TAMPEP

TRANSNATIONAL AIDS/STD PREVENTION AMONG MIGRANT PROSTITUTES IN EUROPE / PROJECT

ANALYSIS

THE FIRST YEAR
1993 - 1994

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Amsterdam
September 1995

TAMPEP was initiated contemporaneously in the Netherlands, Italy and Germany. The co-ordination of the project at each of these sites has been the responsibility of the *TAMPEP* base by *Mr. A. de Graaf Stichting* (Foundation) in the Netherlands, the *Comitato per i Diritti Civili delle Prostitute* (Committee for the Civil Rights of Prostitutes) in Italy, and *Amnesty for Women* in Germany.

TAMPEP has benefited from the financial assistance and support of the Praventie Fonds (the Dutch Preventive Fund) and the Commission of the European Communities, Directorate General Employment, Industrial Relations and Social Affairs; Health and Safety Directorate, Public Health (DGV).

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Preface

This report contains an analysis of all the experiences from the first year of the TAMPEP project, from September 1993 until August 1994. The analysis was made by the general co-ordinator, Licia Brussa, who has been a research associate of the *Mr A. de Graaf Stichting* in Amsterdam since 1985. For a decade she has been working on the issue of migrant prostitution, so she was able to incorporate her expertise in this report.

The aim of the TAMPEP project is to develop models of health promotion for women from developing countries and Eastern Europe who come to work in the prostitution industries of Western, Northern and Southern Europe. The focal point is HIV/STD prevention but in order to be successful in changing of behaviour it is necessary to address health in general as well as the overall social position and the working conditions of the women.

The Dutch Institute for Prostitution Issues, the *Mr A. de Graaf Stichting* in Amsterdam, is responsible for the general co-ordination and the activities in the Netherlands. The project partners are: in Germany *Amnesty for Women* in Hamburg and in Italy the *Comitato per i Diritti Civili delle Prostitute* in Pordenone.

This first year was devoted to experiment with new strategies of interventions, like a multi-cultural and multi occupational team structure, peer education and cultural mediation and new information material in many languages and various forms. This was done in many different regions and types of prostitution and through many different configurations and different kinds of coalitions with external partners.

This report gives a detailed account of the lessons that have been learned. During the second year of TAMPEP, which has officially started 15 June 1995, the activities will be aimed at developing concrete models with guidelines for action and a full scope of information material for organisations in the European Union who wish do start to work with migrant prostitutes.

By the end of the second year, in the summer of 1996, TAMPEP will present itself as a European centre for assistance, consultation and training with regard to health promotion and social work with migrant prostitutes.

Jan Visser

Project supervisor

A general description of TAMPEP

Introduction

TAMPEP is both a European research project as well as an active intervention promoting awareness on HIV/AIDS and STDs among migrant sex workers.

TAMPEP is an acronym identifying **Transnational AIDS/STD Prevention Among Migrant Prostitutes in the European Union/Project**

The target groups of our interventions represent a varied, but very specific group of women who we define, for reasons which will be clarified shortly, as "migrant prostitutes".

Prostitution in Europe should be seen as an international phenomenon involving an increasing number of women and men from countries in other continents as well. In fact, since the 1970s there has been a noticeable influx of persons involved in the sex industry who have migrated from Asia, Africa and Latin America. Additionally, and more recently, there has been a continuing increase in the number of Central and Eastern Europeans who have crossed into EU member states and have been initiated or continue to practice as sex workers.

A migrant prostitute or sex worker is a non-EU citizen who is engaged in the sex industries of Northern, Western, or Southern Europe. Many of the individuals to whom our intervention is targeted had no previous experience of sex work in their country of origin and had no intention, upon migrating, of engaging in this trade. It should also be clarified that many of those involved in the sex industry do not identify themselves as prostitutes. They also consider their work only as temporary.

Sex workers of both genders, as well as[1] transsexuals, were contacted for the purposes of our intervention. With regard to transsexual sex workers, it should be stated that we respected the gender identification with which they presented themselves to us and do not consider them a *third gender*. However, we considered it necessary to distinguish this group in our research inasmuch as transsexual present specific medical and social needs requiring special attention.

Prostitution involving migrant sex workers occurs in all countries of the EU. Groups are becoming increasingly mobile, both within single member states as well as within the larger community. Said mobility has activated a structural phenomenon of serial or chain migration

[1] **TRANSSEXUALISM** (*as defined by the WHO*) - Means the desire of both living and being accepted as a person of the opposite sex. This desire is accompanied, on the one side, by a feeling of uneasiness or of a lack of adaptation towards ones own sex and, on the other side, by longing for a surgical operation or a hormonal treatment in order to match ones own body as close as possible to the opposite sex.

which merits particular attention. In fact, it should be strongly highlighted that migrant prostitution is not a temporary or static phenomenon and therefore parallels need to be drawn with the experiences of other groups who migrate to Europe in search of employment.

In many areas within the EU, the number of migrant prostitutes active within the sex industry is superior to that of local sex workers. However, migrant sex workers frequently remain extraneous to legal, social and medical structures and therefore face enormous difficulties in accessing information which could improve their quality of life. This marginalised position also leads to victimization of migrant prostitutes because of criminal activities, illegal trafficking of women and men, isolation and dependency.

From our contacts with migrant prostitutes and an assessment of their living conditions, we have concluded that STD and HIV/AIDS prevention must be included in a broader framework of general health promotion and that the development of such a framework should be recognised as a present priority. Existing services in the European Union have little contact with members of this target group and it is for this reason that our three organisations activated TAMPEP as a special project with the objective of developing, in collaboration with migrant sex workers, more effective strategies and new materials for facilitating contact with the target group.

During this first year of activities, TAMPEP has attempted to further said development by conducting an experimental outreach in regions characterised by a diversity of societal and structural conditions (i.e.: legal, social, cultural, medical). It should be clearly stated that TAMPEP did not set itself the objective of creating a network of services capable of covering the needs of entire countries.

The creation of TAMPEP was initially motivated by three factors:

■ the living and working conditions of migrant sex workers, in particular with regard to the health and hygiene of the single components of this target as well as with regard to the general conditions prevalent in those establishments or venues where migrant prostitutes are professionally active;

■ the lack of information available in the native languages of the target group. This lack impedes the development of educational and preventive programmes regarding risks linked to the professional activities of the sex workers. Additionally, this lack renders it difficult to improve their working conditions and, consequently, obstacles any opportunities for obtaining physical or psychological well-being;

■ the importance of facilitating direct contact between migrant sex workers and institutions active in the social and medical fields. Said contact should allow for cultural mediation while not compromising the delivery of an efficient service.

TAMPEP has developed a working methodology which is adaptable to the variety of situations which confront women and men in their places of work. It has produced information and educational materials in different languages as a tool to help improve the health and social conditions of those engaged in sex work.

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Aims and objectives

The main objective of TAMPEP is to develop an effective and realistic AIDS intervention policy (primary prevention) regarding immigrant sex workers in the European Union. This will be achieved by the interaction of a research and an intervention component. In the section on *Methods* we will elaborate on this. With regard to aims we can distinguish between the two but we wish to stress that research will not precede intervention, rather, the two will be carried out simultaneously. The following composes a list of the central aims of the project:

■ to gather systematic information concerning the living and working conditions of migrant sex workers and analyse the implications of such information on health beliefs and behaviour. In particular, to chart the social networks formed by migrant sex workers, the existing patterns of migration within the EU and the variety of contacts with authorities and service providers. This will be carried out in selected cities in the Netherlands, Italy and Germany.

■ to gather information on knowledge and attitude towards STD/AIDS prevention, the sources of their knowledge, and on sexual practices engaged in during prostitution.

■ to determine the social and cultural factors which obstacles the access of migrant sex workers to health care services available in their country of residence.

■ to identify existing medical and social needs of migrant sex workers.

■ to create an inventory of existing medical and social projects targeting migrant sex workers, to determine whether pan-European collaboration connecting said projects is feasible and to investigate possibilities of networking with service providers in the countries of origin.

