

# 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

# ROMANIA

This report was drawn from information provided by the organisation  
**ARAS / Asociatia Romana Anti-Sida** (*Romanian Association against AIDS*), Bucharest

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**

February 2007

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# 1 COUNTRY PROFILE

	2005 <sup>1</sup>
Population, total (millions)	21.6
Population growth (annual %)	-0.2
Life expectancy at birth, female (years)	75.1
Life expectancy at birth, male (years)	67.7
GNI/Gross National Income per capita, 2005	US\$ 3,830.00 <sup>2</sup>
Inflation, consumer prices (annual %)	9.0
Unemployment, total (% of total labour force)	7.0
Internet users (per 1,000 people)	208

## **Demography and Economy**<sup>3</sup>

Romania is a lower middle-income country in the Europe and Central Asian Region, according to classification by the World Bank on the basis of income and region for the year 2005.

The total population of the country as of the year 2004 is estimated at 21.7 million with an annual percentage growth rate of -0.3. In recent years the country has been experiencing a negative rate of growth.

Life expectancy in the country was 71.3 in the year 2004. The infant mortality rate per one thousand live births in 2004 was 17.3. Under the age of 5, the mortality rate per one thousand is calculated at 19.9 for the same year.

The Gross National Income of the country as per the Atlas method reached US\$64.2 billion in the year 2004 with a GNI per capita of US\$2,960. The Gross Domestic Product of the country as of 2004 is US\$73.2 billion with an annual percentage growth rate of 8.3.

The *Romanian Statistical Yearbook* of July 2004, published by the *National Institute of Statistics*, gave the total number of young people under 25 years old among the general population as over 6 million (6,864,955; 31.66%).

**Ethnicities** - According to the 2002 census, Romania has a population of 21,680,000 and, similar to other countries in the region, is expected to gently decline in the coming years as a result of sub-replacement fertility rates.

Romanians make up 89.5% of the population. The largest ethnic minorities are Hungarians, (6.6% of the population) and Roma (2.5%). Hungarians, who are a sizeable minority in Transylvania, constitute a majority in the counties of Harghita and Covasna. Ukrainians, Germans, Russians, Bulgarians, Turks, Tatars, Serbs, Slovaks and Poles, as well as other ethnic groups, account for the remaining 1.4% of the population. The population density of the country as a whole has doubled since 1900 although, in contrast to other central European states, there is still considerable room for further growth. The overall density figures, however, conceal considerable regional variation. Population densities are naturally highest in the towns, with the plains having the next highest density, especially in areas with intensive agriculture or a traditionally high birth rate (e.g. northern Moldavia and the “contact” zone

<sup>1</sup> World Development Indicators (2006), [www.worldbank.org](http://www.worldbank.org)

<sup>2</sup> [www.siteresources.worldbank.org](http://www.siteresources.worldbank.org) / Atlas method

<sup>3</sup> Infobase online, [www.economywatch.com](http://www.economywatch.com)

with the Subcarpathians); areas rich in mineral resources, orchards, vineyards, and pastures, support the lowest densities.

### **Situation of Women**

The dramatic decrease in available work in particular urban agglomerations affected mainly women. They were obliged to find alternative solutions, such as migrating to other towns in the country or going abroad. Unemployment has also affected young women living in rural areas, who have fewer opportunities for work, and who frequently migrate towards the urban areas.

One additional cause could be added: the tendency to adopt Western values and a Western lifestyle. Young women tend to leave their families earlier in an attempt to attain financial independence.

Due to the increase in unemployment and poverty, women (mainly young women from rural areas or destitute families, most of them with a low level of education and almost no chance of leading an independent life) were severely affected by the changes associated with the transition towards a market economy. Many of these women became victims of trafficking in human beings due to their hope of being financially independent, being recruited to work abroad including in the sex industry.

Fascination with making money through working abroad (as models, dancers, or waitresses) has led many girls into the trap of human trafficking networks. Those networks became active in Romania since 1989 and have represented, for many young women, the starting point on their way into the sex industry. Many of them are now street-based sex workers; they work in poor sanitary conditions, are exploited by pimps, are moved from one place to another, and are subject to abuse.

The reasons that lead women to choose sex work may vary (low standards of living; false expectations of easy money; traumatic experiences resulting in low self-esteem, such as childhood abuse, rape and deception). However, all these situations have a common factor: in most cases, these women are not aware of the implications of such a choice, other than that it is considered a crime.

The *Romanian Statistical Yearbook* of July 2004 and the *International Labour Office* give the percentage of employed women as 52.1% and the unemployment rate of 6.9%. The situation among men is a little different: employment rate is of 63.6% and unemployment rate of 9.0%.

The *Romanian Statistical Yearbook* of October 2004 gives average Gross salaries, as 7,383,135 old ROL (approx. €3,770.00) for women and 8,579,496 old ROL (approx. €4,380.00) for men.

The number of graduates in 2004 (including day, evening, part-time education and distance learning) is 296,777 of which females make up 148,296 (49.9%). The number of high school graduates is 172,371, of whom 92,793 (53.8%) are female.

The political declaration made by Silvia Adriana Ticau (March 7, 2005) showed that of 469 members of Parliament, 51 are women (13 senators and 38 deputies), placing the percentage of women in political life at 11%.

The *Romanian Statistical Yearbook* of July 2004 showed that the number of women under the age of 25 is 3,351,166 (30.18% of the total 11,101,722 women).

