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REACH Project Consultation

Reaching women & girls vulnerable to or experiencing trafficking for sexual exploitation

Dr Monica O'Connor

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RUHAMA
Supporting Women Affected by Prostitution



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency



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Section 1: Introduction

1.1 Background context

There has been a major shift over the past fifteen years in Ireland from on-street prostitution to an indoor based sex trade, primarily operated and accessed through mobile phones and the internet. Prostitution remains visible on the streets of the major cities, but the vast majority of prostituted and trafficked women are currently located within indoor locations including brothels, apartments and hotels (Kelleher et al., 2009). Research findings, evidence from the Gardaí and the results of an in-depth investigative report all concur that the Irish sex trade is highly organised and lucrative, with Irish prostitution organisers collaborating with international recruiters and traffickers in the commercial sexual exploitation of primarily young migrant and trafficked women, in multiple locations throughout the country (Kelleher et al., 2009; Maguire, 2012; Healy, 2012).

International evidence consistently reveals that street-based prostitution is a high risk location for all forms of violence, but there is increasing evidence that sexual violence and rape in indoor venues such as brothels, apartments and hotels are prevalent (Raphael & Shapiro, 2002) and that pimping is widespread within the indoor market (Daalder, 2007). Recent estimates by experts indicate that up to 24% of the total number of women within any prostitution regime may be trafficked (Seo-Young, Dreher & Neumayer, 2012). Given this evidence, it is clear that there are a sizeable number of vulnerable and exploited persons within the Irish sex trade who are unlikely to be aware of their rights and are therefore also far less likely to be able to access the supports and protections available. Furthermore, lack of visibility and access to these privatised locations has made it difficult for NGOs and State agencies to make contact with such isolated persons, thus there is an urgent need to develop innovative targeted initiatives to reach this vulnerable group.

1.2 The REACH programme

The REACH programme is timely in that it aims to enhance cooperation between the key statutory and non-governmental agencies in the improvement of the identification of victims of trafficking and their access to protection and services; develop awareness raising campaigns targeted at the buyers of sex and the wider society; and improve training and referral mechanisms. The development of an innovative and focused awareness raising approach to reaching victims of trafficking for sexual exploitation and those at risk of being

trafficked, especially women and girls, is a critical element of the programme and seeks to encourage this hard to reach group to come forward and to access support and protection.

The REACH project recognises the critical importance of survivors and women in prostitution as key informants in developing these awareness raising mechanisms and effective strategies to reach victims of trafficking and women and girls at risk. Consequently, a consultation process with women affected by prostitution and sex trafficking in Ireland and Northern Ireland was commissioned in order to hear their own experience of accessing services and to ascertain their views on the most effective ways to reach women who need protection and support. This report is the result of that consultation process and the findings are presented in the following sections. Section two briefly outlines the methodology of the research and the profile of the participants. Section three describes women's experience of accessing services, the barriers in seeking help and what mattered most to women in their initial and ongoing contact with specialist services/first responders and other services. Section four outlines women's access to communications media and their views on advertising and effective mechanisms for advertising services. Section five contains the conclusions and recommendations arising from the research.

Section 2: Methodology

2.1 Methods and participant selection process

A steering committee comprising key specialist services for women in prostitution and trafficked women, Ruhama, the Health Service Executive (HSE) Women's Health Service (WHS) and Anti-Human Trafficking Team, Northern Ireland Women's Aid (NIWA), the Gardaí and the Department of Justice was established to oversee the REACH programme. The methodology of the research agreed upon was a small, qualitative study consisting of semi-structured interviews and one focus group with women directly affected by prostitution and trafficking for sexual exploitation. In consultation with the steering committee, the researcher developed an interview schedule (Appendix A) and a process of engagement with front line services was initiated. A Participant information Form (Appendix B) and a Consent Form (Appendix C) were sent by the researcher to the services before women were approached in accordance with the Ethical Guidelines agreed (Appendix D). Ten individual interviews and a focus group with eleven participants were conducted by the researcher. The duration of the interviews ranged from twenty five minutes to fifty five minutes. In two interviews an interpreter was engaged. In the case of one additional woman

(interviewee 11), it was decided that as the woman was new to services it was more appropriate that her case worker would explore some of the questions with her.

2.2 Profile of women

The profile of the participants includes women who have been trafficked for sexual exploitation, women who have exited prostitution and women who are currently involved in prostitution. In the focus group ten of the eleven women had been trafficked and one woman had exited prostitution (Table 1). Of the eleven individual women interviewed, five had been trafficked, three had exited prostitution and three were still engaged in prostitution (Table 2). As wide a range of nationalities was covered within the limitations of a small study as possible, in order to ensure the optimum spread of experience and knowledge in relation to reaching vulnerable persons. The age of the participants was not requested but was estimated to be between 25-45 years of age. It is important to note that the participants in this study are women who have reached services, who were approached by support workers and who were willing to participate in the research. Therefore, this small study does not claim to be representative, nor can it reflect the experiences of vulnerable women who have been unable to reach services.

Table 1: Focus Group participants

Country of Origin	Trafficked for sexual exploitation	Exited prostitution	In prostitution	Service Facilitating interview
Brazil		•		Ruhama
Cameroon	•			Ruhama
Congo	•			Ruhama
Malawi	•			Ruhama
Nigeria	•			Ruhama
Nigeria	•			Ruhama
Nigeria	•			Ruhama

Nigeria	•			Ruhama
Pakistan	•			Ruhama
Uganda	•			Ruhama
Zimbabwe	•			Ruhama

Table 2: Interviewees

Interview	Name¹	Country of origin	Trafficked for sexual exploitation	Exited prostitution	In prostitution	Service facilitating interview
1	Clio	Brazil		•		WHS
2	Nela	Brazil			•	WHS
3	Maria	Romania	•			Ruhama
4	Evelyn	Nigeria	•			Ruhama
5	Nita	Italy			•	WHS
6	Anna	Romania			•	WHS
7	Irene	Nigeria	•			NIWA
8	Yasmin	China	•			NIWA
9	Salome	French New Guinea	•			NIWA
10	Stella	Ireland		•		Ruhama
11	Daria ²	Czech Republic		•		Ruhama

¹ The names given are pseudonyms.