■ to test existing material and on the information gathered from the sex workers, to create a programme of prevention of STDs/AIDS, including 1) developing adequate prevention material in the mother language, which is adaptable to the social and cultural particularities of each group, and to their conditions of work and 2) developing new ways of working with these sex workers, including the training of peer educators.

■ to determine optimal strategies for reaching target groups of migrant sex workers in the three member states involved in the project and to ensure the collaboration of members of the target group in the design and implementation of interventions aiming to safeguard the health of migrant sex workers and behaviour change conducive to STD and AIDS prevention in particular.

■ to design and implement different interventions specific to the needs of migrant sex workers from diverse backgrounds and nationalities.

■ to identify and train peer leaders from within the group of targeted sex workers.

■ to evaluate these interventions and to make the experience from this project available to service providers within the EU member states.

The target group of TAMPEP

The prevention activities connected to our research are targeted towards foreign sex

workers. The group involved was selected so as to represent the great variety of nationalities present in the member states active within the context of TAMPEP (The Netherlands, Italy and Germany).

The sex workers actively engaged by TAMPEP are of Latin American, Asian, African and Eastern European origin. Each sub-group was variously represented in each of the three countries and reflect the nature of migrant prostitution within Europe.

As regards the Netherlands, the largest group of foreigners involved were Latin American; specifically, the most represented nationalities were from the Dominican Republic, Colombia and Brazil. Additionally, Eastern Europeans were involved with a preponderance of Poles, Russians and Ukrainians. There was also some contact with Czechs, Slovaks and occasionally women from the former Yugoslavia (such as Serbs and Croats). The African women involved were primarily from Ghana and Benin.

In Germany, the research focused on women and transsexuals from Latin America. Here as well, the primary nationalities represented were from the Dominican Republic, Colombia and Brazil. The group of transsexual were of Brazilian, Peruvian and Colombian origin. Another consistent contact group was represented by women and transsexual of Thai origin. Work was also carried out involving women from Eastern Europe (Poles, Czechs and Russians).

In Italy, the target group was formed by women from Nigeria and, to a lesser extent, by Ghanaians. Latin American women from Peru, Venezuela and Uruguay were contacted, though the largest group from this continent was composed of Brazilian and Peruvian transsexual. As far as Eastern Europe is concerned, various nationalities were represented in the interventions connected to TAMPEP in Italy, in particular women from the former Yugoslavia (Macedonia, Bosnia, Istria -- this last group particularly active in prostitution occurring near the border) and Albania; we also came across Czechs, Romanians, Bulgarians and a few Russians.

Other groups or categories that have influence over the target group:

■ Professional health workers: medical staff members, policy makers etc. Through intensive communication and co-operation their role was part of the study.

■ Members of prostitution milieu: pimps, managers and other intermediates. This has shed light to such issues as power structures, working conditions, criminality, their sensitivity to health matters etc. As dominant group in the sex market their influence and receptiveness for change had to be studied.

Methodology

The target group for our research has characteristically been hard to reach. As with other marginalised populations within the society, there is increasing recognition of the influential role informal peer leaders have in facilitating access to information about and for the community.

In certain areas within The Netherlands, Italy and Germany, members of the target group have been identified as willing to collaborate in the design and execution of the project. These areas are characterised by the presence of a high number of migrant sex workers within the community as well as by the existence of a supportive infrastructure for the project.

The project partners co-ordinate activities which facilitate entry to the target groups. In particular, they gather necessary data utilising open, in-depth interviews and promote prevention campaigns through the distribution of materials and informative leaflets.

The initial number of formal interviews conducted through the use of a questionnaire varied in each collaborating country. In the Netherlands, 150 formal interviews were conducted and transcribed into the native language of the subject; these were later translated into English by members of the TAMPEP team. The number of interviews was divided into 3 groups representing various ethnic origins: 50 were conducted among women from the Dominican Republic and Colombia; 50 with women from Poland, Ukraine, Russia and the Czech Republic; and 50 with women from Ghana and Nigeria. Each of these categories consisted of distinct sub-groups. 25 of the Latin American interviews were conducted among illegal residents in the city of Alkmaar and 25 were conducted among legal migrants living in Arnhem. Likewise, the African interviews were divided between Nigerians and Ghanaians (respectively 20 and 30) and were performed in both said towns. The women from Eastern Europe were divided into two equal groups, one consisting of women working in the windows brothels of the city of Alkmaar and the other consisting of women working in sex clubs present in the region of Limburg.

In Italy, the formal interviews were conducted among a group of 30 Nigerian women working in the city of Turin. It was not possible to conduct formal interviews with migrant sex workers of other nationalities because the basic working conditions (street prostitution and the constant presence of pimps) did not facilitate the administration of an interview which took an average of one hour to complete.

In the light of this problem, the original questionnaire (translated into 5 languages) was shortened and only those items fundamental to an understanding of the territory were selected thus adapting the interview to the necessities of a brief contact. This shortened form was used by team members in each contact with a newly identified sex worker. In the course of our first year of activities, approximate 3000 forms were compiled (1000 per participating country) and these provided a series of information regarding biographical details, working conditions, health, awareness levels related to existing health and social services, knowledge of condom and lubricant use, incidence of condom ruptures, and the dynamics regarding condom use (or non-use) with clients.

The number of women contacted during the course of the project was superior to the number of forms compiled, but the 3000 forms provide data which, along with those obtained through the formal interviews, was used in the development of the project and the adaptation of specific connected activities.

■ Germany

In Hamburg, the number of formal interviews conducted was equally limited, with 20

women of various nationalities having completed the process. As it was the case in Italy, the data collection was primarily the result of informal interviews and note-taking based upon a shorter questionnaire administered throughout the course of the project.

The variables involved regarding the possibilities of applying the same methodology and the same initial questionnaire in the three collaborating countries are principally connected to the extremely different working conditions in which the migrants operated. As with Italy, where street prostitution was not conducive to a prolonged or tranquil contact with the sex workers, so too in Germany the contacts made in bars and sex-clubs represented a difficult context in which to administer a formal interview: the presence of clients and the brief time available to the sex workers while on the job did not allow project leaders the possibility of conducting interviews in a supportive environment.

■ The Netherlands

Fortunately, these difficulties were less present in The Netherlands as the structure of the prostitution industry is more transparent and houses of prostitution are more accessible in general. Formal interviews were conducted there during the first months of the project, and hence with no prior influence by team members, can be attributed to various factors. As in other countries, we were struck by the enthusiasm which the target group exhibited for our initiatives and the objectives of TAMPEP as well as the positive reaction encountered when these women were contacted by team members of the same sex and who spoke the same languages and who were originally from the same countries or regions of origin.

Because of these commonalties, it was possible right from the outset to establish a degree of confidentiality in the rapport with the target group. In fact, this assertion can be backed-up by evidence: by the end of the interview, almost all the women wanted to communicate their real names and identities to the interviewer as a sign of trust and to personalise the nature of their relationship to the TAMPEP worker. Another fundamental factor is related to the working conditions of the migrant sex workers interviewed in The Netherlands: the contact took place within the window brothels and this permitted a more intimate environment which the women perceived to be their own, thus increasing their level of comfort and confidence.

Even within the sex-clubs it was possible to create this climate without being disturbed by clients; for example, by conducting the interview within the kitchen area of the club or during those hours in which the presence of clients was minimal. In addition, TAMPEP workers were trained to present the project objectives and ideology as clearly as possible. This helped the migrant sex workers to understand the context in which the data collection occurred and allowed the TAMPEP team to measure the degree of consensus the project's philosophy and methodology elicited among the target group.

Another important factor is linked to the collaborative stance exhibited by club or window brothels managers and proprietors: their acceptance of TAMPEP reassured the sex workers and made them more relaxed throughout the entire process of contact and interview. Only two proprietors of a group of window brothels in the city of Arnhem boycotted the TAMPEP initiatives and pressured the Latin American women who rented these spaces into adopting a hostile stance towards our team. This boycott created a series of difficulties during the initial two months of activity, but in the long term it had little effect in relation to our contacts with Latin American sex workers present in this city. Influenced by the owners, the majority of these women were more guarded in their interaction with TAMPEP workers and were less likely to participate in the project's activities; they did not, however, cut off all contact with TAMPEP workers.

