

Institutional Strengthening and Support for HIV Prevention Activities

TAMPEP

European Network for HIV/STI Prevention and Health Promotion among Migrant Sex Workers

NATIONAL REPORT ON HIV AND SEX WORK

CZECH REPUBLIC

This report was drawn from information provided by the organisation
Rozkos bez Rizika / Bliss without Risk, Prague

This report is part of a series of reports produced by TAMPEP as part of the above project.
The series of reports include the following:

European Overview of HIV and Sex Work mapping
Bulgaria National Report on HIV and Sex Work
Czech Republic National Report on HIV and Sex Work
Germany National Report on HIV and Sex Work
Lithuania National Report on HIV and Sex Work
Poland National Report on HIV and Sex Work
Romania National Report on HIV and Sex Work
Ukraine National Report on HIV and Sex Work
Gap Analysis of Service Provision to Sex Workers in Europe
Skills/Training Audit and Good Practice Tools

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1 COUNTRY PROFILE

	2005 ¹
Population, total (millions)	10.2
Population growth (annual %)	-0.1
Life expectancy at birth, female (years)	79.1
Life expectancy at birth, male (years)	72.9
GNI/Gross National Income per capita, 2005	US\$ 10,710.00 ²
Inflation, consumer prices (annual %)	1.9
Unemployment, total (% of total labour force)	7.9
Internet users (per 1,000 people)	321

Demography and Economy³

The Czech Republic is an upper middle-income country and is located in the European and Central Asian region, according to World Bank classification on the basis of Region and Income for the year 2005.

The total population of the country as of the year 2005 was 10.2 million with an annual percentage growth rate of -0.1.

Life expectancy at birth as of 2005 is calculated at 79.1 for females and 72.9 for males. Infant mortality rate per one thousand live births is 2.8 for females and 4.1 for males, as of the same year. Under the age of 5, the mortality rate per one thousand is 0.2.

Gross domestic product (GDP) of the country in 2005 was US\$ 124.4 billion with an annual percentage growth rate of 6.1. Gross national income (GNI) of the country in 2005 was US\$ 118.8 billion.

Demography – According to the 2001 census, the vast majority of Czech Republic inhabitants are Czechs (93%), of whom 3% claim Moravian ethnicity. Minorities are composed of: Slovaks (2%), Silesians (0.5%), Poles (0.5%), Germans (0.5%), and Roma people (0.5%). (Statistics on Roma relate only to those who are registered; their population is estimated to be more likely around 2-3%.)

Situation of Women

In 2002 women made up 16.5% of the members of the Czech parliament, decreasing in 2006 to 15.5%⁴.

Unemployment is relatively high among women; in 2005 approximately 10% of women were unemployed while unemployment among men was 6.5%.

The majority of women are employed in the caring professions. Only 28% of managerial or decision-making positions are held by women. The pay differential between men and women is approximately 20%.

¹ World Development Indicators (2006), www.worldbank.org

² www.siteresources.worldbank.org (Atlas method)

³ Infobase online, www.economywatch.com

⁴ Czech Women Lobby, Petra Rakusanova

The difference in education is as follows⁵: 60% in high schools are girls, 68% in colleges and universities are women, 58% of Bachelor Graduates are women, 52% of Masters Graduates and 35% of Doctoral Graduates are women. This shows that numbers of women decrease as levels of education get higher.

The general population's access to sexual and reproductive health services depends on each individual's health insurance provider. This also applies to the cost of contraceptives.

Sexual education in schools is not an individual subject but is included in other subjects such as family planning or citizen education. The school system is not centralised so in actuality the level depends on the knowledge of teachers and directors, but they have the option to request an external lecture.

The EU Enlargement

The Czech Republic is a landlocked country, bordering Poland to the north, Germany to the northwest and west, Austria to the south, and Slovakia to the east. The country comprises two historic regions, Bohemia and Moravia, in their entirety, as well as parts of Silesia.

The Czech Republic became a member state of the European Union in May 2004.

The country is scheduled to fully implement the Schengen Agreement and therefore abolish border controls with all of its neighbours (Germany, Austria, Poland, and Slovakia) as of 31 December 2007.

The Czech government has expressed a desire to adopt the Euro currency in 2010, but its introduction is only in the early planning stages and there are growing doubts whether budget deficit will not force postponement.

