*Ruhama is the reason I got the power to exit, they helped me mentally, emotionally, guided me to training and work so I could see there was still a door to a bright side. And I did cross that door and I am forever grateful... Every training I did was extremely helpful, I was healing each time I was in Ruhama. **(Survey respondent)***

190 See Ruhama (2023) *op cit.*, pp.19-23.

What was apparent in the interviews with staff was how they are very much guided by the woman herself and seek to provide her with the support that is specific to her own educational needs.

[W]e try to help people to move from A to B, from where they are now in terms of their education... everything that's brought them here... their own [previous] education... their dreams and hopes for the future, just where they are right now... to where they might actually want to go, and for some people, that's two centimetres down the road and for other people, it's a 1000 miles down the road and there's everything in between... what's important in all of this is that whatever service we're offering, it's tailored to the person and what they need... there are women who have had no opportunities ever to get an education and there are other people that are better qualified than us [Ruhama staff] in here. (Staff 3, Int 1)

Service users also described their own individual educational journeys.

Being respected as an individual with my own abilities and talents and not just a 'survivor' has been a fundamental turning point for me. Ruhama created opportunities for me and gave me a chance that I probably wouldn't have been given anywhere else. (Survey respondent)

In addition to traditional educational support of 'practical upskilling – trying to support women who never used a computer, don't know how to spell, or whose English isn't great' (Staff 3, Int 2), staff also focused on providing women with hope to pursue their educational dreams, while remaining cognisant of the everyday challenges that women may face around issues such as their living arrangements, transport, childcare and finances.

We try to offer a range of supports and opportunities to help each woman move on that journey in relation to their education... They include helping people to dream dreams and set goals... identify their strengths and their interests, what are they good at, what might they like to do... to explore options with people who are new to this country and even for those who are not new, as they may not know what is out there. Another area is to help maintain hope and motivation especially for women who may have a child, is living in Direct Provision, has no transport and there is nothing there and wants to move forward... so helping them maintain hope and motivation and strengthening self-belief... get funding and equipment to support people to go to college, get laptops, get lab coats or whatever they need. Sometimes they need help to get the right documents or help with validations of foreign qualifications and... once in college, they may need support to stay in college through study support. (Staff 3, Int 2)

Such everyday challenges were also highlighted by service users who spoke of receiving computer equipment and a range of financial supports for their education from Ruhama.

Ruhama is always looking after us and has done so much for us... They have supported me in my healthcare programme. They supported me financially. Sade

When I joined Ruhama, I really thank them... when it was Covid time, everything stopped, so we do everything online. They would send things to us. They even bought me a laptop for my school. [Staff member] brought it down to me, from Dublin to my house... Then I have done my course in school, and they send me back to do a [further] course. They [Ruhama] paid for it... So they really helped me. Eme

In addition to their learning goals, for some women, attending classes or related learning activities assisted in their recovery by giving them time away from their thoughts of past experiences and providing them with the opportunity to make contact with other people and in this way decrease their social isolation.

They [Ruhama] do different activities every week that I can do so that I can't just be thinking. In one week, we might do three activities, on a Monday, Wednesday and Friday, so many activities, they really helped me. Eme

And it was useful because then the pandemic came. And then I did also online so many courses [with Ruhama]... and it was useful... the contact helped. Larisa

Reflecting the approach taken by Ruhama's Education and Development service, a number of interviewees described their own transformative experiences of education. Amara explained how her education journey began with learning English but then opened up broad new horizons for her.

So, I learned English. And I didn't know English when I came here [to Ireland]. But I purposed myself to learn English, enrolled in classes, online classes, or try to read much more things... every chance I had or every means that would come up I would take it. So once my English was a little bit stable and then I started enrolling on other courses and until now, now I'm doing my degree. Amara

Rose explained the relationship between her educational achievements and her sense of self-worth.

And then people are telling me I'm smart and bright and I need to go to college. And I'm like, I don't want to go to college! Please stop telling me to go to college, you know! Because when I did go to college after four years, like, that was fucking hell on earth. It was hell hard because it was like, what am I doing here?... I'm coming up to my last year in college now and I'd say that in my journey in Ruhama the personal growth that I've been afforded, I... felt like I matter and that I deserve to be here. And in college... like out of a class of twenty I'm one of five that are finishing the degree. Rose

Bridge to Work

In seeking to achieve exit, survey respondents highlighted the importance of support to find a job (33% - see Figure 8). For some women, it was help with finding a job that allowed them to build their confidence, develop themselves professionally and personally, and heal in the process.

I trusted the people who guided me. And they told me this is what you need to do, and if you don't want to do that find something else, but don't leave until you find something else. So, I was in that factory for I think a few months, like three months... and then I found something more in my area... So, I started working in a nice place that I am supposed to sell make-up. But I wasn't selling so good... So, I had to find something else. And then I started a service, like IT... And then I was a senior... had my own team, and then I was a team lead, and then I was responsible for the whole shift, and then I got this job that I'm doing now. Odele

But the woman who [told me about a job opportunity] is someone who always said to me, 'I see something in you,' she said, 'that I don't see in many'... she guided me towards this, you know. And it's definitely, like, been so healing for me... But also, like, I've been availed of great opportunities. I've been able to flex my own imagination. Rose

Ruhama, through its Bridge to Work programme, recognises the importance of supporting women to find a job that will help them secure an alternative income outside of prostitution.¹⁹¹ Through the programme women are provided with one-to-one support to help them reach employment goals, for example, support with writing CVs, job applications, internships and job placements. As support workers explained, it is important for women to obtain meaningful work that they feel able to tell other people about, as much of what they did in the sex trade 'is hidden' (Staff 6).

It is really important for them to... get meaningful work. They can actually have a job that they can stop and tell someone in the street or sit on the bus, and say, 'That's what I do', and a lot of women will tell you that. They want to be able to say, when somebody says, 'What do you do', they want to be able to answer them. It's a simple, it's a small thing, but it's huge for them. (Staff 1, Int 1)

However, it is important that not only is this work meaningful, it must also pay well enough to allow each woman to sustain herself.

It's like finding meaningful work and work that pays... work has to be paid well... or you can be motivated to work and study and do that if there's the opportunity to make a better wage [after gaining a qualification]. (Staff 2, Int 1)

191 See Ruhama (2023) *op cit.*, p.25.

Staff described Ruhama's Bridge to Work programme as one that is co-produced with the women in the sense that it is developed around the women's needs, is not prescriptive, but rather reflects the women's perception of work and their skills.

I learn from the women... then the programme gets developed around that... the first thing that we will do... we'll find out what it is that they're looking for and what work means to them. So, I think it's very important for me not to be prescriptive and think, 'Oh, just get a job'. It's a journey and it's sitting with someone and maybe the first thing is to start doing a CV and just talking: 'Well you have a skill in that'... and then they might be surprised that, actually, 'I have, there's a lot more to me than I thought'. (Staff 4)

The programme provides the opportunity for support workers to have conversations with the women that help them form realistic expectations around finding a job and reflect the reality of work, while also recognising the role that work plays in allowing women to feel part of a community.

[I]t's having those conversations and saying, 'Oh it's realistic that it will take time to find a job, and this is the route that you came', so discussing career options with people and letting them know that you don't just walk into a job. There is a process to getting a job... So, there's a lot of preparation done, a lot of conversations around what it's like to work here [in Ireland], what's expected of you here, what you can expect... It's important, like the routine, getting up, going to work, getting paid... being part of a community, more than anything else. (Staff 4)

Guiding the support workers is the belief that the women are survivors and have much to contribute to the potential employers that Ruhama works in partnership with across a variety of sectors, such as technology, financial services and hospitality.¹⁹²

So, it's understanding that... the women are after surviving to now. I can provide information and direct them... they have survived more than I've survived, so they're more than capable of finding their journey and network... So, when I approach an employer or an employer partner, I know that they're going to be lucky to work with the women, and I'm able to say, 'Well this person I'm working with has these skills, has a drive'. So... working on an equal basis with someone. (Staff 4)

192 In 2022, Ruhama worked to develop employer partnerships with businesses across the hospitality, tourism, food, technology, investment management and personal care sectors to provide employment and training opportunities for their service users (Ruhama, 2023, *op cit.*).

Support from staff who understand

Over a quarter of survey respondents (29%) noted the importance of support for exiting from professionals who they feel really understand their experiences in the sex trade (see Figure 8). As the women explained, they were able to open up to support workers who did not judge them. Instead, they felt able to share their experiences, which led not only to an increase in their self-confidence, but some also viewed this as a way of supporting peers.

I met amazing people here and they made me feel like I am not broken like I thought I was, and I am ok and it's ok to sometimes feel sad or sometimes just cry if you need to, but that doesn't mean that you are broken. It's ok to do that. I would say that I owe my life to most of the people that I meet here. Abigail

When you sit with Ruhama, they give you the chance to talk... They are very supportive. They are not judging... They give you the chance to express your feelings, and that really helped me get my confidence back. Nailah

So, coming here [Ruhama], and meeting people who were like... what happened to you is wrong... creating opportunities, allowing me to share my experience, tapping into that experience to help other women. Rose

Central to case management support work specifically, as highlighted in the previous literature,¹⁹³ is the trust that is built between the woman and her caseworker.

Since I have been with them [Ruhama], especially the first time I was able to say out loud to my caseworker... what has happened to me... she made me feel really comfortable and I think I did not hold back in what I was saying. After that meeting... I don't know how to say it, but I was holding something really heavy on my head and then, part of it has been taken away. And I thought maybe this would help me. So, I started coming here every time, seeing my caseworker. Abigail

I trust Ruhama, because... there was never any time they tell me, 'You are lying.' Never. So that gave me more confidence to confide in them... Because they believe me, that's why I trust them. Nailah

Support workers also stressed the importance of the relationship that they build with each woman, which enables them to 'listen' to and 'respect' her, allows her to 'really talk' with 'honesty' and 'authenticity' about her past experiences, and 'walk along with' her on her journey. In doing so, they tailor their responses to the woman's unique needs while working in a non-judgemental way to support her to 'create autonomy' and heal from the trauma caused by her past experiences.

193 See Matthews et al. (2014) *op cit.*; Neale and Hodges (2020) *op cit.*

The model of practice is that the woman will say what she wants... where you offer her a platform to really talk about the honesty and the authenticity of how horrible it [her experience in prostitution] was. (Staff 1, Int 1)

[W]e don't know who's sitting in front of us until we get an opportunity to get to know the person and [you] just try and leave your bias at the door and meet that person where they're at. (Staff 2, Int 1)

[W]alking along with someone on their journey, wherever that takes them... supporting someone to create autonomy in their own life... that's also part of their healing... so it's important that I'm asking, listening, respecting, and supporting them in their individual journey. (Staff 4)

Outreach

While survey respondents did not identify outreach as a specific support need, 44% of respondents had previously noted that they did not know where to turn to for help when they were struggling with their experiences in prostitution (see Figure 6 in 1.4). Outreach work is therefore essential to reach those women in the sex trade who would otherwise never come into contact with Ruhama.

Ruhama's outreach service has recently evolved from the provision of an outreach van accessed by women in street prostitution¹⁹⁴ to more proactive outreach to a range of agencies working with vulnerable women, such as women fleeing conflict, women located in reception and Direct Provision centres and women impacted by addiction, homelessness, mental ill health and the criminal justice system. Through its outreach efforts, Ruhama aims to offer supports to women using the services of these agencies who are also selling or exchanging sex, which is further compounding their vulnerabilities. This targeted outreach has enhanced the number and range of women Ruhama is now able to support.