² Information provided by a case worker.

Section 3: Women's experience of accessing protection and support

3.1 Reaching services

In relation to accessing specialist services, a distinct difference emerged between women who were trafficked for sexual exploitation and women who were not. For the majority of victims of trafficking, the primary referral and/or source of knowledge in relation to specialist services, was through the Gardaí, the PSNI and legal practitioners. Women came to the attention of the police as a result of failing to produce legal papers, investigations into trafficking, Garda raids on apartments and through refugee organisations who contacted the police:

I was arrested by the Gardaí in an apartment. I had no papers so they charged me and I was sent to prison. The Gardaí said if someone had brought me here they would help me with everything but I was too scared to tell. My lawyer persuaded me to talk to Ruhama (Evelyn)

The Gardaí came to the apartment and arrested me and the trafficker. I was too scared at the beginning to tell them anything, he was in the next cell and I could hear him shouting. Then after 24 hours when I told them the truth they brought me to a safe house and Ruhama met me there (Maria)

Lawyers representing women in the asylum process were a key source of referral to services. They recognised the indicators of trafficking after women had been arrested and/or had applied for refugee status:

A girl, she helped me to get out, I was so frightened, I was so scared to be caught by them again. I took the bus to Scotland and the ferry to Belfast and there I went to the refugee centre, the solicitor, he was a nice man, he called the police and they took me to the refuge (Yasmin)

Two trafficked women described how becoming pregnant and the fear of forced abortion gave them the courage to escape from traffickers:

I ran away...I have my baby...I had to do abortion two times...she gave me tablets to flush it, they are very wicked, they don't have conscience, they can kill you, they don't think of anybody, they don't think of the soul, they only think of money (Irene)

I was pregnant, so I knew there was a very high possibility that I would be forced to abortion...the men who make me do this job, they do not want me pregnant so they will force me to have abortion, I was scared but I'll do this for the baby because the baby grow day by day...so I tried to find a way to escape before I show...I see some bad cases

where they are forced to have abortion...and even if girls have a problem after it, they have to work...they can only take a couple of days break (Yasmin)

One trafficked woman heard of Ruhama through a friend in the direct provision hostel, who knew she was in great distress and told her about the support she had received from Ruhama. Two trafficked women were referred to Ruhama by the organisation Spirasi.

Of the four women who had exited prostitution, who had not been trafficked, the first point of contact for two participants was the Women's Health Service, which they had heard about from other women and they had seen mentioned on the Escort Ireland website. Escort Ireland is the largest internet advertiser of prostitution in Ireland, covering the whole island of Ireland³. They came to the WHS for condoms and sexual health screening initially but became aware of the level of support provided should they need it. One woman describes how she was increasingly distressed in prostitution and how a series of crises made her finally seek help as she was unable to continue. Clio becomes very upset in explaining how she felt so tired of the work:

It is so hard to get out. It is a circle, you go around and around. You need the money to pay the fortune they charge for apartments and to advertise on Escort Ireland. Then you work more to pay...and in the end you lose all your dignity (Clio)

Clio goes on to explain that in the end it was a series of events which forced her to seek help. She returned to her apartment one day to find that it had been burgled. Although they did not find the money she had hidden, she realised that it could have been gone and she that she would have done all this for nothing. Then another incident convinced her to try and get out:

I was so tired of the work...then one night I was alone in the apartment and a man who was very drunk came. He would not leave after the sex and said he wanted more, he was very threatening and I was very frightened. I grabbed my clothes and found the pepper spray which I used and ran. I dropped my phone and he took it. Anything could have happened to me...he could have killed me (Clio)

She explains how lonely, isolated and frightened she felt and that knowing about the WHS was critical for her. They very kind and sympathetic and referred her to Ruhama. She went on to find employment and is now two years out of prostitution.

The second woman explains that it was only when she finally could not deal with prostitution any longer she told the worker in the WHS who referred her to Ruhama and

³ Given the different jurisdictions (Republic of Ireland & Northern Ireland) participating in the REACH project it should be noted that in Northern Ireland the advertising of prostitution is legal, whereas in the Republic of Ireland it is illegal.

reassured her that she could access the service confidentially without papers. She expresses her regret that she had waited so long to contact them:

I was isolated, I was in danger, if I could have come and got help five years ago my life would be another life, I would have had a life, a different life if I had been able to come here earlier (FG)

Two women made contact directly with Ruhama after long periods of time in prostitution. One woman heard about Ruhama from a friend who attended the WHS, where she had been told about the service. The second woman did not remember who told her about the service. She describes denying to herself that the service was for her, as she had been intermittently in prostitution, but when she completed counselling for addiction she knew she needed to deal with her experience of prostitution:

I remember one morning thinking "pick up the phone, and ring Ruhama, just do it". I got on the phone and I was talking, I don't know what came out of me, it was just like a torrent of stuff just flooded out and I was babbling, and I always remember her just being so calm and so gentle and saying "it's okay" (Stella)

For the three women who are still in prostitution, the WHS appeared to be the only service they access. They heard about the WHS from other women and had read about it on the Escort Ireland website. They said they had been informed by other women in prostitution that the WHS was anonymous, confidential and that legal papers were not checked which made it possible for them to come.

No woman had accessed services as a result of an advertisement or a media source and no one remembered having seen anything which informed them that there was help available.