Migration

The Czech Republic, as a "new" transit and destination country, observed an increase of east-east migration flow and of sex work in the border areas with Austria and Germany. This new situation however is not met with an adequate support infrastructure. In some regions there is still a lack of health and social support services for the new target groups, migrant sex workers.

The increased mobility in the region is not only a result of labour and/or financial needs. Mobility increased generally following the EU enlargement, as other European countries became easily accessible.

Female Labour Migration

The Czech Republic has about 296,000 foreign inhabitants, of which about 126,000 have a permanent residence permit and about 170,000 a limited residence permit. Among the undocumented ones, Ukrainians comprise around 80% (about 7,000 people), including sex workers. There are however no exact data on that issue.

Most sex workers migrate to Germany, Holland, Austria, or Italy on an individual basis, through a travel agent or via the internet.

⁵ <http://www.rovnepřiležitosti.cz/info.php?article=102> / Czech Statistical Office

2 PROSTITUTION MAPPING

Overview of sex industry⁶

Country	Major Group	Nationalities	Work Places
Bulgaria	90% Bulgarians	Migrants from Russia, Romania, Ukraine, Moldova, and Turkish Roma	55% indoor
Czech Republic	60% Czechs	Migrants mainly from Slovakia, Ukraine, Russia and Bulgaria	70% indoor, 15% highways and parking areas
Germany	60% migrants	55% CEE, 20% Asia, 15% Latin America, 10% Africa. A total of 38 different nationalities	80% indoor
Lithuania	85% Lithuanians	Migrants from Russia and Ukraine	70% indoor
Poland	70% Polish	Migrants from Ukraine, Russia, Belarus, Bulgaria, Moldova, Romania	70% indoor, 30% outdoor
Romania	95% Romanians	Migrants from Moldova and Turkish Roma	55% street, 15% highways and border area
Ukraine	90% Ukrainians	Migrants from Moldova and Russia	80% street

Structure

- Distribution of sex workers across sectors: 60% in brothels, 15% on highways and parking places, 10% in apartments, 7% in escorting, 5% on the streets, 3% on the internet.
- Gender: 95% of sex workers are women, 4% are men and less than 1% are transgender.
- Number of sex workers: about 10,000 female and 300 male sex workers
- Level of migrant sex workers: 40% migrants, 60% Czechs.
- Origin of migrant sex workers: 70% Eastern Europe, 20% Central Europe, 10% Balkans, Asia, Africa and Latin America
- Main countries of origin: Slovakia, Ukraine, Bulgaria, Russia, Moldova, Belarus, Brazil, Cuba, Hungary and Lithuania.
- Sex workers are most in danger of violence on the streets. In clubs there is always a security man.

According to a study by the Czech Ministry of Interior, there are over 860 brothels in the Czech Republic, of which 200 are in Prague. Most of the country's sex industry is based in the Northern Bohemia and Western Bohemia regions and in the capital city. Brothels line the country's roads to Austria and Germany, the source of many clients. Weekend trips to Prague for some tourists also include visits to erotic clubs. There are almost 200 websites for sex industry services in the Czech Republic, up from 45 in 1997, which enable sex tourists to book their travel and appointments to buy sexual services before they leave home. There has been an increase in internet use, which has also contributed to the increase of the pornographic film industry.

Visitors from EU member states have no problems entering the Czech Republic. Citizens from other countries need a tourist visa which is valid for 3 months. Some migrant women who have a permanent residence permit and do not find a job enter the sex industry. Following the EU enlargement of January 2007 there is expected to be an increase in Romanians and Bulgarians looking for jobs, including within the sex industry. Prague has started to become a centre for the sex industry, with big brothels in the town centre, and a pornographic industry.

⁶ TAMPEP VII, 2006

Female sex workers

Almost all migrant sex workers work for others, such as brothel owners and pimps. A sex worker has to pay penalties if she is late to work, if she spends longer than 30 minutes in the room with a client, if she does not dance enough. They keep only about 30% of their earnings for themselves.

In sex clubs there is not much violence from clients and staff against sex workers, but they have quite a limited range of personal rights in these establishments. These rights depend on each club owner: where there are less sex workers they are more tolerant, but where business is competitive, they are stricter.