...we have the asylum communities, some of the Direct Provision centres and, in particular, right now, we're targeting the emergency accommodations... We're targeting the Ukrainian communities as well... We're targeting the homeless. The Irish population really, so women in homeless hostels because we're really recognising that not only are they at risk but an awful lot of them are selling sex from the hostels or in and around the hostels. We're targeting women who've just been released from prison... So it really is that cohort, the vulnerable cohort, women at risk, whether it be from Ukraine or the Irish cohort which would be homeless and [in] addiction. (Staff 5)

¹⁹⁴ In 2022, the Outreach van ceased operation with efforts concentrating instead on reaching hard to reach women via the other routes outlined. (Ruhama, 2023, *op cit.*, p.17).

And so, we have developed an assertive outreach casework team... it's mainly outreach-stroke-in-reach. So, you're in-reaching into these services [addiction, homelessness, Direct Provision]... And the purpose behind it is that the vast majority of people within these settings are quite vulnerable, but they're never going to come into a service like Ruhama because of the stigma. If they are selling sex and they're caught up in addiction and homelessness, there's a kind of double/treble whammy of having to admit all that. And also, sometimes just their lives are so chaotic they're just not going to come in the door [of Ruhama]. So, it's about providing a service to them in their territory where they might feel slightly safer as well. And in time they may come into the service. Some will and some won't. But they might get an intervention that's enough for them at that time within the in-reach clinic... And we know from our colleagues in addiction and homeless services that a lot of women are selling sex. And they go under the radar because it tends to remain quite hidden. So, we're trying to really get to that really vulnerable hidden cohort that are quite difficult to [reach]. (Staff 7)

Interviewees and focus group participants also highlighted the importance of enhanced outreach work as they too described not knowing where to turn for help when they first needed it. They recommended greater promotion of the support services that are available, especially once a person has made the decision to exit the sex trade.

Oh my God, how I wanted support. Just I didn't know where to go. I didn't know where to go. And I tried places, but... it was not the places for me. Odele

I had to type in at school [into an internet search engine] what help there was for prostitution. (FGSU2)

I never knew about Ruhama... there are a lot of people going through these challenges, they don't know who to talk to, they don't know where to go. Nailah

There is no information... there were services I linked in with already that couldn't even tell you where to get help... [Ruhama] need to advertise more the services that are available... we know where to go if someone's an addict... We know where someone needs to go for domestic violence. Where does someone go when they want to leave prostitution? (FGSU2)

A lot of people are scared... don't know about Ruhama or understand what they do... They ask themselves 'if I leave, where do I go?' Even after you leave, they [pimps/traffickers] continue to threaten you. We need more awareness for people so that they know what they can do. (ISSU1)¹⁹⁵

195 As explained in Appendix A, four information sessions were held with service users. ISSU1 was the first of these.

Peer support

While little attention is given to it in the exiting literature and it was only briefly touched upon in the survey, a significant finding of this study arising from the interviews is the value of peer support in easing the path of women's exiting journeys. Similar to service users' need to receive support from workers who understand their experiences, is their desire to meet and spend time with other women who have had experiences similar to theirs in the sex trade. Not only does meeting and working with other survivors help each person feel less alone, but participants also noted that they can learn from each other in relation to the similarities and differences of their journeys, speak openly '*from the heart*', recognise that they are '*not the only one*' and give hope to each other, as these interviewees describe.

I'm not the only one... I met another [nationality] girl... I'm not on my own here, there's somebody else and I love that. The two of us were walking and I think she felt great that I existed, and I felt great that she existed. Emily

I think if from time to time, if we women can always have a place to gather together, even if online, to encourage one another. We do that in Ruhama. Because some of us are strong, some of us are weaker, because we have different experiences... Some people have lost hope because of their experiences... So, it is always good to keep encouraging one another, keep holding one another's hand. Because hope is the only thing that keeps us going. Sade

I think what's been very healing for me is talking to the women who use the services here... You're not the only one that's worried about this stuff. These women are talking about it too... I felt so isolated out there. I felt so isolated recovering. I felt so isolated in the confusion I felt. It's only really since we've started developing a peer group and a survivor voice piece that you're getting to hear more stories, you're getting to talk more from the heart... where people are genuinely able to think about things and they're able to reflect on things and they're given space to think about their own journey and talk about it and see the similarities. But also see the differences. Rose

Recognising the therapeutic value of peer support, Ruhama is currently working in new and innovative ways to build a community of people impacted by the sex trade, including through its Peer Support training programme, which trains service users to support their own peers.¹⁹⁶ This work recognises the '*comfort*' derived and '*transformative energy*' generated, when service users connect and support each other as they navigate the same issues.

196 In 2022 this bespoke training programme, which was co-developed by Ruhama service users, trained ten peer supporters. Ruhama (2023) *op cit*, p.29.

[S]ometimes I feel like 'oh, I've been through the worst ever'. And you hear someone else and you're like I wish I had someone that I would have talked to in those times, but I never did. And then here I am, I'm talking to someone and they're impacting me, and I am impacting them as well.

Amara

[T]hey're having conversations with each other... their minds are being opened... And knowing that other women are navigating the same issues and that that kind of solidarity can bring you comfort. (Staff 2, Int 1)

[T]he absolute power of people connecting and supporting each other... So, when people come to a space where they can connect with each other... it's actually putting together that transformative energy where people have been isolated from each other... who have been terrified of trusting anybody, who feel either shame or anger or frustration... and we've seen people making connections with people with whom you might think... they've nothing in common and then finding that they had. (Staff 3, Int 1)

I think it's easier to talk to someone that has experience than someone who doesn't get it. You know that's why I came back to Ruhama, is because they're good. Because I didn't have any friends outside. They haven't lived it. They've no understanding. They can read a book on it. Do they really get it? No. So, I need women in my life today. That's why I'm here is to connect with the women around the table because we understand each other. We might have gone through different experiences and different things that have happened, but the one identification here is that we've all gone through something around escorting and prostitution in some way... and it's women empowering women and having that support. (FGSU2)

As emphasised by one member of staff, the Peer Support programme that has been developed in Ruhama is a pillar of support for women who are impacted by the sex trade, is non-judgemental and reflects a relationship of mutuality:

The peer support that we envisage in Ruhama is a pillar of support for women who are impacted by prostitution and the sex trade. It's not just a programme, it's a pillar of support within the service structure... it is a relationship of mutuality where we are listening to each other, we are not telling anyone what to do, we are sharing our experiences of what we did, we are offering 'this is what I did, and whatever you decide to do I am going to stand beside you and I am going to support you'. So, there's no judgement. The philosophy of peer support is very much about using your lived experiences to support somebody in a non-judgemental way. (Staff 2, Int 2)

Staff noted that while running a programme such as this can be challenging and is always resource intensive, it is now viewed as an essential component of Ruhama's trauma-informed and survivor-informed work. They highlighted the importance of committing dedicated time and resources to this work to ensure that all involved have sufficient training and supports in place to fulfil their roles and feel safe and protected in doing so.

... there's a lot of resources going into working with people with lived experience, whether it's recovery from their addiction, recovery from the violence of the sex trade, recovery from domestic violence... And it just takes a lot of investment and a lot of time. But as an organisation we feel it's the right investment. And what's critical... is that you have the appropriate structures and systems to support people on this journey... structure is something that's critical for their recovery. And so, it [can be] challenging for them to work within the structures, but it's also very safe.
(Staff 7)

Survivor voice

Research participants further expressed the importance of survivors having access to platforms and other opportunities for their voices to be heard in more public spaces.

... before that I was voiceless and now, I have a voice to speak. And I overcame that cage. I broke off those chains... I'm speaking out for myself, and it's easing that heaviness and it's making a change within yourself. **Amara**

I think any opportunity for me to... share my story, knowing that it will help somebody else who is maybe currently in the situation that I was in before, is a great opportunity for me. **Abigail**

As part of Ruhama's 'Survivor Voice Plan' service users are provided with a range of opportunities to have their voices heard in matters that affect them. This work on survivor voice has the potential not only to empower individual women to speak out as the experts in their own lives, but also to inform the public narrative on issues of prostitution and trafficking.

As one staff member stressed, which accords with Coy et al (2019),¹⁹⁷ there are many women with experiences of the sex trade whose voices are missing or excluded from the debates surrounding prostitution. She emphasised the need for these women to be given a platform. Their voices need to be heard too and 'deserve that society bear witness to atrocities and injustices committed' against them.¹⁹⁸ This sentiment was echoed by Ruhama staff.

197 Coy, M. Smiley, C. and Tyler, M. (2019) 'Challenging the "Prostitution Problem": Dissenting Voice, Sex Buyers and the Myth of Neutrality in Prostitution Research', *Archives of Sexual Behavior*, 48, pp.1931-1935.

198 O'Connor (2017) *op cit.*, p.14. See also Herman, J. L. (2005) 'Justice from the victim's perspective', *Violence Against Women*, 11, pp.571-602.

[T]here are huge numbers of people whose voices are not heard in this debate... where I stand now is because I have met hundreds of women over the last few years, and my views have been shaped by them. Now people might say, 'well you didn't meet other women'. No, I didn't meet other women, but I've met quite a cohort of women whose views, whose experience needs to be honoured, respected and heard... It's why I think it's so important... building survivor voice... building voices of women who have had other experiences that are not that everything is fantastic, wonderful and amazing all the time [in the sex trade], that they need to be the voices that are heard. (Staff 3, Int 1)

Many participants highlighted that being given a platform to be heard served not only to inform others of what was happening to them but also inspired and 'served as a healing process' for themselves and other women facing similar experiences.

It is very important that the world is hearing about what is happening to women [in the sex trade]. (ISSU1)

I recommend for other women to share, and I applaud them for sharing as it will allow a lot of healing... it is a road of healing for all of us. (ISSU2)

I have a dream to destroy, to eliminate, to erase prostitution from this planet. And I have a really good plan; it's just too big for one person... so all I know that I can do is to carry the message and just to give my experience and my strength and my hope and to tell you a little bit about how I did it [exited]. Odele

I needed a space to be able to tell my story... to share my experience, tap into that experience to help other people... share my experience [with] other women and give them hope, give them inspiration, because it's a tough old journey. Rose

[T]here are so many women going through what I went through and they don't want to speak out. They are afraid. They [pimps/ traffickers] tell them if you go out and tell somebody, they are not going to believe you... There are so many people that are going through that kind of thing and they don't know that if they speak out, they will find help. So, whenever Ruhama ask me about this research, I said 'yes' [to participating]... so that it will help other people that are going through exactly what I went through, so that it will help them. Eme

2.4 Challenges of working with the model

Staff noted that the majority of women they support will require and benefit from a case management approach which paves the way for them accessing support from a host of services outside Ruhama, guided by their caseworker. However, accessing services external to Ruhama is not possible in all cases and is primarily the result of the stigma and shame some women continue to feel about revealing their current or previous involvement in prostitution to other agencies. Women are very aware that letting others know they are accessing Ruhama is a clear indication of their involvement in the sex trade, given the specialist focus of Ruhama's work in this regard.