3.2 Barriers to disclosure and seeking help

The most common barriers to seeking help that women expressed were fear and shame. Trafficked women spoke about their intense fear of the traffickers who threatened to kill them and members of their family. One interviewee describes how she would never have contacted a service at that time even if she had known of one, as she was extremely frightened of the trafficker who physically and mentally abused her and then prostituted her:

I was not locked in a room, like I know some women are. You could go on the street but you couldn't ask for help, because you were too scared. This man is capable of anything...he feels no remorse even for his own family. Every time I rang my family they tell me what he does so I think this is my life, I will be scared of this man all my life (Maria)

Women described how traffickers repeatedly said that if they went to the police they would be deported to Africa. Some victims of trafficking talked of voodoo and juju which was performed before they travelled to frighten and control them and to prevent them disclosing what had happened:

I was afraid to tell the Gardaí that someone had brought me to this country as they said that if I said that I would be deported to Africa. They had also done voodoo so I was so scared of what would happen if I broke the promise that I would never tell anyone. Also they had threatened my family (Evelyn)

Some women spoke about the extreme level of control exercised by traffickers and the intense surveillance they were subjected to. They were only allowed to go to clubs and brothels and lived in complete isolation from normal society:

I was sold in China and brought to London to be prostituted along with many other girls. I was very scared, I had no English. You were only allowed to go to work and brought back to the house I lived in with other girls. I had no contact with the outside world, I was not allowed to go out or use a phone (Yasmin)

My situation was I was brought from Africa to Portugal and I was in prostitution for nine years. I was told that I was going to mind children. When I was brought to Portugal, there was no freedom, no space, I can't go out alone, except to walk from the house to the club to work...this is all I know in Portugal. The men who work for the lady controls the girls, I've never allowed to go shopping, they are watching me all the time. The first time I tried to escape they tied me like a crocodile and beat me...even when I had my period I had to work, to have sex (Irene)

These stories reveal the level of isolation, control and violence that victims of trafficking are subjected to. Furthermore, women had very little English, they were in a completely strange country and were very frightened, making it highly unlikely that they would be in a position to know about, or make contact with services. The women in this study who displayed such courage and had the opportunity to escape were strongly of the opinion that the vast majority of girls and women would be unable to escape without police intervention:

Unless there is someone inside to help there is very, very, little chance of escape...they are very scared...the men who control them are very scary (Yasmin)

Women are scared that he is watching them. They know nothing about the country they are in. Women cannot bring themselves out. They are scared. It has to be the police (FG)

Fear of being judged and a profound sense of shame about being in prostitution were reiterated again and again as a barrier to seeking help or disclosing what had happened by both prostituted and trafficked women:

I was so scared of speaking to them because I felt so ashamed and did not want to say that I had been in prostitution, but eventually listening to the good experience my friend had, I called (FG)

The shame to admit that you are a prostitute is the biggest thing...I felt so bad about myself and what I was doing...I was ashamed to say it...to say I was doing this work...prostitution is made to be so glamorous in my country (Brazil) and they say you can make lots of money. It is not glamorous at all...you lose all your dignity (Clio)

A surprising issue that came up in the focus group was the fear of being exposed and publicly shamed if you came forward as a victim of trafficking. It emerged that this was a common myth perpetuated by both traffickers *and* escort agencies that support services would use them and force them to tell their story publicly, expecting them to appear on television and expose their identity. Some women said they even thought their picture would be sent to Africa and even though some laughed about this now, it was clear that they believed this at the time. Consequently, women emphasised the importance of shading out the face of the person on television and stressing confidentiality of all services.

Women who had left prostitution spoke about feeling isolated, excluded from society and with very little sense of self-worth, which acted as a major barrier to accessing support and help:

We are not part of society, we are not belonging to society anymore, we are not wanted, we are excluded (FG)

I used to feel like I don't belong, I'm not part of society, reviled by everyone, without exception, men and women, we're the butt of, the dregs of society, I'm worthless, so it's so hard I think looking back when I was in my darkest place that's how I felt, that's how demoralising it is, being stripped of your dignity, being stripped of your clothes, being stripped of everything (Stella)

Stella goes on to explain that for her and many other women addiction and feelings of hopelessness and powerlessness act as a barrier to women coming forward for help:

Addiction...unfortunately there seems to be a high incidence of it...they seem to go hand in hand. And I think women themselves not feeling they have any choice, they may feel this is my fate, these are the cards I've been dealt, there so much secrecy and shame around it (Stella)

Women who are still in prostitution also described their initial unwillingness to go to a service and that the desire to remain anonymous and not disclose that they are involved is a major barrier:

I know a lot of women do not want to come because they do not want to show their face because of what they do...it is about privacy (Nela)

Fear of exposure may also contribute to long periods of delay before making a call or speaking to anyone. One woman again referred to being exposed publicly and believed her picture might be placed in the newspaper if she came forward:

I heard about the service on the EI website. I have been working in Ireland for about four years. I heard about it a few years ago but I think I was a bit wary of coming here, of giving your details, getting your face known...well I was personally worried about that... you are wary of giving your name, of having your face exposed, that you will be exposed to family, coming in and saying "yes, I'm an escort" (Anna)

Anna also goes on to describe her anxiety and expectation of being treated badly which prevented her from accessing the clinic:

I was really nervous when I was coming here that they are going to say something not nice, it's what you expect when people hear you are an escort, they will mostly be rude, that's what you think, that everybody is going into these clinics and everybody working there would treat you (pause) like rude. So you think what's the point in going there when they treat you so bad? Might as well go to a private one (Anna)

Some women spoke about their fear of not having legal papers, and that the consequences of seeking help would be immediate deportation:

I was illegal here for two years and I was afraid to contact anyone as I was afraid they would send me back home...that's what I was told by the agency (FG)

I thought they were going to ask (for papers) I was a bit wary of giving that, I was pleased they were not asking for my ID, that's what you're most concerned about, my personal details, giving your real name (Anna)

The three participants who are currently in prostitution appeared to be operating independently. When asked if they knew anyone who might be unable to access the clinic due to control by third parties, initially women said no, they did not think this was happening. But later two women went on to indicate their awareness of unsafe situations and how they protected themselves from parts of the sex trade they knew held risks and where pimps were involved:

I'm not really involved with them but I know this happens. I went to apartments a few times and start to work but there were Polish and Romanian girls there working for pimps so I leave, I don't stay there. It happened once in Sligo too and I leave, I went out of there immediately (Nita)

I am pretty isolated myself, I don't really go with escorts, I don't like getting involved with escorts at all, I don't like to be with them, I just have my own circle and friends, ones I stick with, I don't really like getting involved with different people 'cause I'm a girl and you have to take care of your own security, I don't really get involved (Anna)