Among the percentage of young people aged 15-24, participation in economic activity is at 36.8% and 63.2% are not economically active (statistics from the National Institute of Statistics). The unemployment rate among young people is 7.7%.

These facts are very much related to reasons for entering sex work.

*“Most sex workers started their activity when they were very young or even when they were teenagers. Most of the time they come from rural areas or small towns, and later migrate to urban agglomerations either looking for a job or after they have been recruited by pimps or networks of traffickers in human beings.*

*Their inability to face the challenges triggered by the large town lifestyle as well as the less probable opportunity to develop new social networks (friends, belonging to various social groups) increased, in many instances, their vulnerability to proposals regarding their involvement in commercial sex. Regarded, at the beginning, as only a temporary solution, commercial sex practices tend to become a lifestyle rather easily. The attempts to ‘escape’ from this environment are, in most cases, abandoned due to a lack of other opportunities: sex workers have no place to go to, nobody to ask for help; they are well-known and condemned by the community they live in, and their attempt to start a new life is blocked out by the past. The situation becomes even worse when the sex workers try to escape the human traffickers and they are severely punished by the latter.”<sup>4</sup>*

### **The status of Roma women<sup>5</sup> (2006)**

- More than 60% of Roma women believed that women have fewer rights than men in Roma communities.
- Almost a quarter of the women had no formal education, versus only 15% of Roma men. By comparison, less than 4% of women in Romania’s total population had no formal education.
- A majority of the women said that employers discriminate against Roma on ethnic grounds. More than 20% of respondents thought that workplace discrimination was based on gender.
- 39% of the women had not earned any income in the last year. Of those who were employed, 54% worked informally in jobs that provided no benefits or work agreements.

### **The EU Enlargement**

Romania is a country in South Eastern Europe. It borders Hungary and Serbia to the west, Ukraine and Moldova to the Northeast, and Bulgaria to the south. Romania has a stretch of coast along the Black Sea, and the eastern and southern Carpathian Mountains run through its centre. Romania has been an active member of NATO since 2004 and a member of the European Union since 1 January 2007.

The National Institute of Statistics showed that in 2004, 13,082 individuals were established outside Romanian borders, of which the number of female individuals were 8,148.

The NGO Save the Children Romania declared: *“At the beginning of the year 2000 in Romania, human trafficking became a very important social phenomenon with negative effects on the political system and social politics. This phenomenon worried the mass-media; the response of stakeholders and of civil society must be a unified one. In 2001 the stakeholders approved one of the most elaborate laws (law no. 678) regarding the prevention and control of human trafficking.*

*“Trafficking in human beings is an ever-present reality, the extent of which causes concern in all areas included in this survey (almost 30% of the interviewed sex*

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<sup>4</sup> Commercial Sex Work, a Public Health and Social Perspective (Romania, ARAS 2005)

<sup>5</sup> www.soros.org

*workers stated they had been bought or sold). The sex workers are abused by pimps, clients and police. Half of them mentioned abuses by clients, while a third complained about the attitudes of police. More than 13% of sex workers who had been tested for HIV in 2004 were brought for testing by police representatives.”<sup>6</sup>*

## **Migration**

Some members of the EU-15 have worries about the entrance of Romania and Bulgaria to the EU. The main worries concern the migration flow from those two countries and the consequences of this phenomenon for their labour market. Here is an example from the UK:<sup>7</sup>

*Romania and Bulgaria are due to join the EU on 1 January 2007. Labour market transitional arrangements will be virtually the same as for the first round of East European candidate countries.*

*Their combined population is nearly 30 million and their unemployment rates are 8% (Romania) and 10% (Bulgaria). Bulgaria has 700,000 ethnic Turks and there are 2.5 million Roma in these two countries.*

*If the UK is again the only major EU country not to impose a transitional arrangement, further substantial immigration is to be expected. The statistical evidence suggests that migration for work could be nearly 300,000 in the first 20 months. It would be prudent, therefore, for the government not to open our labour market until the intentions of other EU-15<sup>8</sup> states are clear. It will also be essential to close off the benefit system, as for the earlier round, to prevent benefit tourism.*

*Unless the UK Government imposes a transition period, entry to the EU will give workers from those countries rights of access to the UK's labour market similar to those enjoyed by workers from those countries that acceded on 1 May 2004.*

*The Government's Accession Monitoring Report, published on 28 February 2006, showed that there were 345,000 applicants to the Worker Registration Scheme from the eight central and Eastern European countries (the A8<sup>9</sup>) between 1 May 2004 and 31 December 2005. Of these, up to 60,000 may have already been in the UK before 1 May 2004. 80 per cent were earning less than 6 pounds per hour. 58 per cent, or 170,000, were from Poland. The Government's original estimate, challenged at the time by Migrationwatch, for net immigration from these states was 5-13,000 per year. The Office for National Statistics (ONS) believes that net migration from the accession countries in 2004 was 48,000; the Migrationwatch cautious estimate was 40,000 a year.*

*It is likely that unemployment and low incomes are the major drivers of labour migration from the former Eastern Bloc countries. In Poland, unemployment is currently running at 17.7 per cent and annual GDP per head is around \$12,700 compared to 5.1 per cent and \$30,900 in the UK. In Romania and Bulgaria, unemployment is lower than in Poland, at 7.7 and 9.9 per cent respectively, but incomes are also distinctly lower, averaging \$8,400 and \$9,000 respectively. (These comparisons are on a purchasing power parity basis). Romania has a population of 21.7 million and Bulgaria 7.8 million. It is therefore likely that the accession of*

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<sup>6</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania, ARAS 2005)

<sup>7</sup> [www.migrationwatchuk.org](http://www.migrationwatchuk.org)

<sup>8</sup> EU-15: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, Sweden, United Kingdom.