On the streets or in parking areas, violence from managers and clients is much more common; the sex workers are dependent socially and emotionally on pimps. They are controlled in their work and personal lives and often they live at the pimps' places. Because sex workers are more visible on the streets, they have the opportunity to contact social workers if they need support.

Sex workers keep very little of their income for themselves, and there are cases where 2 or 3 pimps exploit just one sex worker.

About 30% claimed to use drugs, but in reality it is probably more. Street-based sex workers mostly use *Pervitin*⁷, a Czech stimulant drug (amphetamine).

Migrants usually live at their place of work. In clubs, they live in the same room they work in. The exception is Slovak sex workers who work in parking areas and live with their families in Roma communities. Other street-based sex workers live with their pimps.

There was an improvement in condom use among sex workers. However, there has been an increase in STIs, such as chlamydia.

Almost all sex workers have experienced violence either from clients and/or "managers", a quite common phenomenon in the industry⁸. More psychological and economic pressure on sex workers has also been observed. The environment is characterised by strict rules: for instance, because the brothel owner "saves" a sex worker's income, she has to obey him; there is a constant "fight" for clients among sex workers due to competition.

There was some increase in the last few years regarding drug use among sex workers. Drugs are generally more a feature of the street-based sex industry, but can be found in other sectors as well. In some brothels they sell *Pervitin*. Sex work in some of these places is just an activity to cover the drug business.

⁷ "*Pervitin*" is the name used for methamphetamine in the Czech Republic and other parts of Eastern Europe. The name "*Pervitin*" has been in use since 1938 when the Temmler pharmaceutical company in Berlin began producing methamphetamine and marketing it under that name. It quickly gained popularity among both the general population and the German military during World War II. *Pervitin* sales were restricted in 1941, but not before tens of millions of tablets were sold. Methamphetamine is still sold under the name "*Pervitin*" in Eastern Europe, including in liquid form (vials) for IM and IV use. It is also one of the slang names used for street methamphetamine (generally produced from ephedrine). There is some evidence that *Pervitin*/methamphetamine is being exported from the Czech Republic to other parts of Europe and Canada. *Pervitin* is also known as: Crystal, Ice, Jaba, Meth, Methamphetamin, Shabu, Yaba.

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U.S. Dept. of State Document on Narcotics in the Czech Republic
Ulrich, A. "Hitler's Drugged Soldiers". Spiegel Online, May 6, 2005.

⁸ Rozkos bez Rizika, Annual Report 2005

Transgender and male sex workers

There are very few transgender sex workers. Transgender people prefer to work abroad where the demand is higher, or to act in porno or transvestite shows.

Male sex workers are mostly very young. Many of them run away from their families, and start working for Roma pimps. In Cheb, on the German border, they expelled female sex workers from the city, and took over. Male sex workers are divided into two groups: homosexuals and heterosexuals.

Ethnic minorities

Many male Roma are pimps (and quite brutal ones), while female Roma are sex workers.

Among the Olash, a Roma sub-group, there are female pimps and female sex workers. In clubs they are seen as exotic, and are usually in a better position, like other white girls. On the streets however, they are in a worse position.

Roma women comprise around 50% of street-based sex workers. Among sex workers working in clubs they are a minority: only about 5% work there.

Vulnerability and Self-Determination

The main causes of vulnerability for national sex workers are:

- insufficient information about their rights
- low self-esteem
- low income
- high unemployment (difficult conditions for single mothers)
- “whore-stigma” is often used against them.

Migrant sex workers face additional obstacles: difficult circumstances in their country of origin (low income, family dependency), weak legal status in the Czech Republic, lack of knowledge about their rights, isolation, generally bad working conditions, and low income.

Sex workers with permanent permits are more independent: many of them are married to a Czech citizen. They avoid contact with criminal groups from their country of origin.

Sex workers with limited residence visas are mostly controlled by criminal organisations. Most of them get into sex work because of very poor economic conditions in their home countries.

Transient sex workers, in 80% of the cases, work longer in the sex industry than they originally expected to.

There is quite an efficient programme for drug users. A network of drop-in centres is accessible in almost every larger town of the Czech Republic.

Impact of recent legislation

The legalisation of sex work was not approved. There was a movement towards indoor sex work, and an increase in brothels. Sex work is even more criminalised through penalties for public harassment. A sex worker is a street offender and as such is seen as a criminal.