In The Netherlands a positive response to our desire to interview the migrant sex workers was registered in 95% of the cases. The reasons indicated as justification for a refusal to be interviewed were primarily:

- insufficient availability of time;
- a feeling of inadequacy related to a recent initiation into sex work;
- or, fear of reprisals by hostile window brothel owners, as was the case of some of the women contacted in Arnhem.

In reality, the first phase in which interviews were collected had an extremely brief duration (between October and the middle of November) and it would not have proved difficult to gather a greater number of in-depth interviews, especially as data collection represented a constant in our contacts with the migrant sex workers. However, considering the work plan which had been established and the fact that the interviews collected were considered to be fairly representative of the target population, we considered the interviews collected to be sufficient. Other factors which aided us in this deliberation were related to the urgency with which it was necessary to initiate prevention strategies; these activities could not take place parallel to the collection of data through interviews in as much as they would create a bias in our measurement of knowledge, attitudes and behaviours.

Even in those instances where the migrant sex workers were under the direct control of pimps, no major difficulties were noted either for the collection of interviews or for direct contact with the migrant sex workers. If the pimps asked for an explanation regarding the presence of a TAMPEP team worker or the reasons leading to such a prolonged contact with *their* women, an explanation was provided regarding the role of the TAMPEP worker, their task and the concept of cultural mediation. The fact that those who conducted the interviews were also permanent project workers represented a great advantage in accessing closed circuits and other precarious situations marked by organised crime and exploitation of vulnerable sex workers.

In the presence of health workers active within the context of an official European prevention program, it is rather more difficult to close doors and implicitly admit that one is obstacling access to information on, among other things, correct condom use. In addition, as we have already described in previous sections, the influence and authority of brothel owners in The Netherlands is still a force to be reckoned with in the dynamics of relations with pimps and traffickers. Prohibitions, threats and intimidations carried out against TAMPEP workers would isolate pimps from the protection and authority of the Dutch brothel owners.

This balancing counter-force to the possible negative attitude of pimps and traffickers was either absent or of very limited import in the other two member states in which TAMPEP was operative. In Italy and Germany it was necessary to establish more direct and personal contacts with third parties who controlled the work places of the migrant prostitutes because their influence on them is much stronger than in the Netherlands. These attempts required time and energy and ingenuity. In many cases, the TAMPEP worker had first to perform some practical interventions among the target group in order to be able to start the interview. In the Netherlands, pimps and traffickers are often guests who reside within the brothels and in this sense their position is completely different: they must be that much more careful in their efforts to conceal themselves and reduce unwanted attention.

Influence

Additionally, the linguistic and cultural mediation of the TAMPEP workers was offered

even to those individuals who could have some influence on our target group. A significant implication of this decision lies in the necessity to contact and negotiate with key players within the community without losing either authority or neutrality in relation to the target group. The fact that the TAMPEP workers were able to communicate in the native languages of the pimps was undoubtedly a great advantage and, naturally, this also facilitated their capacity to obtain the respect of the members of the target group.

The degree of authority the TAMPEP workers were able to exercise in their dealings with key players influencing the conditions of migrant sex workers contributed greatly to the credibility of those guarantees offered to the sex workers contacted (protection from retaliation on the part of pimps to those who accepted to be contacted or interviewed). These guarantees can never be 100% foolproof, but the women were able to decide with a margin of responsibility whether or not they were willing to accept the implicit risks involved and, obviously, it was always clarified that the migrant sex workers should feel free to refuse answering any questions, especially those of a personal or intimate nature, which made them uncomfortable.

Those conducting the interviews were trained to pick up on any noticeable resistances or difficulties which could arise and were careful to not insist on any such issues; the possibility of resuming the interview at some later date was also emphasised and acted upon as a sign of respect. The evaluation of the interview, conducted in collaboration with the migrant sex worker, included a subjective analysis regarding the topics touched upon as well as a space in which members of the target group were solicited to provide suggestions to improve the questionnaire. This was also seen as a means to involve the migrant sex workers directly in the planning and implementation of TAMPEP activities.

In general, the women who were interviewed judged the interview in a positive manner and viewed it as a tool to aid them in a personal reflection regarding themselves and their work. Very frequently, after the interview and the evaluation, the women would initiate another conversation along these lines: *Now that we know each other, I just wanted to add....* This relationship based on mutual trust, which we consider to be indispensable in effectively introducing prevention strategies, was also established with subsequent groups through a personal interview in which the general structure of TAMPEP is outlined, biographical data is collected and the living and working conditions of the migrant sex workers are explored and put into context. Thus, even without the questionnaire or structured interview foreseen in the initial phase of the project, it was possible to reinforce a feeling of mutual support and solidarity with the women contacted.

Attempts were made in Italy and Germany, where possible and only with willing sex workers, to create a similar climate. The safeguarding of one's health was evidenced as a fundamental and key theme which made it possible to touch on other important aspects regarding the lifestyle of migrant sex workers which influence or obstacle the capacity of these women to modify their behaviour and maximise the effect of prevention and health promotion messages.

Evaluating

Another group of interviews was conducted in The Netherlands during the concluding phase of the project as a means of evaluating the results of our work. 100 interviews were conducted with women who had accessed TAMPEP services within the past six months. Where possible we attempted to conduct follow-up interviews with those migrant sex workers who had responded in the initial phase, however it was possible to make contact with only 30 of the women among those originally interviewed. As a control group, another 100 interviews were

conducted among migrant sex workers who had accessed TAMPEP services only in the week preceding the interview or who were newly arrived to the area where TAMPEP interventions had taken place.

■ Italy

This same form of evaluation took place in Italy with a group of Nigerian women: 15 who had been interviewed in the first phase and 15 interviewed in a different city who had had no previous direct contact with TAMPEP workers. Other evaluation forms analysed the increase in informative levels and acquisition of safe-sex techniques resulting from participation in the workshops organised through TAMPEP. These forms were compiled at the end of each workshop. In particular, the Italian team utilised a questionnaire with a specific set of items regarding knowledge levels connected to the themes discussed in each single workshop and then a comprehensive questionnaire which was administered at the end of the course on peer education for selected members of the target group.

Another control method consisted of organising a forum, open to the sex workers and health officials, in which the Nigerian peer leaders offered explanations regarding HIV/AIDS and STD prevention using didactic materials and billboards which had been used and perfected during the course of the workshops. This forum gave us the opportunity of evaluating the capacity for peer education of the participants as well as a clearer understanding regarding the process by which new information and concepts had been assimilated by each individual participant.

Other tools used in evaluating the effectiveness of our interventions were: verifying, among the number of women we contacted, how many had purchased or were furnished with the products which had been recommended (certain brands of condoms known for higher quality standards, lubricants, etc.); the number of informative leaflets distributed and the number of women who contacted us subsequent to this distribution as well as the number of women who accessed TAMPEP services through information passed on by other migrant sex workers. Wherever possible we tried to analyse the number of migrant sex workers who accessed public health facilities and screening centres before and after the activation of our services. Naturally, we also kept close records of attendance at TAMPEP initiatives and the number of TAMPEP service users.

All prevention activities managed by TAMPEP workers were monitored through specific protocols which were then used as a tool for facilitating communication within each local team. A clear example may be made of Turin, where Italian TAMPEP workers created a drop-in centre and field station for Nigerian prostitutes: each visit and request for cultural mediation or advocacy in contacts with public health services was analysed, transcribed and evaluated.

TAMPEP workers were also currently evaluating, in co-ordination with the health services, the impact of our activities on client intake.

Synchronise

The project partners have regular contact with the co-ordinating research centre so as to synchronise the activities and ensure that the various activities within each subgroup can all benefit from the experience gained during the research period. The research centre is also responsible for executing a comparative analysis of the data collected.

The analysis of the transcribed interviews focuses on possibilities of constructing new and more effective educational materials based on the vocabulary and grammatical constructs in vogue among the target group; said materials have, as an objective, the goal of successfully

adapting themselves to the cultural consciousness and lifestyles of specific groups of migrant sex workers. The use of a colloquial form of their native language, integrated with images and symbols they associated with, is a central aspect of our methodology. Such a strategy enabled us to outreach more effectively within the community and will facilitate the dissemination of safer sex information and material.

