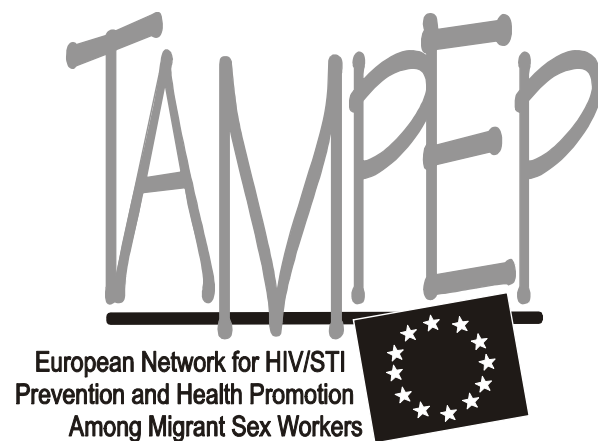


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This newsletter presents an overview of the changes in sex work across Europe over the past year. It focuses on three areas: political changes, changes in the population of sex workers and finally the services available to (migrant) sex workers. Taken together these brief articles give a broad picture of current trends in the field of prostitution and health promotion.

## AUSTRIA

### Political Changes

#### Prostitution

Vienna: The new Viennese prostitution legislation (2004) and the relating changes in the Viennese security law enforced the notion of prostitution being against good morals. The changes mean more control, more restrictions and regulations. It communicates the notion that the women/sex workers bear the responsibility for public health and ignores the massive pressure exercised by clients and bar owners. Prohibited areas are enlarged and the police are given extended rights that narrow the individuals' right to privacy (e.g. right to enter apartments on suspicion of illegal prostitution). The measures produce a stronger criminalisation and increased dependency of the affected women.

Graz: In contrast to this situation, in Graz it is possible (since 2005) to obtain the medical statement – for the obligatory health check-up – from any (private) doctor or health service provider. This creates a less confined situation for the women.

#### Immigration

With 1.1.2006, a new immigration legislation came into effect that brought dramatic aggravations for non-EU Migrants (working in prostitution): A new visa C+D (travel and short-term stay visa, §24 immigration police law) is now regulating the sexworkers stay and work in the country. This short-term visa is granted under specific conditions for 3-6 months. The visa application has to be made in the country of origin. The maximum duration of the visa is 6 months within a total of 12

months. This means that it is not possible to work for a continuous period of time.

These new regulations worsen the situation of (non-EU) migrant sexworkers. The changes attend to the demand of the market and thus enforce a constantly changing “supply” of migrant women. The women themselves have no possibility to consolidate their stay/residence in the country or to continuously work and ensure their existence. They are forced to constant mobility and into greater dependence of intermediaries and other networkers. At the same time, their weaker legal status makes them even more exploitable and does not give them any recognition of their work and services.

Also, the existence of (non-EU) migrant sexworkers who have been working and living in Austria for years with the (old) visa for “self-employed without residency” is being ignored. They are being illegalised. Women from Bulgaria, the Ukraine and the Dominican Republic (and other Latin American countries) disappeared into other – less visible – areas of prostitution, into underground networks or moved to other areas/regions. This, of course, has extremely negative consequences also for all health prevention measures.

The situation of Rumanian women was already critical before these changes. Since February 2005, Rumanian women were not issued the decree for showdancers/prostitutes (“old visa”) and they were in an illegalised situation since then.

The general changes of the new immigration legislation (immigration and citizenship laws) bring even more restrictions for migrants in general, e.g. regarding marriage with an Austrian citizen, consolidation of stay

etc. Migrant sexworkers are also affected by these constrictive measures.

### Trafficking

There were no major changes regarding the situation of trafficked women. The issue is regulated in the new immigration legislation in §72.

### Changes in the Sex Worker Population

In relation to the nationalities of migrant sexworkers, the overall situation remained the same: The total number of sexworkers in Austria is estimated to be about 20.000. Of this number, approx. 80% are migrant sexworkers – women again being the absolute majority. About a third (36%) of migrant sexworkers come from South-Eastern European/Balkan countries (including Rumania and Bulgaria). Other women are from Central Europe (15%), Latin America (15%) and Africa (15%); in smaller numbers also from Asia (9%), other Eastern European countries (8%) and the Baltic countries (2%).

In the future, there might be some changes though: There could be a rise in the presence of African women in the sex-industry and also of Rumanian and Bulgarian women.

At the same time, through the recent legal changes we suspect that a considerable number of migrant sexworkers who now are illegalised will migrate to another country, will temporarily move back to their country of origin to apply for a new visa or will enter into underground circuits and will thus not be available for future mappings.

As a hypothesis, we think that there will be an increased danger of trafficking and other intermediary actions, if the legal possibilities are restricted and limited.

### Changes in the Services Available to Migrant Sex Workers

There have been no changes regarding services. Migrant sexworkers can still access the two NGOs in Linz (Maiz) and Vienna (LEFÖ). They can also access the municipal health care centres where the aim is control for STDs and HIV infections. This control is obligatory for registered sexworkers and free of charge in Vienna. At the same time, in most Austrian provinces, laboratory costs that are part of the check-up have to be paid by the sexworkers themselves and are not covered by insurance. This does not only pose a financial problem but also causes frustration due to the obligatory character of the payments.

The issue of anonymity remains open as in general, anonymity is granted. But at the same time, the cases of diseases/infections (and the relevant data) must be reported

## BULGARIA

### Political Changes

There are no changes in the legislation with regards to prostitution, pimping or trafficking in Bulgaria.

Under the GFATM Programme was established a network of 9 organisations, offering services specifically to SWs, the majority of which are being migrant. The network is established under the Objective 6 of the Programme and includes outreach work with street SWs (mainly), but recently also are reached indoor SWs from clubs, bars, apartments etc. and the coordination, training and monitoring is delegated to HESED.

All of the Ministries of the Government are included in the Country Coordination Mechanism (CCM) of the Programme. The Minister of Health and the Minister without Portfolio are chairing the CCM and practically the policy of health promotion and harm reduction among SWs has been endorsed as an official national policy. The Ministry of Interior shows growing acknowledgement of the health promotion efforts among SWs and growing acceptance of prostitution.

14 VCT are functioning throughout the country, three of which also offer STIs treatment. 12 mobile medical units are functioning, eight of them have gynaecological chair and six of them work specifically with SWs. HESED participates 3 times a month in the regular educational curriculum for higher qualification of functioning policemen, working on the topics of drugs, prostitution and trafficking in human beings

### Changes in the Sex Worker Population

The majority of the SWs remain national, migrating significantly inside and outside the country. The working and living conditions of the SWs vary among the different types of sex work. The outdoor SWs are in the most disadvantaged situation, in highest level of criminality, threat of violence and worst working conditions, on one hand, and lowest educational and health culture level, with the most difficult access to services.

There are four main types of indoor places, where paid sex is offered: striptease places, clubs for companions, offices and apartments, massage rooms. It seems that the indoor SWs have more freedom in their choices, live and work in good economic conditions, have better health knowledge and awareness, as free access to social and medical services.

The results of the Mapping Questionnaires can be described as follows:

- On-going difficult economic situation in the country

- Low health culture among the underprivileged groups
- Insufficient competence and adequate attitudes of the professionals (medical persons, policemen and other), who deal directly with SWs
- There is a positive and stable trend of very high level of condom use among SWs
- SWs use more and more stronger drugs
- SWs migrate to West Europe and the Bulgarian resorts, because of the bad economic conditions in the country
- Very active work of the Ministry of Interior, that causes hiding of the outdoor SWs
- Insufficient trust in state institutions and organisations

### Changes in the Services Available to Migrant Sex Workers

Currently (migrant) SWs can meet outreach workers in 9 regions in Bulgaria. They offer them health consultations, safer sex and safer injecting materials, referral and support. The outreach workers visit each scene at least once a week and this is a big change for Bulgaria that so many SWs are being reached by whatever kind of free and anonymous service.

There are now 6 mobile medical units, equipped and specialised for work with SWs are available in Sofia, Varna, Rousse, Plovdiv, Haskovo and Bourgas

All of the mobile medical units are functioning under the auspices of the Ministry of Health, their maintenance is delegated to a local NGOs and the medical staff is provided by the local STI clinic. This allows the MMUs to function as bridge over the gap between the SWs and the STI clinics and other health and social services.

## CZECH REPUBLIC

### Political Changes

Our Czech Ministry of Interiors developed a new draft of legalization of prostitution. The penalty for unregistered sex workers is of € 1.562,00 and for customers of unregistered sex workers is of € 469,00.

### Changes in the Sex Worker Population

Rapidly increased number of alphabetic girls from Slovakia. They seem to be popular. One night-club "mama's" main worry was that they would not put on weight if we give them contraception. Also, higher average age amongst sexworkers (they are reluctant – and sometimes refuse – to give their date of birth, which is up to 1957.

### Changes in the Services Available to Migrant Sex Workers

They have a possibility to use what's called "asylum accommodation". The problem often is, that they do not want to report to the police on those who abuse them. In general, there are more places and services for migrant sexworkers, our organisation put 2 girls into the program for victims of trafficking. One of them wants to revenge so she does report and even convinced her boyfriend to report too.