3.3 What mattered most to women about the protection and support they received

3.3.1 Specialist services

Safety, confidentiality, trust and kindness were the recurring themes which emerged within the focus group and the interviews, in relation to all the specialist services, regardless of the referral route or the context in which women made contact. Trafficked women described extreme fear and distress, and needing safety, reassurance and emotional support. The importance of that first response emerged as a critical issue for all women as they described in detail their initial meeting or phone call with a support worker. In all cases when Ruhama were called regarding a case of trafficking they made direct contact with the woman by phone or they came to the location where she was, whether it was a direct provision hostel, a Garda station or a safe house. The importance of reassurance and building trust from that first moment was critical:

When the Gardaí realised I was a victim of trafficking they took me to a safe place, and someone from Ruhama was waiting for me, they were so kind, but for me it was very difficult to trust...in the back of my mind was "What are you going to do with me?" I was scared...always in the back of my mind was "Are they going to hurt me too?" Wondering should I trust them (Maria)

They (Ruhama) came to court with me and the criminal charge was dropped. I would have had no confidence without this person being there all the time. Your mind is thinking all these things, you are scared but you have the confidence because of the case worker (Evelyn)

Women spoke of the follow-up to that initial phone call or meeting as continuing over time and eventually leading to trust and belief that they could tell their story and be heard

non-judgementally. Two women spoke about the support workers calling them back regularly until they gradually felt a sense that they cared and could be trusted:

She said "You can call anytime, I will see a missed call and I will call you back". She would say "You are very quiet...are you ok?"...and then you have the confidence to say your mind (FG)

Women consistently highlighted the care provided by individual front line staff and their need for emotional support after the severe psychological impacts of being trafficked and prostituted:

Girls, they need help with psychological problems, there is big pressure on them, they are stressed and depressed...I need to say thanks to C she helped me so much...I trust her, she is a very kind person (Yasmin)

In one case a French speaking trafficked woman with little English describes how Ruhama sent a French speaking woman to meet her which was invaluable. On that first meeting at the GPO the support worker brought her to the Penneys store and bought her a warm coat as she was freezing. She spoke emotionally about how much she appreciated this practical kindness and how she has kept this coat which she showed to the focus group.

A woman who had been in prostitution for many years describes how apprehensive she was having made the call to Ruhama and that without the encouragement of the worker and the willingness to come and meet her half way she would have backed out of the appointment:

I said "I'm going to be late, maybe I won't make it". And she made such an effort, she said "don't worry, I can come and meet you, can you get to this point?" It was someone reaching out to me...I can't almost put it into words because words don't really do the journey justice but it's been life-saving, it has saved my life (Stella)

Confidentiality was critical for women and emphasised the importance of building safe, respectful relationships. 'Feeling cared for', 'being consoled' and 'respected as a person' were expressed repeatedly, as was a 'sense of dignity' and 'confidence' gained through the relationship with their support worker. Many women stressed the importance of having one case worker, not having to disclose anything they did not want to, and in particular not having to tell their story to more than one person. Some women said they initially did not want to talk about prostitution as it brought it back into their minds and made it more real, and highlighted the importance of maintaining control over disclosure:

It is important that it is all about you, that you would have control of what you want to say, and when you want to say it, that you don't have to speak about it when you don't want to and you only have to speak to one person (FG)

The importance of education, training and the programmes provided by Ruhama in increasing confidence and self-esteem were highlighted by many women:

It's the holisticness of it all. They envelop you in so much...here we have the educational aspect, the counselling aspect, the courses, the development, self-awareness and health ...it just feels like you've come home, you've a family, a safe haven, somewhere that for the first time it is possible to develop and become who you were meant to be (Stella)

Stella goes on to describe the value of providing opportunities for women exiting prostitution to participate in shared programmes and recognise their strengths and resilience:

To be on this side of the coin with women, what we shared when we were on those courses, that sort of empowerment. I was always struck by...that these women are so gifted, we're really special women, we're strong, we're tough, but there's a gentleness...and fun! We can look at each other without having to say...you know what I mean? There's a recognition...yes (Stella)

The importance of kindness is again highlighted but also the value of an integrated structured programme after such chaotic existence in prostitution and addiction:

Nurturing, gentleness and structure, structure. Because you know when you're out there, there's not an awful lot of it, it's very unpredictable, "who am I, where am I going tomorrow" no order, addiction. So to come in here and go "I can breathe, I don't have to be anyone else"...I can be me, whoever that is (Stella)

What is particularly significant in the interviews in Northern Ireland was the women's appreciation of arriving at a women's refuge, a safe place where they could feel at home and receive the emotional and practical support they needed in a physically safe and nurturing environment:

I feel so warm, so warm, I feel I am home. Everyone was so friendly...they look after me and look after my baby...and later they gave me financial help...they gave me a peaceful life (Yasmin)

I feel like I have a family, it was like a home. I used to sing all the time in the kitchen, everyone would hear me singing, when I feel the pain. My younger brother was killed by them and my mother who was sick died after they (traffickers) beat her...I was having flashbacks when I came here, of the prostitution (Irene)

Women describe the importance of that immediate sense of safety, warmth and kindness on arrival at the refuge and the knowledge that no one had access to the building or their rooms:

When I got here I was so traumatised, but the women here were helping me, they were so kind and got someone to speak to me in French. I was so glad to be in a safe place, the door closed and I knew nobody could come to get me here...I was very, very, scared...It was very important to me that no men could come in. I was in a room upstairs so I could go up in the lift and lock my door which made me feel safe (Salome)

In relation to the WHS, women particularly raised the importance of a non-judgemental service while women are still in prostitution. The clinic was experienced as a kind and supportive environment where women were not judged and could seek help. Again the importance of kindness from staff was highlighted:

It was hard to believe the service was free because people were so kind I knew if anything happened I could talk to them (Clio)

The ladies were really, really nice, I didn't feel uncomfortable at all...it was all good, that the ladies were really nice, for me that was the most important thing because that was what I am most concerned about (Anna)

Women came initially for condoms and sexual health screening and stressed the importance of having access to these services, but they particularly appreciated the non-judgemental approach and emotional support offered:

