

# KINDA

**Ireland 2004**

-Findings from a qualitative study and interviews with young male migrants, asylum seekers and refugees in relation to sexual orientation and other experiences including selling sex.

Carroll D, Quinlan M,  
Gay Men's Health Project  
East Coast Area Health Board  
June 2004



## **Kinda Project**

*Young Migrant Men in Prostitution*

Associazione IRES Lucia Morosini

A Project Supported by the European Commission Program Daphne 2000-2003

## **Country Report**

Republic Of Ireland 2004

**Published by**

**Carroll D, Quinlan M**

**Gay Men's Health Project**

**East Coast Area Health Board**

**19 Haddington Road**

**Dublin 4**

**June 2004**

**Tel: +353 1 6602189**

**E-Mail: [gmhp1@eircom.net](mailto:gmhp1@eircom.net)**

**Web: [www.gaymenshealthproject.ie](http://www.gaymenshealthproject.ie)**

# KINDA Ireland 2004

## Forward

In 2003 as part of the Program Daphne EU the Gay Men's Health Project (GMHP) was approached to participate in the KINDA Project along with partners in Italy, Germany and the Netherlands. A series of meetings were held culminating in local studies with migrant men. These results were presented in Turin, Italy last February 2004 at the "Giovani E Prostituzione Maschile, Tra Bisogno Economico E Identita Sessuale" ("*Male Prostitution: Economics and Sexual Identity*"). They will also form the main KINDA Report. In the meantime this KINDA Ireland Report 2004 is presented for local distribution to help inform policy and practice on migrant gay and bisexual men and on male sex work.

The Irish report will be presented at the "2<sup>nd</sup> All Ireland Gay Health Forum". Local meetings will also be arranged to deal further with the findings and highlight the need for services, training and awareness of the needs of migrant populations particularly the gay and bisexual men seeking asylum in Ireland.

Thanks must be giving to Valeria Ferraris for her initiative, co-ordination of the KINDA Project and support to GMHP. To the staff of GMHP and particularly to the men who participated in the study. Appreciation also to Dr Brian Redehan, Deputy CEO and Mr Martin Gallagher, CEO of the East Coast Area Health Board (ECAHB), for agreeing to publish this Ireland report.

Over the years GMHP has lead the way along with the Irish Network Male Prostitution (INMP), Gay Health Network (GHN) and various international groups in producing forums, reports and research on the needs of gay, bisexual men and other men who have sex with men including male sex workers. Therefore we are delighted to present this KINDA Ireland Report 2004 as further contribution to raising awareness on the needs of our client population and hopefully to inform health strategies, policies and practice.

**Mick Quinlan, Co-ordinator**  
**David Carroll, Outreach Worker**  
**GMHP 2004.**

# KINDA Ireland 2004

## SUMMARY

The Gay Men's Health Project (GMHP) has noted a large increase in the number of gay and bisexual men from other Countries accessing it's sexual health clinic and outreach services. Some make contact through outreach, promotions or advertisements, others were referred by asylum or health services or friends.

Though there are many non-national men studying or working in Ireland, there is a noticeable increase in young men and teenagers seeking asylum on sexual orientation grounds. These men come from a wide variety of places such as Eastern Europe, The Middle East, Africa and Latin America.

As a statutory agency GMHP does advocate on behalf of migrant men, but it has no direct role in the asylum process. The majority of asylum-seeking or migrant men presenting to the service *do not* define themselves as sex workers. Therefore this KINDA Ireland Report 2004 is split into two parts.

### **Part One:**

Gives an overview of the situation and background on homosexuality, sexual health, HIV, the legal issue for migrants and for male prostitution, together with a summary of research and reports on male sex workers.

### **Part Two:**

Details the specific interviews held with six asylum seeking/migrant men about their experiences since coming to Ireland.