## DENMARK

### Political Changes

Action plan "Another life" In April 2005 the Danish Government granted 45 million Danish kroner (6 million Euro) to an overall effort to support men and women in prostitution. The target group of the action plan is Danish prostitutes and migrant prostitutes with a residence permit. The Danish Centre for Research on Social Vulnerability is responsible for the implementation of a large part of the action plan, including:

- Nationwide social outreach work starting from three teams placed in the three biggest cities in Denmark
- Building bridges between the social and health care system and the people working in prostitution in Denmark
- Strengthen rehabilitation programs for prostitutes
- Awareness raising and capacity building among social workers at the municipality level
- Support when a prostitute needs to get in contact with the authorities by providing an assessor
- Counselling on safe sex conduct, and on economical, legal, social and personal matters
- Psychological counselling
- An anonymous telephone-, and internet counselling for prostitutes and costumers
- Capacity building among employees at residential homes for young persons to be aware of and to avoid that the young persons get involved in prostitution

So far the action plan has resulted in outreach work at massage parlours in big parts of Denmark (mainly in the big cities Århus, Ålborg, Odense, Herning and Randers where the majority of the prostitution is taking place). At most of the massage parlours the social workers were welcome and disseminated their material (leaflets on safe sex conduct, condoms, business cards etc.). Counselling on safe sex conduct, and on financial, legal, social and personal matters have started and some women in prostitution have got psychological counselling and are connected to rehabilitation programs. Starting from September the outreach work will include Copenhagen and the rest of Zealand.

The anonymous telephone counselling for costumers has been busy since it opened. Capacity building among social workers at the municipality level have been organised in the second largest city in Denmark (Århus).

Action Plan to Combat Trafficking in Women The national action-plan against trafficking in women, initiated in 2002, provides the opportunity for trafficked women to gain access to this protection program, at The Nest-STOP trafficking, for a maximum of 30 days. At the shelter they can receive health-, social- or legal advice. In September 2005 the Action Plan to combat trafficking in women was extended with an annex about how to combat trafficking in children.

The reflection period for victims of trafficking for the purpose of sexual exploitation has been extended from 15 days to 30 days stay in a safe house. The impact of this change is not yet clear but the intention is that trafficked women in more cases will testify against their traffickers and that there will be more time to prepare the return of the women and to improve their reintegration in their home countries.

Moreover the Government will take the initiative in changing a part of the Aliens Act which will have a positive impact on women who have been trafficked and stay illegally in Denmark with fake identification papers. Until now these women have been considered as criminals and judge has expelled them. When the law is changed also these women have the possibility to stay in a safe house in Denmark for 30 days.

The Danish Centre for Research on Social Vulnerability is at the moment working on the evaluation of the Danish Action plan to combat trafficking in women that expires this autumn. The Danish Government is preparing a new action plan to combat trafficking in women/human beings.

### Changes in the Sex Worker Population

Situation The most significant change with impact on sex workers situation in Denmark is the establishment of a nationwide Competence Centre for Prostitution in Denmark. The Danish Government have granted 6 million Euro to an overall effort to help and support persons in prostitution (for description of the services in the action plan look at the overview of political changes)

Mobility As regard mobility it is not possible to estimate the percentage of migrant women selling sex in another country before. Though we know that the level of mobility is high. Many women have worked in other European countries before coming to Denmark. The 3 main reasons for mobility are:

- The possibility to earn more money

- Looking for better working conditions and networking in between the prostitutes
- Necessity because they are in Denmark on a tourist visa

Vulnerabilities Three vulnerabilities have so far been identified for Danish women in prostitution: a) Violation of their physical, psychological, and social personal borders, b) Financial and economical problems (due to such factors as indebtedness or lack of education), c) Fear of condemnation from society, family, and friends. Majority of the national sex workers work for themselves, keeping their own earnings, although some costs must be spent for those working in massage parlours for rent and advertisement.

Migrant women in prostitution face vulnerabilities such as limited knowledge of their rights, bind to an exploitive contracts, and lack of confidence in authorities' ability to help them. Unlike national prostitutes, the majority of migrant women in prostitution work for other people, such as pimps, brothel owners, or 'boyfriends'. There is no knowledge of the amount of earnings they are allowed to keep, but it is known that some live in 'pro forma' marriages and thus, owe money to their 'husbands'. Condom use levels are reportedly high among migrant sex workers; condoms are also being distributed by NGOs to migrant women. Three main barriers for migrant women assessing services are the need to keep working in order to earn money fear of traffickers, and illegal stay in Denmark.

### Changes in the Services Available to Migrant Sex Workers

The most significant change with impact on sex workers situation in Denmark is as told the establishment of a nationwide Competence Centre for Prostitution in Denmark (Cf. overview of political changes).

In the city Fredericia the first specialised health service/clinic for migrant sex workers has opened. It offers STI testing and treatment and anonymous medical consultation. AIDS treatment has to be paid for by non-insured persons. Also abortion has to be paid for but the social organisations pay for that and not the women in prostitution. At the health clinic it is also possible to take Danish lessons.

The non governmental organizations "The nests" in Denmark provides counselling on save sex conduct, on economical, legal, social and personal matters and help with whatever seems to be important for the women. "The Nest STOP trafficking" distributes contraception, counselling regarding rights and access to social and health care, and provides a protection program – a shelter/save house - for women, who are victims of trafficking.

## ESTONIA

### Political Changes

There are no changes in legislation, notwithstanding of the constant debates in mass-media with participation of politicians, feminist organizations about necessity of criminalization of buyers, especially in period before this kind of legalization was introduced in Finland. But the official standpoint, as announced by the Minister of Internal Affairs Rein Lang, is that there is no intention to go down the same path as Finland. Also several researchers (from Open Estonia Institute) find out from the special research that Estonian society is not ready for this kind of repressive legislation and shows quite liberal attitudes among prostitution itself.

Now that Estonia has become an EU member, national sex workers have easier access to the "European market". It is difficult to compare national and migrant sex workers, because there are very few migrants in Estonia.

### Changes in the Sex Worker Population

Over the past 2 years many of the biggest brothels in the capital and the second biggest city Tartu were closed by police. At the same time, through interviews, questionnaires and outreach work contacts, our staff found that several changes on prostitution scene were observed:

- Work conditions were improved – less facts about violence and "closed" regime of working, more flexible timetable of working, better access to condoms/lubricants
- The number of sex workers who try to work independently or with minimal number of mediator has increased – using Internet, paper advertising
- The number of adolescent sex workers has slightly decreased

The number of the women working abroad were increased and routes of the sex workers were changed, remarkably raised the number of sex workers who goes for the work to Norway, Denmark, Spain, Greece.

### Changes in the Services Available to Migrant Sex Workers

The only medical service project for sex workers is working at NGO AIDS Information & Support Centre with the following range of anonymous and confidential services:

- Tests on HIV-AIDS and STI, treatment of STI-s
- consultations of dermatovenerologist and family doctor,
- free condoms and lubricants and special literature,
- psychological and social help

Project, financed by Global Fund of AIDS, Tuberculosis and Malaria is started in 01.10.2004 and ends on September 2007

The other project for sex workers implemented in centre is daily centre services: food, shower, Internet, washing machine, library, video, TV – but financing from Global Fund Program was stopped from October 2005 and now it is working without financial support on voluntary basis involving volunteers and social workers.

Medical, HIV prevention and health services for sex workers never had been financially supported by state. The only project which is financially supported by state Health Development Institute is rehabilitation centre ATOLL, part of the EGUAL program project for those who want or already finished working in sex business. Centre is opened in October 2005.

At the NGO AIDS Prevention Centre is working HOTLINE for trafficked women, it is the project supported by USA Embassy and Finland

## FINLAND

### Political Changes

Political debate on criminalizing buying sexual services has been on agenda several months. The government introduced in December 2005 an unanimous proposal to criminalize purchasing of sexual services. In the parliament the proposal aroused very mixed feelings from the beginning. The parliamentary Legal Affairs Committee heard different experts and the vast majority was against the criminalization. The Committee ended up to propose a limited version which prohibits purchasing of sex in cases in which the provider of the services is a victim of pimping or trafficking in human beings. During the preparing process both Finnish and migrant sex workers were active and they did lot of lobbying. Especially for the migrant sex workers this was very empowering because this was the first time they openly expressed their own opinions to the MP's without any mediators or go-betweens.

The Finnish Parliament did not adopt the "Swedish model" as such: in June 2006 government's proposal to general criminalization was rejected by a vote of 123 to 19, with 7 MP's abstaining (51 were absent). Majority voted for limited version mentioned above. Many MP's also emphasized that also support and the services for the people involved prostitution should be taken care of. In the media the outcome was called a skinny compromise. Nobody knows how the law will be implemented and how it will be possible to get evidence that the client knew that the person is the victim of pimping or trafficking.

The first trafficking sentence was given a week ago (July 2006). Estonian-Finnish criminal network arranged 15 women from Tallinn to Helsinki to work as

prostitutes. One of the women was mentally retarded. Women were forced to take several customers per day, their freedom of movement was limited and the network took 60-100 % of their incomes. The main suspect got 5 years and the rest of the network members from 2 to 3,8 years imprisonment. This was the first time our trafficking law and the support and service system for the victims were implemented. The attitudes among the service providers have been very encouraging and supportive. Also the atmosphere among the sw's have been relieved.