<sup>9</sup> A8 or EU-10, countries which joined the EU on 1 May 2004: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia, Cyprus.

Countries which joined the EU on 1 January 2007: Bulgaria and Romania.

*Romania and Bulgaria in January 2007 will result in further significant labour migration to the United Kingdom.*

*The decision of the other major EU countries to extend transitional measures for the A8 countries for a further three years makes it virtually certain that similar measures will be applied to Romania and Bulgaria.*

### **Female Labour Migration**

Many Romanian women leave the country to work as sex workers, mostly in other European countries. There are also many women who go abroad for other jobs but end up in the sex industry. According to the *National Institute of Statistics Romania Statistical Yearbook (2004)*, the number of women who migrated in 2004 was 8,148. There is no information available regarding their reasons for migration. The main countries of destination are Germany (2,707 people), Italy (2,603 people) and the USA (2,049 people).

## **2 PROSTITUTION MAPPING**

### **Overview of the sex work scenario<sup>10</sup>**

Country	Major Group	Nationalities	Work Places
Bulgaria	90% Bulgarians	Migrants from Russia, Romania, Ukraine, Moldova, and Turkish Roma.	55% indoor
Czech Republic	65% Czechs	Migrants mainly from Slovakia and Bulgaria.	70% indoor, 10% highways and border area
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	Moldova and Russia	80% street

### **Structure**

Sex work in Romania is becoming more and more visible. The locations where sex workers work and meet their customers are quite well-known. Because sex work is illegal in Romania and the public morally condemns sex workers, finding ways of providing support to sex workers has been a struggle.

The 2005 *Qualitative Research on HIV/AIDS/STD Behavioural Determinants among Sex Workers*<sup>11</sup> identified poor working conditions and poor reproductive health for street-based

<sup>10</sup> TAMPEP VII, 2006

<sup>11</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania 2005), *HIV/AIDS Knowledge, Sexual Behaviour and its Determinants among Female Sex Workers*, ARAS, UNAIDS and Romanian Health Ministry. The survey was carried out between May and July 2005, in 12 different cities. It is based on interviews conducted with 395 sex workers.

female sex workers, who constitute the majority of sex workers. Although all the women interviewed reported having had protected sex at least once, only 13 out of 61 women reported having protected sex at all times.

There are many venues for commercial sex: “at home”, on the street, in hotels, bars, public toilets, etc. In the North Train Station area in Bucharest there are many “red light spots”, located in houses and in cheap hotels. Due to poor hygienic conditions, poor Roma families who share their homes with sex workers are at risk for HIV/STI infection. Many males from these families are involved in the sex industry as pimps, middlemen and clients.

- Distribution of sex workers across sectors: 40% street, 15% highways and roads, 15% brothels, 10% clubs and striptease bars, 8% massage parlours, 7% apartments, 5% escorting
- Gender: 80% female, 15% male, 5% transgender
- Number of sex workers: data not available
- Level of migrant sex workers: 5% migrants, 95% Romanians
- Age: about 25% are under 19 years of age, 35% are aged between 20 and 24, 25% are between 25 and 30, and 15% are between 30 and 40 years old<sup>12</sup>.
- About 60% began working in prostitution before they were 18 years old. Most began to work between 14 and 18, although in some cases they began at 10.
- Education: about 12% were illiterate, 9% had only been to primary school, 47% to secondary school, 30% to high school, 1% to college and 1% to university<sup>13</sup>.
- More than one tenth of sex workers injected heroin in 2004. Almost all of these live in Bucharest.
- Main countries of origin: Moldova and Roma population from Turkey.

It is very hard to estimate the percentage of Roma sex workers since we do not have official statistics on the number and characteristics of the sex workers. However, based on our observations we can say that the number of outdoor-based Roma sex workers is increasing. There are no data about indoor-based sex workers.

The working conditions are the same for all sex workers, and not affected by ethnicity. These conditions can be quite good but most of the time they are very bad, lacking cleaning facilities, food, shelter, and/or acceptable living conditions.

- There is an increasing tendency of street prostitution and of outdoor Roma sex workers.

As in other Balkan countries, there are Roma who had to move from communities in big cities to other places. Through this move, they lost their identity, tradition and culture. For many Roma it was hard to adapt to their new living conditions, and they lack ID papers, medical insurance, education, jobs, etc. Because of this and because they had to survive in one way or another, some became involved in sex work and small illegal businesses. First they were involved as pimps and middlemen, and after a while as sex workers too. Nowadays there are many sex workers (both male and female) who sell sex because they need money for drugs.
- According to 2005 research, more than half of sex workers said that they had been abused by clients and almost a third said they had been abused on some level by the police.

As yet, no studies have been conducted regarding police attitudes to this issue. Their opinion is that they respect and implement the law; the sex workers view this differently and refer to the aggressiveness of the police. Around 30% of the sex workers

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<sup>12</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania 2005)

<sup>13</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania 2005)

who were interviewed<sup>14</sup> declared that they had been bought or sold. The phenomenon of trafficking in human beings is clearly underreported in Romania.