... what we realised pretty quickly was the age-old problem we have in Ruhama of [some] women wanting to keep their engagement with Ruhama secret... We still have a number of women who are involved in other agencies, are involved in different NGOs, but they may not want them to know about Ruhama because by default that means that they were selling sex... So, we've always had that problem. And I think that's where the murkiness in terms of our model comes in, because it's very easy... to say to the team '... we don't provide housing. So, go and talk to DePaul and talk to Merchant's Quay and talk to the Simon Community and talk to Father McVerry's, and go and talk to Dublin City Council and see what's out there,' whatever. But then when they'd say to the woman, 'Okay, will you sign all of this, these forms, for me to share information [with those agencies]?' they'd say no... You couldn't do it then. (Staff 1, Int 2)

That said, there has been progress in this area in recent years. Staff reflected on the way some of the external agencies they collaborate with to coordinate women's supports have adopted a more gendered lens in the way they approach their own service provision, which has led them to develop an enhanced understanding of the nature and impacts of gender-based violence, including prostitution. This has had a positive effect on the way that Ruhama can implement its model to support women as fully and effectively as possible.

... as we began to develop a much stronger outreach service... we began to see that women were much more open to talking to us quite publicly, like... So, what we saw was [a number of external support providers developing dedicated projects and services for women]... So, we're beginning to see other NGOs now recognising the gender element in their services. So, you've your domestic violence, your addiction, and your homeless, which would be the primary ones we deal with. They're all recognising the gender component now, which means their language has changed. They're becoming more comfortable with talking about selling sex, which in turn means the women are more comfortable about having shared care plans. So actually, our model in a way was ahead of its time, but now it is definitely working out quite well... so we can talk to [a housing agency] about a... victim of trafficking, and they're learning that potentially she was raped ten times a day, and they're learning how to use that language and how to support her, and not assume she's a 'sex worker'. And so, it's changed... the landscape for us... it's a lovely framework [to work within]. (Staff 1, Int 2)

Nevertheless, staff described that some discomfort and reticence continue to persist around openly discussing prostitution and sexual violence, even amongst agencies and services that are supporting vulnerable women. This reticence or even silence around the sexual violence of prostitution plays a role in preventing some agencies from recognising or addressing these issues, which in turn prevents some women from disclosing them, in both instances hindering the support women subsequently receive.

[C]ulturally, we don't talk about sex... So, there's even still a little bit of a taboo... I think the whole training and educational awareness has to go into the... staff as much as the service that they are providing. (Staff 7)

In a similar vein, staff noted that when undertaking women's needs assessments within Ruhama, their experiences of sexual violence in prostitution are never 'off the table', because as full an understanding as possible of what women have been through best informs the trauma-informed supports they will then receive.

But certainly sex, selling sex, degrading, or it's bestiality, all that, is on the table with ours [needs assessments]... it's always going to be on the table. We're never going to shy away from those questions, you know. (Staff 1, Int 2)

A further challenge of adopting a comprehensive care and case management approach to supporting women impacted by prostitution is the reality that not all of the external services women require are operating with the same approach or are guided by the principle of trauma-informed care. In Ruhama, each woman's comprehensive needs assessment underpins the development of her interagency, shared care plan, but issues can arise when working with other agencies who do not follow this model, as this staff member explained.

If other agencies aren't, so if they're not trauma-informed, and if they don't use a case management approach, it becomes very difficult. Because you're saying things to them like, 'Well, for a good case management to work, we should be having a three-way meeting every quarter.' And the other person who does not apply a case management approach... they're going, 'Huh? What?' So, yes, we have this model... the bottom line is we are leading the way [in responding to women who have been sexually exploited]... we have to apply [our] case management model very differently and very much in a trauma-informed way... So, a lot of the things we're doing at the moment is trying to get people on board [with this way of working]. (Staff 1, Int 2)

2.5 Pillars supporting the work

Little attention has been given in the exiting literature to the pillars that underpin and are required to support the work undertaken by service providers to meet the needs of women impacted by and exiting from prostitution. This study has identified a number of important pillars in this regard, which are outlined below.

Supports for staff

Although rarely explored in the literature on exiting, this study uncovered some of the professional challenges support workers face in responding to the complex needs of women who have been sexually violated and exploited in prostitution. It was clear from the data that to be effective support providers for a service user group who has experienced such serious trauma, staff need appropriate supports too.

Recognising these needs, Ruhama provides an extensive range of supervision, psychological supports and training for their staff team. Supportive measures in place include support circles, where staff come together to discuss the personal impacts of their work, debriefing sessions, practice meetings, internal supervision, external supervision, and a staff wellness programme incorporating elements such as fitness, mindfulness and social events.

I've never worked in an organisation that has so many support systems and structures. And I'm glad of that because I think it's needed given the nature of the work. But every day there's an opportunity [to receive support] in terms of we meet first thing in the morning... there's a weekly practice meeting which is based on reflective practice for all of the staff. There's a staff meeting every fortnight. There's supervision, there's a support circle... staff development days that look at the culture of the organisation. It looks at how we are as a team, how we support one another, and what are the emerging issues. (Staff 7)

[A monthly] support circle that all the staff can attend... frontline staff who get external supervision... Some people like the old-fashioned management structure [for a] debrief... it's really important to have various structures... monthly supervision with all the staff team and then we [have] an appraisal once a year... we also now have a wellness committee. So that's lovely because for some people who really don't want to talk about trauma or talk about how the work impacts them [in the support circle], they can do [wellness activities like] yoga instead. (Staff 1, Int 1)

Some staff described instances of dealing with a demanding caseload, particularly as the service is evolving and reaching greater numbers of marginalised and vulnerable women. These demands are alleviated in part by a supportive working environment within Ruhama and team members who trust one another. Staff described how they can openly say when they are feeling overwhelmed or 'at capacity' (Staff 5) and that their limits will be respected in this regard.

I'd say one of the most important things is working in a really supportive team where you can say, 'I'm feeling a bit burnt out, I'm a bit overwhelmed with the volume of work that I have', and your team will be supportive, and getting guidance from people who have more experience in different areas... So, the most important thing and the way I feel supported most is being in such a trusting workforce. (Staff 4)

It was noted that providing trauma-informed care entails an 'emotional investment' by staff. Bearing witness to the severe levels of sexual violence and trauma experienced by women in the sex trade clearly also takes its toll on support workers. It is widely recognised within Ruhama that in order to sustain its service and assist frontline staff in coping with hearing about and supporting women through such violations, this requires an investment in robust external professional support. Staff need to be able to preserve their own mental health so that they in turn can support service users effectively.

I think something externally, especially for caseworkers and the counsellors and the therapists... robust external supervision is really important... the staff need to be invested in as much as the service users... If you don't value your staff and look after your staff, you won't keep them... you can't keep doing this work and giving of yourself like that. I mean to be actually trauma-informed, you do invest emotionally... people need to be supported so they can fill the cup up again and keep going. And that's what will sustain a good service. (Staff 2, Int 1)

I know, if I've had a tough day, what I need to do in terms of my self-care... and I think that's very important, and that does try and stop it [the challenges of the role] from spilling over... but it's very difficult to not take the job home or not to take it with you, so I think you do need the external supports [as well]... that there is someone you can call and that there is a support out there. (Staff 5)

This staff member further described the impact of bearing witness to women's trauma and therefore the importance of also having a supportive working environment and culture that can help cushion these impacts.

... that whole extra element of working with very traumatised women around their trauma... I think the environment that is here with staff around debriefing and support... really helped with that... We listen to hard stuff... you can have back-to-back appointments and you're listening to horrific stories, hour after hour, so you kind of need a thick skin... you need a good support system which... is in place here in Ruhama... I feel very supported in the work I do, and I don't think I could do it if it wasn't there. The environment is nice, the staff are great, there's a real culture for debriefing... (Staff 5)

In addition to the many forms of internal and external support provided to staff by Ruhama, staff are encouraged to practice self-care, to know their limits, to remain very aware of the impacts the work may be having on them personally and how to address this. Staff receive training in areas such as reflective practice and vicarious trauma to help them to manage their own wellbeing in the course of their work. Addressing and managing the vicarious trauma staff experience as a result of supporting women who have endured extreme trauma in the context of prostitution is described by staff as a critical component of the support they receive.

... there's people [staff] in this building that have probably [been] affected by sexual assault or rape or pregnancy loss or abortion which the women we are working with every day are facing. So, it can be quite triggering for staff too, so [we are] aware of that as an organisation... there's an acceptance among staff that we're not perfect. We can't take everything on... (Staff 5)

... the vicarious trauma on staff... that's a challenge for staff because they're bearing witness to something that's horrific... And when you're sitting every day listening to very difficult stories and very horrific incidents – that can have a knock-on impact. So, that's why we do a lot of training. And we've trained staff in vicarious trauma. And compassion fatigue as well... That's where the support and supervision is really important as well... sexual violence is right up there in terms of... one of the most heaviest aspects of anything you'd ever work with, you know. (Staff 7)

Governance

A second pillar underpinning Ruhama's work is good governance, which ensures transparency and accountability across all aspects of the organisation's operation. Ruhama is guided by the 'three Ps' of good governance – principles, process and performance, as this staff member described.

Governance is a system that provides a framework for how you manage your organisation... So, if you look at the principles first, it's transparency, it's accountability, it's integrity, it's fairness and equity and inclusion and leadership... The process is all your procedures, your protocols and your policies, which are the bedrock of how you operate. But it's no good having all those things if you don't perform, so the third one is your performance. And that's where you have your range of services and you perform to a certain standard, and the standards are outlined in your policies and procedures. (Staff 7)

Staff further explained that good governance requires full transparency, while the ultimate goal is ensuring the provision of a quality service that is truly adding value to the lives of those it serves and always striving to improve.

In order to operate best practice and governance you have to be transparent, and that means you have to show what you do, and you have to show it all... And what's really important about the performance piece is that you reflect, you review, you evaluate, you measure what you're doing. Is what you're doing adding value?... [T]he essence of it all is providing a service that's based on quality. And by quality, I mean a service that's evidence-based, that it's innovative, and that there's continuous improvement. (Staff 7)

A vital element of good governance identified in this context is strong leadership in supporting both service users and staff to fulfil their potential.

... if you've strong leadership in an organisation, you will take risks and you will innovate... you come out of that comfort zone, which I think is very important... the continuous improvement bit is really, really important. (Staff 7)

Staff themselves noted that the current CEO is willing to take risks and try new things, and that this in turn has provided many opportunities for Ruhama as a service to grow and evolve for the future. In particular, staff described how the impetus for developing peer support and growing survivor voice initiatives within Ruhama arose from her leadership.

[Name of CEO] is very can-do... this is where we need to get to. She is much more 'build it and they will come' and is not afraid to build something... we treat the woman as a survivor. (Staff 1, Int 1)

... so, I think it's evolving, and I think Ruhama are a little bit more [open to change and growth], they're not afraid to take as many risks which I think is great... with that, not being afraid to make mistakes and to hold our hand up and say, 'We shouldn't have done it that way but let's do it this way'. (Staff 5)

Such strength in leadership is also reflected in an organisation which recognises and appreciates the strength and commitment of Ruhama's staff team, who are inspired by the services users to achieve more to tackle the grave injustices they have experienced in their lives.