#### Changes in the Sex Worker Population

No big changes in numbers or in the structure of prostitution scene. The situation is the same than reported in interim report. In the migrant scene Russia and Estonia are the most common countries of origin. Majority of the migrant sex workers has worked also other countries. Main reason for the cross border mobility is better incomes. Reasons for the mobility in the country: 1) easier to get clients in the new place ("new face"), 2) problems with the police and 3) person is a part of the network and the network decides when is time to move.

#### Changes in the Services Available to Migrant Sex Workers

No remarkable changes. Pro-tukipiste has started special project targeted to male sex workers.

## FRANCE

#### Political Changes

We can observe from the last years that society and government hardened. The position of many people on immigration is much more severe. That might be linked with an increase of poverty, high unemployment and housing shortage. We fear that in the future the law on immigration will be even harder, and maybe on prostitution as well.

The law Sarkozy for Inner Security of 2003 prohibits soliciting. The application of this law very much depends on the cities. In Lyon or Toulouse it is applied in a strict way: there are frequent police controls. In Marseille, Montpellier or Nimes, the police is less present, but it can change whenever the city authorities decide it. The impact of the law is stronger for migrants, who are the principal target of the police. For them an arrest can even result in expulsion from the country.

This law had a big impact on the prostitution scene. Street prostitution has become more dangerous. In some cities, street prostitution nearly disappeared from the city centres, and has moved to remote places in the suburbs (parks, roads,...). Working conditions here are generally unsafe. The law had an impact on the clients

as well, who are scared of being caught by the police. As a result the visible activity in the streets has slowed down, while sex work in apartment has increased.

For the victims of trafficking on human being, the article 76 of the law Sarkozy was implemented. A foreign sex worker who complains about sexual exploitation or present herself as a witness can be granted a temporary residence permit of 3 months. But in some districts, they often do not get any permit. Some can even be condemned for pimping!

A system of shelters for the victims has been settled by the authority, but is not sufficient yet. Article 76 has recently been modified. The sex workers can now get a temporary residence of six months, and it is now open to the migrants who don't denounce by fear of reprisals, regarding their situation, their will to be included and their support by an organisation. This opens the law to many people, but the benefits of it will depend on the application of the article by the local authorities, who are delivering the temporary residence.

The law on immigration in France is based on the right of the ground ("droit du sol"). It tends to be more and more strict. The government's will is to reduce the possibilities for foreigners to enter and stay in the country. It is more difficult for the migrants from Maghreb, because there are special covenants between France and those countries.

A standard tourist visa is valid for 3 months. Sex workers from Eastern Europe go back to their country every 3 months to get a visa. This law on immigration as well has an impact on the migrants sex workers, who have more difficulties to get documents and as a result to have access to housing, public social services and so one. They have to live clandestinely, in physical and psychological insecurity.

#### Changes in the Sex Worker Population

In general in the south of France we can note an increase of migrant sex workers from Africa and Eastern Europe, to the detriment of "traditional" (from France, Maghreb or Europe) sex workers.

The repartition of migrant sex workers depends very much on the cities. In Nice 90 % of sex workers are from Eastern Europe, whereas in Lyon or Toulouse there are more from Africa (40%). In Marseille or Montpellier the prostitution scene is more divided, "traditional" sex workers still occupy a big place. Due to the law Sarkozy and the stronger police repression, but also because of the trafficking networks, the mobility of the migrants has increased, between cities in France and countries in Europe. For example most of the migrants from Eastern Europe have already lived in others countries or French cities

Also it seems that due to the bad economic situation, the number of clients has reduced, as well as the prices. Some sex workers live in a precarious situation, especially the “traditional” women and drags who are getting older and do not work a lot. They suffer from the competition of migrants who are younger.

Over the past two years the forms of prostitution have changed. Sex work in apartments (using internet, papers, minitel, mobile), clubs or massage parlour has increased, to the detriment of street sex work. In the North of France it is noted that especially East European sexworkers are more hidden in bars, clubs and discotheques. Africans (sub-Saharan) still tend to work in the streets. Transgenders also work in the streets, in the countryside, in small villages and forests. Latin-Americans have their advertising in special magazines. Transgenders and women of all nationalities are using Internet.

### Changes in the Services Available to Migrant Sex Workers

In 2001, an health insurance was created for non-documented people, the AME (Medical Help from the State). The condition is to have been in France for more than 3 months. Since 2003, the conditions to get the AME are more restrictive, but most of the migrants sex workers manage to get it. The cover of the cares is quite good, except for the glasses and medical prostheses and apparatuses. This is quite problematic for the dental cares.

For those who can not get the AME, mainly the sex workers from Eastern Europe, they have free access to gynaecological cares, HIV and IST testing and treatment, contraception, and the CMP for mental health care. For the rest they can go to the hospital and others services but have to pay, except for emergency cases (abortion, pregnancy,...) but it depends on the appreciation of the emergency services.

The situation of the migrant sex workers very much depends on their legal situation. For those who are non-documented (mainly from North Africa and Eastern Europe), they have very few contacts with the public social services. They can have access to the social cares services mainly in the NGOs. The main problem is that those sex workers don't have access to trainings and to the labour market, nor to the projects of NGOs. The housing situation is problematic too. Undocumented migrant sex workers live in hotels which are either expensive or dangerous or both. Others live with their 'boyfriend' which can involve some pressure.

As the prostitution scene has changed, the organisations had to adapt their policies, especially to the trafficked sex workers. They have to take in account the protection of the persons, the need of papers to stay

in the country, and to work more closely with the police services.

Some sex workers don't earn enough money, and want to stop their sex work activity. As well the authorities are putting a lot of pressure on the persons who get the RMI, an help from the state of around 350 euros for the persons who don't work. There are more and more controls, and lots of traditional sex workers are scared of loosing it. As a result the projects around economic and social inclusion are more numerous. But as the whole economic situation is worse, it is getting harder for the organisations to find housing and access to the labour market for the sex workers.

## GERMANY

### Political Changes

The Prostitution Law - Prostitution was legalized in Germany just over three years ago. Despite the fact that this law was an extremely important political step towards the recognition of sex work as an activity, it did not bring many concrete benefits to sex workers until now, for both Germans and documented migrant sex workers, with the exception of those from the new EU countries. In practice, the law has brought little clarity about work contracts. Depending on the law's interpretation, employers can be accused of pimping, which is punished. Furthermore, there is little in the law about prohibited areas where street prostitution can take place as well as - until July 2006 - the prohibition to advertise for sexual services.

Migrant sex workers still have an additional difficulty. Because the Prostitution Law is not linked to the Alien Law, migrant sex workers are not allowed to apply for a visa in order to work as sex workers on a legal basis. Some migrants however, who have a legal status in Germany, are considering declaring themselves as sex workers and assuming all the necessary steps linked with it, like paying taxes and insurance, in order to be able to work and live as sex workers legally in the country.

Taxes - Due to the legalization of prostitution, which offers sex workers the possibility of declaring their activity officially, some municipal Financial Departments have been chasing sex workers demanding the payment of taxes for the past 10 years, in some cases. This arbitrary application of the law – since there are no rules which determine from which date the taxes have to be paid back – causes the majority of sex workers not to declare their activity to any sort of public administration department. Also prostitutes, who have to share their income with brothel owners and other parties, are reluctant to pay taxes.

This sort of attitude creates a situation in which many sex workers do not enter any sort of juridical process

against bad or violent clients, pimps or managers, for fear of being “discovered” and consequently, being controlled by the Financial Department. Many of the self-employed sex workers have not been able to pay their health insurance due to their low or irregular income and the high costs of those obligations. These situations have brought lots of uncertainties among German sex workers regarding the Prostitution Law.

The EU enlargement - The number of sex workers, mainly from the Baltic countries and Poland but also from the Czech Republic and Hungary, increased, but it did not bring any outstanding changes within the prostitution scene. One pull factor for citizens of those countries is the existence of the Law on Prostitution, which allows them to register as self-employed workers very easily. Many of them are already taking this step in order to work on legal bases in Germany. Some organizations declared that because of competition and the increase of migration, prices of sexual services have been pushed down.

Advertising for Sex Work - Since July 13<sup>th</sup> 2006, there is a new verdict from the German Federal Court of Justice (*Bundesgerichtshof*), which states that sex workers are now allowed to advertise in newspapers and magazines, since prostitution is a recognized activity. Until that date, sex workers were not allowed to advertise for their services, but that prohibition was not enforced. Daily newspapers in the whole country carried ads for women, men, and transgender offering their sexual services. This new fact brought two main benefits: 1) from now on, sex workers will be able to advertise for safe sex practises without having to use codes and 2) the prices of the ads in the daily newspapers will be equalised to any other ad, which means lower prices. Before, they were much more expensive because it was “forbidden”.

Evaluation of the Prostitution Law - The official evaluation of the consequences of 2002 law, done by a specialised institution in Berlin (*SoFFIK/ Research Centre for Women's Social Issues, Berlin*) has been ready since August 2005. However, its result was not brought to the public until now, July 2006. Was the result of the evaluation too positive for the conservative party? Could it be, that the conservative party, who is talking about introducing the criminalization of clients, wishes to avoid this positive resonance in order to try to abolish some of what the law has reached?