### **The Conclusion and Recommendations:**

Deals with the needs and is also informed by GMHP's work with other migrant men and men selling sex. Basically these include:

## **Highlights from this report**

- There are a small number of migrant male sex workers in Dublin.
- There are a multitude of issues faced by young migrants, asylum seekers and refugees on arrival in Ireland.
- There are specific frustrations in relation to their sexual orientation.
- There is great level of fear and anxiety among people from their birth countries, due to the social, cultural and religious reactions to homosexuality.
- This is increased if placed with fellow country people after having left there for persecution because of sexual orientation.
- Impact on health due to psychological and physical stress, poor diet and isolation.
- Contributed to by the type of accommodation and the low income provided.
- Many young men may be vulnerable to becoming involved in prostitution or 'survival sex' as they have little or no financial independence.
- There are considerable issues to be addressed around men involved in prostitution accessing services. For instance, non-identified gay bisexual men may not be comfortable in accessing a 'gay' identified service.

## **Recommendations**

- There is a greater need for services to be aware of cultural and language differences and to implement these changes into their existent services.
- Training on Homophobia and Heterosexism for those in contact with migrants is essential.
- Networking and communications between the different disciplines and agencies working with this target group is also important
- Greater awareness of the services available to gay and bisexual men needs to be created.
- Specialised services are needed for male sex workers as detailed in '*Such a Taboo*'
- Outreach workers have an important role to play in promoting services to men who may be new to Ireland.
- Places of safety needed for gay, lesbian and bisexual migrants

# KINDA Ireland 2004

## 1. BACKGROUND INFORMATION

### **Homosexuality in Ireland**

Prior to 1993 male homosexual acts were illegal in the Republic of Ireland, since then decriminalisation, equality and anti-discrimination acts have been introduced. Issues concerning Lesbians, Gays and Bisexuals, including male sex workers and homelessness are commented on in a publication *“Implementing Equality for Lesbians, Gays and Bisexuals”* (The Equality Authority 2002. [www.equality.ie](http://www.equality.ie).)

Overall, the climate for LGB people in Ireland is generally positive, particularly in bigger cities, although there are cases of homophobic attacks and discrimination.

The age of sexual consent for heterosexuals and homosexuals is 17. (Though there seems to be some confusion over this. Statutory agencies take 17 as a guideline and the age of majority at 18).

### **Sexual Health Services and HIV**

HIV testing, STI screenings and Hepatitis B Vaccinations are free and available to anyone in Ireland at a number of STI/GUM clinics situated around the country. This applies also to asylum seekers/refugees and/or illegal immigrants. The only barrier to testing and STI screening might be the age of the client. The age of majority is 18, although under Irish law the consent of a person aged 16 or 17 will be accepted for a medical procedure. If someone is aged 15 or under, they are usually referred to a medical consultant and they will need the authorisation or attendance of a parent or guardian.

Treatment for people with HIV is free.

The cumulative total for HIV diagnoses to end June 2003 was 3,216 of which 724 (22.5%) were men who have sex with men (MSM). There are approximately 570 MSM living with HIV/AIDS, of which 80% (450) live in the Eastern Region (Dublin, Wicklow and Kildare). Since year 2000 an average of one third (30%) of the MSM diagnosed with HIV were from countries other than Ireland ([www.ndsc.ie](http://www.ndsc.ie)).

The Government’s National AIDS Strategy Committee Report ‘AIDS Strategy 2000’ recognises that *‘transmission of HIV in the gay community has remained steady, despite the heightened awareness brought about by the campaigns, outreach work and the direct experience which a number of gay men have had of friends and partners dying of AIDS’*.

### **Immigration in Ireland**

Any person with a passport from a country within the EU can reside, work or study in the State. A person coming to Ireland from outside of an EU country will need a permit to stay (work or study) in the country. Under the Refugee act 1996 individuals

can seek asylum, due to many reasons, *including persecution in relation to sexual orientation*. Ireland is bound by the Dublin Convention 1989, EU Act, that means an asylum seeker can be sent back to the first EU Member State that they passed through or presented in.