Routes into and out of sex work

Into sex work: lack of money after having children (40% of sex workers in the Czech Republic are mothers); an alternative means of earning money; through another sex worker who teaches how and where to work; the “*Pretty Woman*” syndrome; better earning expectations abroad. Many start as bartenders in sex clubs and after a while become sex workers themselves.

Out of sex work: age; lower demand from clients; being tired of the job; not wishing to continue working in the sex industry due to finding a partner; reaching financial goal (for instance, succeeding in buying the necessary equipment for a business); and through the support of a NGO.

Police liaison and crime reporting initiatives: the organisation does not have a direct relationship with the police. However if there is a case of trafficking, the woman is taken to a shelter where she can decide whether she wants to cooperate with police.

Bliss without Risk runs a support programme for sex workers, which includes helping them to look for another job, supporting them in their new work, and taking care of their children. Support is also provided by other organisations like *La Strada*, the *Czech Catholic Charity*, and some others which are not specifically focused on sex workers but on women in distress.

Mobility

Around 60% of migrant sex workers worked in another country before coming to the Czech Republic (e.g. Turkey, Germany, or in their country of origin).

About 35% of national sex workers also worked in another country, mainly in the Netherlands, Germany, Italy, Switzerland, France, Austria, Canada, USA, Belgium, Denmark, and Spain.

Main reasons for mobility are:

- higher income expectations
- better working conditions
- need for anonymity
- wishing to change or to make a new start

The Czech Republic, like Poland, Hungary and Slovakia, are at the same time origin, transit and destination countries. This means that movement, mobility and migration are a major part of the local sex industry scenes. This situation intensified with the EU accession of the countries in 2004. It also brings new legal situations and challenges for migrants from non-EU countries to the now “new” EU members. Many women enter with a tourist visa for 3 months and commute regularly to prolong their stay. We expect higher mobility from Bulgaria and Romania as new members of the EU. As sex work is not recognised as formal labour in any of the region’s countries, work in the sex industry is not regulated. Controls can therefore result in deportation and/or invalidate visas.

One area of focus is still the border regions and the mobility taking place there. Sex work takes place in different settings at the borders: brothels in the Eastern European countries, visited by Western European clients; women who live in the Eastern European border regions who go to work in “the West”; and a small number of women who work on the highways and streets around the border. This situation is represented in the regions between Poland/Germany, Czech Republic/Austria/Germany, Slovakia/Austria and likely also around Hungary. In some border areas not only migrant sex workers are present, but also national ones.

Regarding internal mobility: there is considerable mobility from, towards and around the borders, , as well as to and from Prague There is also internal mobility from rural to urban areas, mainly when there are public events.

3 SERVICES

Czech National AIDS Programme 2006⁹

HIV testing and prevention programs for most-at-risk populations

Percentage of most-at-risk populations who received HIV testing in the last 12 months and who know the results: Based on passive HIV surveillance, it is very difficult to estimate these figures, since anonymous free of charge testing is available throughout the country and no risk is always reported by the person asking for HIV counselling and testing. All tests are based on voluntary basis.

By December 2005:

- *16 cases of HIV were diagnosed among 6,024 men having sex with men (MSM), i.e. 0.27% yield in this group*
- *4 cases of HIV were found among 19,084 injecting drug users (IDUs), i.e. 0.02% yield in this group*
- *16 cases of HIV were found among 10,000 sex workers, i.e. less than 0.1% yield in this group*

Percentage of most-at-risk populations reached by prevention programmes: during 2004, 60% of IDUs used the services of low threshold centres.

Knowledge and behaviour

Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. Since previous behavioural surveys it was clear that more than 90% of schoolchildren correctly identified at least two ways to protect oneself against sexually transmitted infections including HIV.

Percentage of women and men reporting the use of a condom with their most recent client: the 2003 survey indicates that 55% of men between 15-24 years of age used condoms during sexual intercourse with non-regular partners and 31% of women between 15-24 years of age used condoms during sexual intercourse with non-regular partners.

Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV, i.e., who avoid using non-sterile injecting equipment and used condoms in the last month: 60% of IDUs used the services of low threshold centres during 2004, where they could receive both condoms and sterile injecting equipment. 30% of problem drug users of opiates were on substitution therapy.