The criminalization of clients - It was proposed by the conservative party, to criminalize the purchase of sexual services from “forced prostitutes”, meaning victims of trafficking (similar to the Finish model). The discussion about pros and cons of such a measure has been

supported by religious and feminist groups and refused by most NGOs and prostitutes organizations.

Unsafe Sex Practices - There has been a remarkable increase of clients demanding unsafe sex, as well as an increase of the offer of unsafe sex in newspapers and internet ads. Although migrant sex workers have often been accused of being the only ones to offer and undergo such practices, this behaviour is, however, also noticed among German sex workers. In some cases, it corresponds to clients' but also to some brothel owners' demands. Because of the phenomenon, voices inside some HCS started to demand the return of the compulsory medical examinations for sex workers, which were abolished in January 2001. This proposal has been refused by all prostitutes' organization.

The Soccer World Cup 2006 in Germany - In 2005, the media start reporting about “... an influx of three million football fans for the World Cup and thousands of illegal sex workers from Eastern Europe”. Fears and “hysteria” have been voiced by church leaders and politicians that up to 40.000 women from Eastern Europe would be smuggled into Germany to be forced to work as prostitutes during the tournament. However, nothing really changed within the prostitution scene. Actually, businesses run worst then normally. Many sex workers took the opportunity to make vacations during that time or rented their working place for colleagues from another town or for those coming from nearby countries. There was, therefore, some more mobility but no increase in the number of sex workers.

#### Changes in the Sex Worker Population

Work place - In Germany, prostitution is done to about 80% indoors, either in apartments, in brothels, bars and clubs. Apartments are shared among 2 or 3 sex workers. Both migrant and German sex-workers work in such a pattern and very often sex workers from different nationalities work together, including German and migrants, as well as women and transgender. A discrepancy in employment pattern can be seen in the numbers of sex-workers working on the streets: those are usually drug addicts and about 90% is German. There has also been a noted increase in the number of migrant sex-workers working in massage parlors. Although the majority of such institutions less frequently employ migrants, there has been a significant growth in number of Asian sex workers offering sexual services in parlors disguised as Thai massage parlors.

Gender - The majority of sex workers are women (93%) with males comprising 4% and transgender 3% of the total sex workers' population.

Number of sex workers - According to the estimates of the prostitutes' organizations in Germany, there are about 400.000 sex-workers—women, men, and transgender—working in Germany full or part-time in the period of one year.

Percentage of national and migrant sex workers - The pattern of percentages of national and migrant sex-workers showed a significant increase in the numbers of migrant sex-workers since 1999. In 2005 this difference has reached the amount of 40% national and 60% migrant sex workers. This trend has been further reinforced by the enlargement of the EU. For the first time, there are a greater number of migrant sex-workers than of nationals in all regions of the country. The difference in numbers is the greatest in the Northern region (34% Germans, 66% migrants), where a large prevalence of sex-workers are from Central and Eastern Europe. The border to Poland, an important transit route for those coming from the Baltic countries, Russia and Belarus, allow the building up of networks among migrants from those regions in Germany. The elimination of the mandatory health examination in 2001 may explain the increase of migrant sex-workers in the central (47% Germans, 53% migrants) and in the south (44% Germans, 56% migrants) region.

Percentage of migrants among genders - The majority of female sex-workers are migrants: about 60% of them, while among male sex workers 75% are migrants and about 85% among transgender sex workers are migrants.

Where do migrant sex workers come from - Migrant sex workers in Germany are divided as follows:

- Central and Eastern Europe: 55% (2003: 50%) (including Baltic and Balkan countries)
- Asia: 20% (2003: 20%)
- Latin America: 15% (2003: 20%)
- Africa: 10% (2003: 10%)

The main countries of origin are: Poland, Russia, Baltic countries, Thailand, Ukraine, Czech Republic, Bulgaria, Dominican Republic, Brazil and Ghana.

The groups of migrant sex workers established themselves in patterns throughout the country. However, the majority of Eastern and Central European women work in the north, the majority of Asian women concentrate in the central and southern region, and the majority of Latin American women work in the central region.

How many nationalities - Within the estimation of 2006, 38 different nationalities are present, while in 2003 there were 31 different nationalities.

## Changes in the Services Available to Migrant Sex Workers

HCS - The "Law for the Protection of Infectious Diseases" from January 2001, abolished obligatory STD and HIV testing for sex workers, and declared that STD testing has to be anonymous, voluntary and free of charge. Since then, migrant sex workers who do not have a health insurance gained therefore access to treatment and counselling related to HIV/AIDS and STDs at HCS. Despite the fact that HCS had to adapt themselves to a significant increase of migrants in their centres, the majority however are still not prepared to deal with a migrant population. Most of them do not work with translators or cultural mediators, have little knowledge of cultural backgrounds of their patients and offer very little apart from STD testing and treatment and HIV testing.

The non-existence of health insurance implies: difficulties accessing in-patient treatment, psychotherapy, drug and alcohol rehabilitation as well as cancer, accident, dental and general medical care. Non-insured sex workers must pay for all these services out-of-pocket. Thus, undocumented migrants have a difficult time accessing HIV treatment and care, maternity and neonatal care.

NGOs - They are much better prepared to deal with migrants in general, including sex workers, despite a general shortage of financial support. The majority offers legal and psychological advice, two crucial issues when dealing with a migrant population, through translators or cultural mediators. All of them offer their services on an anonymous and free of charge basis.

Institutions listed the following areas of social care as particularly inaccessible: right to basic assistance without documentation, qualification courses, legal and psychological counselling as well as financial sources.

## GREECE

### Political Changes

There are no political changes in Greece. The only important change refers to the new migration law which does not allow any contact of any civil servant (medical staff included) with illegal migrants. This article does not allow illegal migrant sex workers to contact health authorities with a possible effect –remains to be seen- on the STDs. Life threatening conditions are the only exception: for example HIV/AIDS patients who come from a country with no access to ARVs. It seems that traffickers use this part of the law applying for asylum for girls from Nigeria –already HIV (+)-. They use them in the illegal prostitution as it is impossible for them to get a work permit in prostitution being hiv (+).

### Changes in the Sex Worker Population

With girls from Nigeria representing a growing number – concerning legal and illegal prostitution scene- Russians still represent the majority. It is impressive that girls from the EU are coming as prostitutes in Greece (10,2% of the legal sex workers are Germans) and also men working in prostitution (already 75 legal ones). Despite the fact that street prostitution is illegal in the country the black girls are clearly in the streets under the eyes of the police which seems to be quite tolerant. The girls seem to move from place to place and possibly from country to country. They usually are very young and do not ask for the use of condom. Trafficking is a major issue with minors representing a great part of it. This has forced the government to apply new law for paedophilia.

### Changes in the Services Available to Migrant Sex Workers

The only change is the one mentioned above: no access to health dpts, emergencies and hiv excepted for the illegal migrants.

## HUNGARY

### Political Changes

Over the last decade there has been a lot of trafficking of sex workers from Eastern European countries to Western Europe. After the change of the earlier political administrations, the unfavourable circumstances resulted in pressure on young men and women to leave their motherland and migrate into the 'mythically rich' Western countries, without any knowledge of foreign languages or higher education. Being in a poor and homeless situation, they could easily be transported - generally after sex violence – by the pimps towards the West and exploited not merely physically, but also psychologically and financially.

In Hungary the system for regulation of prostitution is limited abolitionist. According to the 1999 "Rules of Intervention Against Organised Crime and the Individual Phenomena Related Thereto", there are *protected zones*, where prostitution is not allowed and *zones of tolerance* should be created in the places, where prostitution dominantly appears. The assignment of such locations cannot be neglected, if prostitution permanently appears in public places and the settlement has more than 50.000 inhabitants. Consequently:

- prostitution is tolerated as an *individual activity*,
- practised outside the protected zones,
- with the obligation of regular health check,
- the brothel forms of prostitution (sex- clubs, massage-parlours) are forbidden.

However, the Hungarian local governments didn't mark

out any protected zone, so the prostitutes are forced into flats.

The prostitutes are obliged to undergo medical checks (Blood: HIV, HBV, Wassermann, and smear tests) and to have a medical certificate. The lack of zones of tolerance however has the result, that only a few of them (cc. 100 person) possess these papers, consequently there are not exact data on the number of prostitutes. The street prostitution is not so concentrated, than before, which makes the outreach activity of social workers very difficult.

### Changes in the Sex Worker Population

The prostitution is not only a problem of the police, not at all; economics, means of living, defencelessness, violence, human rights, public health, sexual behaviour and culture, all of them have much to do with it, beside the indisputable fact, that it is in a close relation with criminality. The severe regulations of the police only penalizes the streetwalkers; as a consequence the sex workers leave the streets, but their number and significance do not diminish. They then choose to work in flats and clubs, where they are harder to reach for social helpers as well as policemen and clients. In these isolated places they are more vulnerable to exploitation.

The estimated number of prostitutes in Hungary is about 15.000-30.000 male and female person. The foreigner prostitutes are more or less 5-10% of the whole number.

Accession to the European Union has increased the possibilities for travelling. Hungary became an EU-border and experiences increasing migration from the Eastern European countries like Romania, Moldova, Russia, and mainly the Ukraine. After a short time they often leave Hungary for Germany, Netherlands, Belgium, Italy, Austria or Spain. So Hungary is now a country of destination and transit.