Asylum seekers, present themselves to the Department of Foreign Affairs, who share responsibility with the Department of Justice, Equality and Law Reform on matters of immigration. They are unable to seek employment and are given an allowance of 19 euro per week. Through the Reception Integration Centre they are accommodated in a variety of settings, from specially constructed sites to B+B's (Bed and Breakfast) and hostels. Those who arrive to Ireland aged 17 and under are linked to a social worker and are given an allowance of 119 Euro per week. Many asylum seekers arrive or make their way to Dublin, but are often moved by authorities to other locations around the country.

### **Prostitution in Ireland**

Prostitution is illegal in Ireland, under the current legislation *Criminal Law Act (Sexual Offences) 1993*. The main components of the law cover offences for 'Soliciting', 'Loitering', 'Living on the earnings of prostitution' and 'Organisation of prostitution'. In recent years the amount of brothels operating in Dublin has grown, and there has been a corresponding increase in the number of police raids on them. The sanctions imposed on those arrested for crimes relating to prostitution, range from fines to, in some circumstances prison terms. However, arrests for crimes relating to male prostitution are still quite rare. For the most part male sex workers are 'moved on' from the area in which they are operating. Male prostitution is featured in the media from time to time, usually in a sensationalist style.

### **Features of male prostitution in Dublin.**

Male prostitution in Dublin is taboo, more underground than female prostitution. Male sex workers operate from a variety of settings; Pubs, Brothels, on the street, in parks etc. In particular, some parks are well known for gay cruising and male sex work. Up until recently male sex workers have advertised in the classifieds section in gay media publications, but this is no longer the case. (*One sex worker interviewed disclosed that the publication had told him that they had received complaints from a reader and then made the decision to not run ads in the future*). Men also work from gay bars and clubs, though it is thought that there aren't many men working in this way. In recent years a number of female escort agencies have opened, that offer 'male escorts'. This has been the first indication of organisation of male prostitution in Ireland. The advance of Internet technology has introduced a new medium in which sex work can be easily arranged and an increasing number advertise their services in chat rooms etc.

There are no specific services in Dublin for male sex workers. Gay Men's Health Project often comes into contact with these men during our Outreach work. We offer support, STI screening, free condoms etc. Other agencies, particularly those working in homeless or addiction services contact us to avail of training around working with men involved in sex work. We liaise with relevant bodies such as the Gardai (police), around issues of male prostitution.

From engaging with ex-sex workers, we have learnt that in the early 1980's a religious organisation targeted services at men in prostitution offering a weekly evening drop-in centre service. According to the men this offered 'tea, coffee and a place to talk'. No specific service for male sex workers has run since then.

It should also be noted that male prostitution is not just confined to Dublin and that male sex workers operate from other smaller cities and towns also, but it is not known what percentage of these men are non-nationals.

### **Men in Prostitution; A Report**

*'Men in Prostitution; A report'* was published in 1997, and carried the findings of a survey conducted among 27 sex workers around Ireland (*mainly in the Dublin area*). It also surveyed sexual health organisations and their experience of working with men in prostitution. The report was co-ordinated by Gay Men's Health Project with the financial assistance of EUROPAP. Among the findings of the report were; most of the sex workers were working class, had poor educational experience, the self-identified sexuality was, Gay: 59%, Bisexual: 22% and Heterosexual: 19%. Nearly all of the identified heterosexual men used heroin on a regular basis.

Few of the male sex workers surveyed used telephones or apartments to carry out their work, those who did tended to be more middle class, educated, and confident about their sexuality. Few of the men reported sex with women for money though some said it happened.

*Tellingly, three of the men surveyed were of non-national origin. This was the projects' first recorded encounter with migrant male sex workers.*

### **Customers**

According to the male sex workers interviewed for the report, the majority of their customers were viewed as being mostly married and middle class. They range in age from thirty to sixty and most were identified as gay by participants, although a large proportion were also felt to be heterosexual or bisexual. Seven of the men interviewed stated that they had experienced violence from their customers. Apart from information from male sex workers themselves, little is known about the men who buy sex. While GMHP has regular contact with those engaged in selling sex, few men have disclosed that they buy sex. Again, this reiterates the taboo nature of male prostitution.