A very important person within the sex industry environment is the middleman and/or pimp. He assumes different roles: protector, guardian, controller, negotiator, and bodyguard.

He is the one who establishes the price, “helps” clients to choose a girl, provides a location where sexual services can take place, and retains a “guarantee” in case the girl leaves with the client. He is the one who cashes the money. In addition, he arranges a place for the sex worker to live, provides food and gives her some money for her personal needs. He is also the one who, in cases of trafficking, limits the sex worker’s freedom of movement.

The ultimate goal of making money leads them to support the sex workers in order to abuse them. So, the attitude of the pimp can be considered a negative one towards the sex worker.

But there are also cases of sex workers who work on their own, identifying the clients, negotiating the price and managing their earnings by themselves. However, many times even these sex workers pay a “protection fee” to an individual who facilitates their presence in a particular area.

However, the majority of sex workers work for others - pimps, middlemen, family – and keep only around 40% of their earnings for themselves.

For most pimps, the business is a family enterprise: many family members are involved in it, each of them assuming a specific role. Some secure sex workers’ accommodation; others (who are sometimes underage) are in charge of contacting the clients. This situation is very typical for Bucharest. The pimp may also be the sex worker’s regular partner or a member of her family. In some cases the pimp may be a drug dealer, a member of a network dealing with trafficking in human beings, and/or have prior involvement in various criminal activities and acts, such as thefts, burglaries or the sale of stolen goods.

Among those involved in the sex industry - sex workers, pimps, middlemen, their families, clients - there is an alarming rate of drug use, such as barbiturates, marijuana and hashish, as well as heroin and inhalants (*bronzolac*). In some cases in Bucharest pimps or their families are involved in the sale of drugs (heroin, for instance) and sex workers, their partners and the community constitute their potential buyers.

### **Female sex workers**

Most sex workers experience increased vulnerability to HIV due to a very low level of education, drug use, pimps, “protectors”, poor living conditions, and limited accessibility of healthcare services and general health information. Usually female sex workers are under the “protection” of a pimp (usually male, but there are also female pimps). The pimp is the one who negotiates with the client and makes decisions about the sexual services on offer. Since unprotected sex is quite frequently requested by clients, the pimp forces the sex workers to have unprotected sex. Often sex workers receive more money from the clients in exchange for unprotected sex.

Sex work takes place in various locations such as illegal brothels, rented rooms, clients’ houses or in their cars, hotels, parks or nearby main transport roads/routes, and car parks. Sex workers’ clients are both Romanians and foreigners, from all social classes and age groups. In most cases, the transaction with the client is mediated by a pimp or middleman.

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<sup>14</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania, ARAS 2005)

The HIV risks that sex workers are exposed to mainly relate to unprotected sexual intercourse both with clients and with their regular partners. Thus, rates in condom use for sexual intercourse with both these groups were, in 1999, around 36%, decreasing to 20% in 2005. The existing programmes, together with shops and pharmacies, now cover the need for condoms identified in the locations where this survey was carried out.

Another identified problem is the high rate of injecting drug users among sex workers. Around 12% injected heroin in 2005, and almost 40% use non-sterile injecting equipment. In 2006 in Bucharest, the estimated number of injecting drug users is 24,000 which is almost 1% of the total population. The phenomenon of injecting drug use is strongly related to the sex work industry.

*“More than 85% of the sex workers declared condom use in their last transaction<sup>15</sup>, and approx. 5% of the sex workers who had not used condoms had not been aware of the risks undertaken. Generally, sex workers are aware of the fact that it is socially desirable to state that they use condoms regularly. 2.03% of the SWs said they lacked condoms, while 6.84% indicated the client’s unwillingness to use condoms as an obstacle.”<sup>16</sup>*

### **Transgender and male sex workers**

Lately, male sex work became more and more visible. However ARAS did not previously assess the situation of male sex workers, so it is not known whether their numbers have risen. The male sex worker community is separated from female sex workers. There is a small number of transsexual sex workers.

### **Ethnic minorities**

There is a large number of Roma women involved in sex work and their vulnerability is increased due to a double discrimination: because they are sex workers and because of their ethnic origin. The majority are minors. Some also inject drugs.

### **Vulnerability and Self-Determination**

Geographically situated at the crossroads that connect the consumer countries to the production ones, Romania continues to be a quasi-compulsory transit location for illicit drugs. Currently between 10% and 20% of entering drugs stay in Romania, which is set to increase in the future according to police statistics. In order to find a market, the traffickers sell drugs at promotional prices and even accept soft local currency.

It is clear that a large proportion of Romanian drug traffickers works together with or double as traffickers in human beings for the purpose of sexual exploitation. Since there are pimps who also sell and use drugs, their families and children and the sex workers who work for them are at high risk for drug use.

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<sup>15</sup> Such a high rate of condom use should not mislead. Similar surveys carried out in other countries resulted in declarations of condom use at rates in excess of 80%. The argument in favour of distrusting sex workers’ statements on this topic is presented by the number of cases of STIs and HIV recorded for the same sample. In order to collect data that better reflect reality, we compared the answers given regarding use of condoms during their last sexual intercourse with a client to those concerning their sexual behaviour over a longer period of time (in 2005).

<sup>16</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania, ARAS 2005)

Sex workers' migration within the country and abroad is another risk factor for drug use and HIV/STI infection. Many Romanian sex workers work in countries like Turkey, Cyprus and Spain, countries where drug use is more common than in Romania.