In the first week I came to the clinic for condoms as my friend told me about it and I come still. At first it was just for condoms but after a few visits I heard about the blood tests. I travel around the country so when I am in Dublin I am always able to come and have my tests. It is not just for condoms, the doctor is very good...sometimes I had an infection and they give me medication and are very supportive, you can call anytime and ask them if you have any problem they take care of you (Nita)

As a transgender woman Nita particularly stressed how open and supportive the service is and when asked whether there were any particular difficulties for transgender people she spoke highly of the clinic and how it creates opportunities to meet other transgender people in prostitution:

No, I don't think so, all my friends come here; everybody feels very welcome here. When we come in to the clinic on Thursdays we often go out together (Nita)

3.3.2 The Gardaí and the PSNI

The experience women had with the Gardaí and the PSNI was generally very positive, with most women describing how they were treated in a kind and respectful manner. Even though some women were arrested, they stressed that they were treated kindly and that when they identified as victims of trafficking they were either brought directly to safety or services were called:

Even though I was arrested by the Gardaí, they were kind to me and said they could help. I could not tell them what had happened but one woman Garda, she was very nice to me, and she called Ruhama (FG)

The kindness and simple human gestures of individual officers were deeply appreciated and remembered:

The Gardaí were kind even though at first they thought I was guilty of trafficking. They offered me food and said I could have a shower. They offered to buy me socks as I had none and it was cold and said that I could use the ladies' loo not the one in the cell. You know humanity...humanity, is very important (Maria)

One trafficked woman describes having had good experiences of both the Gardaí and the PSNI. She was brought to Dublin by the traffickers but she escaped and went to seek asylum:

The police in Dublin were very good. I was brought to a hostel. But when I was there I saw the friend of the woman who had brought me and I was so scared. I ran away and went to Belfast. I was homeless, on the streets and I was pregnant. I went to the church and the Pastor brought me to an organisation who called the police, who brought me to Women's Aid. If it had not been for the police I might be still running (Irene)

One woman who is still engaged in prostitution has also had very positive experiences of the Gardaí:

Every time I dealt with the police they were really nice, they were really nice to me, gave me a phone number in case I have any problems to ring them, they were really good (Anna)

However, some women did not have such positive experiences. In the case of one woman in Belfast she was arrested by the PSNI, who initially did not believe she was trafficked. She was sent to prison for seven weeks but following legal representation, she was allowed to go to the refuge for the duration of the investigation but only if she was tagged:

I had a very bad experience here in Belfast, the police came to arrest me, they put me in prison, I was pregnant, I don't know anybody, I had very little English but then they came and bring me here (Salome)

Eventually, the police realised that she was a victim of trafficking following numerous doctors reports indicating severe trauma from being trafficked and prostituted. She was cleared of all charges and allowed to stay in the refuge where her baby was born.

Some trafficked women in the focus group spoke about the difficulty of undergoing numerous Garda interviews about their stories and the feeling of not being believed, and that the Gardaí did not care or understand:

If someone has had a bad experience of the Gardaí, asking you questions, not believing you then other women will hear that and that will stop them looking for help. And if they have good experience like the woman said of the female Garda, it will be the other way (FG)

Another woman describes her experience with Spanish police after running away from her traffickers in Portugal indicating the critical importance of identifying victims of trafficking:

Once I ran away and went to Spain and told the police that this woman had brought me to work in prostitution...they didn't do anything, they were laughing at me, I said "I can't go back, they will kill me", but they were speaking Spanish and laughing and mocking me (Irene)

She describes how she was forced to call the traffickers as she had nowhere to go. She told them she could not be in prostitution anymore but they said that if she did not go back they would kidnap her family:

Then I found out that they had beaten them and they were already dead. I would not have gone back if I had known they were dead. They beat me up and I have these scars (Irene shows the scar on her face) and they made me drink the water, the covenant, and said if I ran away or told the police something bad would happen to me, I am going to die (Irene)

3.3.4 Other services/agencies women had contact with

The only other public services that women spoke about having any contact with were general practitioners, hospitals, clinics and in some cases maternity hospitals, but none considered telling anyone due to shame and embarrassment. There seemed to be a general

belief that it would not be possible to disclose or seek help because they felt too ashamed of what they were doing. They believed that they would be judged:

Before I came to the WHS I went to private clinics, different ones all the time to get my tests done and I buy my condoms in the chemists, always a different clinic so the same one only maybe once a year (Anna)

Some women referred to the need to attend GPs as a result of sexual health issues they had because of prostitution. But again they did not disclose the cause of the recurring infections:

I went to the doctor many times but I never told her because I was so ashamed to say it, I was in prostitution, I think she might know but she never said anything and I would have said no, and been rude to her if she said anything (Evelyn)

Section 4: Findings in relation to communications media, advertising and reaching vulnerable women

4.1 Exposure to communications media

All women had access to mobile phones but there was very little response when asked about general access to the internet, accessing websites, chat rooms or social media. Consequently, there was very little positive response to suggestions regarding these media being an effective way to reach women. For trafficked women there was a sense of extreme isolation from society in general and access to any form of information communication technology is very likely to be controlled by the trafficker. For women currently in prostitution, the Escort Ireland website appears to be the only internet site women accessed.

There was a similar negative response to newspapers or magazines and some migrant women said they could read very little material in English when they came to Ireland even though had some proficiency in speaking English. In relation to radio and television, most women seemed to have access to both, although few women expressed much knowledge of particular programmes. Some women described the radio being on in cars as they were driven around the country and one young woman who had been confined to a house as a domestic worker said:

I was trafficked, I couldn't go out, I had no friends but I watched TV all the time, if I had seen an ad I would have rung 'cause I was waiting for help, I was waiting for it but I couldn't get it (FG)

It is worth noting that all the participants in this study are migrant women except for one, and consequently, cultural and language barriers need to be understood in relation to all forms of media and communication.