### **Irish Network Male Prostitution (INMP)**

In 1998 the Gay Men's Health Project joined the European Network Male Prostitution (ENMP) and became the country co-ordinator for Ireland. As a result of this and after meetings with various agencies in Dublin the **Irish Network Male Prostitution (INMP)** was established in 1999. At present INMP is mostly a regional network based in the Eastern Health Authority Area, (*Counties Dublin, Kildare and Wicklow*), with a population of 1.3million people (a quarter of the island's total population). Since it's inception the INMP has played an important role in highlighting many of

the issues surrounding and affecting males in prostitution, by way of, training, discussion forums and reports.

The network offers training to organisations on the subject of '*Working with Men in Prostitution*', with workshops being facilitated by the GMHP Outreach Workers. The INMP also hosted two successful forums (funded by GMHP) on issues around working with men in prostitution, in 1999 and 2001. Upwards of one hundred participants attended each forum, which offered a series of workshops, presentations and testimonials delivered by various facilitators, including men involved in sex work themselves. These forums allowed for workers to share concerns, ideas and experiences around working with this target group and many identified similar barriers in existence around advancing development such as homophobia, heterosexism, fear, and the underground nature of male sex work.

### **“Such A Taboo”**

In 2001 the INMP and ECAHB published '**Such A Taboo**', an analysis of service need and service provision for males in Prostitution in the Eastern Region (*Dublin and surrounding counties*). The report recommended the development of specific services targeting men in prostitution, most crucially a drop-in centre where men could meet their peer workers and access services. The report also advocated a multi-disciplinary/agency approach to addressing such needs. This report can be viewed in its entirety at [www.enmp.org](http://www.enmp.org) and [www.gaymenshealthproject.ie](http://www.gaymenshealthproject.ie)

### **Conclusion to this section**

The work of GMHP is informed by practice, reports and research. In relation to male sex work, the needs of this group are well documented and await implementation. For migrant men there are emerging issues. Many men have been in contact with GMHP Services. Through this contact along with the interviews of six men held in December 2003 the 2<sup>nd</sup> part of report highlights the issues and needs of migrant gay and bisexual men and sex workers.

## **2. EXPERIENCES OF THE MEN INTERVIEWED FOR THIS REPORT**

David Carroll, GMHP Outreach Worker carried out the interviews for this section of the report.

### **Participants**

In February 2004, six young men were interviewed about their experience of coming to Ireland. All of the men identified as gay and came from a variety of countries outside the European Union. The average age of the men was 24. The men live in a variety of settings, with social organisations, in private rented accommodation and with friends. Two had come here on holiday visas, stayed, and are now in the process of applying for asylum. Two more arrived here illegally, one of who is awaiting a decision on his application for asylum, while the other is in the process of appealing a decision which denied him asylum. One had arrived to Ireland from another EU country where he was applying for asylum. The remaining man came to Ireland to study.

It should be noted that some of the men interviewed expressed fears around disclosing other countries they had visited before coming to Ireland, as they felt that this could impede them in being allowed to stay in Ireland.

All of the participants were known to the project and had accessed it's services in the past. What effect this may have had on the interviews is not known. The fact that they are familiar with the project and its workers may have allowed a level of honesty in the answers given. However, it is also important to note that our services are primarily sexual health focused. This may also have had an impact on the answers given to questions around condom use etc.

### **Reasons for leaving their home country.**

The most common reason given by the participants for leaving their home country was discrimination on the basis of their sexual orientation. Most reported that they had direct experience of homophobia conveyed through varying degrees, ranging from verbal to physical abuse. This was the case for all but one of the men interviewed. Other reasons given were economic, adventure and access to better medical treatment. Most of the men said that they knew very little about Ireland before arriving here, with just two of the men having contact with someone in Ireland before arriving.