HIV-positive migrant sex workers, coming mainly from Moldova and Ukraine, were infected mainly through using non-sterile injecting equipment.

Trafficking in human beings is an ever-present reality, the extent of which causing concern in all areas included in the 2005 survey. Almost 30% of sex workers interviewed stated that they had been sold or bought. Sex workers are abused by pimps, clients, and police officers. Half of them mentioned abuse by clients, while a third complained about the aggressive attitude of police officers. Around 15% of sex workers who had been tested for HIV in 2004 were taken by police representatives to have the test at health services. The three main vulnerability factors for sex workers are:

- Trafficking in human beings
- Their illegal status, because in Romania sex work is punished through the penal code. This make them more and more vulnerable: because their activities are illegal they cannot report crimes to the police or discuss the abuses they suffer, and can be easily blackmailed by pimps, middlemen, clients or even the police themselves.
- Lack of access to medical and social care services

### **The impact of recent legislation**

Most sex workers and IDUs do not have health insurance and cannot access the public health system. If the legislation surrounding sex work were to change, sex workers would benefit from the public health system like all other citizens.

The existing legislation and the manner of its implementation do much to hinder the work of programmes intended to decrease sex workers' vulnerability. Sex workers are frequently abused, sometimes even by representatives of the law, with no means of defence. They work in slavery-like conditions and do not have access to basic health or social services. Often when a sex worker has an STI her pimp prevents her from seeking healthcare. He opts instead to "sell" her on. The fact that sex work is illegal increases its likelihood of becoming connected with other criminal activities such as those related to drug use and dealing, as well as to other forms of organised crime. Social programmes aimed to support sex workers are practically non-existent. Women involved in the sex industry find themselves victims of a vicious circle from which they cannot escape since they lack the necessary support or means.

Risk of being penalised also determines sex workers' high level of mobility and the frequent association of pimping with trafficking in human beings.

All these arguments favour of an amendment of the current legislation regarding sex work. The current legal framework tends to worsen the situation of those involved, by allowing serious breaches of their human rights.

### **Routes into and out of sex work**

Into sex work – Most sex workers began working young, many as teenagers. Most of them come from rural areas or small towns, and later migrate to urban agglomerations either looking for a job or due to recruitment by pimps or networks of traffickers.

The challenges of the big city lifestyle as well as little opportunity to develop new social networks often increase their vulnerability. Seen at the beginning as only a temporary solution, sex work tends to become a long-term activity.

In the 2005 survey, 8.6% of sex workers interviewed were underage, and 12% had never attended school. More than 20% of those included in the survey had spent part of their childhood in care, leading to increased vulnerability to traffickers, as well as to their involvement in the sex industry. Approximately 45% of sex workers who spent part of their childhood in a statutory institution were trafficked.

Out of sex work – Attempts to “escape” from sex work are, in most cases, abandoned due to lack of alternatives: sex workers usually have no place to go to and nobody to ask for help. Besides that, they are known as sex workers and therefore condemned by the community they live in. Their attempt to start a new life is obstructed by the past. The situation becomes even worse when sex workers try to escape from traffickers and are severely punished by them.

At present in Romania there are no specially designed services to support women who want to leave the sex industry. There are only some shelters and some IOM programmes for victims of domestic violence.

### **Mobility**

Internal mobility is very high. The survey, which was carried out in 12 different cities, showed that the interviewed sex workers came from 40 different cities.

Trafficking in human beings also influences sex workers’ mobility, as most of them (63%) stated that they had worked in the same location for less than 2 years. More than 10% were newcomers whereas only approximately 2% had worked in the same location for more than 10 years.

About 40% of sex workers in Romania worked in another country at some point. The main destination countries are: Italy, Spain, Germany, the UK, Switzerland, Greece, Cyprus and France.

Many women are willing to travel abroad in order to work in the sex industry since the income is higher than in Romania and they will face less discrimination in other countries. Many leave the country in order to get a job but end up becoming victims of trafficking in Romania or abroad. Recently, many articles were published in local newspapers on police intervention against the heads of trafficking networks. There were also many attempts to reintegrate the victims into society.

The main reasons for mobility are: trafficking, poverty, discrimination and stigma against sex workers.

## **3 SERVICES**

*The fact that sex work is illegal makes most sex workers unable to benefit from health insurance policies. They therefore have limited access to health services.*

*The relationship that sex workers have with the providers of such services is a rather negative one due not only to sex workers’ public stigmatisation, but also to the danger and the fear of revealing the practice of an illegal activity.*

*“Approx 75% of the total sex workers who complained of STI symptoms went to a specialist (doctor or pharmacist) to ask for advice, whereas 15.5% self-medicated after they had consulted their friends, and 9% never take any treatment. More than*

*70% of the interviewees admit to their becoming more vulnerable to STIs due to commercial sex practices.”<sup>17</sup>*

*Sex workers’ increasing exposure to HIV/STIs is caused by a large number of sexual partners; their limited access to information, which makes them only partially aware of the risks involved; and their inability to negotiate condom use. The number of HIV tests performed among sex workers is extremely small, mostly due to sex workers’ limited access to testing services. However, many sex workers who decide to use such a service or learn about the risks involved, and goes to a testing centre, do not admit they belong to this vulnerable group for fear of being discriminated against and criminalised<sup>18</sup>.*

*A significant threat to public health is represented by the association between the high number of sex workers who donate blood on a regular basis (about 11% of the total sample) and the high frequency of HIV/STI risk behaviours (unprotected sex and sharing injecting equipment). The fact that such a large number of people who adopt high-risk behaviours donate blood reflects the current situation in Romania where blood donations are rewarded.<sup>19</sup>*

Public healthcare providers do not offer services to sex workers. ARAS is the only NGO who offers healthcare services for sex workers. However, one significant change was noticed in the attitude of the police towards the ARAS outreach team. In the past the police frequently questioned and interrupted the team’s activities but nowadays they wait for the outreach team to finish their job before approaching (and fining) the sex workers.