Most non-EU citizens enter Hungary with a tourist visa for 3 months, which forbids work in Hungary. The tourist becomes illegal after starting work and risks deportation. Usually migrants work in their own flats or hidden brothels. Working conditions are bad. Like the Hungarian sex workers they have problems of human rights, language, violence, miss any social and health contact and aid.

Hungarian citizens can legally travel and work in the EU countries. Working in a prostitution depends on the legal framework of the prostitution in an EU country and personal decision to be registered as a prostitute. Some are forced into prostitution, but usually they work for themselves.

## Roma Women in Trafficking

Roma communities are not assimilated with majority populations. They have saved their family and ethnic traditions, language, cultural norms and behavioural stereotypes, and these traditions are often different than those found in general populations. Therefore, health programs culturally-tailored to Roma community needs are essential.

Roma in Central and Eastern Europe often lack education and educational access. 88% of Hungarian Roma completes no more than eight years of school and only 2% attend secondary schools. Social health problems in the Roma community are pervasive and severe. 39% of Roma in Hungary are under age 14 compared to 19% of the total population. Yet, while many Roma are young, they also have life expectancies 10 to 15 years less than the majority population. Communicable diseases such as tuberculosis and hepatitis are widespread. Approximately half of pregnant Hungarian women in one sample recently screened tested positive for hepatitis B, and the majority of these were Roma. Health problems linked to social disadvantage such as nutritional deficiencies, low birth weight and prenatal complications, and diphtheria are widespread among Roma.

In 1996 we made a survey among the street sexworkers. More than 85% was Roma women worked on the street, at the camion parking place and on the highway.

## Changes in the Services Available to Migrant Sex Workers

The Health Care system changed after the election in May. The Health Service Providers are limited. The specific health care bus started to work in the country, but the venerology, and viral check, the prevention work, the degree of condoms use is not published, no data till now by the Ministry of Health. But we need for more prevention work, especially because of the vulnerable situation of migrant sexworkers.

## ITALY

### Political Changes

There have been no changes in the Italian law on prostitution and the fight against trafficking. Regarding immigration there have been changes however. A new decree from the government aims at shortening the residence period necessary to obtain the indefinite permit of stay and the Italian citizenship. Hopefully a number of sex workers will be able to legalise their position in Italy. Since its issue, the so called Bossi-Fini law, the application of the immigration law has become more severe and regularisation more difficult.

Working in the streets has become ever more difficult for all those who work there and are illegal aliens. This undoubtedly has had a negative effect on sex worker's health and safety. Two of the main reasons for mobility are the need to escape from police raids and the status of illegal alien. In July 2006, the government's decision to extend the regularisation of all illegal foreigners who applied for a work permit will certainly render the presence of several female SWs legal.

There have been important cuts on the financial side and as a consequence free health services have been reduced. A number of services are not provided unless payment for them is made beforehand.

Although projects which sustain trafficked persons are still financed, their budgets have been reduced and financing arrives late. Recently, the free toll number against trafficking has been suspended due a lack of funds (hopefully it will soon be reopened). Parliamentary debates on prostitution which seemingly wanted to approve a law against prostitution came to a stop in 2004 after several months. The Berlusconi government was not able to have its abolitionist law on prostitution approved notwithstanding pressure from racist and conservationist political parties. However, severe police raids in the last two years have pushed several women to work indoors and as a consequence many of them have organised themselves to work in night clubs, bars, etc or in flats.

### Changes in the Sex Worker Population

A mapping of the prostitution scene was recently carried out in 12 different cities in the north, centre and south of Italy. 6761 people working in prostitution were counted, divided into 4601 women, 233 men, 1927 transgender. Street mapping was carried in all cities while in-door prostitution mapping was done in some cities.

This mapping evidenced and confirmed the increase of women from Rumania and Moldavia. The number of women from new EU member countries like Poland, from Hungary and from the Baltic states is less significant. Hungarian women are mostly present in clubs whereas Rumanians and Moldavians now work in clubs and replace Colombians in some areas as they are reported to be more acquiescent and demand less. As it appears, women, from countries which recently joined the EU, do not enjoy much freedom from the criminal organisations even though they are not illegal immigrants according to the Italian law.

Citizens to whom shelter has been given are mostly Rumanians, which shows the strong influence these criminal organisations have over them. Several criminal groups made up of Albanians, Rumanians and Italians have been arrested.

There is a discrete number of sex workers who come from the Balkan countries such as Albania, former Yugoslavia and Kosovo. In general, the Albanians are

old acquaintances and there are no new arrivals from Albania. Sex workers from Albania are legal and have established in Italy so much so that, we often meet them in apartments.

The presence of African women is still high and totals 34%. Majority of them come from Nigeria. Their presence varies in every city. In Milan, for example, data from ALA and Caritas report 25,3% sex workers come from Rumania and Latin America while 13,2% come from Nigeria. Data collected by the Caritas Ambrosiana indicates 18% Uruguayans present in the sex market compared to Nigerian sex workers. Nigerian women work only in the streets while in Sicily other African nationalities include Morocco and Tunisia where they work mostly indoors and for their fellow citizens.

An attempt to carry out a census on male sex workers was done in some cities. A systematic data collection of male sex workers is lacking probably because this phenomenon is meant mostly for men and considered to be part of the gay world. It is becoming more visible and on the rise not only among Italians but young Romanians and Moroccans are being involved. In some cities like Turin where a systematic census was carried out within flats, there is a high number of Brazilians and Colombians who have high mobility in several Italian cities (there is a network of flats where these women stay for about two weeks) and pay high rents. They have permanent adverts on newspapers and on internet. Sometimes mobile phone numbers are exchanged from one flat to another or from one woman to another (some women work with three mobile phones at a time). One the new trends we discovered are the adverts for oriental massages which cover Chinese women offering sexual services. This has also been confirmed by the police who has arrested some Chinese nationals for trafficking. The presence of Chinese appears to be rapidly on the rise; in only one year in Turin at least 37 adverts were mapped in a single newspaper edition although the number of women working indoor is higher.

#### Changes in the Services Available to Migrant Sex Workers

There have been no significant changes in the organisation of services save for the huge cuts in health services by the local health board and the municipalities. As a consequence services available either for Italian or immigrants have been reduced. Health treatment are tailored according to their costs and not in correspondence to a patient's need. Regular immigrants who work in Italy also encounter difficulties in integrating into the society. Housing costs are very high and are practically out of control. Inflated salaries and the insecurity of temporary job contracts have a negative effect on the psychophysical well-being of person. All mapped services offer identical services to

legal and illegal immigrants. The only difference is that illegal immigrants do not have a general practitioner. Presently, in order to obtain any public medical service one has to pay for it (the so-called "ticket").

Even projects with special objectives destined to the less advantaged have difficulty in guaranteeing health assistance.

A note of optimism, interventions on public health have not changed and as such STD and AIDS services are still offered free of charge.

## LATVIA

### Political Changes

Nowadays it is abolitionism in Latvia – prostitution is considered to be individual business. This system does not imply regulations, which would restrict sexual services or sexual relations for money; however other aspects of prostitution, such as running public houses, pimping, sex with underage persons are qualified as crime and are punishable with imprisonment. In this way anything that is connected to prostitution, is criminalised, but prostitution itself is not a crime. This system is based on international convention, which prohibits exploitation of prostitution, and it hasn't experienced significant changes over last years. However some amendments have been proposed that will certainly bring about change once they are confirmed. In particular, the Latvian government is considering the Swedish model, criminalizing the purchase of sexual services. The rationale is that once the demand is prohibited the supply will automatically drop too.

### Changes in the Sex Worker Population

The overall prostitution scene has not experienced major structural modifications. Different ratios have only grown or fallen by a couple percents.

In particular, the division by gender remained steady – the vast majority (nearly 80%) of prostitutes are female, and all the rest – male, with the exception of a few transgender sex workers. Over 80% of sex workers in the area are national, and about 15% - migrant, coming from Eastern Europe (so called ex Soviet countries – Russia, Belarus, Ukraine, Lithuania and Estonia). They provide their service mainly on the streets (specially approved) (nearly 50%), others – in brothels (about 25%) and clubs and parlours.

The vulnerability factors are low education, social and language barrier, low income and high unemployment, as well as drug and alcohol addictions (what about drug addiction, here we have to mention the growth of this problem in the last years). What about migrant sex workers, here it is a possibility to earn more money, work legally in sex business (as prostitution in Latvia is

not criminalised) and chance to get married with a foreigner.

The majority of all sex workers have pimps, who control their income. National sex workers keep about 60% of earnings, while for migrants it is only about 40%. Concerning the infections, in the last years AIDS infection is mainly spread in a sexually-transmissible way, not through the drug usage as it used to be. Moreover, there are two changing tendencies to be mentioned: the level of syphilis infections has fallen, while the number of gonorrhoea and chlamydia infections has grown, which might be explained by high costs for gonorrhoea and chlamydia check-ups since adopting the EU standards.

### Changes in the Services Available to Migrant Sex Workers

The pack of services, available for sex-workers (including migrant sex-workers) contains all basic vital elements, such as medical, legal, social and consultative services. They are being provided both for national and migrant sex workers. In cases of migrant sex-workers, translators are provided if needed; moreover judicial assistance is being offered. There is also a shelter (safe house) – for victims of trafficking and sex-workers seeking for shelter.