### **Accommodation**

This proved to be one of the most pertinent issues for many of men engaged with. Those accommodated by government agencies in social housing in particular experienced frustration around issues regarding their sexual orientation. Placed in accommodation with other asylum seekers, often from their own country, many of the men felt that they could not be open about their sexuality in this environment. As most of the men interviewed testified that they had left their home country because of homophobia/discrimination, this proved an unexpected frustration to have to face once again in Ireland.

Other issues faced by men interviewed included reluctance by authorities to believe their age. (Different accommodation and benefits are available to those aged 17 and under). This has led to the placing of men in accommodation with other men of an older age.

Another interviewee mentioned that he had come under pressure in the other EU country to swap sex for accommodation.

Two of the men interviewed were guests of a man they had met on the gay bar scene in Ireland. They expressed much gratitude to this person who they felt was extremely generous to them.

Just one of the men lived in private rented accommodation, paid for by his earnings from sex work. These living quarters also doubled for him as a space from which to work.

One of the men reported experiencing homophobic verbal abuse in social accommodation. This was from another resident.

### **Dispersal**

Also, as part of a dispersal programme many asylum seekers may face being moved to smaller towns in Ireland. As stated earlier, acceptance of homosexuality is more common in cities in Ireland. Support around sexual orientation/sexual health issues is more easily accessed in urban centres. In light of the lack of support services for gays or lesbians outside of these main urban centres, GMHP have advocated on behalf of most of the men interviewed, encouraging government services to consider their sexual orientation when addressing this.

### **Drugs**

Five of the six men said that they used alcohol occasionally. Two said that they used poppers (*amyl nitrate*), but on an infrequent basis. One man very occasionally smoked hashish and had tried Ecstasy. One man reported having never tried alcohol or other drugs. As the interviewer knew most of the men prior to the interview there was a possible reluctance on the part of the interviewee's to disclose drug use to any full extent.

### **Accessing Services**

All of the men interviewed felt that services were easy enough to access on arrival in Ireland. All but one of the men felt that the Gay Men's Health Project and the *Refugee Health Screening Service* had been useful to them in offering support and services. Two of the men listed '*BeLonGTo*' (a social/support group for young GLBTs) as a service they found welcoming and useful. One man in particular stated that he found the youth group had assisted him on various levels and given him something to counteract the boredom and isolation he felt. Two of the men also mentioned *Outhouse* (GLBT Community centre) as a valuable resource.

All of the men interviewed had access to medical services.

Of the men interviewed, five were participating in education ranging from taking part time classes in English language, to full time studying to earn Irish educational qualifications.

Of the six men interviewed, four had undergone a full sexual health screening since arriving in Ireland.

*\*It is important to stress here in interpreting positive responses to questions around accessing services, that all men interviewed were in contact with existent services. It is reasonable to assume that many more men are out there in similar circumstances, unaware of the existence of services or possibly afraid to access them.*

### **Homophobic Attacks**

Two of the men interviewed had experienced direct homophobia since coming to Ireland. For one this occurred in an educational setting, where the participant had been asked his reason for coming to Ireland. On explaining his reasons was to escape discrimination he was told to ‘*keep quiet*’ about his orientation. The other reported verbal abuse from another migrant in social accommodation.

### **Sex Work**

Just one of the men interviewed identified as a male sex worker. His first experience of selling sex has occurred shortly after his arrival in Ireland and was for economic reasons. He disclosed that he had worked originally in a cruising area, but moved on from this location as Gardai had searched him and warned him that he would be arrested. He also had experienced verbal abuse from Irish male sex workers in this area. He then worked briefly for an agency but left as soon as he had built up a number of regular clients. He felt that the percentage of money taken by the agency for arranging his clients was unfair. He described his feelings on prostitution as ‘*neutral*’ and felt that the only complaint he had was that he would like to have more regular clients to assure him of a steady income. He felt that this could be easily achieved, as he perceived there to be a relatively small amount of non-drug using men selling sex in Dublin, especially compared to cities in the UK.