4.2 Placement of messages

There was general agreement that posters should be placed in as many public service locations as possible in particular hospitals, maternity hospitals, health centres, doctors' waiting rooms, citizen advice centres and direct provision hostels. Pharmacies were also regarded as particularly suitable as many women have to go there to buy condoms and sexual health products. Hairdressing salons, nail bars and supermarkets were also suggested as places women frequent and in which they would see a poster. Mobile phone shops O2 and Vodafone were also mentioned. Even though some women said they would have been very reluctant to call a number, some women said it would have been invaluable to have seen a number to call:

I was only a girl...in all the years I was in prostitution in the UK I never ever heard an ad saying "if you are in prostitution and need help call this number" (FG)

I saw nothing not even in the hostels, I would have called the number, I would have called for help...posters should be everywhere...the citizens advice centres would be good, health centres and baby clinics and maternity hospitals (Irene)

Posters were favoured above leaflets or cards as women described their reluctance to be seen to pick up anything which referred to prostitution in front of other people:

I would not pick one up as everyone looking at you and know then you are an escort. You are afraid they will be laughing at you. Even when you have money you do not boast about it because you are ashamed to say how you got it (FG)

One woman who goes to a hairdresser frequented by the African community describes how prostitution is a great source of shame and stigma in the community which would prevent her taking a leaflet:

I would not pick up a leaflet because of the stigma, because of the way people would react especially when you are within the African people, they are judgemental you know, the way they would look at you, I think the best way would be if it says "If you know someone.." then I could pretend so if someone sees me I can say "I think I know someone who needs this" (FG)

A suggestion in the focus group of placing advertisements on the doors of ladies' bathrooms was greeted with good deal of enthusiasm. Women felt this was a totally private

place and the number could be taken down or entered into a mobile phone easily. These could be placed in the bathrooms of the public service locations mentioned earlier.

In relation to public transport, bus and train stations and airports were considered appropriate places for large posters as women are moved around internationally by traffickers, and once in prostitution in Ireland travel around the country to different locations. It was interesting that regarding taxis women said they would be very concerned at getting help from a taxi man and implied that many of them are implicated in prostitution:

They know about you, they are bringing you to places, they look at you, you know their intention (FG)

I would not trust trying to get help from a taxi man...if they knew you needed help they could drive you anywhere (FG)

You would be surprised, you would be shocked about them (FG)

When asked about whether it would be helpful to be asked by a health care professional, for example a nurse in a hospital, women felt this would be intrusive because of the fear and shame women feel:

The first thing I am going to think is that the person can see, so I would be very rude to this person. I need help but I don't want anyone to know that I need help. Poster/leaflets are better as I can ring the number myself (FG)

If women are being watched and controlled a number can be kept and she can ring for help...she could not tell someone (FG)

There was general agreement that hearing a woman tell her own story on the radio or television would reach women, particularly if it described the reality of prostitution and demonstrated the benefits of exiting. One woman said that she thinks someone who needed help but was reluctant to come forward would be encouraged by hearing a woman say:

"I was a prostitute, I was controlled, isolated...then I came forward and now I have a life, I am studying, working etc. This is the number to ring" (FG)

Similarly, one woman expressed the importance of women like Rachel Moran, a survivor who has written a book about prostitution. She explains how valuable it is to hear a woman having the courage to speak out for all the women who are not in a position to do so:

What a warrior, what a warrior woman, knowing you're going to get a backlash, knowing you've put your head above the parapet, you're a champion, you're a powerful woman and we need people like you, you might feel like you're a woman in the wilderness, but God girl, we're all behind you (Stella)

The three women who are still in prostitution, suggested that the Escort Ireland website was the best place to advertise in order to reach women. In their experience, and for many women they know, advertising on that site was necessary in order to be able to work in prostitution in Ireland:

I think the best place is the EI website 'cause everybody goes there, they have to. They have private section just for escorts, they're registered and they have access to it, I think it is a good place to do this, it's just for escorts so you are not embarrassed at asking questions about it (Anna)

It (Escort Ireland) is very popular with the girls. They have the email for everybody because they contact everybody if the rates or the opening times change (Nita)

One woman suggested that women may be isolated outside Dublin, when they are travelling to locations they do not know, and when they are in need of emergency sexual health care. She suggested that a network of outreach services such as the one operating in Portugal would be very helpful:

There's a main phone line and wherever you are you can call and ask for the number to call in that place to get condoms or tests. If you are with some friends the person will come to the apartment to a group of girls and give condoms and take blood tests. Or they will give you a place and a time to go to a clinic. This happened to me here, I called here (WHS) and they gave me the number of a clinic in Galway (Nita)

4.3 Message content

There was a general consensus that the wording of advertisements needs to be explicit in addressing women in prostitution. In relation to the text, all leaflets and posters should give a clear message, stressing the word confidential and indicating the level of care, safety and support that is available. The wording needs to address the issues of fear and shame and reassure women that there would be no negative consequences of coming forward. Some of the suggested text included:

There is help and support for you, the Gardaí will support you and other organisations will give you all the other support you need. People do care, people do care (Maria)

If you know a woman affected by prostitution or trafficking call this number (FG)

Do you have friend who is in prostitution and needs help? Call this number (FG)

There are people who will help you, tell the police and they will arrest the man not you. You can have confidence to tell what has happened. Even if you do not have the money to give them back you can get help, they are just using you (Evelyn)

The police will take you someplace safe, they will take you to Women's Aid (Irene)

In relation to the WHS, women emphasised the need to let women know that it is free, confidential and does not require visas or papers. Also one woman stressed how important it was to women that the address of the clinic is not advertised, that it is an anonymous looking building from the outside, no one knows why you are going into the building and that you could be going in for any health problem. Suggested text included:

Free sexual health care for people in prostitution. No visa required (Nela)

Confidential service for women in prostitution with free sexual health screening (Anna)

Regarding different languages, most women noted that initially when they arrive in the UK, Northern Ireland or Ireland, women have very little English, or even if they can speak some English they may be unable to read it. Therefore, they thought it would be necessary to have the advertisements in a number of languages in particular Spanish, Portuguese, French, Italian and Hungarian.