Access to Health Care Services

For national sex workers and migrants with a legal status, services are voluntary and free of charge but only if they are insured. Some brothel owners demand regular health checks, but for the majority the decision is taken voluntarily. Health insurance is essential. Without it,

⁹ <http://hivinsite.ucsf.edu/global?page=cr03-ez-00>

only emergency treatments are free of charge. HIV testing is anonymous but limited, due to the weak financial situation of the Czech Ministry of Health Care. It is only required for pregnant women (for the protection of the child). HIV testing must have the patient's consent.

For migrant sex workers services are voluntary, anonymous and free of charge, but as above, they have to have health insurance, otherwise they must pay for all medical services.

Only a basic set of tests are available anonymously and free of charge, including HIV, syphilis and gonorrhoea. Sex workers who have proper health insurance can access other tests free of charge but not anonymously. Failing this, they have to pay.

Access to drug users' centres is available to sex workers, foreigners and the general population. These centres offer needle exchange programmes, food, clothes, etc. Treatment is only available for Czech citizens or for permanent residents with valid health insurance.

Services provided by NGOs such as *Bliss without Risk*, *Jana*, *Ulice*, etc., are either solely or mainly for sex workers.

Services provided

Services for nationals: distribution of condoms and lubricants, needle exchange programme for IDU, assistance and counselling. There is also a programme for children of sex workers.

Services for migrants: distribution of condoms and lubricants, health services, needle exchange programme for IDU, assistance, counselling, support for victims of trafficking, and translation. Only the NGO *La Strada*, for victims of trafficking, works with professional translators.

Services are available but sex workers do not feel comfortable making use of them. They are reluctant to tell the truth about their job, and therefore doctors do not provide them with appropriate examinations. Hospitals get special funding for treatment of STIs, especially for syphilis, which can only be treated in a hospital¹⁰, but despite this financial support, in many cases a hospital's management will demand payment for the treatment.

NGOs provide most of the services, such as health services, outreach work, social and legal counselling, shelter, and computer training.

Services for drug users include: needle exchange, drop-in centres, substitution treatment, treatment and rehabilitation centres, self-help groups, support groups for parents and families of drug users.

Services for male sex workers: in Prague there is a NGO called *Chance*, which offers HIV saliva testing, social services, and a centre for street children.

Services for people living with HIV: the *Light House*, which offers accommodation, psychological support, etc.

There is collaboration and cooperation between all of the above services.

Rozkos bez Rizika provides the following services:

- Information on safer sex, including access to condoms, lubricants and other safer sex supplies: various brochures about safer sex (in Czech, Ukrainian, Bulgarian, and Romanian), and a DVD called "*Safe Sex*", a gift from Ukraine (in Russian and English). Sex workers who come for medical check-ups usually get one condom and one lubricant,

¹⁰ According to Czech law, due to possible shock following antibiotic injections, syphilis has to be treated in hospitals. If syphilis patients sign a declaration they can leave hospital after 2 hours, but normally they have to stay at least one day. Typically treatment takes 5 to 10 days.

just as a reminder for safer sex. During outdoor outreach work, each sex worker usually gets three to five condoms, lubricants and one brochure, because the financial situation of sex workers in the border areas is worse than of those in the city.

Condoms are available at an affordable price from the organisation and through the internet. Club managers often use the internet to buy condoms.

- Information on HIV prevention, voluntary testing, counselling, and treatment: brochures and leaflets in various languages. Testing for HIV (saliva test) is anonymous and free of charge to all those involved in the sex industry. During outreach work in clubs, for example, if the club owners, bartenders or security staff want to be tested they can also access it for free. Counselling is, of course, free for all. Treatment depends on the circumstances of the sex worker: if the saliva test is positive and the subsequent blood test is as well, she/he has, by law, to reveal her/his identity, because they are sent to the National Reference Laboratory or to the Light House for further testing. Czech nationals or foreigners with Czech medical insurance are treated in AIDS centres in hospitals. Migrants without health insurance are returned to their country of origin for treatment. They can become asylum seekers, during which process they will receive medical treatment free of charge. Treatment in the Czech Republic is basically unaffordable for uninsured persons.

Saliva tests are only provided by authorised medical centres. Those undergoing the tests receive specialised pre- and post-test counselling. The aims of the tests are: to conduct research from an epidemiological point of view, to evaluate the effectiveness of the preventive work already done, to inform sex workers about preventive measures and safer sex, and to provide treatment. This is carried out within a network of Health Care Services, the Ministry of Health and NGOs.