The possibility of conducting valid research and implementing effective interventions is predicated upon a willingness to enter into close contact with members of the target group. It is for these reasons that TAMPEP has striven to establish a collaborative partnership with the migrant sex workers throughout the design and execution of this project. In addition to such a practical stance, there were also theoretical considerations which reinforced our decision to undertake this direction. In previous research conducted by the *Mr A. De Graaf Stichting*/ NISSO (de Graaf et. al. 1991/1992l), existing scales of protection motivation models were used. These generally aim at assessing the individual's perception of costs and benefits associated with specific behaviours. They extended the scope of these scales by incorporating the contextual aspects involved in the decision making process. Thus we were able to analyse, in an integrated scale, the subjective and objective factors that determine the individual's attitude towards safer sex and subsequent behaviours.

By using these scales and the health Locus of Control (to determine one's health control orientation), we were able to identify significant correlations between subjective and objective factors in understanding the motives and behaviour of sex workers in relation to their ability to protect themselves against STD/HIV infection.

A clarifying example is in order: an objective factor such as the working conditions of the migrant prostitute or the amount of pressure applied by external agents interested in capitalising on the sex worker's income will tend to decrease the subject's feeling of power and self-control. Examples of a subjective factor are the motivation of the women to work safe or the negative or positive attitude they have with the identity of *prostitute* which could be having influence on their behaviour.

One of the conclusions drawn by our research and supported by other studies indicates that social control (and improvement of the contractual power of sex workers in their dealings with clients and managers) is an important factor in increasing the capacity of sex workers to withstand clients who are unwilling to adopt safer sex measures. In terms of our own work, this implication has led us to attempt strategies for boasting group cohesion among migrant sex workers as an attempt to influence in a positive manner their own articulated and implicit codes of conduct. It is expected that these strategies will improve the negotiating techniques of the sex workers as well as their initial bargaining position. Most importantly, we believe it necessary to focus on augmenting the self-confidence and, consequently, the self-efficacy of the sex workers.

In terms of our methodology, this analysis implies a close working collaboration with members of the target group. An additional advantage gained by choosing this strategy is represented by the ability to avoid a common pitfall that is often encountered in such intervention campaigns: ethnocentricity. Many projects in Europe utilise strategies and materials that are designed for *Western* eyes and ears. It was necessary to take account of the fact that women from totally different cultural backgrounds need totally different approaches, strategies and materials.

The activities conducted within these community based projects were not limited to exclusively promoting AIDS awareness and prevention. As has been pointed out in earlier sections of this document, the success of such campaigns is dependent on other factors which determine a woman's ability to actually put the theories regarding behaviour change into concrete practice. To achieve this goal it was necessary to support the women in their efforts to gain

control over their working and living conditions and, by building on naturally existing contact, the peer leaders and educators were seen as having a crucial role to play in this process.

A broad spectrum of community based initiatives, directed at empowerment of migrant sex workers, can have a major impact on primary prevention in as much as it allows sex workers more scope in their contractual position with clients, brothel owners and pimps.

Thus, the methodology of the project consists of a blend of applied research and fieldwork along with direct interventions. The ongoing evaluation of these activities, in collaboration with the peer educators, has provided data which will serve to improve and adjust the activities as well as information of sociological interest.

The parameters utilised throughout the evaluation process were: the number of members of the target group who had been reached through TAMPEP activities; measurement of knowledge and attitudes regarding HIV/AIDS and STDs; attitudes influencing behaviour and self-efficacy; negotiation skills; access to service providers; reported behaviour change in relation to safer sex practices.

Four thousand migrant sex workers took part in at least two meetings within our programs of information and training activated in the three member states.

The total number of women affected by TAMPEP's prevention activities was far greater, but it is impossible to quantify this data. As an example of the difficulties this would entail, it only need be highlighted that the mobile units activated in Italy, The Netherlands and Germany were involved in the distribution of condoms and leaflets in various cities.

Obviously, the exact number of the materials distributed may give a rough estimation regarding the number of women reached (a list of materials produced by TAMPEP, and a description of the same, is available as Annex 1).

The number of leaflets distributed (containing addresses of service providers, calling cards, descriptions of TAMPEP, HIV/AIDS information and handy guides on other general health issues) amounted to **20.000** units.

The number of condoms distributed amounted to **30.000** units.

Audiocassettes with information on safer sex practices (available in various languages) and **two** comic books produced by TAMPEP (*Augusta's Way* for African women in Italy; *Dicas & Jeitinhos* (Tips and Advice) -- Portuguese -- *and Dichos y Diretes* -- Spanish -- for Latin American women in Hamburg) were available in limited quantities as they proved to be costlier.

In any case, **5000** copies of *Augusta's Way* were distributed as were **2000** copies for Latin Americans. **1000** audiocassettes were distributed.

These materials were all distributed personally by TAMPEP workers and represented a possibility for direct contact with the target group.

In addition, after the first four months of activities, roughly 50 sex workers initiated a period of collaboration with TAMPEP and were responsible for the distribution of our materials in other geographical regions (including other European countries and countries of origin). These sex workers were also able to use the materials as a means to promote general health awareness and specific information regarding safer sex techniques.

We were able to verify the wide distribution of the above materials and document the extension reached due to the mobility of the migrant sex workers. Three major elements aided us in verifying this phenomenon:

■ new contacts in areas which TAMPEP had not previously visited knew about the project and had seen several of our materials or specifically requested them;

■ migrant sex workers made telephonic contact from cities or countries not included in our area of activity;

■ during the evaluation interviews with the control group of sex workers recently arrived (within seven days) in those areas where TAMPEP was active, 80% responded that they had heard about the project and were able to identify the cultural mediator of their nationality. In fact, the majority of these women had been counselled to contact TAMPEP by migrant sex workers in cities other than those in which we were active.

These data on the role of migrant sex workers as potentially active channels for the spread of information are, at this phase of the research, highly difficult to measure and analyse in terms of effects and results. However, they serve to highlight the fact that our working hypothesis regarding the positive contribution which migrant sex workers can bring to prevention activities -- in particular, as legitimate channels for information and behaviour change in transnational areas -- merits attention as an important working method in the field of prevention strategies targeting a group of highly mobile migrant sex workers.

In addition the infrastructure of TAMPEP, with its European dimension, allows for the creation of various resource centres for women who periodically work in various geographical areas of the continent. It should also be noted that the hypothesis regarding the advantages of involving members of the target group in the process of elaborating or adapting materials to the specific needs of their community finds confirmation in the data collected.

The European dimension

Methodological criteria and comparative elements

Migrant prostitution, by definition, is a phenomenon which cannot be confined within national boundaries; not only are the problems associated with this phenomenon common to host countries, the women who are involved in sex work represent an extremely mobile population. For these reasons, it was felt necessary to approach our research task on a pan-European dimension. Project leaders selected three countries for involvement during this initial phase of the project; each country is characterised by different socio-economic political and sanitary structures. To a certain extent, the three participating countries are also characterised by a body of migrant sex workers originating in different regions of the world. It was felt important to study the impact that these external circumstances had on the working and living conditions of migrant sex workers and, additionally, the effect of these on primary prevention efforts aiming at limiting the spread of HIV infection and STDs.

In order to develop more effective intervention programmes, it is necessary to learn and analyse the similarities and differences which exist within the European Union apropos of the working and living conditions of this target group as well as to develop an understanding of the means by which the migrant sex workers cope with these factors. Within the framework of the TAMPEP project we were able to analyse some of the variables present in North, South and Central Europe through our choice of partners in The Netherlands, Italy and Germany. In addition, we were able to integrate a focus on the new trend of intra-European mobility of sex workers from the former Communist block (particularly evident in Germany).

Moreover, our choice of highlighting the importance of peer education facilitated the opportunities for verifying the frequently spontaneous nature in which such strategies are already taking place: our work documented the way in which women working in one of the countries under study act as channels for passing on information on to other women encountered not only in other parts of Europe, but also in their countries of origin.

The choice of these three particular countries was motivated by the possibility of affecting a comparison regarding the impact of specific structural factors in each country with relation to the target group.