Informational service for sex workers includes educational campaigns and spread of condoms and safe sex supplies.

The accessibility of health care for prostitutes is the same, as for any other Latvian citizen or permanent resident. They can choose freely the family doctor, who in case of necessity relegates them to other specialists. Doctor dermatologist-venereologist, if there is a suspicion of an STD, is a specialist of direct access, what means that a direction from a family doctor is not needed. If such an STD as syphilis, gonorrhoea, HIV/AIDS or other is stated, the patient doesn't have to pay patient's fee for health care (doctor's consultations, laboratory diagnostics). Medical remedies have to be purchased for full price at pharmacy (except for AIDS, which has state-covered remedies).

Monthly medical check-ups at dermatologist-venereologist are a paid service.

Health care principles for European Union member states' citizens are the same as for Latvian residents. Health care services for other countries' citizens must be paid for. Emergency cases are free.

## LITHUANIA

### Political Changes

In May 2005 a law amendment came into force that is modelled on the Swedish approach. Fines are imposed on both sex workers and their clients. Pimping is also prohibited. There is also a moral dimension in this

policy, especially towards clients. Many clients are ashamed of their visiting prostitutes and are afraid that people will find out, more than that they are afraid of the fine. The fine for clients is around 400 litas (116 euros). For repeated offenders the fine goes up to 750 litas (217 euros), or client may be placed under detention for 30 days. It is not yet clear how this new law will influence prostitution in Lithuania. Only two men punished have been penalized so far. The law applies equally to men and women.

### Changes in the Sex Worker Population

There is no data on the scope and character of prostitution in Lithuania. The Lithuanian AIDS Centre in Vilnius and people directly dealing with this group (mainly police) can only estimate. According to our data there are about 1000 sex workers in Vilnius. Estimated numbers in other cities: 400 in Klaipeda (harbour), 350 – in Kaunas (second large city in Lithuania). Number of sex workers has significantly decreased after Lithuania joined the EU in 2004. A number of sex workers went to Western European countries in search of higher earnings. The amount of migrant sex workers has also decreased because women from the Eastern countries (mostly Ukraine, Russia and Belarus) are going straight to the West without temporarily staying and working in Lithuania. We have observed some kind of local migration: women from counties and districts come to work in the capital and larger cities in Lithuania, replacing the women that have left for the West. The number of Eastern sex workers might also decrease because of better border control, which prevents illegal border crossing.

### Changes in the Services Available to Migrant Sex Workers

A number of organisations in Lithuania are presently providing some services to sex workers: Lithuanian AIDS Centre, Vilnius Dependency Diseases Centre, Missing People Families Centre, Lithuanian Caritas, Klaipeda Social and Psychological Support Centre, Vilnius Women Domestic Crises Centre, Mother and Child Pension. Data shows that sex workers rights for health care and social services, free condoms, and counselling are insufficiently assured. Only 4 organisations (3 in Vilnius and 1 in Klaipeda, the harbour) have provided special anonymous and free services to sex workers. The main obstacles to use medical and social services are administrative legal persecution and discrimination of the sex workers.

## LUXEMBOURG

### Political Changes

In Luxembourg street prostitution under 18 years is not allowed by law and upper to 18 years prostitution is not mentioned. Punished by law are violence against women, pimping and trafficking in women.

The working conditions changed a lot since 2001, as a result of a new police regulation in the city of Luxembourg. Today prostitution is tolerated only in two very small streets. This area is very exposed to the general population, as there is a bus stop nearby. This is uncomfortable for both the sex workers and passers by. The tolerated working hours have been fixed on 8 pm to 3 am. Due to this regulation a lot of prostitutes have moved indoors, where they are harder to reach for service providers.

### Changes in the Sex Worker Population

A rising number of sex workers has problems with drugs like cocaine and alcohol. These women come mainly from Luxembourg and Portugal. The biggest groups of migrants are from Latin-America and the Sub-Saharan Africa. From time to time Bulgarians try to work on the street. All sex workers are more or less mobile.

The increasing supply of sex workers and their vulnerable position lead to lower prices and therefore less income. We notice that more and more sex workers struggle with debt.

### Changes in the Services Available to Migrant Sex Workers

In Luxembourg Dropln Croix-Rouge is the only specialized service provider for sex workers. A big problem in mapping the services available for sex workers is that sex workers are often not recognized as such by service providers.

## THE NETHERLANDS

### Political Changes

The law of 2000 legalising exploitation of prostitution is being applied in a strict and controlled way, and in general it concentrates itself more than before on (more) repressions against sex workers and against brothel owners than on applying social protection and giving access to social welfare of sex workers, and on allowing brothel owners to run freely (between the boundaries of the licence law, of course) their business. This unfavourable trend results in growing apparition of numerous underground sex business locations: clandestine brothels, saunas and massage parlours where women who have no access to the official prostitution scene (i.e. from outside EU) work under very

bad conditions and often in the forced form of prostitution. In the cities with a big number of prostitution windows (like Amsterdam) there are more and more (spectacular) closing downs of brothels. Recently even the speculations about closing down the famous Amsterdam Red Light District appeared.

Street prostitution is only allowed on special tolerance zones. Two years ago the tolerance zone in Amsterdam was closed followed by the closing of tolerance zones in The Hague and in Rotterdam this year. The women who worked there (mostly drug addicts) are directed to de-toxication centres and are denied the right and the possibility to earn their money in prostitution. This closing of two big tolerance zones means that in the Netherlands street prostitution practically has been wiped away. There still exist 3 tolerance zones (with a special registration system) that are strictly controlled by police. The reason for this is (among others) the fear from the side of the authorities that the tolerance zones offer opportunities for non-regulated form of prostitution where illegal women i.e. victims of trafficking work. There appear also some forms of repression against the clients: for example in Rotterdam, the number plates of the cars that cruise around the (former) tolerance zone are being photographed and warning letters are sent to the owners. All this leads to the very unstable and unpredictable situation of prostitution in the Netherlands.

### Position of sex workers in the official prostitution scene:

The women who work in the official prostitution scene are either Dutch nationals or aliens in possession of residence permit with permission to work or persons from the New EU countries who registered themselves in the Chamber of Commerce as self employed sex workers. Unfortunately, this last group of women, in spite of the fact that they can freely establish themselves as sex workers, still come with the help of the intermediaries with whom they have to share or give them all their earnings. There are also many women (Russian, Ukrainian, Albanian) whose work in the prostitution is being facilitated by international trafficking networks who supply the women with EU passports and control completely their situation and their earnings.

Income taxes: In most cities sex workers are subject to severe, strict and regular controls of the tax office. Often the manner they are carried out forms a violation of human rights of the women and of their privacy with the result that the sex workers try to escape the persecution (and try to avoid paying taxes) while circulating between various towns and trying to find new working places where the presence of tax office functionaries is not so painfully marked. This mobility results in the situation where the streets with window brothels that used to be overfull (like in Alkmaar), are now half empty, while in other towns (with more relaxed tax policy) there are

waiting lists for the windows. The reason for this situation with regard to tax paying is that the tax office functionaries seem not to be properly prepared and trained to work with this particular group as the authorities do not realise that prostitution is a very specific sector that cannot be approached in the same way like other groups of tax payers. They also lack a realisation that the strict controls will never lead to disclosure of the real earnings of sex workers - therefore a different policy of income tax collection for this group should be thought up that would be less energy and time consuming.

### Changes in the Sex Worker Population

The largest group of sex workers (about 70%) is still composed of women from CEE countries. Since the EU enlargement, more and more women from New EU countries are arriving in prostitution in the Netherlands. Last year the biggest group of newcomers have been from Hungary (often Roma) – they work in the window prostitution in most of the cities. The municipal policy with regard to their stay varies: in Amsterdam, they receive a permission for 3 months and after this they have to leave the town (or the country); in other towns they can stay as long as they want. They usually are in a position of dependency on third parties who organise their passage to the Netherlands and who strictly control the women. Another newcomers are the Bulgarian and Romanian women who used to work in the Netherlands before the EU enlargement and who had to leave the country in 2005. Having applied for and received from the Dutch Embassy the so-called MVV (promise to receive a (temporary) residence permit) they settle themselves in window prostitution. As in previous period, the earnings of sex workers are still diminishing in comparison to some years ago; it is due to different factors: number of clients has diminished, the prices for sexual services are lower, the women have to pay (high) rent for the lodgings, they have to pay income taxes and they have to pay the accountants who run their tax administration. Also, it is expected from the side of the clients that a sex worker renders now more service for the same (or less) money. There is also more reporting on working without condom. This trend that was signalled last year in Germany has reached the Netherlands. There are more and more clients who ask for sex without condom and there are more and more sex workers who comply to this. The reports confirming this phenomenon come from various sources: sex workers themselves, the clients (clients' sites) and the clinics that report higher prevalence of STI.

### Changes in the Services Available to Migrant Sex Workers

There has been no change in offer of services to (migrant) sex workers: in most of the cities, in the vicinity of the prostitution scene, there is a low –

threshold clinic that offers medical services (STI screening and treatment) to sex workers. The tolerance zones are being visited by mobile units who have a whole range of services for (drug addicted) sex workers. In some towns (like for example The Hague and Rotterdam) there are institutions that offer social services to sex workers. With regard to general health care there is a significant aggravation of the situation: undocumented and/or uninsured persons have no access to health care as the hospitals carry out a very strict policy towards these persons.