### **Survival Sex**

As mentioned earlier, one of the men also recounted being put under pressure to perform sexual favours in return accommodation from the person sponsoring his stay. This had occurred before his arrival to Ireland, when he was in another EU country.

### **Sexual Health**

Four of the six men had undergone STI screenings since arrival in Ireland at the Gay Men’s Health Project. All had undergone an HIV test. Two of the men were in on-going relationships; one where condoms were always used and one where condoms were not used. The other men used condoms ‘*mostly*’. Just one of the men reported difficulty around the use of condoms, disclosing that he had had unprotected sex in the past and that he ‘*just hadn’t thought of condoms at the time*’.

### 3. CONCLUSION & RECOMMENDATIONS

From our work with both migrants and male sex workers we estimate that the number of non-national men selling sex in Dublin is quite small. However, there is a concern that many of the men arriving to Ireland may be vulnerable to becoming involved in prostitution or 'survival sex' as they have little or no financial independence.

While most of the migrant men interviewed found services to be friendly and accessible, there are considerable issues to be addressed around men involved in prostitution accessing services. With 19% of men involved in sex work identifying as heterosexual (*Men in Prostitution, 1997*) and Gay Men's Health Project being the only service specifically targeting such men, there are possible issues around how comfortable such men would be in accessing a 'gay' identified service. This reiterates the need articulated in '*Such a Taboo*' for a specialised service working solely with male sex workers.

There are also a multitude of issues to be faced by young migrants, asylum seekers and refugees on arrival in Ireland. Migrant men who identify as gay or bisexual may also face specific frustrations in relation to their sexuality. This is especially the case in relation to the environments in which they are accommodated when in Ireland. There is a great fear and anxiety of people from their birth countries because of the cultural and religious reactions to homosexuality. The ill affects on their psychological, emotional and physical health is added to especially if they had left their country because of this.

Also, as the amount of migrants coming to Ireland increases, there is a greater need for services to be aware of cultural and language differences and to implement these changes into their existent services. Gay Health Network (an organisation promoting Sexual Health) is an example of a service responding to these needs. Their new publication 'In the Know', a HIV testing booklet, will be available on the internet in Spanish, French and Romanian, as well as English.

The implementation of training around issues of Homophobia and Heterosexism for those in contact with migrants is essential. Good working relationships and communications between different disciplines and agencies working with this target group is also important. For instance GMHP provided training to the social workers for unaccompanied minors.

Finally, although the men interviewed said they found it easy to access services, there are possibly many more who are in isolation. Greater awareness of the services available to gay and bisexual men needs to be created. Outreach workers have an important role to play in promoting services to men who may be new to Ireland.

## BIBLIOGRAPHY

*Men in Prostitution Survey.* Gay Men's Health Project, Eastern Health Board (1997)

*Forum Report.* Irish Network Male Prostitution (1999)

*Such A Taboo* -an analysis of service need and service provision for males in prostitution in the Eastern Region. Irish Network Male Prostitution/ECAHB (2001).

*AIDS Strategy 2000.* National AIDS Strategy Committee (DOHC Ireland)

*Country Reports and Resources: European Network Male Prostitution* (ENMP 1997-2003)

*Annual Reports.* (GMHP 1997-2002)

*Vital Statistics Ireland*-findings from the All Ireland Gay Sex Survey 2000. (GHN /Sigma/ECAHB 2002)

[www.gaymenshealthproject.ie](http://www.gaymenshealthproject.ie): GMHP Services, Reports and Links

[www.gayhealthnetwork.ie](http://www.gayhealthnetwork.ie) : Sexual Health Information

[www.enmp.org](http://www.enmp.org): Male Sex Work Services in Europe

[www.NDSC.ie](http://www.NDSC.ie): Surveillance Reports, HIV and Sexual Health in Ireland

[www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk): Research in relation to gay and bisexual men, some reports on migration and class including Irish men in UK