- Information on STIs, prevention, testing and treatment: brochures, leaflets and personal counselling. In most cases, sex workers are infected by their partner, and not by a client. They are therefore encouraged to send the partner for a check-up and subsequent treatment. There is a surgery in the premises of the organisation and the medical check-up (including STI testing) is free of charge. If an infected sex worker has money, she can buy medicine for her treatment there. If not, she will receive it for free.
- Safer Sex initiatives: leaflets and the educational video EUROSEX (without words, which is very useful, because a relatively high number of sex workers are foreigners).
- Personal safety initiatives: little give-aways like lighters or personal alarms with printed contact numbers of the organisations *Bliss without Risk* and *La Strada*, the *Magdala* hotline (a Czech Catholic Charity organisation), and the police.

Strategies for reaching sex workers

Outreach work is the only method of contacting sex workers. It is carried out mostly in night clubs, brothels, on highways and on the streets. During outreach work condoms and lubricants are distributed, along with information about services available, the hotline for sex workers, and health information materials.

Besides *Bliss without Risk*, the organisations *Ulice*, *Jana*, and the *Czech Catholic Charity* conduct outreach work for sex workers.

HCS – together with the police, they collect sex workers regularly but on a voluntary basis, provide health examinations and return them to the sex industry settings. This method is used in certain regions and is accepted by sex workers. The police presence is only for support and assistance.

NGOs – they conduct outreach work and provide shelter. They actively collaborate with one another. Experience shows that it is very important to maintain good relationships with club and brothel managers. Because of effective negotiation skills on the part of the NGO, some pimps and club managers/owners refer sex workers to the organisation for medical check-ups. A conflict with them would mean no further protection or opportunities to access services anymore.

Sex work projects –At the organisation *Rozkos bez Rizika*, a former sex worker is a member of the board of directors.

Barriers to access of services

The main barriers to migrant sex workers' access to services are:

- They are not allowed to move beyond their area of work
- Very short stay (3 month visa)
- Language barrier; usually they work in groups and only one of them can speak Czech
- Poor knowledge of the geographical location of services
- Lack of information about the existence of free services for sex workers.
- Illegal status
- Stigma

Migrant sex workers do not have the same access to the social and health network as Czech citizens if they are uninsured. They are refused specialised treatment for HIV due to its high costs. This sort of treatment is only available for asylum seekers. This is one of the reasons why migrants ask for asylum in the Czech Republic.

Barriers for national sex workers:

- Because they are very much controlled by pimps, and as such their movements are limited
- They have no health insurance
- They cannot or do not want to leave their workplace for fear of losing a client

For drug users it is sometimes very difficult to leave sex work, because they need the money for drugs and, in many cases, for friends as well.

Services for victims of trafficking

Victims of trafficking can enter so-called “programmes” for support. However, few entering these programmes have their cases brought to court. Nevertheless, many sex workers opt for this because it improves their legal and social situation.

Inclusion in the *Programme for the Protection and Support of Victims of Trafficking*, a prerequisite of which is cooperation with police, means getting a six-month temporary visa for the period of the process and a possible permanent visa once the process has ended.

The NGO *La Strada* offers assistance to people who are in a difficult life situation caused by trafficking. The aim is to assist trafficked persons to regain their place in society, to promote their rights and human dignity.¹¹

La Strada offers trafficked persons:

- free and anonymous accommodation (for women only)
- free food and clothing
- free social assistance and consultations
- limited financial support

¹¹ www.lastrada.cz

- facilitation of legal assistance
- facilitation of health care
- facilitation of psychological and psychotherapeutic support
- assistance of social work: accompaniment to other institutions and organizations
- assistance to return to country of origin and facilitation of assistance in that country

Services provided directly by *La Strada* staff are free of charge and strictly anonymous. The complex social services provided by *La Strada* are guided by the needs and demands of service users.

Trafficked persons themselves, or those in contact with them, can reach *La Strada* via SOS hotline at 222 717171. Every Wednesday, a Russian hotline is operated from 4 to 6pm.

Psychosocial assistance provided to trafficked persons is financially supported by the Czech Ministry of Labour and Social Affairs. Psychosocial assistance provided to trafficked persons who participate in the *Programme for the Support and Protection of Victims of Trafficking* is financially supported by the Czech Ministry of Interior.