Section 5: Conclusions and recommendations

5.1 Conclusions

This research enhances our understanding of how women who are affected by prostitution and trafficking reach services. Whilst it is a small qualitative study, the study reveals the importance of direct contact with police and legal practitioners, personal recommendations and word-of-mouth as the prime access routes to support and protection for victims of trafficking and women at risk in prostitution. For trafficked women, accessing services for the most part arose from police intervention and solicitors who referred them to specialist services. The knowledge of police officers in recognising indicators of trafficking was critical. Similarly, early legal intervention and the capacity of legal practitioners to identify victims of trafficking was a major access route to specialist services. On an individual level, the respect and kindness of individual officers and legal advocates was particularly appreciated and remembered.

However, police interventions and procedures varied in relation to the identification of victims of trafficking. In some cases there was an immediate recognition of the indicators of trafficking leading to appropriate measures and referral, and in others women were arrested

and imprisoned which resulted in profound distress. Legal practitioners played a critical role as advocates in recognising the indicators of trafficking, but it is difficult to know from such a small qualitative study how many trafficked women in the asylum system may have been missed in the legal process. As one woman's story indicates, it was a friend speaking about Ruhama which persuaded her to come forward, even though she had been in the asylum process for a long period of time. The testimony of trafficked women once again reveals the level of control and violence which traffickers exert upon their victims, and highlights the challenge of reaching such an isolated and vulnerable group of people.

For migrant women in prostitution, the interviews indicate the importance of the WHS sexual health clinics, as it would appear that they are, in many cases, the only contact migrant women may have with services where they can disclose being in prostitution. Whilst the provision of condoms and sexual health screening is vitally important for women's health, it was also clear that women appreciated the non-judgemental service and the availability of emotional support when needed. At a time when women were distressed, in crisis and seeking ways out of prostitution, the WHS was the link into exit routes and legal advocacy.

The commitment of front line staff in all the specialist services to building safe, trusting relationships cannot be underestimated. Throughout the focus group and the interviews it is the words 'kindness', 'care' and 'trust' which emerge as the most critical in helping women to disclose initially and to recover from the sexual exploitation and abuse they have experienced. It is perhaps not sufficiently valued at a policy level that for frightened and traumatised people these are critical relationships, which make it possible for women to disclose the truth of their experience, remain connected to services and build a new life after trafficking and prostitution. The model being developed in Northern Ireland where women are physically safe in a refuge and receive a holistic support service is particularly worth noting as one providing an integrated model of service provision for victims of trafficking.

Women were very engaged with the research and provided helpful reflections and ideas on the most effective way to reach vulnerable women. The fear and shame women feel about being identified by family and community needs to inform advertising strategies and women's preference for posters rather than a leaflet or card, which they would have to pick up, is a useful learning from the study. The locations suggested give an indication of where women are most likely to see an advertisement and which ones could be prioritised and targeted. There was unanimity that the message content has to be specific in relation to prostitution and trafficking and that it must emphasise confidentiality, safety, care and support.

Finally, women's courage and resilience in coming forward, disclosing and building new lives with the support of front line staff is remarkable and makes it incumbent upon us to ensure that more women reach services and have a possibility of a new life:

When I think of myself now I am really proud of myself that I make a move, that I escape from this life...I think if it was not for God I would be dead because I was ready to die, I would have died by now, to get out of that life... I can't believe it, I am free' (Irene)

5.2 Recommendations

1. The study highlights that targeted police operations aimed at the sex trade in Ireland and Northern Ireland need to be ongoing in order to reach victims of trafficking who are highly vulnerable, controlled and isolated.
2. The continued training of police officers to recognise indicators of coercion and trafficking is vital, in order that potential victims are recognised immediately, leading to appropriate responses and referrals and to ensure that victims of trafficking are not charged, prosecuted or imprisoned.
3. Legal practitioners, in particular those practicing in the asylum system, have a critical role to play in ensuring that victims of trafficking are identified as soon as possible and have access to appropriate legal remedies and specialist services.
4. Inter-agency cooperation is already evident between the different specialist services and the police in both jurisdictions, which have resulted in ensuring immediate support and protection for many victims of trafficking. However, this needs to be fully resourced and formalised to ensure that more women are identified and that immediate contact with specialist services is always sought at the critical point of identification and disclosure.
5. The specialist services in both jurisdictions have already developed best practice in their responses to trafficked and prostituted women. The invaluable expertise, professional skill and emotional commitment of front line staff needs to be recognised and resourced before campaigns are initiated which lead to more women coming forward. This specialised work is intensive, particularly at the beginning of women's interaction with services, and demands highly skilled responses to multiple and complex needs. Targeted campaigns which offer women immediate and long term support must be able to deliver on those promises.
6. Sexual health clinics are an essential part of the response to women in prostitution providing free access to condoms, blood tests, screening and

general medical health. They also provide emotional support and a gateway to exiting when women are distressed and seeking to leave prostitution. These vital services need to be fully resourced.

7. It would appear that information regarding the WHS is available on the Escort Ireland website but there is a need to promote the WHS widely in order to reach as many women as possible who are currently in prostitution. The WHS should also be resourced to build on existing links around the country and establish a formal referral/outreach service in the major towns and cities. WHS could provide training and placements for nurses interested in developing specialist expertise.
8. Advertising campaigns need to be targeted at the locations named by participants as the ones women most frequent, in particular public services such as general and maternity hospitals and health centres. The preference for posters rather than leaflets in relation to anonymity should be taken into account. Companies such as Boots pharmacies and hairdressing salon chains might be possible sponsors of a campaign to reach women. All direct provision hostels should have adequate information available. Notices for the back of bathroom doors in the above named locations should be designed.
9. Posters and notices need to reflect the diversity of languages spoken by migrant and trafficked women in prostitution in Ireland. Participants of this study have suggested the main languages they believe should be prioritised, and this information could be enhanced by an analysis of origin countries of the service users who have attended the specialist services during the previous year.
10. The content of the posters and notices should specifically state that support is available for women affected by prostitution and trafficking. The message should emphasise safety, confidentiality and indicate that a caring, non-judgmental service is free and accessible for all women, Irish, migrant and trafficked.