■ The different policies adopted by each country with regard to immigration, prostitution and the implications which arise in the application of the law (we were careful to distinguish between laws as they are written and laws as they are applied inasmuch as the legislation in all three countries has a common abolitionist matrix). Each of the three countries presented diversity in the regional and municipal regulations regarding sex work and immigration and generally embodied varied philosophical reactions to the phenomenon of prostitution.

■ The different forms in which sex work is organised and practised, the varied prevalence of certain forms of sex work in each country.

■ The organisation and implementation of health promotion activities, in particular, those activities targeted towards HIV/STD prevention among sex workers.

In addition, the decision to focus on these three countries was motivated by the fact that each of them has regions with a population of migrant sex workers which numerically exceeds that of indigenous sex workers. The difference, in this case, is represented by the varied percentages of nationalities and geographic regions of origin (South America, Southeast Asia, Western Africa, and Eastern Europe).

Another interesting factor in terms of comparative data is the presence of a stratified population of migrant sex workers; one distinct category being represented by sex workers who reside in the host country for an extended period (at least five years) and engage at most in internal mobility within the host country or for very brief work-related periods in other European states; a second category is represented by *transients* who are continually on the move throughout various states and whose presence in each is always of short duration. There is a difference, then, between groups which choose to emigrate to one of the three countries and constitute a rather stable migratory flux and groups which represent a new flux of trans-European migration. Migrant sex work is characterised by constant changes in the make-up of the target group, with frequent variations in the concentration and number of such workers in each of the three countries as well as in the nationalities represented and their degree of mobility.

General overview on the various national policies regarding immigration

A primary contrast exists between the policies of The Netherlands and Germany, which are restrictive, and Italy, which has traditionally been a country of emigration. Only in the past decade has Italy become a country attracting immigrants, primarily extra-European, and only in the past five years have laws and policies regarding immigration been adopted.

The novelty of immigration, the ambiguity of the Italian policies and, most especially, the lack of specific controlling authorities has created a situation of extreme chaos in which the legalisation of clandestine migrants is impossible. As a result, it is fairly *easy* to enter Italy (and this has resulted in a big increase in the number of new arrivals, particularly from neighbouring countries such as Albania and the former Yugoslavia). On the other hand, there are few clear criteria for obtaining a legal status for those migrants who make it into the country (although, in theory, the norms are less rigid than in other countries: for example, with regard to the possibility of obtaining a green card through marriage with an Italian).

In practice in Italy, then, there is very little difference in the daily lives and in the status of illegality between clandestine migrants engaged in sex work and those engaged in *illegal market* labour. This has resulted in a less evidenced social stratification among the various ethnic communities residing in Italy. Such diversity is, instead, very much in evidence in the other two countries (although less notable with regard to newly arrived migrants from non-European states).

Beneficiaries of two legal provisions (i.e. spouses of an EU citizen or holders of an artist visa) were present in the target group (20% of total amount) contacted in The Netherlands and Germany although their number was limited with respect to the total number of clandestine and their period of residence was much longer (between five and ten years) than that of the majority of our target group.

The current restrictions in place in the Netherlands make it difficult for an illegal migrant to access a residence permit even through marriage with a European citizen. In addition, visas and work permits for artists, which were once available in Germany for rather prolonged periods (two or three years), are now valid only for a period of several months.

In the Netherlands, one possibility for obtaining a legal status is represented by the existence of family reunification policies which would allow migrants to join family members legally residing in a European country. As for Germany, this is not sufficient, as every family member has to have its own visa. Within our target group only a few Ghanaian women residing in the Netherlands were beneficiaries of the legal status conferred by these policies along with limited numbers of Latin American women belonging to a nucleus family. These are daughters or sisters of women residing and working legally as prostitutes in the Netherlands for a period of at least ten years. At the present time however, it is very difficult to make use of this law. The legal position of non - European prostitutes depends thus on the time they immigrated and on the time when these restrictive laws were introduced in the Netherlands.

The variety of policies on extra-European immigration, and the differences existing with regard to the possibilities of obtaining a residence permit influence the living and working conditions of migrant sex workers, increase the levels of marginalization and facilitate possibilities of exploitation and control by criminal organisations; paradoxically, however, they do not seem to influence the existing channels through which migrant women are initiated into the sex work industry. These fluxes are more heavily influenced by models of chain migration wherein persons from the same region who have already taken up residence in a European country act as mediators and contact points for new-comers. Legality or illegality is not determining factors: what is considered imperative is the existence of an entry channel furnished by mediators both within the country of origin and the host country.

An additional determinant is represented by the possibilities of organising entries into the European market for sex work, also regulated by mediators, as a response to market demands. The other determining factor is represented by criminal organisation which organise recruitment strategies within the women's countries of origin, the necessary travel documents, the travel routes within Europe and the control mechanisms over these new recruits. Geographical factors (the nearness of Albania and the former Yugoslavia to Italy, or the vicinity of Poland, the Czech Republic and Slovakia to Germany) as well as ethno-cultural ties or consolidated business contacts between certain European countries are also possible determinants of migratory flux (especially within the Balkans and Central/Eastern Europe).

Of course, policies regarding visas are equally a factor in determining migratory trends (entry visas into the EU are required only for certain non member states). The global overview of migration patterns linked to the sex industry is quite complex and, in particular, this complexity is highlighted within inter-continental migration. It should also be kept in mind that immigration routes are frequently managed and controlled by criminal or semi-criminal organisations which are capable of activating a series of cause-and-effect mechanisms which influence the extent of migratory patterns as well as the sex industries of individual states (as when a surplus of imported sex workers forces local sex workers to move their trade elsewhere within the country or in neighbouring countries or in different continents).

This phenomenon is documented throughout Latin America where the majority of states

report statistics concerning nationals who emigrate as sex workers as well as statistics concerning foreign nationals who immigrate for the same purpose. Migration linked to the sex industry is not always from one poor country to a richer country and it is not a given that newly arrived foreign sex workers are initiated into the lowest ranks of the sex industry with respect to local women: this is the case of many Colombians who are principally engaged as sex workers within hotel establishments in Ecuador. This same mechanism is documented in Poland where the majority of currently active prostitutes is composed of Russian or Ukrainian sex workers while, at the same time, the majority of sex workers arriving into Germany from the former Communist Block are of Polish origin. Nowadays, the number of Russian, Ukrainian, Czechs and Bulgarian women increased considerably.

A clear tendency emerging from a comparative analysis of the three countries with regard to immigration policies, the make-up of the migrant population and the patterns of mobility is the rapid stratification occurring between *older* groups and those newly arrived and introduced into local branches of the sex industry. This stratification is facilitated by the degree of efficiency reached by those organisations which channel migrants into Europe, the increase in the numbers of those attempting to migrate, and the rapid change-over in the make-up of nationalities represented in any one country.

Legislation enacted on a national level indirectly influences this stratification and the extreme mobility of migrant sex workers, but they do not influence the number of these migrants, nor do they affect the patterns of migration from the various geographical regions or the type of migration taking place. The severe regulations enacted in Europe against non-Europeans do, however, directly influence the basic living and working conditions of clandestine migrant sex workers and are particularly damaging to their physical and mental well-being. These factors form a strong obstacle towards facilitating o health care services and to health promotion campaigns, particularly those focusing on prevention of STDs and HIV/AIDS.

The context of prostitution in the three participating countries

The form in which the supply of commercial sex will be offered is determined by third-party organisations, local policies regarding prostitution and, obviously, the sexual fantasies of the client population (which is the primary agent stimulating the development of a more varied and diversified market-sector). The above elements also result in structural differences concerning the working conditions in which migrant prostitutes ply their trade. In the comparative analysis of the three participating countries, it appears evident that poor working

conditions and harassment by criminal organisations or law-enforcement officials increase the levels of difficulty migrant sex workers face in their daily lives, consequently there is an equivalent increase in the deterioration of their physical and mental well-being.

In the following sections, we will describe the terrain in which our research was carried out as well as the variety of forms in which sex work takes place (and the position of our target group in these contexts). For the moment, we feel it important to furnish some general guidelines which will aid the reader in understanding the differences which exist within the three participating countries with regard to the organisation of commercial sex activities.