... you know, when people say to me 'why would you work in that, it's so hard?' And I suppose for me, one of the motivating factors is it [sexual exploitation] is so wrong on so many levels. And that's what motivates me to make it different because... nobody should have to experience what the people experience who come in here [to Ruhama]. And I think that's where the passion comes from, [in] the staff team because it is so fundamentally wrong on every level. (Staff 7)

A supportive external environment

A final pillar that supports Ruhama in its work is being able to operate in a wider external environment that is supportive of what Ruhama is trying to achieve in terms of addressing and preventing the harms of sexual exploitation. In addition to the suite of support services it provides, the organisation also engages in advocacy and awareness raising activities at both national and international levels to advance the rights of those who have been sexually exploited and promote measures to tackle the proliferation of the highly exploitative sex trade.¹⁹⁹

Ruhama's position that prostitution and human trafficking for the purpose of sexual exploitation are forms of gender-based violence is now firmly reflected in Government policy²⁰⁰ and also in legislation.²⁰¹ This creates a conducive external context for all aspects of Ruhama's work from a policy and legislative perspective, but staff highlighted that more needs to be done in this area, particularly with regard to strengthening the relevant legislation and policing practices.

I think it's critical... Ireland adopted the law in 2017. It's under review... we're optimistic in terms of the review... mak[ing] the law more effective because the current law isn't effective in terms of being able to prosecute and convict sex buyers. And that is... the crux of the law... So there's recommendations... [to] strengthen the Gardaí's powers... we strongly advocate for that to happen... because a big part of the Equality Model is about reducing demand. And that's going to be instrumental in how you attempt to reduce demand within the law. But also, the Guards [Gardaí] need to be adequately resourced... we have a hugely dedicated team in [policing organised prostitution and human trafficking] but they're very small numbers, and they're for across the country. And a lot of this is happening outside of Dublin as well. So, we need more Guards specialised and trained in this area and more time committed to [policing] specifically around sexual exploitation... because the Guards have adopted a victim-centred approach in recent years, which is fantastic, but not everybody within the Guards is trained in that. Because unless you're trained and constantly the message is reinforced... it's not embedded... we feel the Guards need to do more in this space than as well... (Staff 7)

Staff further noted that strengthening the legislation on prostitution must be complemented by well-resourced and evidence-based awareness raising and public education campaigns to inform the public about the nature and impacts of sexual exploitation and the relevant legislation in this regard. They felt that such measures are particularly necessary in a wider external environment that often feels hostile to Ruhama and even to individual staff members. Staff are well aware of the polarised debates around prostitution (see 2.1) and the criticism that Ruhama receives because the organisation is firm in its position that prostitution is not 'regular work', it is gender-based violence. Staff described the challenges they face in this regard.

199 See Ruhama, 2023, *op cit.*, p.31.

200 Government of Ireland (2022) *op cit.*

201 Part 4 of the *Criminal Law (Sexual Offences) Act 2017*, decriminalises those who sell sex whilst criminalising those who purchase it in an effort to tackle the root cause of prostitution – demand. This legislative approach is known internationally as the 'Equality Model'. Older legislation outlaws brothel keeping, organising and profiting from the prostitution of another person, while human trafficking is outlawed in a range of Irish legislation, most notably the *Criminal Law (Human Trafficking) Act, 2008*.

... you can get very disillusioned and very jaundiced and very angry and very bitter about the situation women are in, and about the sector... the polarisation of views, you're thinking, 'why is this so difficult?'... I'm not one for being on social media all the time but when you just see all those trolls... it just makes me so anxious and so sickened and so angry... I just want to work with people... who've come through the doors and they say they want help... but you can't not be involved in some way in all these bigger debates and conflicts that are going on. That's difficult... It's not like working in a sector where people think, 'Ah sure, it's great what you're doing, it's wonderful and whatever', and you're thinking, 'no. This is vicious, this is vicious', and that does get in on you, do you know what I mean? I just would not like to be doing social media every day. Well, I actually couldn't do it. I couldn't do it. (Staff 3, Int 1)

Staff who have directly experienced this public criticism and hostility note that this is in stark contrast to the public recognition and value assigned to the equally important work done by rape crisis centres and domestic violence services. As they pointed out, *'very few other NGOs have to suffer such hostility, usually NGOs are seen in a positive light'* (ISStaff2).

I think this is something that kind of probably catches everybody off guard who comes to work in Ruhama... it's hard to fathom that you can get so much abuse for doing good work in a subject that is probably the most heinous crime there is. And so, to be personally attacked and trolled and abused does add an extra layer of complexity. And that's why we have so much support systems in place for staff... staff have had caricature pictures blown up with them on social media. They've had their professional background of training scrutinised, which can impact on other work that they may do. From their makeup to their clothes, everything commented on, and really derogatory kind of language... having gone to events, people squaring up to your face and complete kind of bullying and intimidation... it's incredibly, incredibly challenging. And unless you're actually in it, I don't think people realise just how toxic and how intimidating it can be. And I've no doubt we have lost good staff because of that. They've found it very, very difficult... particularly if you're a regular user of social media... it's very difficult to fathom. (Staff 7)

Arguably such hostility is driven by the fact that survivors and staff in Ruhama are revealing the truth about the sexual violations and harms of prostitution, and in doing so are challenging the claim that this is 'work' like any other that should be legitimised and legalised. Support staff note that this environment and the debates that rage within it can be especially challenging and confusing for younger staff, who are more active on social media and therefore more frequently exposed to the dominant 'sex work' narrative there.

[Y]ou are talking about an industry that is predicated on pretence and lying and people pretending they [women in prostitution] love sex with strangers and smiling and happy endings and all these terms used to kind of sanitise it... I think the discourse about 'sex work is work'... the public discourse has become very, very hard for young women... it's a big thing and I think we shouldn't underestimate how it impacts the younger staff. And also, they're much more likely to be on Twitter and TikTok, things like that. So, they are seeing that backlash. (Staff 1, Int 1)

It is clear that staff need support in navigating these polarised debates and could benefit from additional opportunities to critically examine Ruhama's position and how to handle the 'backlash' they may receive on this basis. However, staff are adamant that such negativity will never prevent them from placing women who have been sexually violated and exploited at the heart of what they do.

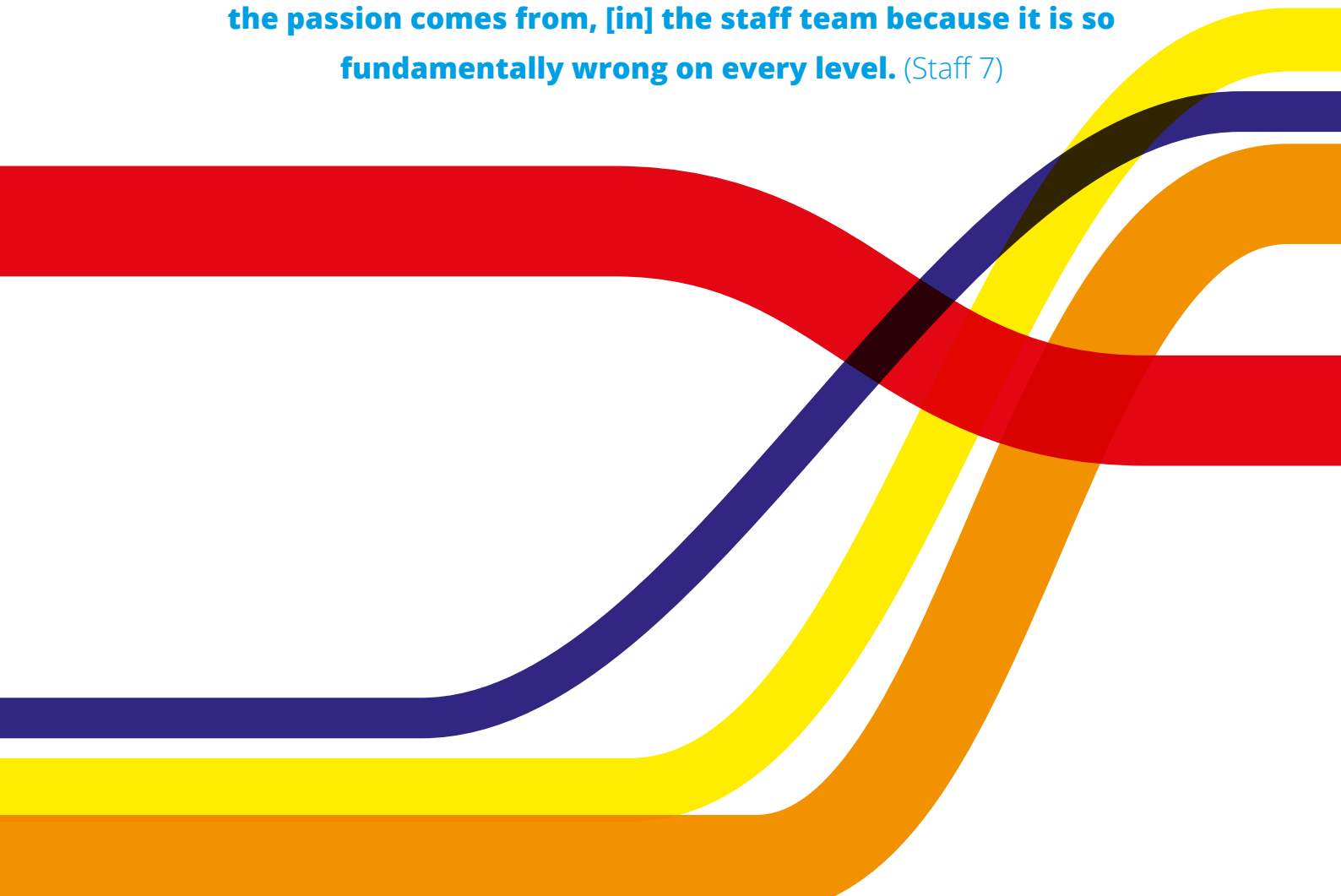
I suppose part of the polarisation is the attacks that are used to silence you. And we're not going to be silenced because we work with some of the most vulnerable women in society who have been silenced and we're working to ensure that they don't remain silenced. So, we... will continue to fight for the women that we believe in. (Staff 7)

In summary

The above findings clearly highlight the extensive range of specialist supports required by women who have experienced sexual exploitation, including dedicated supports to exit the sex trade, heal from the multiple traumas they have experienced within it and rebuild new lives after prostitution. Recognising and responding to these women's often complex needs is largely encapsulated in Ruhama's current model of practice. Women who have experienced sexual exploitation are placed at the heart of this model, which takes account of the many sexually violating and traumatic experiences they have endured and informs in every way the dedicated supports they receive from the service. Working in a trauma-informed and survivor-informed way through its comprehensive care and case management approach, Ruhama is supporting women to access a host of internal and external supports to not only address the harms they have experienced, but also to gain access to a world of new opportunities outside the sex trade. Ruhama's model of practice is highly flexible, supporting women wherever they are at in their lives and in relation to their involvement in the sex trade, which includes supporting those who wish to exit and those with no plans to do so. Working in this way presents its challenges, so Ruhama relies on a number of crucial pillars to support its work, including vital staff supports, strong governance and leadership and drawing on the benefits of a conducive policy and legislative environment to proactively tackle the issue of sexual exploitation. Ruhama's firm commitment to supporting those who have been exploited in prostitution and trafficking to recover, and protecting current and future generations of women and girls from the severe harms for which the sex trade is responsible, is clearly evident in all aspects of their work.