The government has a mandate to take appropriate action in order to maintain and promote public health and to prevent the spread of disease among the general population. The *Law for the Organisation and Function of the Ministry of Health* mandates the Ministry to cooperate with other stakeholders to improve public health.

Moreover, a recent Governmental Ordinance enables the Ministry of Health to support prevention projects initiated by NGOs.

While ARAS is a NGO which develops and implements preventive interventions to limit the spread of HIV and other STIs, the Criminal Law of Romania incriminates sex work, as well as the activities connected with its practice. Therefore, there is pressure to make a clear distinction between promoting safer sex and empowering sex workers: under no circumstances may sex workers be encouraged to trade sexual services for money or for other goods. ARAS’ outreach team encourages sex workers to fight against police abuses and is trying to support sex workers to start their own NGO and to stand up for their rights.

The organisation recognises that raising sex workers’ awareness of HIV/STI issues and promoting safer sex, including the distribution of condoms, are preventive interventions proven to reduce the spread of infections and to improve public health.

### **Access to Health Care Services**

ARAS is the only NGO that offers services for sex workers and the only institution that has sex workers as its target group. Over the last two years, the programme for sex workers was

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<sup>17</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania, ARAS 2005)

<sup>18</sup> Local authorities (public health directories and police inspectorates) decided that in the areas where there was a large number of sex workers infected with syphilis those detained by the police should be tested for HIV and syphilis. Even though this measure aimed to contribute to the health and safety of the general population (preventing the transmission of STIs and HIV), it was done without sex workers’ knowledge and/or consent.

<sup>19</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania, ARAS 2005)

developed in ten counties all over Romania and will shortly be implemented in another city, Brasov.

The number of HIV-positive adults (over 18) in Romania is constantly growing. According to Ministry of Health statistics, in 2002 73.5% of the HIV-positive persons were aged between 10 and 20 years, most of them aged 14-15 years, having been infected during their childhood through medical procedures or transfusions<sup>20</sup>.

Only a few studies are available regarding young people's knowledge about HIV infection and their attitudes towards adopting low-risk behaviours. Condom use, as a prevention method, is quite low, mostly in rural areas (according to studies on reproductive health in Romania). Schools are not yet able to provide full information during health education classes, and those teenagers who are not part of the school system or have already left school do not have sufficient access to health education services or information on HIV infection in the media, clinics, or programmes developed by NGOs.

The lack of available information for sex workers makes it difficult to improve their awareness and working conditions, and hinders opportunities for physical and psychological empowerment. Furthermore, the current AIDS prevention campaign in Romania is very basic and does not target sex workers or their clients.

According to the 2004 *Reproductive Health Survey in Romania*, almost all sex workers (93%) who were interviewed had heard of HIV/AIDS, which were similar results to those recorded for the general population (99%). Unfortunately, this level of knowledge is not mirrored in the risk perception (only 65% of the sex workers think about the risks of being infected with HIV).

### **Services provided**

ARAS's program for sex workers uses a mobile unit for outreach work which is specially designed for working with vulnerable groups. The outreach team is multidisciplinary: a general practitioner, a psychologist, a social worker and a health educator. The services provided by the mobile unit are: distribution of condoms, sterile injecting equipment and lubricants; primary healthcare; psychological support; social support; hepatitis A and B vaccinations, rapid tests, etc. The team works 5 days per week and attempts to cover the entire city of Bucharest. There are teams in another 10 large towns doing the same work.

ARAS offers low threshold services to sex workers. There are many sex workers working in the streets, parking areas, parks, etc., who need services and face many barriers to accessing them. Our capacity to address services is not large and we need to be focused on the most vulnerable sex workers. Should our capacity increase, outreach workers will aim to reach indoor-based sex workers.

### **Strategies for reaching sex workers**

In ARAS' experience, sex workers are easily reached through outreach work. Most of the women are not allowed to leave the area where they live or work because of the control of pimps, so their freedom of movement is quite limited.

One of the most important strategies for reaching sex workers, therefore, is by establishing good relationships with the pimps, middlemen and community, in order to have access to sex workers who are sometimes not visible at all.

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<sup>20</sup> Romania Children's Appeal Survey

Another useful strategy is mapping and monitoring areas of street- and indoor-based sex work, in order to enable provision of outreach services.

### **Barriers to access of services**

The barriers to sex workers' access of NGOs are mostly related to their limited mobility, which is why outreach is the most successful way to work with them.

Accessing to drug harm reduction programmes is also difficult due to their limited mobility, unless they are reached by outreach workers. Sometimes sex workers are even held inside the house by pimps because the police could arrest them otherwise. Often the outreach workers go into the houses to talk to the women.