■ Italy

After the abolition of regulated commercial sex work (brothels, registration of sex workers and mandatory medical controls) which took place in 1956 with the noted *Merlin law*, Italy aligned itself along the standards of general abolitionist policies enacted in the majority of European states after the end of World War II. The Merlin law, named after the parliamentarian who fought numerous battles to obtain the closure of brothels and advocated for the dignity of women engaged in sex work, does not prohibit prostitution. It does, however, prohibit soliciting as well as the exploitation of sex work (which includes a prohibition against renting private property to be utilised for such purposes). These prohibitions were intended to curtail the dimensions of the phenomenon by reducing its commercial possibilities. As they are, however, general and unclassified prohibitions, this signifies that two prostitutes, working within a single apartment, are subject to the possibility of being charged with exploitation.

Exploitation of sex workers by third parties is illegal. This prohibition, intended to curb the negative influence of pimps and other exploiters, can also be used against the family members of prostitutes who benefit from the economic income derived through sex work. There is no specific health regulation for sex workers which requires mandatory medical controls. Sex workers can be charged with offending public standards of morality as prescribed by the Penal code. This is frequently used as a pretext by authorities in their efforts to arrest, register or harass and expel groups of sex workers.

The repressive aspects of the law frequently contribute to the creation of an atmosphere of intimidation which affects prostitutes who are emancipated from the control of a pimp. Another frequent infraction which sex workers are accused of committing is related to the disturbance of the peace caused by their work along streets and sidewalks. In particular, these measures are invoked against migrant sex workers as a pretext for their expulsion from the country. Recently, a group of Brazilian transsexual were accused of constituting a threat against the public health and they were subsequently deported from Italy (Movimento Italiano Transessuali/M.I.T, 1993.

As a historical process, however, it should be noted that the modification of policies regarding sex work and the closing of brothels as well as the illegal status conferred to the organisation of commercial sex have led to a form of prostitution which is quite freely structured and highly individual in the areas of contact, negotiation and payment between the client and the provider of sexual services.

New form

The new form of independent sex work has resulted in an increase in the development of street prostitution, currently the most wide-spread form of sex work and that which counts among its practitioners the highest percentage of professionals. The street, as an arena in which one encounters and negotiates with prospective clients, represents a freely regulated market

accessible to anyone; in fact, parallel to the presence of professional prostitutes, one finds newer entries such as drug users, transvestites and -- particularly within the past ten years -- migrant sex workers.

The first novelty was represented by Brazilian transvestites and transsexuals who began making their appearance on the sidewalks of many of the larger Italian cities already at the beginning of the 1980's. These migrants generally entered Europe through Italy and France and their presence constituted a key element in the activation of chain migration as successive waves of Brazilian sex workers made their way over, in much the same way as has been documented with Latin American women in The Netherlands.

In the last five years, the Italian sex industry has undergone great changes: indigenous sex workers have tended to abandon the street as a venue for commercial activity and now seem to prefer working from apartments, thus creating a sort of less visible prostitution. These apartments are private domiciles distributed in various neighbourhoods throughout the country. The offer of commercial sex is publicised either through paid advertisements or through word of mouth among a closed circuit of clients.

The risks related to working from apartments are two-fold: for the proprietor there is a possibility of being denounced by other residents within the condominium; for the sex workers themselves there are safety risks linked to the relative isolation of their position or, in the case that two women share work within the apartment, of being denounced for exploitation. As a result, this form of sex work constitutes a clandestine market difficult to access. In fact, there is a frequent turn-over among those operating from any one address.

Sex workers revolving around night clubs or private centres are fairly underground forms of prostitution wherein the sex workers are officially classified as artists or escorts.

It is impossible to give an estimate regarding the number of sex workers present in Italy as there is no form of registration or data collection. A visible form of the commercial sex industry is easily identifiable in various neighbourhoods of the larger cities as well as in the smaller towns of the provinces (where there generally tends to be one or two streets characterised by the presence of sex workers; these are not venues specifically reserved for such activity, but tend to be major thoroughfares or in proximity to highways).

To give a general overall view of the changes which traditional street prostitution has undergone one need only look at the make-up of those active in this category: 60% of street prostitutes are migrant women and Italian transvestites or transsexuals; 30% are female drug users and 10% are non drug using Italian women. This high prevalence of marginalised individuals has favoured the increasingly structured presence of pimps and exponents of organised crime.

The services provided by street prostitutes are generally offered either in the client's automobile or in that of the sex worker (if he or she owns one) as well as in the more hidden corners of the street if the client is without a car or has parked it elsewhere. Many prostitutes prefer to contact with a client on the street and then proceed to nearby hotels to engage in sexual activity. In this case, however, there tends to be an added element of exploitation in as much as the rooms are rented on a per/client basis and not at a daily or hourly rate. This means that low quality rooms are rented at extremely high prices and the hotel owners can earn as much as 500.000 lira a day for rooms which would normally cost 60/70.000 lira. The owners of these motels do not offer any additional services to sex workers other than the keys to the room they have rented.

Additionally, in the case of sex workers controlled by pimps who take all of the women's money and force them to prostitute themselves, there is an element of complicity which arises

between the exploiters and the motel owners in as much as the client is asked to pay the motel owner directly for the sexual services offered by the prostitute. It should also be noted that the rental fees for apartments to be used as venues for commercial sex are also notably higher than normal market prices.

Pimps

Another control mechanism exercised by pimps, in particular with regard to migrant women and transsexual, is the *ownership* of sidewalks and the direct supervision of the sex workers, who are kept under watch by pimps who consider them *property*. In these cases, the practice of prostitution along certain sidewalks is possible through the subcontracting of a *license* administered by the key pimps on the scene. In fact, one can safely state that within this context there are major *godfathers* within the circuit of commercial sex who enjoy a level of authority over minor criminal figures in the hierarchy. The *small* bosses, and among these one must count most traffickers, are given protection and a personal supervision of the sex workers on behalf of the chief bosses. The sex workers are obliged to pay a certain amount of money, dependent on the amount of time one spends working, for the possibility of occupying a specific part of the sidewalk; this cash figure is independent of the number of clients with whom a sex worker has contact. At times, the control and exploitation is total in as much as the entire amount, or a major portion, of earnings must be handed over to the boss. Of course, there are also *free* zones where there is no control by pimps, just as there are sex workers who work in street prostitution in an independent manner.

In conclusion, it should be stated that the intent of the present laws regarding prostitution consisted essentially in closing brothels and in prohibiting the exploitation or abetting of prostitution. The practical result of these laws has been to reduce commercial sex workers to a status of semi-illegality: prostitutes are tolerated, in relation to varying social pressures which determine attitudes which are more or less repressive or moralistic while those who aid prostitutes or share in their earnings can be criminally charged. This situation represents an incentive towards the adoption of a clandestine stance within the commercial sex industry and has resulted in an increase in the exploitation of prostitutes by those who offer connected services (hotel owners, real estate owners, etc.). At the same time, the relatively free status of the streets has facilitated the development of more direct forms of exploitation in which it is easy to impose relationships of power and control over sex workers belonging to more marginalised categories within society as in the case of drug users, minors or illegal migrants. The change in the make-up of those practising street prostitution within the last decade has increased the possibilities for exploitation in this field. This, in turn, has determined a worsening of the work situation for professional and independent sex workers. The change in the form and the working conditions of street prostitution has facilitated the entry and the direct control of entire groups of migrant sex workers by traffickers who encounter few possibilities of resistance given the illegal status of these migrants. They are maintained in a condition of dependence through various forms of physical and psychological violence as well as by blackmail. The policies currently in effect also allow law enforcement officials to blackmail prostitutes or to unduly harass them. This is particularly evident in the case of migrant sex workers, drug users and transvestites.

Additionally, the political climate in 1994/95 in Italy and the general societal crisis have promoted the adoption of a discourse whose tones and tendencies tend to be more negative and unfavourable towards sex workers as evidenced by: citizen's patrol groups who promote the *clean-up* of their neighbourhoods through collective action; the decision of some municipalities to sequester the automobiles of clients; as well as a bill promoted by right-wing parties intended to regulate the re-opening of brothels with mandatory medical controls, etc.). At the same time, however, there seems to be an increased awareness among progressive social and political forces

regarding the necessity of adopting policies which put prostitution into its proper social context rather than in the context of public order policies. A sign of such progressive measures is represented by a bill presented by opposition parties regarding the decriminalisation of prostitution.