## NORWAY

### Political Changes

There have been no legal changes this year. The growing amount of Nigerian sex workers in the major cities and their appearance outside the traditional street prostitution scene has led to an intensified public debate entailing public nuisance issues, xenophobia, worries of organized crime, care for victims of trafficking etc. The result is also an increased debate on criminalization. There is increased support for the Swedish model (Oslo police is now supporting this). One outcome might be the "Finnish model" criminalizing purchase from someone trafficked or otherwise exploited. For the sex workers (especially the Nigerians) the result has been problems with housing (denied accommodation), more migration control, more suspicion of crimes, degrading media coverage and also conflicts between national and migrant sex workers. As the market is more stressed we also face more mobility for both migrant and national sex workers. On the good side there is an increasing political willingness to render assistance to victims of trafficking. Examples are: longer reflection period, better opportunities for work permit and resident permit on humanitarian grounds.

### Changes in the Sex Worker Population

Altogether we estimate there are about 2500 sex workers during a year in Norway. There are regional differences: Street prostitution is documented in 3 cities, while indoor prostitution is known all over the country. Street prostitution makes up about 40% of the total market in Norway. The figures on male and transgender sex work are uncertain. During the last two years migrant sex workers have increased. This is most significant in the street scene in Oslo and Stavanger. These two cities have also seen a decrease in national street-sexworkers. In Oslo 1/5 of streetworkers are national, in Stavanger 1/3 and in Bergen 2/3. The most significant increase is Nigerian sex work (mostly in the street). In 2004 Pro Sentret encountered 128 Nigerian sex workers, in 2005 393.

The first half-year in Oslo we see an increase in Bulgarian, Rumanian, Nigerian and Czech sex-workers, while there is a decrease in national sex workers. Most migrant sex-workers are transient.

Our figures are adjusted some as a result of the national mapping and other investigations. We assume that there has been a minor net increase of sexworkers over the past two years. The demand for sexual services has been seen to increase, thus there is a tougher competition.

The EU enlargement has brought more employment seekers to Norway and there are quite a few of the sex workers from EU countries who look for other work.

As for trafficking: The §224 on trafficking was added to the penal code 2004. Only one case has brought a sentence. The Governmental Plan of Action on Trafficking is renewed 2005 and prolonged until 2008.

#### Changes in the Services Available to Migrant Sex Workers

In 2005 a help-line and coordinating service for victims of trafficking were established. There are regional plans for assistance to victims, outlining who will do what in the different regions. It is also established cooperation between the biggest cities: regular "city conferences" on prostitution and trafficking issues. The service providers in the national network have improved their health services (especially for the migrants). So far the Tampep methodology of cultural mediation has only been implemented in Oslo.

## POLAND

#### Political Changes

Sex work in Poland is neither penalized nor legalized. It has been like that for over 20 years. The government now is quite conservative but so far has not proposed any policy change.

#### Changes in the Sex Worker Population

The number of sex workers under 18 increases constantly; 98% are women. 20% of those under the age of 18 are migrants, who mostly work in night clubs and next to highways, rarely in big city centres. There are less and less sex workers from Belarus, and more and more from Ukraine.

Sex business is being advertised in press announcements, internet, leaflets, etc. In the summer holiday the number of female sex workers working along the Baltic sea side increases. Many sex workers work in private flats.

Sex work becomes more visible, both sex workers and pimps are not afraid of police, sex workers cooperate with police by being their informers, an example from Szczecin is that sex worker was summoned before the

police station to give testimony regarding some popular crime (not related to sex work) and was driven to the station by the pimp, who officially and openly waited for her in the waiting room.

#### Changes in the Services Available to Migrant Sex Workers

TADA's services are available, like: condoms, lubricants, leaflets, social counselling. The offer will be enlarged by offering legal counselling financed by the governmental project submitted by TADA. Free of charge HIV screening is available in bigger cities in the whole country, in Szczecin, thanks to BORDERNET project, it also includes other STIs.

## PORTUGAL

#### Political Changes

Some amendments have been proposed (such as legalization of prostitution) but no many changes been realized. However, considerable efforts have been made to dismantle human trafficking networks. The police forces have been very concerned with the protection of the victims in this process. Physical protection, psychological, social and legal support has been offered. A proposal is being drafted to give a residence permit to victims of trafficking who help to prosecute the traffickers. The victims would then no longer be in Portugal illegally and would not have to repatriated.

An organization is being set up that aims to defend the rights of sex workers. We support this call for attention to the situation of sex workers and the perception of these women as products, without any rights.

#### Changes in the Sex Worker Population

There is an increasing number of migrants working in prostitution. They come from Eastern European countries, Africa and Brazil. It is difficult to estimate their numbers. Several transgenders have been spotted.

Gradually we are seeing more informative campaigns about condom use as well as, offers of free condoms from various services. Unfortunately, there is little change in the amount of violence directed at sex workers, mostly by partners and clients. There is not an extraordinary number of drug users among migrant sex workers.

#### Changes in the Services Available to Migrant Sex Workers

For migrants that reside in Portugal illegally there are not many services. There are some non-governmental organizations that provide: information, legal assistance, psychological support, help to victims of trafficking,

distribution of condoms and information on safe sex, harm reduction for drug users and information about HIV/AIDS.

## ROMANIA

### Political Changes

There were no significant changes in the last years concerning sex work. The legal situation remains the same: prostitution is still punished through the penal code.

Male sex work may have become more visible. There is some concern regarding visibility. It is unsure whether sex work has become more covert because there is insufficient data about the previous years to make a comparison.

There are a lot of Roma women involved in sex work. Their situation is extra precarious as a result of double discrimination, both as sex workers and on the basis of their ethnicity.

### Changes in the Sex Worker Population

ARAS conducted a national survey entitled „Commercial sex work: a public health and social perspective in Romania”. The research showed that commercial sex is practiced in very different locations (illegal brothels, rented rooms, at the client’s house or in the client’s car, in hotels as well as in parks or nearby main transport roads/routes, car parks). There is no precise moment of the day when commercial sex is practiced, the time schedule being set by existing demand. SWs’ clients are both Romanians clients and foreigners, of all social classes and all age groups. In most cases, the relation with the client is mediated by a pimp/middleman.

The HIV risks that the SWs are exposed to are mainly related to unprotected sexual intercourse both with the clients and with their regular partner. Thus, condom use rate in relation to the latest sexual intercourse, both with the client and with their male partner/husband is 36.2%, whereas constant condom use rate in relation to all sexual intercourses (clients and partner) in 2005 is 20%. The existing programmes, together with the distribution capacity of the shops and pharmacies cover now the condom demand identified in the locations where this survey was carried out.

Another identified problem is the high rate of injecting drug use among SWs (more than 11% of the SWs used injecting heroin in 2004 or 2005). Almost 40% of the SWs that use drugs shared injecting equipment.

As far as blood donation is concerned, more than 10% of the interviewed SWs donated blood in the previous

year, notwithstanding the high risks they are exposed to (unprotected sexual intercourse, as well as sharing needles and syringes).

Almost all of the SWs (93.4%) that were interviewed had heard of HIV/AIDS, these results being similar to those recorded for the general population according to the 2004 Reproductive Health Survey in Romania (99.5%). Unfortunately, this level of knowledge is not proportionally mirrored in the risk perception (only 65.1% of the SWs consider the risks of being infected with HIV) and to a lesser extent reflected in their behaviour. Generally, there is a difference of approx 16-20% between the SWs that are aware of the risks associated to a certain type of sexual intercourse and those practicing safe sex (constant condom use).

Trafficking in human beings is an ever-present reality that causes concern with respect to its extent in all areas included in this survey (almost 30% of the interviewed SWs stated they had been sold or bought). The pimps, clients, or police officers abuse the SWs. Half of them mentioned client’s abuses, while a third of them complained about police officers attitude. More than 13% of the SWs that had an HIV test in 2004 were brought testing services by police representatives.

When the present survey was being developed, 8.63% of the interviewed SWs were underage, whereas 12% had never attended school. More than 20% of the SWs included in the present survey had spent a part of their childhood in a child protection institution, this experience leading to increased vulnerability to trafficking in human beings, as well as to their involvement in commercial sex.

### Changes in the Services Available to Migrant Sex Workers

In Romania the public health system cannot support the needs of the general population. The access to the public health system is pretty low because it is very corrupted. For sex workers the access is even lower because most of them have no legal papers or health insurance. In addition they are discriminated against. They only get access to public health care in cases of emergency.

ARAS is still the only institution providing services to the vulnerable group of (migrant) sex workers. ARAS tries to be a link between them and the public health system. In the last two years ARAS developed many services for sex workers fulfilling the needs identified by sex workers themselves.

There has been a significant change in the police’s attitude towards the ARAS outreach team. In the past the police often interrupted the team activities. Now their attitude is a little bit different. They wait for the team to

finish their job before going over to the girls and themselves.