### **Services for victims of trafficking**

In Romania there are only a few services for victims of trafficking: IOM (*International Organisation for Migration*), the NGO *Estuar*, and recently *The National Agency against Human Trafficking* was established.

## **4 GOOD PRACTICE**

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### **Reducing vulnerability**

In a country where sex work is still punished through the penal code, sex workers are vulnerable to HIV and STIs. The harm reduction programme developed by ARAS attempts to reduce these vulnerabilities.

Sex workers are also vulnerable to trafficking and to abuse by pimps, clients and police. The outreach workers seek to empower the women to establish a NGO to fight for the decriminalisation of sex work.

A few sex workers came to ARAS' office in 2006 to discuss and obtain information on how to establish an NGO. They were involved in writing the informational materials that are distributed through outreach work. ARAS offered counselling on how to deal with problems they encountered, or might encounter, with police and how to press charges for the abuses they suffered.

To reduce vulnerability to HIV and STI infection, ARAS distributed around 204,000 condoms and 32,000 tubs of lubricant in 2006, in Bucharest and nine other key cities of Romania, where ARAS has branches and local outreach teams.

According to research carried out by ARAS in 2005, almost one third of Bucharest sex workers injects heroin. Through harm reduction services around 168,000 sets of sterile injecting equipment were distributed in 2006.

Providing condoms, lubricants and sterile injecting equipment is a small part of ARAS' outreach activity. Through counselling and educational sessions the organisation provides information on HIV/AIDS/STIs, and why and how sex workers should take care of their health. Sex workers are assisted in developing their negotiation skills with clients, in order to use condoms or refuse unprotected sex, and advised on how to respond to a violent situation.

There has also been much work done on explaining the benefits to sex workers of using lubricants, because initially women were not keen to use them, saying they did not practise anal sex.

Sex workers are supported in understanding their risks and building harm reduction strategies, using condoms every time they have sex, even with their regular partners, and not sharing injecting equipment. In 2006 ARAS collected around 21,000 used syringes.

The psychologist in the ARAS team provided many counselling sessions on family issues, on falling in love with special clients, on problems in obtaining money for everyday life. The service users are more open now in talking about their health condition, as they now have improved access to health services. They ask for HIV and hepatitis B and C tests, vaccination for hepatitis A and B, and for members of the ARAS team to accompany them to hospital.

### **Improving access to services**

Thanks to its mobile unit, ARAS provided primary medical care to around 2,200 individuals. The most common conditions were abscesses, severe skin infections due to drug use, breathing problems, and genital infections. Severe cases which could not be solved during outreach were taken to hospital. Referrals were given to around 1,900 individuals.

In 2006, 33 individuals were taken to hospital for HIV, hepatitis B and C, and syphilis testing. In Bucharest in November 2006, ARAS began to conduct saliva tests for the above. The process is arduous because the counselling takes a lot of time, 40-50 minutes for each person. In 2006, 278 persons had the benefit of hepatitis A and B vaccinations in Bucharest.

ARAS also makes an effort to collaborate with the police in making ID cards for service users who lack them, and tries to make contact with GPs who will take them on as patients.

There are numerous measures which could still be taken to improve access to services, and clear areas of concern which need to be addressed.

1. The decriminalisation of sex work could be a starting point for increasing sex workers' access to services.
2. Free healthcare services should be offered to vulnerable populations who do not have medical assurance or identification papers.

The following points are the final recommendations presented by the *Survey on Commercial Sex Work, a Public Health and Social Perspective* (Romania 2005):

- Future interventions regarding safer sex practices and HIV/STI prevention activities should address not only sex workers but also other persons involved in the sex industry, i.e. pimps, middlemen and clients. To facilitate this, additional research is required in order to observe clients' behaviour. Particular attention should be paid to the role of the pimp when he is the sex worker's regular partner, and with whom she tends not to use condoms.
- A good level of knowledge was recorded within the areas where Information/Education/Communication activities took place (IEC), and justifies the need to further expand these activities in other locations. IEC interventions should focus both on risk assessment and on developing a risk reduction plan, in order to produce a behaviour change.
- In addition to the successful condom distribution programme, it is necessary to develop a parallel intervention which aims and encourages the purchase of condoms in shops and pharmacies.

- Due to the increase in injecting drug use rate among sex workers (almost one third of Bucharest sex workers inject heroin), attention should be paid to activities linked to harm reduction and the prevention of drug use.
- Blood donations by vulnerable groups represent an important threat to public health (about 11% of sex workers donated blood in 2004). Immediate measures should be put in place to promote voluntary non-rewarded blood donations.
- The frequency of trafficking in human beings at national level is alarming and adequate measures must be taken to prevent and control the phenomenon. IEC activities targeting young girls should particularly address those under 14 (especially in care).
- The current legislation should be reviewed in order to foster a supportive environment for the implementation of HIV prevention activities, especially in the area of public health and sex workers' empowerment. Should such legislation be adopted it would allow for improved monitoring and better solutions to combat trafficking in human beings.

## 5 LEGAL FRAMEWORK

### Migration

There are rare cases of sex workers who come from Moldova. These are the only migrant sex workers in Romania.

### Sex Work

Romania is one of the last countries in Europe where sex work is punished through the Penal Code.