I learned to accept that that's what I've been through and that's what I've done but it does not define me. The pains, the hurt, the trauma will always be there, but I learned to accept and learned how to live with it, rather than hide and it eating me up every single day of my life... So I had to learn to accept - yes it happened, yes I went through this, yes I will always have this relapse, yes I will always have these trauma traits, but accepting and saying there's something better for me and I can start reliving those moments in another way... I always say it's an ongoing healing process. Amara

... you know, when people say to me 'why would you work in that, it's so hard?' And I suppose for me, one of the motivating factors is it [sexual exploitation] is so wrong on so many levels. And that's what motivates me to make it different because... nobody should have to experience what the people experience who come in here [to Ruhama]. And I think that's where the passion comes from, [in] the staff team because it is so fundamentally wrong on every level. (Staff 7)



Conclusions

This study starkly demonstrates the many vulnerabilities, adversities and coercive forces that draw women into the sex trade and often serve to keep them trapped within it. It reveals, once again, the profound harms of prostitution and the serious levels of sexual violence and sexual exploitation women are subjected to within the trade, which have significant, traumatic and often long-term consequences for their health and wellbeing.

Given the abuses to which they are subjected, it is unsurprising that the majority of women wish to exit prostitution and are simply seeking a better life, but many face significant barriers to doing so. These include but are not limited to struggles with their mental health as a result of the traumas they have experienced, lack of an alternative income, lack of social connections and trusted persons in their lives, coercion and threats of further harm, lack of a safe place to stay and profound feelings of shame, which can prevent them from seeking support.

Upon exiting, women describe how many of the barriers they have already experienced persist, blocking or delaying their recovery from sexual exploitation and hindering their ability to build a new life. These barriers to recovery include trying to live with the long-term trauma and damaging mental health consequences of prostitution, continuing to feel unsafe and/or without a safe place to live, feeling lonely and without social connections, and struggling to build and live a 'normal life' once free from the almost all-consuming experience of trying to survive within the sex trade.

As a result of these experiences, women tend to have multiple and often complex support needs, which require a dedicated and carefully structured response. As the only specialist non-governmental organisation in Ireland that is funded solely to provide supports to women who have experienced sexual exploitation, Ruhama is working to address women's needs through its comprehensive care and case management approach.

Women who have experienced sexual exploitation are placed at the heart of Ruhama's model of practice. While this model has elements similar to those operating in other fields, the unique aspect of their model is that it has been designed to respond to the very specific, multiple and often complex needs of victims and survivors of sexual exploitation. This is described as the 'lens' through which Ruhama works. This 'lens' takes account of the many sexually violating and traumatic experiences women in prostitution have endured and informs in every way the dedicated supports that women receive from the service.

Ruhama's work to respond to these specific needs is underpinned by three key principles. These include recognition of the profound harm of prostitution to women resulting from the sexual violence and sexual exploitation that they have experienced within it, which in turn leads staff to work in a trauma-informed way throughout all aspects of service provision. Ruhama is also making progress to embed a more survivor-informed approach, which can play a vital role in enhancing women's recovery after prostitution, as well as contributing to the development and delivery of a more authentic service.

Core to Ruhama's response is supporting women along a continuum of care according to 'where they are at' in their lives, and particularly in relation to their involvement in prostitution. This means that support is provided to all women impacted by the sex trade, regardless of whether they are currently active in prostitution with no plans to exit, are considering or attempting exit, have already exited, or have escaped a coercive situation or person such as a pimp or trafficker.

In line with this continuum of care, staff stressed the importance of giving women a very clear view of their care pathway through the service and the different supports that they can avail of along that path, which must be aligned to their evolving needs. Women's journeys along this pathway are designed to have a beginning, a middle and an end – because ultimately the goal is to support women to a place of empowerment where they no longer need to rely on the support of Ruhama and can move to independence.

Through the care planning process each woman's needs are carefully assessed and she is supported to develop her own tailored care plan, which identifies the supports she requires and the short, medium and long-term goals she wishes to achieve. Applying Ruhama's comprehensive and coordinated case management approach, caseworkers plan and continually evaluate the actions required to meet each woman's needs. They advocate with and for the service user to ensure she is receiving the best possible supports she requires, working alongside both in-house and external support providers. This approach acknowledges that the majority of women impacted by sexual exploitation have multiple and often complex needs that cannot be met by a single agency. Interagency work is therefore essential, but with one central, coordinating agency taking the lead in this work to ensure an efficient, integrated approach.

Ruhama's innovative model of practice is highly adaptable in the ways it can tailor supports for migrant and Irish women impacted by prostitution, whether trafficked or not, including women with no plans to exit. Support is provided in a person-centred and non-judgemental way, according to each woman's needs and wishes at the time she accesses the service. Women currently active in prostitution can avail of a wide range of practical and emotional supports that also serves to minimise the harms they are experiencing and enhance their safety.

A further key strength of Ruhama's model of practice is its flexibility and agility in supporting exiting. This allows supports to be tailored to women at all stages of the exiting process. Whether a woman is pre-contemplative (not ready to consider exiting), at the contemplative stage (considering it), planning her exit, actively receiving assistance to exit, or building a new life after exit, Ruhama can provide the appropriate supports internally, or coordinate supports from external agencies, at every one of these stages. This approach is also designed to take account of the fact that exiting is rarely a simple linear process, and for some women can take many years.

Study participants identified the most important supports that they determined are required to exit, prioritising health supports, especially those related to mental health, supports to secure a safe place to live, training and education, financial supports and access to employment, legal advice and representation, particularly in relation to immigration, and supports from staff and peers who understand what they have experienced in the sex trade.

Central to the support Ruhama provides is casework, which involves advocacy and the coordination of all the interventions each woman needs within and external to Ruhama, including supports to navigate the justice, immigration and welfare systems and access healthcare and housing. Other critical supports provided include trauma therapy, the Education and Development service, the Bridge to Work programme, the Seeking Safety programme and the Peer Support programme.

Numerous study participants described not knowing about Ruhama initially and not knowing where to turn to for help when they wanted to exit. Outreach work is therefore a further essential component of the service in order to identify and support some of the most vulnerable cohorts of women in prostitution who have previously been unable to access help. This study also highlighted the burgeoning and innovative nature of Ruhama's work in developing peer

supports for women impacted by prostitution and providing a new platform for the development of survivor voices. This work on survivor voice has the potential not only to empower individual women to speak out as the experts in their own lives, but also to inform the public narrative on issues of prostitution and trafficking.

Women's overlapping and often complex barriers and support needs typically require a comprehensive, multiagency, multidisciplinary response and there is a role for all professionals whose work brings them into contact with vulnerable women to play in this regard. However, Ruhama staff highlighted the challenges of working with other agencies that do not operate a case management approach and/or are not guided by the principle of trauma-informed care, alongside the discomfort and reticence that persists around openly discussing prostitution and sexual violence, which prevents some agencies from addressing these issues and some women from disclosing them, in both instances hindering the support women subsequently receive.

This study identified a number of crucial pillars that support Ruhama's work in effectively responding to the needs of women who have been sexually exploited. It is clear that to be effective support providers for a service user group that has experienced such extensive trauma, staff need appropriate supports too, and are provided with many such options in Ruhama. Staff also require supports to undertake their work in a wider environment that is sometimes hostile to Ruhama and/or to the organisational position that prostitution is a form of gender-based violence. A supportive external environment in which Ruhama can locate and ground its work was also deemed essential, with legislation and public awareness and education having key roles to play in this regard. A further vital pillar that supports the work is good governance, which ensures transparency and accountability across all aspects of the organisation's operation.

This study has revealed the undeniable harms and traumatic consequences of sexual exploitation, which result in women having multiple and complex support needs that require a carefully structured, multilayered response. Recognising and responding to these needs is largely encapsulated in Ruhama's current model of practice. The women who participated in this study are overwhelming positive about the supports they received to exit and recover from their experiences in the sex trade, and this is reflected in the improvements they reported to their overall health and wellbeing since first accessing Ruhama. However, there are barriers and challenges that remain for women who are exiting and those who support them, which are addressed as far as possible in the recommendations that follow.

Recommendations

For Ruhama

- 1. Strengthen the model:** Ensure all staff, volunteers and Board members have a thorough understanding of Ruhama's model of practice and the principles that underpin it to inform their work. Further recommended measures include:
 - sharing the model with service users and inviting regular feedback on its operation and impacts
 - continuing to monitor, review and refresh or update the model as the service evolves
 - continuing to fully embed trauma-informed and survivor-informed principles into daily practice.
- 2. Enhance outreach:** Continue and seek further resources to extend the organisation's current assertive outreach activities to grow networks and referral pathways and reach as many potential beneficiaries as possible.
- 3. Grow awareness of the service:** Seek new and more targeted communication mechanisms to raise awareness of its services – who Ruhama can help, what supports it offers – amongst all cohorts of potential service users.
- 4. Continue to develop peer support:** Identify new opportunities to resource this important and burgeoning area of work sufficiently and review regularly to assess impacts and determine next steps.
- 5. Sustain survivor voice:** Ensure that this work is effectively resourced and that sufficient and ongoing trauma-informed supports are provided to survivors who choose to speak out, with a view not only to their own empowerment but also so that their voices and testimony can inform and lead to a more balanced and authentic public narrative on prostitution and the sex trade.
- 6. Bear witness and respond to sexual violence:** Continue to provide staff, both new and current, with ongoing support and training as necessary in responding to the extreme levels of sexually violating acts that women experience in prostitution.
- 7. Embed the position that prostitution is a form of gender-based violence:** Support staff to fulfil their roles and remain non-judgemental in their approach, while also providing time and space collectively, and individually through reflective practice, for staff to explore and critically examine the organisation's position on prostitution and sex trafficking as forms of gender-based violence, how this position is informed by survivors' experiences, why and how it informs their own work, and how to address any hostility or backlash they may encounter as a result of this organisational position.
- 8. Provide external training and support:** Extend training to external agencies working with vulnerable women on the complex support needs of women who have experienced sexual exploitation and the ways in which Ruhama meets these support needs through its care and case management approach. This includes providing information and support to external agencies to address the discomfort or reticence they may feel in addressing sexual violence and sexual exploitation with their service users groups, as this in turn will enhance their assessments and ability to ask the right questions in order to identify more women in need of support in this regard.

For frontline professionals

1. **Upskill to respond effectively to sexual exploitation:** Frontline professionals – and in particular those in the fields of health, housing, homelessness services, policing, migrant support, addiction support, social welfare and social work – must be upskilled and supported as necessary to:
 - be cognisant of the framing of prostitution and sex trafficking as forms of gender-based violence and the reasons for this, in line with national policy
 - based on survivors' experiences, develop a deeper understanding of the harmful and traumatic consequences for women of the sexual violence that is inherent in prostitution, and respond sensitively and appropriately
 - know and be able to identify the signs that someone has been subject to or is at risk of sexual violence and sexual exploitation and respond to them accordingly
 - set aside any discomfort in asking women about potential experiences in the sex trade and any needs they may have arising from this, so that more women can be more readily identified, heard and receive the appropriate supports they need
 - gain a fuller understanding of the nature of Ruhama's model of practice as a specialist agency supporting women impacted by the sex trade, and refer and collaborate accordingly.