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Appendix A: Interview Schedule

SECTION 1: Profile of women

1.1 Age:

1.2 Nationality:

1.3 Service facilitating interview:

1.4 Trafficked for sexual exploitation: Yes No

SECTION 2: Accessing services

2.1 How did you come to hear about this service?

2.2 Did you make immediate contact? Yes No

2.3 If not, how long before you made contact?

2.4 Was there anything that prevented you contacting the service? Please explain

2.5 What were the main reasons you contacted the service?

A safe place to stay	
Emotional support	
Money and welfare	
Legal advice on immigration issues	
Health advice	
Someone to help you deal with other agencies such as police and/or immigration	
Education and training	
Help to find a job	
Other	

2.6 What mattered most to you when you accessed this service?

	Mattered a lot	Did not matter
Confidential service		
Assurance that I would be safe		
Services are free		
Listened to and not judged		
No visa requirement		
Interpretation available		
NGO		
Other		

2.7 Did you have contact with any other services for women in prostitution? If yes, can you explain

2.8 What other services/agencies did you have contact with when in prostitution?

Hospital	
Maternity hospital	
Health centre	
Sexual health centre	
Police	
Immigration	
Schools	
Employment agencies	
Other	

SECTION 3: Exposure to communications media

3.1 When in prostitution/trafficked did you have access to:

- Mobile phone
- Laptop/tablet/computer
- Internet access
- Websites/chat rooms/social media sites
- Radio
- Television
- Newspapers

3.2 Were there particular sites/shows/stations/newspapers you accessed?

3.3 Were there any of the above in your native language you accessed?

3.4 Did anyone else have access to your phone/computer/internet and if so who?

SECTION 4: Messages to reach women

4.1 If you knew a person who really needed help and who was in a bad situation do you think any of the following would be good ways to try to get a message to them about the help that is available, and if so why?

Printed leaflets/posters in in different languages in:

- Immigration offices
- Direct Provision Hostels
- English schools
- Hospitals
- Maternity hospitals
- Health centres
- Sexual health clinics
- Hairdressers/Nail bars
- Supermarkets

- Pharmacies
- Other places

4.3 Do you think ads in/on the following would be helpful?

- Newspapers
- Bus stations/train stations
- Taxis
- Facebook
- Web chat rooms
- Airports
- Milk cartons
- Other

4.4 Can you say which particular locations/newspapers/internet sites would be best for reaching women or not?

4.5 What are the most important messages that should be on the ad/poster/leaflet?

SECTION 5: Barriers, safety and risks

5.1 What do you think are the main fears/difficulties for women in prostitution in Ireland trying to get help if they need it?

5.2 What role do you think the police could play in helping women?

5.3 Do you think that there could be any risks/safety issues for women with any of the ideas we have discussed? If yes please explain

5.4 Have you any other suggestions on how to reach women?

5.5 Have you seen any good posters/images/ads for services that you remember? Can you describe them and why they worked?

5.6 Thank you for your input – do you have any general comments?

Appendix B: Participant Information Form

Research project on reaching women affected by prostitution and trafficking

My name is Monica O'Connor and I am asking a small number of women to take part in a research project to gain a deeper understanding of how best to reach women affected by prostitution and trafficking in Ireland who need help and support. Through one-to-one interviews, I hope to hear your views on raising awareness of the services and ways to ensure that information reaches women who are in particular difficulty. The interview is not about asking you to share your personal story or experiences, except in relation to your reasons for and experience of accessing services.

If you are willing to participate it will involve a forty-five minute to one hour interview with you at a private location of your choice. The content of the interview will be confidential and no identifying information will be part of the study. The interview will be recorded on tape only for the purpose and use of the researcher. You will be free to take breaks any time during the interview, you are free to not answer any of the questions and you can ask at the end of the interview for anything you have said to be deleted.

Thank you for taking the time to read this. If you have any questions please contact your support worker or myself at:

Contact details

Researcher: Monica O'Connor, [*researcher's mobile number*]

Email: [*researcher's email address*]

Appendix C: Consent Form

Research project on reaching women affected by prostitution and trafficking

Name: _____ I have received, read and understood the Participant Information Form outlining the nature of the research and the interview format. I understand that in signing this consent form I am agreeing to participate in a face-to-face interview lasting between 45-60 minutes with the researcher Monica O'Connor. I am aware that this consent includes giving permission to have my interview recorded and written up and to have the data included in the study.

I understand that participation in this study is voluntary and that I may withdraw my consent and terminate my participation at any time. I have also been informed that I do not have to share anything personal and that I can stop the interview at any time. I understand that this interview is confidential and that no personal or identifiable details will be published in the research or in material which uses the information I have contributed to this study.

I have also been provided with the contact details of the researcher should I have any questions or concerns regarding the study.

Researcher

Name (IN CAPITALS): _____

Signature: _____

Participant

Name (IN CAPITALS): _____

Signature: _____

Date: _____

Appendix D: Ethical Guidelines

Although the focus of the interview is not the personal stories of the interviews, it is nevertheless incumbent upon the researcher to work closely with the support services to ensure that guidelines in relation to the interviewing of women who have been subjected to abuse and trafficking are followed. It is internationally recognised that there are particular ethical implications and sensitivities in interviewing people who have been subjected to any form of sexual abuse or violence.

Consequently the World Health Organisation (WHO) guidelines for interviewing women subjected to abuse and the WHO guidelines in relation to research with victims of trafficking will be strictly adhered to (WHO, 2001; 2002). Particular attention will be paid to protecting the safety, anonymity and confidentiality of the women being profiled or interviewed. A consent form will be discussed with the support workers and signed with the researcher. Interviews will be conducted in private, uninterrupted locations chosen by the participants and issues in relation to anonymity and confidentiality will be discussed.

A Participant Information Form was given to each potential participant with a brief description of the REACH project. Participants were informed that the duration of the interview would be 45 minutes to one hour and that all interviews would be audio-recorded using a digital voice recorder for verbatim transcription if the participant consents. An option was also given for a telephone interview. The data were stored in a safe and secure location throughout the duration of the research. Participants will receive copies of the final report.