■ Germany

The German penal code enacted in 1975 contains numerous regulations against prostitution and proxenetism. Prostitution as such is not prohibited, as in all laws characterised by abolitionist positions, but a mandate is given to municipal governments: those with less than 50.000 inhabitants may prohibit the practice of prostitution (including commercial sex carried out by independent prostitutes); municipalities with more than 50.000 inhabitants may regulate prostitution with administrative sanctions which have the force of law (as in the case of sanitary regulations calling for registration and mandatory STD controls every week).

The regulations in effect in the major urban centres envision zoning policies (i.e., brothels and street prostitution is confined to certain areas of the city). Even where prostitution is permitted, it is prohibited to advertise commercial sex.

This form of tolerated and regulated prostitution according to zoning policies does not legitimise sex work inasmuch as the three pertinent articles contained in the civil and penal code (already mentioned in the preceding section on Italy) remain valid throughout Germany. For example, if the owner of an Eros Centre rents a room to a prostitute he is not chargeable for violating anti-exploitation rules or for encouraging prostitution in as much as he is merely renting a room. However, should it be determined that the owner plays a more active role (i.e., as employer -- which is frequently the case), he would be liable for violating article 180 of the penal code, which prohibits the encouragement of prostitution, and for exploiting commercial sex of third parties. It is therefore a rather narrow vision of proxenetism (more narrow than the Italian interpretation) which defines the liability involved in organising and exploiting commercial sex and it is of note that the issues regarding the rental of rooms or apartment as venues for prostitution are avoided.

Regulatory model

The rather limited interpretation given to the terms defining exploitation has allowed for the development of a regulatory model, including zoning policies and mandatory health controls for sex workers, through the application of administrative norms. For these reasons it has not been necessary to legalise prostitution or to abolish the sanctions against aiding and abetting. This is quite in contrast with the situation of The Netherlands where the possibilities inherent in the application of legal controls and influence of municipalities on the development of prostitution venues within their territories led to a system of licensing which involved the owners of said venues, but which necessitated the adoption of new national legislation, see further in section on The Netherlands.

In Germany, municipalities with more than 50.000 inhabitants have had greater autonomy in the formulation of *tolerant* policies regulating the organisation of commercial sex and have relied more on administrative sanctions and economic fines imposed on transgressors rather than on licensing as a tool to impose conformity to civic standards. This has promoted an equivocal interpretation on the part of many who perceive, wrongly, that commercial sex is legalised in Germany. It should, in fact, be noted that even within the context of *tolerant* municipal policies there is still the possibility of applying repressive measures, particularly against independent prostitutes or Eros Centres in as much as the penal code and public law enforcement officials can

always prohibit individual prostitution (for example, street prostitution) if it occurs outside of the specified zones or outside of predetermined hours. Even within the specifically assigned areas, for reasons linked to public morals or the protection of minors, contracting in public between sex workers and clients can be prohibited.

Prostitutes are often subjected to arrest for violating these prohibitions and agents in plain clothes are a frequently used tool to uncover those who are breaking the rules. Additionally, a specific article of the penal code (article 181) prohibits trafficking of human beings between two foreign countries with the intent to initiate migrants into the commercial sex industry. However, it is impossible to have a person condemned on trafficking charges if the migrant has been informed prior to her departure from the country of origin regarding the objective of her visit abroad. In these circumstances (prior knowledge of the intent to engage in commercial sex), the organiser and mediator of the trip abroad can only be accused of having exploited the vulnerability of the migrant.

It should also be noted that enticement of minors (less than 18 years of age) is considered a crime. Sentencing can be aggravated if those accused have abused of a particular position of authority *vis a vis* the minor. In particular, advocacy of minors is sanctioned in various other legal codes which prohibit commercial sex in the vicinity of schools or other venues frequented by young people (including condominiums inhabited by families with children).

Additionally, a foreigner who practices commercial sex professionally may be expelled from the host country even if is engaged within authorised venues (this provision includes citizens of other member states of the Union).

The German policies regarding prostitution, which can be defined as abolitionist in nature, have managed to leave a certain margin for tolerant municipal regulations regarding organised commercial sex which can, however, be restrictive of street prostitution. In any case, these policies have permitted the development of a more visible infrastructure within which commercial sex is contextualised. At the same time, precisely because of administrative restrictions and the variations covering the zoning rules (in certain periods, zones designated as accessible for the practice of commercial sex are more inclusive while in other periods they tend to be more severely delineated), more clandestine and hidden circuits revolving around commercial sex have been created (as in the case of apartments used as brothels or venues for commercial sex as practised by independent prostitutes).

Street prostitution continues to be a more repressed and prosecuted form of sex work and public officials seem to strongly prefer the containment of prostitution in clubs and apartments which are tolerated and can be more controlled. This policy has precluded sex workers the possibility from the processes necessary for social visibility and the recognition of civil and trade rights; in fact, it is the club owners and not the prostitutes who become the primary referents for representatives of public authorities. The lack of clarity regarding the final objective of such policies with regard to the baseline objectives (i.e., advocacy of the individual against exploitation or acceptance of prostitution as a social phenomenon resulting from responsible decision making on the part of those who practice commercial sex) leaves ample space for a multitude of abuses directed at prostitutes.

At the same time, the control and containment policies have not reached either of these objectives in as much as prostitution in Germany is a phenomenon increasingly involving members of marginalised groups (migrant sex workers and drug users currently account for the majority of prostitutes); in addition, the local authorities do not have the power or the capacity to control and limit the growth of clandestine prostitution.

Statistical data regarding the number of prostitutes has recently been presented and discussed by Kleiber et al (1994), ranging from, 50.000 up to 450.000. These estimates have

been produced in different ways; the range illustrates the difficulty of giving accurate figures. The data regarding sex workers registered with local health authorities are not sufficiently representative precisely because they do not account for prostitutes active in clandestine circuits and who, therefore, are not in contact with social services. In the final report of the EUROPAP project (1994), cited various estimates regarding the number of sex workers in Germany which had been culled from a variety of studies. Among these, the data which most likely reflects reality gave an estimate of between 450.000 and 480.000 women working in this area throughout unified Germany. These figures were presented during a national congress of sex workers which was held in Berlin in October 1994.

Consequences

The consequences of the afore mentioned policies on the actual scene wherein sex work takes place are captured by the variety of forms taken by closed and uncontrolled prostitution as well as in the actual working conditions of the sex workers themselves. In fact, both the prostitutes and the managers of the venues in which commercial sex takes place are criminally liable (as with Italy and The Netherlands, the proprietors of clubs or managers of prostitutes are seen as criminal agents engaging in exploitation rather than as employers or managers); this factor increases the possibilities for links with exponents of organised crime.

Prostitution remains an illegal and marginalised activity, both as an organised commerce and as an independent transaction (between client and sex worker). Any public attempts to limit this market and to control the venues of commercial sex are destined to meet with failure. The rules of development regarding an illegal commercial activity follow economic rules determined by: the varieties which the offer embodies (clandestine brothels for a specific clientele: for example, brothels reserved only for Turkish customers); the lowering of market prices due to the increase in available sex workers (with reduced possibility for contracting); a hierarchy regarding higher and lower costing venues.

The variety of available prostitution increases, so does the forms of exploitation against migrant sex workers as well as the forms of complicity between traffickers or foreign pimps and the owners of the brothels. Likewise, there is an increase in the struggles for greater control of the market and for power. As the working and economic conditions of German sex workers become more unfavourable, they retire from the scene or develop new ways of preventing themselves through specialised offers; at the same time, there will be an increase in the importation of foreign men and women forced into prostitution or, in any case, more susceptible to control and coercion within this context. Nowhere is this better evidenced than in the reunified Germany: the fall of the Berlin Wall and the collapse of the Communist block have led to an unprecedented influx of migrants from Eastern Europe as well as to the creation of new commercial links utilised for the laundering of money derived from criminal activities (including prostitution). The combination of these factors have completely modified and upturned the traditional code which was in effect within the prostitution scene and which regulated the interaction among all players in this field.