*“At the beginning of November 2002, the Romanian Parliament started to consider a legislative initiative that aimed at making prostitution legal. This application was not completed by any means of changing the existing legislative framework, due to the complexity of the issues involved: economic, public health, people’s security. Among the aspects mentioned above, the moral issue was also of great importance, the Romanian Orthodox Church (representing the largest denomination in Romania) objecting to this project.*

*Currently, from a legal perspective, prostitution is defined as ‘a person’s act of securing her/his subsistence by means of having sexual intercourse with different persons and is liable to ‘3 months to 1 year imprisonment or fine-days’.*

*On the other hand, pimping represents “urging or facilitating prostitution or benefiting from one’s practising prostitution” and “it is liable to 2-7 years imprisonment and denial of certain rights. Recruiting one person for prostitution or obliging one individual to prostitute is liable to 3 - 10 years strict imprisonment and denial of certain rights.” Should the acts mentioned above “have an underage as an object or they imply a more serious infringement, the penalty is severe detention for 15 - 20 years and denial of certain rights”.*

*The issue of prostitution has always benefited from the local authorities’ special attention, particularly during the elections. Many of the candidates included in their electoral programme their point of view with respect to the practice of commercial sex. These points of view varied from supporting the legalisation of prostitution and*

*promoting the setting-up of brothels to condemning the phenomenon and pressing the authorities involved to adopt some other penalties. These attitudes are reflected by the population's ambivalent approach to this phenomenon. According to the survey entitled 'Intolerance, discrimination and authoritarianism with respect to public opinion' carried out by the Institute for Public Policies, on a representative sample of 1,500 people aged over 18, more than half of the respondents (52%) agreed on legalising prostitution. Despite all this, there is still a strong tendency to stigmatise sex workers.*

*One of the frequent infringements associated with pimping is trafficking in human beings. Trafficking in human beings represents a breach of the law and is defined as 'recruiting, transporting, transferring, accommodating or receiving an individual, by using violence, threats or any other means of constraining people, by kidnapping, fraud or deceit, abuse of one's authority or by taking advantage of one's impossibility to defend oneself or to express one's will, or by offering, giving, accepting or receiving money or any other advantages in order to obtain one's agreement who has authority over another person, in order to exploit/abuse the latter'. Trafficking in human beings is liable to a penalty of 3 -12 years imprisonment and denial of certain rights. The same law pays due respect to the privacy of victims of human trafficking as well as their entitlement to benefit from 'special physical, juridical and social assistance'."*<sup>21</sup>

### **Trafficking in Women**

Pimps usually sell and buy sex workers. From outreach experience it is known that pimps sell the women and buy others in order to have "fresh" faces to offer clients. Many women are brought to Bucharest from other cities in Romania or from the countryside to be sold into the sex industry.

Sometimes sex workers are trafficked over the border to Italy, Spain, and Cyprus. Not all of them know that they are entering those countries for sex work. They end up without any identification papers and are forced to enter the sex industry.

Romania signed the Palermo Protocol in December 2000 and ratified it in December 2002<sup>22</sup>.

### **Law Enforcement**

Given Romania's unique situation as one of the few countries where sex work is still punished through the penal code, it is obvious that the living and working conditions of sex workers are greatly influenced by this. Being illegal, sex workers have no chance to fight for their rights or to defend themselves against many abuses from clients, pimps and police.

Due to the illegal status of sex work in Romania, police periodically take street-based sex workers to the police stations where they are registered and given fines. After a few hours or up to 24, they return to the streets and continue working in the sex industry without having paid their fines. This would seem to question the efficiency of such legal measures. More than 80% of sex workers who were interviewed stated that they had been recorded in police registers<sup>23</sup>.

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<sup>21</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania, ARAS 2005)

<sup>22</sup> [www.unodc.org/](http://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.

<sup>23</sup> *Commercial Sex Work, a Public Health and Social Perspective* (Romania 2005). During the interview, sex workers were asked if they had ever been fined, if their personal data were recorded or fingerprints taken.

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**Mission statement**

- To inform and educate all members of the population on HIV/AIDS and on means of prevention, with an emphasis on the need for respect and protection of human rights and dignity.
- To promote an attitude of support, tolerance and compassion for people living with HIV, to defend their rights and interests, and to offer psycho-social and material assistance.
- To alert the government's attention to the importance of mobilising necessary human and financial resources for public health.

**Permanent programmes**

- AIDS Helpline (free of charge)
- Harm reduction programme - outreach to drug users, sex workers, street children, Roma people
- information sessions in: high schools and universities (for youth, teachers and parents), orphanages, day centres for street children, hospitals, rural areas; information sessions for the general public
- training for peer educators (youth, Roma women, children and youth living in orphanages and in the street, IDUs, prisoners, sex workers)
- drama project (education through theatre), concerts
- media campaigns, website on HIV/AIDS, the Names Project, International AIDS Candlelight Memorial
- summer campaigns on the Black Sea coast and in mountain resorts for youth
- social marketing campaigns
- design of information/education materials for specific target groups (such as blind or deaf people)
- documentation and reference centre for HIV infection – open to the general public and professionals
- HIV and STI prevention (IEC programme)
- Voluntary Counselling and Testing Centres
- Social assistance for people living with HIV and their families
- Training, Research, Institutional Development

**Target groups**

- general public
- children and youth living on the street or in orphanages
- young people (school, high-school, university students)
- people with visual or hearing disabilities
- drug users (mostly IDUs within the sex worker community)
- Roma people
- women (in rural and urban areas)
- sex workers
- prisoners; prison staff
- medical personnel
- HIV- affected persons and their families