4 GOOD PRACTICE

Reducing vulnerability

In response to new migratory movements in the sex industry following the EU enlargement in May 2004 and January 2007, new and/or additional interventions are needed to reach the (new) target groups. The Czech Republic, as a former country of origin, was transformed into a transit and destination country. Intensive research must be carried out to fully assess the changed situation (e.g. through mappings), followed by concrete work to improve the working and living conditions of (migrant) sex workers. This especially applies to those countries within the region that had hitherto not seen the presence of migrant sex workers.

Changes are needed to combat vulnerability regarding: the insecure legal status of migrant sex workers and their restricted labour options; bad working conditions; language barriers and different cultural backgrounds; discrimination against migrants; additional stigmatisation of migrant sex workers (also from within their original community); discrimination and hierarchies within groups of sex workers; increased dependency owing to weak legal status; low self-confidence/empowerment.

So far, two main issues have been highlighted to reduce vulnerability: promotion of activities to increase sex workers' self-esteem and self-protection.

Increasing access to services

National sex workers in the border areas often find themselves in a difficult situation. They work and live in their country of origin but are at the same time effectively isolated. They work with clients from "the West" and need language skills to negotiate with them, and often even the bar owners are from countries such as Austria or Germany and speak another language. With the rapid enlargement of the sex industry in the border regions of Central and Eastern Europe and the crucial role they play in terms of migration/mobility, it is important to develop specific cross-border cooperation work to reach the sex workers who work in those regions. This would mean intensifying work that has already been developed and implemented by projects on highways in other regions – e.g. Germany, Poland and Italy.

Another mobile ambulance would be greatly welcomed in order to increase sex workers' access to services.

5 LEGAL FRAMEWORK

Migration

Following the EU enlargement of January 2007, an increase is expected in migrant sex workers from Bulgaria and Romania. Currently they comprise around 10% of those working in the sex industry.

Sex Work

Sex workers in the Czech Republic work in a sort of “grey” area: their work is neither explicitly legal nor illegal, which makes it difficult for the state to control disease, forced labour and slavery-like practices, and sexual exploitation of children and young people through prostitution.

In 2005, the Czech government proposed a law to license sex workers and confine the trade to certain areas as part of an effort to curb the sex industry and reduce organised crime.

The plan called for sex workers to purchase licences, to undergo monthly health checks, to pay taxes and to have health insurance. Licences would only be issued to Czechs and other European Union nationals aged over 18 with no criminal record, and would have to be renewed annually. It would be illegal to operate without a licence, and those who refused to register would be prosecuted and face fines. Soliciting sex would be banned near schools, playgrounds, churches and cemeteries.

Unregistered sex workers would face penalties of around €1,560.00 and their clients around €470.00.

The law currently awaits approval by parliament, although no timeframe has been set. Sex work is included in the Criminal Code within the so called “Street Offences Law”, where soliciting is punishable. Because outdoor-based sex workers were afraid of being penalised, many started to work indoors, for example in private apartments and brothels. Due to internal political problems, moves to legalise sex work were shelved.

The Ministry of Interior of the Czech Republic (Security Policy Department)¹² describes sex work as follows:

Prostitution is one of the issues that the Security Policy Department devotes a considerable amount of time to. Prostitution, as a social pathological phenomenon, is linked to many problems that put in danger not only the prostitutes and their clients, but also members of the public who are seemingly not part of this environment. First of all, there are health risks. The spread of venereal diseases is typical of the prostitution scene. Areas with a mass presence of street prostitution have to cope with a higher incidence of syphilis, gonorrhoea etc. In such areas it is clear how seriously street prostitution can disrupt public order. However, a lot of negative phenomena are connected with prostitution in general, not only with its street form. Apart from the health risk it is accompanied

¹² obp@mvcr.cz

by a variety of crimes ranging from procuring, theft, drug-abuse, tax-avoidance and extortion to robberies, assaults and major crimes such as trafficking in human beings, money laundering and murders.

The Security Policy Department keeps the situation in this area under regular review and takes measures needed. To prepare and put through adequate legislative adjustments is part of that job. Since many municipalities are affected by street prostitution, the Security Policy Department participated in the drafting of model of a generally binding bylaw by way of which the municipal authorities can regulate public order issues when it comes to offering, providing or using sexual services in public places. This bylaw enables the municipalities to specify areas where prostitution is forbidden.