For politicians and policy makers

1. **Fund exiting services:** In line with the objectives of the *Third National Strategy on Domestic, Sexual and Gender-Based Violence*, ensure that women in prostitution have access to appropriate exit routes by sufficiently resourcing Ruhama to deliver its model of practice as the only specialist non-governmental organisation in Ireland supporting women in this regard.
2. **Address the complex needs of women exiting:** Adopt an accountable, evidence-based and survivor-informed cross-Government and cross-Departmental approach to addressing women's support needs and the many barriers they face to exiting and recovery following sexual exploitation, with a focus on the following areas of responsibility:
 - **Housing:** Recent developments in the provision of gender-specific accommodation for victims of sex trafficking are welcome,²⁰² but these measures do not go far enough. Given that Direct Provision is a wholly inappropriate form of accommodation for women who have been sexually exploited, the capacity of this gender-specific accommodation model must be greatly increased and extended to include women who have not been trafficked but have experienced exploitation in the sex trade, as well as offering women a range of medium to longer term supported housing options beyond short-term accommodation.

202 Government of Ireland (2023) *National Action Plan to Prevent and Combat Human Trafficking 2023-2027*. Dublin: Government of Ireland. Available at: <https://www.gov.ie/en/news/4b9b5-third-national-action-plan-to-prevent-and-combat-human-trafficking-is-published> (accessed 4 December 2023)

- **Welfare:** Consideration should be given to an exiting fund, accessed via the social welfare system in partnership with specialist frontline agencies working in the field, that would provide women, regardless of their immigration status, with a welfare payment to support them through the initial stages of the exiting process so that they do not have to return to the sex trade simply to survive. A fund such as this would be instrumental in lifting the barrier of lack of money, which leaves so many women trapped in prostitution, and supporting them to achieve and then sustain exit, giving them the opportunity to begin to rebuild their lives.
- **Education:** Women exiting prostitution, regardless of immigration status, must continue to be supported into and through further and higher education, which provides a vital route out of the sex trade. This requires the enhanced provision of flexible, funded places and adequate, accessible grants, especially for mature students, dedicated to supporting their education journeys. Additional supports urgently needed by women so that they can achieve their educational goals include enhanced access to ICT, childcare, better transport networks, greater flexibility of learning opportunities, including more publicly provided part-time courses, and sufficient financial supports so that they can sustain themselves as they learn.
- **Health:** Health professionals must be adequately resourced and trained to identify and support women impacted by prostitution and sex trafficking. The reach and accessibility of sexual health services for women in the sex trade need to be greatly enhanced across the country. Primary care services have a role to play in highlighting the importance of caring for one's sexual health, and reaching out to marginalised and vulnerable women in a targeted way to encourage them to access their services, and to create a comfortable environment for women to disclose the impacts of prostitution and sexual violence on their health and wellbeing.
- **Immigration:** Action is needed to expedite the processes that determine migrant women's immigration status in Ireland and/or confirm that the State recognises them as a victim of trafficking. Decisions on women's status must be made in a prompt and timely fashion so that they can move on with their lives and progress in their recovery following sexual exploitation. Women trapped in prostitution who are undocumented must be supported to regularise their status whenever possible.
- **Justice and policing:** The relevant legislation in Part 4 of the *Criminal Law (Sexual Offences) Act, 2017* must be updated to strengthen the powers of An Garda Síochána to pursue and secure the prosecution of sex buyers in order to tackle the demand for prostitution. An Garda Síochána must continue to adopt a victim-centred approach to ensuring the safety and welfare of all persons selling sex, and more personnel across the country need to be trained in this approach. The Garda National Protective Services Bureau and its divisional units also require enhanced resources to vigorously pursue both buyers and prostitution profiteers as the only way to effectively reduce the size of the sex trade and therefore the exploitation and violence that are inherent within it. Further resourcing is additionally required to extend the reach and human resources of the specialised Organised Prostitution Investigation Unit and Human Trafficking Investigation and Coordination Unit right across Ireland. Proposals to expunge the criminal records of those convicted for selling sex prior to the 2017 Act must also be expedited, to demonstrate the State's full recognition of their vulnerabilities and the harms they have experienced, in line with Government policy on prostitution as a form of gender-based violence.

- **Public education:** Well-resourced, evidence-based awareness raising and public education campaigns are needed to inform the public about the nature and impacts of commercial sexual exploitation, including prostitution, pornography and sex trafficking, and the relevant legislation in this regard.

For advocates, the media and the wider public

- **Address the nuances and platform survivors:** Those driving or informing debates and public conversations on the sex trade must recognise the negative consequences for both survivors and service providers in framing prostitution as 'work' and take a more nuanced and analytical approach to this complex issue. This includes seeking to be significantly more inclusive of survivors, providing safe platforms and opportunities for their testimony to be heard.
- **Prevent future harms:** Prevention work, and particularly work to prevent the targeting, grooming, recruitment and coercion of vulnerable young people into the sex trade, must be grounded in sound research evidence and survivor testimony on the true nature of prostitution and the often-lifelong harms and suffering for which it is responsible. This is essential to prevent future generations of girls and young women from being drawn into this exploitative trade and future generations of boys and young men from becoming the exploiters.

For researchers

- **Undertake longitudinal analysis:** A study of women over their exiting 'life course' that is more longitudinal in nature would enable researchers to chart and assess what supports are ultimately the most effective in the long-term for women seeking to achieve and sustain a permanent exit from prostitution.
- **Focus on mental health, and the impacts of trauma, stigma and shame:** A study of the long-term outcomes and impacts of prostitution on women's mental health, including an exploration of the impacts of trauma experienced by women as a result of submitting to multiple counts of unwanted, undesired sexual acts in the context of prostitution, would provide greater insights into how women can be supported to more fully overcome this trauma. This should include an analysis of the role that the deep layers of stigma and shame experienced by women arising from their involvement in prostitution plays in preventing them from seeking support and subsequently recovering from sexual exploitation.
- **Enhance understanding of the sexual exploitation of children:** Given the number of participants in this study first drawn into prostitution as minors, an in-depth research study is required to explore retrospectively with survivors and support providers what interventions could help prevent, identify and respond more effectively to the sexual exploitation of children and young people.

... before that I was voiceless and now, I have a voice to speak. And I overcame that cage. I broke off those chains... I'm speaking out for myself, and it's easing that heaviness and it's making a change within yourself. Amara



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Appendix A: Detail of Methodology

Research methods

This study adopted a mixed methodological approach, employing both quantitative and qualitative research methods. The study is based on data gathered from a variety of sources, including:

- A survey of Ruhama service users, which achieved 62 individual responses
- Three focus groups with Ruhama service users, involving 23 participants
- One-to-one in-depth interviews with 11 women accessed via Ruhama's services²⁰³
- Semi-structured interviews with seven Ruhama staff, three of whom were interviewed twice
- One focus group with Ruhama staff, involving 17 staff members
- Seven study information and feedback sessions – four with service users and three with staff.

Establishing the research study

This is a multifaceted study, involving a wealth of both quantitative and qualitative data from a variety of sources, exploring multiple aspects of women's lives, and focused on the complex and often challenging issues of sexual exploitation. As such, extensive groundwork was undertaken to establish the research within Ruhama at the outset – to ensure that it was robust, ethically sound, effectively embedded within the service in which it was being conducted, and that its purpose and value were clearly understood by all concerned. To this end, a number of steps were undertaken, as follows.

Study information sessions

Information sessions on the study were provided to Ruhama service users so that they were fully briefed on its nature and purpose. Two initial sessions took place in December 2021 (*ISSU1*) and January 2022 (*ISSU2*) via Zoom due to Covid-19 pandemic public health restrictions. An open invitation to these sessions was sent to all active Ruhama service users (approximately 350) at that time.²⁰⁴ Thirty-one women attended in total across the two sessions. Based on the information provided, those who were considering participating in the research could then make an informed decision about whether or not to do so.

A third information session (*ISSU3*) was held over Zoom to secure maximum participation²⁰⁵ in July 2022. This session focused on the survey, explaining its purpose, the nature of the questions, tips on completion and answering any questions participants had about it. Twelve service users who were considering completing the survey but needed more information about it first attended this session.

203 Ten of these women were current Ruhama service users at the time of the interview and one is a current staff member. See profile of the sample below for further details.

204 Active service users impacted by prostitution included women and transgender people who self-identify as women.

205 A number of participants were unable to attend these information sessions in-person – such as those living outside of Dublin, those without available childcare and those doing shiftwork. However, they expressed a wish to participate and be kept updated about the research – Zoom was the most convenient and accessible way to include as many interested participants as possible.

A fourth and final information session was held, again over Zoom, in October 2022 (*ISSU4*). All those who had engaged directly with the research or expressed an interest in the process (approximately 50 active services users) were invited to hear and provide feedback and reflections on the study's emerging findings as presented by the SERP team. Thirteen women were in attendance.

All sessions were audio-recorded with the consent of all participants. While these information sessions were initially designed primarily to provide information on the study and answer queries only, in the natural course of the discussions the participants expressed their views on what they were hearing and added their own insights, reflections and in some cases personal experiences of the sex trade. As a result, participants' contributions to these information sessions formed part of the body of data to be analysed and were included in the findings (see Data analysis below).

Information sessions on the study were also provided by researchers to Ruhama staff at three key stages. The first two sessions (*ISStaff1* and *ISStaff2*), which were convened at its outset in late 2021, explained the nature and purpose of the study to staff and sought their support in facilitating the study and sharing information about it with Ruhama's service users. The third session (*ISStaff3*) was conducted in-person in late 2022 and mirrored the session with service users at that time, whereby the study's emerging findings were shared with staff and their reflections and feedback were sought.

Research agreement and protocols

A series of steps were undertaken in collaboration with Ruhama staff to ensure the safe, smooth-running and the ethical conduct of the study throughout its lifetime. This included the following measures:

- The development of an agreed research plan setting out the key tasks involved in the study, the tools to be used and how participants would be recruited
- The selection of a designated study liaison – a senior Ruhama staff member with extensive experience in the service who was responsible for ensuring the ethical integrity of the study within Ruhama as well as the safety and wellbeing of all research participants
- The agreement of safety protocols regarding participant recruitment, risk assessment, protecting confidentiality, responding to any distress that may arise for a participant during data collection and handling any disclosures of a welfare or safeguarding nature (see Ethical considerations below for further details)
- Provisions for follow-up support to be provided to all research participants who may require this as a result of their participation, at any point throughout the study.

Essential to the successful undertaking and completion of this study was the role played by the study liaison within Ruhama. Not only did she oversee the ethical conduct of the research within the organisation, she also facilitated the day-to-day smooth-running of the research, assisted with the setting up of information sessions, focus groups and interviews, supported a number of participants to complete the survey, shared dates and information, and kept participants informed about the study from its outset and as it progressed. As study liaison, she was also vital in ensuring the safety and wellbeing of all research participants, checking in with participants when necessary, and securing any follow-up supports that were needed arising from service users' participation in the study.

A survivor-informed study

Throughout its development and undertaking, the study was directly shaped and informed by women accessing Ruhama's services. This approach is based on the principle that women – in this case survivors of sexual exploitation – are the experts in their own lives and experiences. To truly understand the nature of exiting it was vital that their unique perspectives guided the conduct of the study in a meaningful way. This was achieved primarily through the information sessions and focus groups with services users which provided opportunities for women to guide, advise and inform the researchers in a number of key areas, including:

- The scope and progress of the study and what topics and themes data collection should focus on
- The questions that should be asked in the survey and interviews, as well as women's preferences for participating in data collection
- The study's findings and recommendations – providing comments and reflections on both, including identifying any gaps or areas that required further attention or explanation.