## SLOVAKIA

### Political Changes

Situation regarding to the sexwork in Slovakia has been without changes during the last 2 years. In 2005 a new criminal law was approved but it makes no mention of prostitution. In 2 of Bratislava's 5 districts the local governments established special regulations and prostitution is in these districts prohibited. Sexworkers and also customers can be fined about 500 Slovak crowns (13 euros). In June 2006 we had national elections and the new Slovakian government is created mostly by the left orientated party and the radical neonazist party. Their statements about prostitution are usually very hateful. As a result we expect no change in the near future.

### Changes in the Sex Worker Population

We can say in Slovakia during the TAMPEP 7 project we made a very good mapping of street scene. Unfortunately we still have had only one contact which gave us some information about situation in the clubs and saloons. I visited with him 5 clubs/saloons in the area of Bratislava and I have to say the situation is quite similar to the street scene. We haven't had information about any migrants working in the sex business in Slovakia. There are still much more women working in the sex business and no transgenders. We know something about other smaller towns as Sereď and Žiar nad Hronom where are also street sexworkers but there is a lack of services for them.

### Changes in the Services Available to Migrant Sex Workers

Providing services for the sex workers in general are really poor. When we don't speak about the outreach programs or club established by Odysseus the only service is anonymous tests for HIV/AIDS in the National monitoring centre for HIV/AIDS in Bratislava. Of course women who have the health insurance can normally visit doctors but it's better for them not to say they are sex workers. Without insurance and ID there is little chance of being treated, except in cases of emergency. For migrants the only services available are those of outreach programmes (if they have information about them).

## SPAIN

### Political Changes

In Spain there is no national law on prostitution. In some cities local regulations have been made. In Barcelona for example prostitution on the street can be fined.

Human trafficking is punishable with fines in all of Spain. Victims of trafficking have the opportunity to obtain a residence permit.

Immigration laws are very strict. It is difficult to legally enter or reside in the country. For this reason most migrant sex workers are in an irregular administrative situation. In 2004 the Socialist Party took over from the Popular Party. In 2005 a regularization campaign was held in Spain whereby many illegal immigrants could obtain a residence and even work permit. Around 1 million people were legalized this way. However, the requirements were thus that hardly any sex workers managed to benefit from this regularization.

### Passages of the Regularization:

- Presentation of the request in the office of the social Security on the part of the industrialist or employer, enclosing the contract signed by both parts.
- Evaluation of the request on the part of the administration, that examines if the industrialist or employer can contract and if the foreigner fulfils the requirements.
- If the requirements are fulfilled it produces the conditional authorization. Only as of this moment the Social Security will authorize the discharge of the foreigner.
- If the authorization exists high in the Social Security it takes effect.
- The worker asks for the Identity card of Foreigner in the term of a month from the take effect of the authorization.

### Changes in the Sex Worker Population

Most prostitutes in Spain are migrant women, mainly from Latin America, Africa and Eastern Europe. They work mainly in clubs, apartments and closed locals. Very few people work on the streets.

There is a huge stigma attached to prostitution. This is one of many factors that lead to vulnerability of sex workers. Sex workers who are illegal migrants have an even more difficult position, especially with regard to police prosecution.

Drug use is relatively limited. Only alcohol and cocaine are widely used.

The majority of migrant sex workers are very mobile working in different countries and cities. They look for better working conditions, and they move to avoid persecution by the police and mafia. Barcelona and Madrid are the main cities where they go to work.

## Changes in the Services Available to Migrant Sex Workers

The services for sex workers are the same as for other women, including migrant sex workers if they are insured. Uninsured sex workers have access only to basic health care services, such as emergencies and HIV/AIDS-related care. In some cities there are also special services for sex workers, for example, free condom distribution, legal, medical and psychological support. Some associations give information about rights, social health care, services available, programmes supporting trafficked women. Unfortunately some sex workers are not aware that these services exist or that they are free. Others do not use these services because they are afraid.

There are very few public social care services in Spain. In the public social services there are no mediators or interpreters.

## UNITED KINGDOM

### Political Changes

It is not illegal to buy or sell sex within the UK. Prostitution and the sex industry is covered by national legislation, which criminalises various aspects of the sex industry. Scotland has an independent legal system but the laws relating to prostitution are similar across the UK.

Street Prostitution It is a civil offence for men and women in to 'solicit' or loiter with intent to 'solicit' in a public place for the purposes of prostitution. However, such offences are penalised with a fine resulting in sex workers having to engage in prostitution even more in order to pay the fines or face imprisonment for non-payment of fines. England unlike Scotland introduced 'kerbcrawling' legislation, making it an offence for men to cruise an area seeking to purchase sexual services from street based sex workers, however such legislation has had little impact on the levels of street prostitution or men seeking to purchase sexual services from street based sex workers. Sex work projects report higher levels of violence against street based sex workers since the introduction of the legislation. Across the UK Anti-Social Behaviour Orders are now being used against street based sex workers. These orders are civil court actions that exclude sex workers from certain areas or engaging in street prostitution across a defined area. Breaching such an order is a criminal offence and a significant number of street based sex workers have been sentenced to terms in prison for breaching their ASBO.

Indoor Prostitution It is a criminal offence across the UK to run a brothel, live off 'immoral' earnings, seek to

recruit males or females to work as prostitutes and purchase sexual services from a minor (under 18). Forcing the indoor sex industry underground and making sex workers vulnerable to greater levels of exploitation and abuse by manager and clients.

Changes in Policy & Legislation Both the Home Office (Paying the Price) and the Scottish Executive (Being Outside) have undertaken reviews of prostitution policy which were completed in 2005 – the Scottish Executive review focussed only on street prostitution and it is currently reviewing the indoor sex industry.

In England & Wales there are no proposed changes to the legislation, however, there is a proposal to change the definition of a brothel to allow two women to work together (for personal safety reasons) with a maid/receptionist. In the Home Office response they have defined prostitution as violence against women and announced a priority focus of targeting clients of street based sex workers, 'exiting' women from prostitution and clamping down on 'brothels' in an attempt to reduce and eventually eradicate prostitution, but paid little attention to the situation and needs of migrant sex workers.

In Scotland there is a proposal to change the legislation for street prostitution which entails repealing the loitering and soliciting for the purposes of prostitution offences and introducing new legislation that can be used against both the sellers and buyers of sexual services related to causing nuisance offence or alarm when engaging in street prostitution, which for the first time in Scotland will criminalise clients – this legislation is scheduled to be introduced late 2006 early 2007. The Scottish Executive also has defined street prostitution as violence against women and announced a priority focus of educating men not to buy sex, reducing harm while women are involved, 'exiting' women from prostitution in an attempt to reduce and eradicate street prostitution.

Across the UK law enforcement actions against the indoor sex industry have continued – impacting on both national and migrant sex workers. In February 2006 Operation Pentameter was launched which was a three month national campaign targeting trafficking – which involved a publicity campaign aimed at raising awareness of trafficking amongst clients and the public, law enforcement officers handing out leaflets to migrant women at airports and law enforcement raids on sex industry establishments. A total of 79 potential victims were found during the operation and an undisclosed number of migrant sex workers were deported. However, the UK government continues to refuse to grant asylum status to genuine victims of trafficking on the grounds that it would result in a flood of women claiming to be trafficked for the purposes of prostitution

if asylum status is granted. Despite government claims to focus on protecting the rights of victims of trafficking the focus remains on their usefulness as potential witness in the criminal justice system and then they are returned to their home countries regardless of the risks they face on their arrival.

Access to Health & Welfare Services The pressure continues within the NHS, to restrict health care to 'foreigners' who do not have entitlement to free health care within the UK. Medical facilities employ officers to check if patients have free NHS treatment entitlement, however, all migrants are entitled to use sexual health services. Access to welfare services for non-EU citizens is limited to victims of trafficking.

Societal Attitudes Within the UK the policy framework agreed by both the Home Office and Scottish Executive of seeking to reduce and eradicate prostitution as a form of violence against women prevails and influences funding of sex work projects. However, within politicians, the media and general public opinion is divided and there is open debate and some support for the rights of sex workers to work and unionise and alternative prostitution legislation or decriminalisation.

#### Migration

UK migration legislation is complex. However, there have been no significant changes since the introduction of trafficking for the purposes of prostitution legislation was introduced. However, the Home Office which is responsible for all UK migration legislation and policy is tightening up on entry to the UK following enormous media attention about illegal migrants entering and staying in the UK.

#### **Changes in the Sex Worker Population**

London continues to be the working location of most migrant sex workers within the UK.

Outside of London the percentages reported continue to remain low from 0-25%. There have been reports of migrant sex workers disappearing in towns where there has been a concerted action by police and immigration, however, but projects report that once the action is over the numbers start to rise again - we have no information about where they go in the meantime.

#### **Changes in the Services Available to Migrant Sex Workers**

Sex work projects across the UK are more aware of migrant sex workers within the sex industry and are trying to respond by seeking funding for interpreters and cultural mediators.

The increasing pressure within the NHS to restrict free health care to foreigners without entitlement has made it

more difficult for migrant sex workers to access health service. Sexual health (STI) care remains free for all in the UK, however, if migrant sex workers need referrals to other health care such as termination then many projects report that this has become more difficult.

One London project has developed an IT audio resource for working with migrant sex workers, and the software will be offered free to other UK projects working with migrant sex workers.

The Poppy Project in London continues to provide support to victims of trafficking and Glasgow has proposed a similar service. The IOM voluntary repatriation support service continues, again in London, which will take referrals from across the UK.