Trafficking in Women

The Czech Republic signed the Palermo Protocol in December 2002 but has not yet ratified it¹³.

The Czech Republic is a source, transit, and destination country for women and children trafficked from Ukraine, Russia, Belarus, Moldova, Lithuania, Romania, Bulgaria, Slovakia, China, and Vietnam into and through the Czech Republic mainly for the purpose of sexual exploitation. Czech victims and those transiting the country are trafficked to Western Europe and the United States, sometimes via third countries. Internal trafficking moves from low employment areas to Prague and regions bordering Germany and Austria. Ethnic Roma women are at the highest risk for internal trafficking, and are almost always trafficked by a relative or someone previously known to them.

The Government of the Czech Republic fully complies with the minimum standards for the elimination of trafficking. In 2004, the Czech Government strengthened its anti-trafficking legislation and turned its pilot victim assistance program into a nationwide government-funded program. While enforcement statistics improved during the reporting period, sentences imposed on traffickers remained low.

The Czech police increased its capacity to investigate and convict traffickers during the reporting period, although the overall number of cases prosecuted pursuant to anti-trafficking legislation remained low and sentences imposed remained weak. Amendments to the Czech Penal Code came into effect in November 2004 making all forms of trafficking illegal, including labour exploitation and internal trafficking. Maximum trafficking penalties were increased from 12 to 15 years, with a minimum penalty of two years. In 2004, Czech authorities investigated 30 individuals and prosecuted 19 under the trafficking statutes. The courts convicted 12 traffickers under those statutes, an increase from five in 2003. Of the 12 convicted, three received unconditional prison sentences of three to five years, and nine received conditional or suspended sentences. Police training curricula included segments on trafficking, and a new internal website for police provided trafficking awareness information. While no government officials were indicted or convicted for complicity in trafficking, allegations continued about the involvement of individual border police officers facilitating illegal border crossings. Czech law enforcement conducted joint anti-trafficking investigations with Germany, Slovakia, Austria, Poland, and Ukraine in 2004.

¹³ www.unodc.org/ United Nations Office on Drugs and Crime Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.

Law Enforcement

The Czech Government continued to improve trafficking protection and assistance over the last year. In November 2004, the *Model of Support and Protection of Victims of Trafficking in Persons* was expanded to a permanent, government-funded programme that is open to all foreign and Czech victims. This programme involves close cooperation between the government and NGOs, and allows the victims a 30-day reflection period to receive assistance and consider whether to assist in prosecuting their traffickers. In June 2006 new legislation came into force regarding a “long-term residence permit”, a six month visa, but only under the condition that they cooperate with police.

From January 2004 to January 2005, 14 trafficking victims — including one forced labour victim — took part in the programme. Many victims chose to apply for asylum, which allows them legal status in the Czech Republic until their cases are decided — a process which can take months to years. The government houses victims (accepted and alleged) applying for asylum with other at-risk groups in guarded asylum centres to prevent unwanted contact with traffickers. The government funded several NGOs and international organisations for the shelter and care of victims; two of the Czech Republic’s principal organisations provided shelter to 68 trafficking victims in 2004.

Drug use

It is not against the law to use any sort of drug and to keep a small amount for one’s own consumption. The amount of what is considered “one dose” is not specified. Everything else relating to drugs is criminalised.

6 ORGANISATION

Rozkos bez Rizika / Bliss without Risk

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Rozkos bez Rizika is a NGO founded in 1992. The organisation was created due to the increase of prostitution in the Czech Republic following the Velvet Revolution in 1989. This increase involved women with low or no professional skills and at high risk of HIV and other infections.

Main goals

- To promote activities among sex workers for the prevention of HIV and STIs
- To offer diagnosis and treatment for STIs
- Psychological support
- Theatre plays performed by sex workers
- Reduction in the victimisation of sex workers

Main activities

- Regular outreach work in Prague, Brno and running 4 teams in border area

- Distribution of information for sex workers in six languages, information for clients of sex workers, condoms and lubricants, tools for self-defence (training courses), HIV and syphilis tests
- Support for victims of trafficking, provision of shelter and psychosocial counselling
- Support for drug using sex workers
- Theatre plays performed by sex workers
- Networking with other organisations in the Czech Republic dealing with sex workers