As the study progressed, modifications were made to data collection tools and approaches based on women's feedback. For example, to address participants' concerns, the information sheet and consent letter outlined the measures that would be taken to protect their identity and ensure the security of their data. Participants suggested the inclusion in the survey of additional response options in relation to the barriers that they faced to exiting the sex trade, for example: *'too difficult to find a safe place to stay'* and *'no access to my passport/papers to leave'*. They also suggested additional response options regarding supports for women to help them exit, including: *'peer support from women with similar experiences'* and *'support workers who understand my experiences'*.

Survivors' reflections on the emerging findings shared in the fourth information session (ISSU4) were also included in the final report, emphasising in particular the impact of *'not being believed'*, the ongoing *'trauma'* that was triggered even after they had exited the sex trade and how their *'hope for a normal life'* sustained them.

Research participants additionally played a central role in the dissemination of the study's findings. Mid-way through the study (December 2022), SERP and Ruhama co-hosted an international conference in Dublin, in which the emerging findings of this study were shared, with survivors playing a key role in this regard. The conference, entitled *Breaking the Silence*, focused on the sexual violence of prostitution and how the sex trade embodies violence against women and girls, aiming to break the silence surrounding the harms of the sex trade and expose the realities of sexual exploitation. Three women interviewed for this study presented at the conference, sharing insights from their lived experiences of sexual exploitation. Themes they addressed included the impacts of trauma, the supports women affected by prostitution and sex trafficking need, and the complexities of women's exiting journeys.²⁰⁶

Research participants will also share their experiences of the sex trade, the barriers they faced to exiting and the supports they needed to recover and rebuild their lives with policy makers at the launch of this study in December 2023. Survivor participation will continue beyond the study's publication, as participants have expressed a desire to play a role in the wider onward dissemination of this study's findings and recommendations into the future.

206 For more information about the *Breaking the Silence* conference see Ruhama (2023), *op cit.*, p.33-35.

Timing of data collection

The bulk of the data collection in this study took place between December 2021 and March 2023, with a final focus group undertaken in November 2023 with interviewees to gather their feedback and recommendations on the draft report.

The survey

The survey was divided into seven sections and asked a series of mainly closed (tick-box selection) questions about the respondent, how they would rate their health, their decision to exit/consider exiting, the barriers to exiting they face/faced, the supports needed to exit, any challenges they may have faced after leaving the sex trade, where relevant, and their views on the helpfulness of Ruhama's services. Many questions included an additional free text box where respondents could add further information or reflections. Qualitative data gathered in this way were included in the qualitative analysis.

An open invitation to complete the survey was sent to all active Ruhama service users (approximately 350) in May 2022. Respondents were given the option to complete the survey anonymously online via Survey Monkey or on paper, with respondents offered in-person support to complete the survey where needed. To ensure anonymity of the survey responses, a link to the survey was sent to each active service user and 57 service users chose to complete it online. Five respondents sought in-person support from Ruhama staff to complete a paper version of the survey – two needed assistance with translation because English was not their first language and three women had literacy difficulties. While it is recognised that this may impact on the anonymous nature of the survey, it was considered more important that every effort be made to include all women who wanted to participate, irrespective of their language proficiency or standard of literacy. That said, while the staff member explained the question rating the helpfulness of Ruhama's services, she then stepped out of the room so respondents could provide a confidential response. The survey was then placed in an envelope by the woman, sealed and returned directly to the researchers.

A number of safeguards were taken to ensure women's welfare during the completion of the survey. This included advice given to women in the information session on the survey (*ISSU3*) and a note at the start the survey recommending that respondents complete it in a safe and private place, alongside advice and contact details for anyone who felt they needed support during or following completion.

The target set for the survey to achieve was 50 responses, this was surpassed with 62 responses received in total – 57 online and five on paper (reflecting a 17.7% response rate). The latter responses were manually entered by researchers into the Survey Monkey tool for analysis. The quantitative data presented in this report are based on an analysis of the full sample of 62 respondents.

The focus groups

The focus groups with service users were designed to seek their guidance in shaping and informing the study. The first two focus groups (*FGSU1*, *FGSU2*) were held in February 2022 with two different groups of women. One was held in-person in Ruhama's head office and one was held over Zoom for women who could not travel to central Dublin or preferred this format of engagement. All focus groups were audio-recorded with consent. Eight service users participated in-person and twelve in the online session. Focus group participants came from a group of approximately 50 active service users who had expressed an interest in the study and/or attended the study information sessions.

These initial focus groups were vital in helping to shape the study at the early stages – participants advised researchers especially in relation to the scope of the study and the topics and themes that it should explore – e.g., a focus on trauma, that exiting is only the beginning of the 'journey', a lot of hard work happens afterwards, the vital role of support, not knowing where or how to seek support at the outset etc.

A third focus group with service user interviewees (*FGSU3*) was held in November 2023 to obtain feedback on the final draft of the report, its findings and recommendations. While interviewees described the emotional impact of reading their own words in the report, they welcomed the study and recognised the need for this research in giving voice to their experiences. One change was made to the report as a result, involving the removal of a part of one woman's quote as she felt this had been presented out of context. Interviewees welcomed the recommendations in the report, in particular the recommendations relating to the provision of a social welfare payment to support women exiting prostitution and for women impacted by sexual exploitation not to be housed in Direct Provision.

A focus group was held with Ruhama staff in-person in April 2022 (*FGStaff1*), and focused in particular on the development of the service user survey, garnering staff input on the survey themes and wording of questions. Changes were made to the wording and sequencing of questions as well as ensuring that the survey instrument was structured so that it could be completed on a variety of devices including smartphone, laptop and tablet as well as on paper.

The interviews

The interviews with women accessed via Ruhama were very loosely structured in nature and designed to encourage a narrative style. An opening question invited each interviewee to tell the researcher how she came to be in prostitution, what she experienced within it and whether and how she exited. This allowed interviewees a great deal of free reign in how they chose to tell their stories and what details to include. This assisted women in feeling that they were in control of their own narrative as much as possible throughout the interview. Follow-up questions by the researcher were mainly comprised of prompts or minor checks to seek clarity on what each woman was saying.

In adopting this approach, the interviews broadly explored women's entry into prostitution, their experiences within it and experiences of exiting/escaping/trying to exit, where they 'are at' in their lives at the time of interview, and their hopes and plans for the future. However, two interviewees chose not to speak about the 'before' – i.e. their entry into prostitution and experiences within it – as this felt too difficult or painful for them. They chose instead to focus more on the 'after' – their journey of exiting, the barriers they faced and the supports they needed and continue to need. This boundary was carefully respected by the researcher throughout the interview.

Women were selected on the basis that they met the ethical criteria for inclusion in the study (see Ethical considerations below) and had expressed an interest in being interviewed following their participation in study information sessions and/or focus groups. Potential interviewees were contacted by the researchers by email and/or by telephone, inviting them to participate and providing further details about what the interview would entail and how it would be conducted. A date and location that suited and was safe for each interviewee was then agreed.

Researchers had set an initial goal of eight to ten interviews – ultimately 11 were completed during the course of this data collection phase. Interviews took place either in-person in Ruhama's head office (seven), or over Zoom (four) according to the woman's preference and convenience. Interviews ranged in length from the shortest (36 minutes) to the longest (1 hour 56 minutes) and in total over 14 hours of audio-recordings were made of the interviews, for which every interviewee provided informed consent. To ensure that the safety and wellbeing of all interviewees were protected, the researchers followed clear ethical protocols in the conduct of the interviews (see Ethical considerations below). Following the completion of the interview, all interviewees received a voucher as an acknowledgement and thanks for the time they had given to the research and they were also offered follow-up support from Ruhama staff after the interview if they required it (see Ethical considerations below). To protect their identity, pseudonyms are used for all interviewees accessed via Ruhama throughout this report.

A series of semi-structured qualitative interviews were also undertaken with seven members of Ruhama staff, three of whom were interviewed a second time to further explore or clarify matters that arose in the first interview. They have many years of professional experience supporting women impacted by prostitution and sex trafficking. Topics covered during these staff interviews included the main barriers they identify to exiting and rebuilding their lives that the women they support face, the supports they provide to women on this journey, the core elements and principles of their model of practice in responding to women's needs, and the skills and supports that staff need to undertake this work. Interviews ranged in length from the shortest (60 minutes) to the longest (1 hour 33 minutes), and in total over 13 hours of audio-recordings were made of the interviews, for which each interviewee provided informed consent. To protect their identity, a number has been assigned to each staff member, for example, Staff 1, Staff 2 etc., which is used throughout this report. For the three members of staff who were interviewed a second time, their interview is noted as Int 1 or Int 2 accordingly.

Profile of the sample

The survey

According to the brief demographic data provided by those who completed the survey, survey respondents were diverse in nature and had had a range of different experiences of the sex trade. Women from four different continents were represented among respondents – namely Africa, Europe, Latin America and Asia. The youngest age of entry into prostitution was 12 and the oldest 43, with the average age being 25. Eleven respondents had been groomed or coerced into the sex trade as minors under 18 (18%). The length of time women remained in prostitution varied widely from a minimum of two weeks to a maximum of 20 years. The most common length of time selected by respondents was 1-3 years (23%). The majority of respondents (71%) had already exited, and the rest, apart from one respondent who had not considered exiting and one who skipped this question, were making progress on their exiting journey.

The focus groups

Women from across the globe were represented among the participants in the focus groups – including from Ireland, Eastern Europe, the Middle East, Africa, Asia and Latin America. The nature of the focus group was such that no information on participants' ages or their length of time in the sex trade was collected. Instead, the focus groups were designed to encourage a broad discussion, seeking participants' views on the topics to be addressed in the study, their advice on the survey instrument and the issues that should be investigated in more depth in the interviews, as well as gathering their feedback on the draft report at the end of the study. That said, each of the focus groups resulted in a deep discussion of the issues at the heart of exiting and the data gathered formed part of the findings included throughout the report (see Table A below for some examples).

The interviews

The profile of the eleven interviewees broadly reflected the diversity of Ruhama's population of service users overall, particularly in terms of nationality, age and gender identity. Interviewees originated from Ireland, Eastern Europe, the Middle East, Africa, Asia and Latin America. Interviewees ranged in age from 28 to 60. One interviewee is a transwoman. Three of the eleven had become involved in prostitution as minors. A variety of prostitution locations featured in the interviews – including the street, brothels, their own homes, buyers' homes, traffickers' properties, hotels, strip clubs and nightclubs. Some had been involved in a range of different locations. Six interviewees had been trafficked into the sex trade.²⁰⁷ A host of vulnerabilities and adversities in their lives had preceded all interviewees' entry into prostitution, whether they had been trafficked or not (see Table 2 in the main body of the report for further details). Two interviewees were still involved in prostitution at the time of interview but had embarked on their own journeys to exit. There was a huge range of diversity in interviewees' experiences within and exit from the sex trade, but also many common themes that provide an enhanced understanding of the exiting process.

207 In the case of one interviewee, it was unclear whether she had been trafficked or not as she chose in interview not to speak about her entry into the sex trade or her experiences within it, but to focus instead on the exiting and recovery process.

Having worked as frontline workers with many hundreds of women impacted by sexual exploitation over the years, staff interviewees' extensive knowledge of women's experiences within and exiting from prostitution further informed this study's analysis, and their insights are integrated throughout the report. Seven staff, including the Chief Executive Officer, were interviewed in total, representing a diversity of roles and specialisms within Ruhama, for example casework, education and development, employment, peer support, counselling and psychotherapy.

One of the staff interviewees also had lived experience of prostitution. She was offered and availed of the opportunity to participate in two separate interviews – one with her 'survivor hat' on and one with her 'staff hat' on. While it is important to acknowledge that these two roles are impossible to completely separate, her unique perspectives, combined from both her professional and personal experiences of the sex trade, undoubtedly added to the richness of the data she contributed to this study.

Data analysis

Quantitative analysis of the survey data primarily generated descriptive statistics on the profile and demographics of the respondents, the reasons for thinking about leaving the sex trade, their state of health, the barriers they faced and the supports they needed to leave, as well as any subsequent challenges they faced following their exit from the sex trade.

Notes were taken, and recordings were professionally transcribed verbatim of the information sessions, focus groups and all interviews with service users and staff. Qualitative data gathered via the free text boxes in the survey were also included in the qualitative analysis. This created a wealth of qualitative data which was then thematically analysed, as the method best suited to identifying and analysing patterns of meaning within the dataset in this context.²⁰⁸ This is a flexible method which can be applied methodically and rigorously to search for meanings and patterns within interviews and other types of qualitative data. This method involves thorough immersion in and familiarisation with the data, the generation of codes, and the identification of themes and subthemes upon which further analysis is based.

English was not the first language of nine of the interviewees, but all were more than able to make themselves understood. To preserve the authenticity of their contributions, their own speech patterns are retained and presented in their verbatim quotes throughout this report.

Ethical considerations

The study achieved full ethical approval from University College Dublin's Human Research Ethics Committee and adhered to the highest ethical standards in conducting research with vulnerable groups.

The study also carefully adhered to the World Health Organisation guidelines for research on domestic violence and trafficking,²⁰⁹ which recommends that all participants in qualitative interviews are sourced via dedicated support agencies (in this case Ruhama); that a risk assessment prior to interview is carried out by support workers (in this case the study liaison);

208 Braun, V. and Clark, V. (2013) 'Teaching Thematic Analysis: Overcoming Challenges and Developing Strategies for effective Learning', *The Psychologist*, 26(2), pp.120-123.

209 World Health Organisation (WHO) (2001) *World Health Organisation (WHO) Ethical and Safety Recommendations for Interviewing Trafficked Women*. Geneva: WHO.

and that ongoing support is put in place, should this be required during or following interview. All interviewees were given the opportunity to speak with a support worker directly after interview or at any later time, should the need arise. In addition, the research team developed a written Distress Protocol that detailed how women's distress, should this arise during interview, would be addressed. This was not required in the course of this study.

Risk assessment/selection criteria

To ensure the highest ethical standards for interviewing women who are potentially vulnerable and to ensure that their welfare is treated as paramount, the following criteria had to be met:

- Women were assessed by Ruhama's study liaison before they were approached to participate, and an assessment was made in relation to:
 - their physical and psychological wellbeing
 - their present level of safety and security
 - the length of time they have been accessing support services
 - their English language capacity.
- No woman could be approached for interview who:
 - was less than six months attending the service
 - was displaying signs of severe stress or trauma
 - was at risk in terms of safety and security
 - had a language where there was no specialised translator available.

As described above, translation services were not required during any of the interviews as all of the women had sufficient command of English. Five service users were supported to complete the survey as outlined previously. All participants were given verbal and written information about the study and what their participation involved prior to interview. Informed consent was obtained from all interviewees, who signed consent forms and agreed for their interview to be audio recorded by the researcher. In addition to the follow-up support made available to interviewees after interview, women were also given the opportunity to request a copy of the full transcript of their interview and to request that any content they were not comfortable with be removed. Interviewees were also supplied with the final draft of the full research report in advance of publication. Each interviewee's own quotes were highlighted for her in her copy so that she could easily view her specific, verbatim contributions. As noted above, one interviewee asked for a portion of one of her quotes to be removed from the report and the researchers complied.

At the end of each interview, women were given a gift voucher from the research team as a token of recognition and appreciation for their time, but they were not made aware that they would receive this in advance of the interview.

Limitations of the data

One key limitation to be borne in mind throughout any reading of this report is that this sample cannot claim to be representative of all women in the Irish sex trade. Rather, it is representative of those women who are in a position to be able to access the supports provided by Ruhama. Previous studies²¹⁰ have found that women in prostitution in Ireland are not a homogenous group and how they interact with support services may differ depending on the context, including for example whether they are a victim of trafficking/are currently involved in prostitution/are under the control of a third party etc. It should therefore be borne in mind throughout that the sample does not include women in the Irish sex trade whose movements are controlled by a pimp or other third party to the extent to which they are prevented from accessing any forms of support or assistance.

Furthermore, given that a key focus of this study is exiting prostitution, the majority who participated across all forms of data collection had exited prostitution, and nearly all the rest were making progress to exit. Therefore, this study is not representative of the experiences of women currently involved in prostitution in Ireland who have not considered exiting.

Finally, it is important to note that, in addition to exploring women's barriers to exiting and subsequent recovery from the harms of prostitution, the focus of this study was to document the model of practice employed by Ruhama in responding to the needs of women impacted by the sex trade, including those who wish to exit. It must be emphasised that this study is not an evaluation or a detailed critical analysis of Ruhama's model and the services it provides, but rather an exercise in describing and presenting the model as it stands to an external audience for the first time, in order to promote a wider, evidence-based understanding of what exiting entails, women's complex needs in this process and the specialist supports they require on their exiting journeys.

210 See Breslin et al (2021) *op cit*; O'Connor and Breslin (2020) *op cit*; Kelleher et al (2009) *op cit*.

Table A – Overview of Research Design and Data Collection

Date	Type	Purpose	Number of participants	In-person/online	Duration	Input into research design	Input into data
08/11/21	Staff information session <i>ISStaff1</i>	Set out research objectives, planned fieldwork and ethical procedures	3 staff	In-person	1 hr	<p>Important that clear explanation is given to service users of what is expected of them in terms of the research.</p> <p>Inform service users of available counselling support throughout.</p> <p>Recognise that service users are a non-homogenous group with varying language abilities.</p> <p>Design plain English language consent and participation forms.</p>	
07/12/21	Staff information session <i>ISStaff2</i>	Explain purpose of research, planned fieldwork and input required from staff	17 staff	Online	1 hr 15 mins	<p>Design participatory research that is inclusive and conducted in a safe manner by:</p> <ul style="list-style-type: none"> - amending participation and consent forms so that they are more easily understood by service users; 	<p>Some examples of the data from this session included staff noting:</p> <ul style="list-style-type: none"> - how allowing women's voices to be heard could serve as a healing process for women; - the level of hostility in the public/social

Date	Type	Purpose	Number of participants	In-person/online	Duration	Input into research design	Input into data
16/12/21	Service user information session 1 - <i>ISSU1</i>	Introduce the research team, explain the purpose of the research, and how it will be conducted	16 service users 2 staff	Online	1 hr 10 mins	The research team stressed the participatory nature of the research, highlighting that the service users are the experts in their own lives and experiences, and how the research team wished to learn from them.	media to the work they do while most NGOs are in a more positive light.
20/01/22	Service user information session 2 - <i>ISSU2</i>	Introduce the research team, explain the purpose of the research, and how it will be conducted	15 service users 2 staff	Online	52 mins	The research team emphasised in the survey information and interview participation information sheets the protocols that the team adopted around data confidentiality and protection of women's identity given the concerns raised by service users around this.	An example of the data from this session included: - service users noting how sharing their experiences in the sex trade helped them to heal.

Date	Type	Purpose	Number of participants	In-person/online	Duration	Input into research design	Input into data
17/02/22	Focus group 1 with service users - <i>FGSU1</i>	Seek services users' advice and input on the survey instrument and interview questions	12 service users	Online	59 mins	The research team revised the survey instrument to reflect additional barriers and supports identified by service users and took on board their advice to tease out at interview the nature of trauma and impact it had on their journey to recovery.	Examples of data used from this focus group included: - the importance of peer support, safe and suitable housing, and trusted support workers.
18/02/22	Focus group 2 with service users – <i>FGSU2</i>	Seek services users' advice and input on the survey instrument and interview questions	8 service users	In-person	55 mins	The research team revised the survey instrument to reflect additional barriers and supports identified by service users and took on board their advice to tease out at interview the nature of trauma and impact it had on their journey to recovery.	Examples of data used from this focus group included: - how trauma never ends, how it can be triggered and how you learn to live with it; - the importance of peer support, information on where to go to for support and having safe and suitable accommodation.
05/04/22	Focus group 1 with staff - <i>FGStaff1</i>	Seek advice and input from staff on the survey instrument and outline nature of staff interviews	17 staff	In-person	1 hr	The research team revised the survey instrument by removing any words that might be seen as judgemental, sequencing questions to allow respondents to skip any questions	

Date	Type	Purpose	Number of participants	In-person/online	Duration	Input into research design	Input into data
						that were not relevant to them, and checking that the survey could be completed on a phone/laptop/tablet/paper and over time.	
May to Sept 22	Survey distributed		62 service users	Online via Survey Monkey and paper copies			62 responses received, 57 online and 5 paper copies. All data analysed and included.
12/07/22	Service user information session 3 - ISSU3	Provide service users with information and support around survey completion and some initial results	12 service users 1 staff	Online	1 hr	Provided clarification on how to complete survey online.	
14/07/22 to 20/11/22	Services user interviews	Help researchers to understand women's journeys as they seek to exit and rebuild their lives, including their experiences within the sex trade, any barriers they faced/continue to face and the supports that helped or were missing	11 service users	7 in-person 4 online	14 hrs 12 mins		All data analysed and included.

Date	Type	Purpose	Number of participants	In-person/online	Duration	Input into research design	Input into data
26/10/22	Service users information session 4 - <i>ISSU4</i>	Present initial results to service users and check if they are in line with their expectations	13 service users 1 staff	Online	1 hr		Impact of not being believed highlighted again. Also, ongoing trauma triggers. Noted that hope for a normal life keeps them going.
09/11/22	Staff information session <i>ISStaff3</i>	Present initial results to staff in advance of the <i>Breaking the Silence</i> conference	8 staff	In-person	1 hr		Include clearer explanations of data arising from the survey, clarify in tabular format and in text in the report.
01/12/22	<i>Breaking the Silence</i> conference	Disseminate the study's initial findings with survivor voice as a core element	3 survivors	In-person	1 day	Providing a platform for survivor voice in dissemination to a wide audience	
15/12/22 to 09/11/23	Interviews with staff	Obtain staff members' views on the barriers that women face and the supports they need to exit and rebuild their lives, the skills staff need to do this work and the principles that underpin their work.	7 staff 3 members interviewed twice	7 in-person 2 online 1 phone	13 hrs 5 mins		All data analysed and included.

Date	Type	Purpose	Number of participants	In-person/online	Duration	Input into research design	Input into data
15/11/23	Focus group 3 with service users – <i>FGSU3</i>	Disseminate the study's full findings and seek interviewee feedback	3	Online	45 mins		<p>One interviewee asked for a small segment of a quote to be removed as it felt too personal to her.</p> <p>Interviewees noted experiencing emotional impacts from reading their own quotes but stressed the importance of the report and its findings and recommendations.</p>