At this moment in Germany, members of criminal organisations in Eastern Europe (frequently these organisations are composed of representatives of a variety of countries) have taken control of the infrastructure which oversees prostitution (having either purchased or taken over the management of venues for commercial sex). This signifies that exponents of criminal organisations generally have been able to exercise autonomous control of the infrastructure of commercial sexual activities. Therefore there is usually no barrier which can be activated to obstacle or limit the importation of foreign women who are enticed into prostitution. The purchase of real estate is the simplest way of investing the moneys accumulated through the

exploitation of commercial sex, thus providing a financial base for the development of more traditional forms of commercial activity.

■ The Netherlands

As in Germany, commercial sex work takes on a variety of forms with clubs and window-brothels representing the most wide-spread venues for prostitution although, within an infra-structure of employment and management which includes escort services, call girls and sex work practised in private apartments, these are the least visible and most difficult sectors of the market to analyse. Street prostitution is controlled through zoning policies and represents the venue which sees the highest involvement of drug using sex workers. It remains, however, a very fluid scene and the numbers of those present and the specific locales which are involved tend to vary. Other, less visible, circuits composing the commercial sex industry are represented by bars with a prevalently homosexual clientele (not characterised exclusively as brothels) and other public places (such as hotels). One must also consider the newer forms of commercial sex and certain services such as erotic phone lines (which sometimes allow for the possibility of organising private encounters) as an innovative frontier for prostitution.

Even the distinction between passive sexual pleasure as experienced by the viewer of pornographic shows and the active pleasure experienced by a client who has direct physical and personal contact with a sex worker remains slightly ambiguous in as much as it is frequently possible for the viewer to become a client by directly contracting for the services of the performer(s) appearing in such shows. In other words, prostitution occurs even in porno theatres and cinemas. The commercialisation of sexual pleasure is continually evolving and thus increases the opportunities for extending the offer of the sex industry, thus adapting and modifying the traditional context of prostitution and the terms of definition which characterise this sector. Forms of sexual pleasure obtainable without physical contact in some ways represent a challenge and a competing threat to more direct forms of prostitution (which are linked to a process of contracting between the client and the sex worker with regard to the specific sexual services which will be offered and establishing an economic equivalent for said services as well as rules of conduct which both parties must respect).

In this section, we have tried to identify those elements which influence the commercial sex industry, the makeup of sex workers, the organisational infrastructure, and the background upon which the terms of agreement between client and prostitute are determined; it is beyond the scope of this report to identify the sexual fantasies and requests of those who engage in the purchase of sexual services. We can only add that the change of sexual codes and tastes has a very big impact on commercial sex business.

In the case of The Netherlands we can say that, despite the fact that prostitution laws are abolitionist in intent just as in the other two countries studied, they are less specific and detailed than those enacted in Germany (in particular with regard to articles 250 bis and 250 ter of the Penal Code which regulates exploitation and trafficking of persons).

The Dutch article against trafficking, for example, does not distinguish -- as opposed to the German article -- between mediating the trafficking of people who are willing participants in the sex industry and those who are unaware that they are being recruited to this purpose. In Germany, trafficking is considered a crime only if there is proof of deception. The German article, in other words, makes a distinction between free and forced prostitution and the degree of culpability to be attached to the various forms of procurement involving foreign citizens. The Dutch article does not make these distinctions. The Dutch Ministry of Justice has, however, issued guidelines for the police on how to act in cases of trafficking and forced prostitution of

aliens.

Whereas in many countries illegal aliens who are found in prostitution are deported immediately to their country of origin, the policy in The Netherlands is to grant these women a temporary staying permit (for the duration of the trial). Their presence in court will make the chance to get a conviction against traffickers higher and at the same time specialised services can assist and advise these women with regard to their future. In the end, the standard procedure will be tot transport the women back to their mother country, as they are after all seen as illegal aliens. From the perspective of the women this means that if they decide to report to the police they will be seen as victims and they will be sent home. Considering this, in a number of cases - when they want to stay in The Netherlands - the woman then refrains from reporting to the authorities and elect to bear the hardship of forced prostitution or try to escape their pimps on their own. This happens in cases when the prospect of deportation is outweighed by the opportunity to earn money for their relatives.

Tolerant

In The Netherlands, as in Germany, one can define the national policies on prostitution as tolerant of the illegal commercial organisation of agencies offering commercial sex. As opposed to Germany, however, it will be impossible for Dutch institutions to enact administrative sanctions capable of managing the activities of these agencies unless the article on exploitation contained in the Penal Code is modified. For the moment, municipalities and local authorities can only intervene on the basis of sanctions imposed against *public disturbance* or *public morality*. These measures, which can be imposed autonomously, have permitted zoning regulations which safeguard the viability of traffic schemes and limit neighbourhood disturbances by reserving specific areas wherein it is possible to engage in prostitution.

Other control mechanisms and administrative regulations will be applied to brothels and sex clubs on the basis of hygiene or safety rules. It is therefore possible for a municipality to declare certain real estate properties as suitable for commercial sex if it adheres to zoning, hygiene and safety rules. At the same time, however, it is not possible to make any formal declaration regarding the owner or manager of these sites; there is no way to legitimise their accountability or their managerial responsibilities in the administration of the brothels in as much as such management would automatically imply culpability in relation to the articles against exploitation.

To exemplify such a situation, we can apply this same logic to another field: in the case of a restaurant, it would appear possible on the one hand to declare the building housing the restaurant to be in conformity with general norms and suitable for such a purpose; on the other hand, it would be impossible to give the owner a license to manage the restaurant in as much as his activity is considered illegal and it would be equally illegal for the manager to make a profit by exploiting and stimulating the citizenry's need for food.

Crime

This tolerance of illegality, and the possibility for police to avoid prosecuting the owners of commercial sex centres for exploitation, was made possible on the basis of the Ministry of Justice's principle regarding prosecution. This principle allows for the avoidance of prosecution if such a measure would cause more harm than that caused by toleration of the crime. This principle has been especially applied in cases involving criminal activities which are defined as such on the basis of ethical parameters which are socially determined and continually redefined, and hence subject to varying degrees of acceptance or tolerance. A clear example can be had in

the case of euthanasia which was tolerated for a long period and only recently legalised; another example regards the possibility of selling (illegal) soft drugs, such as cannabis, in public settings.

The Dutch example involving the tolerance and regulation of prostitution is determined by a social acceptance of prostitution as a phenomenon or, at the very least, by a relatively peaceful cohabitation between prostitutes, clients and residents of the neighbourhoods in which brothels and window prostitution are present. Had the residents of Amsterdam repeatedly insisted on abolishing the sex trade as it was practised in the red-light districts, the policies enacted by the municipality would have been extremely different.

Having said this, it is important to highlight the fact that the attitude of residents to window prostitution and sex clubs is very different from that usually elicited by street prostitution. This variety of response is, of course, a signal that prostitution as such has not been accepted by the majority of citizens, but that tolerance is accorded on the basis of a perception that sex work organised through clubs and window prostitution is constitutes a minor nuisance and creates a lesser disturbance than street prostitution otherwise would. Naturally, one must also take into consideration the fact that window prostitution (which developed as a consequence of the climactic conditions in The Netherlands) is seen almost as a more *traditional* form of sex work in the context of the culture.

The recently ventilated proposal in Italy to organise a national referendum regarding the possibility of re-opening and regulating brothels (which would meet with the favour of most Italians according to many recent polls) may be based on a similar concept of tolerance: to round up prostitutes in one place, to control an expanding phenomenon, is surely more reassuring than running the risk of encountering sex workers in one's own streets and neighbourhoods (especially those sex workers belonging to the newer *categories* recruited into commercial sex: transvestites, migrants and drug users). The fear of being contaminated by "evil" was the historical basis upon which regulatory policies were constructed in the last century.

(Perhaps these same fears will represent the foundations upon which neo-regulatory policies will be practised in the future.)

The organisation of health services and HIV/STD screening units

The organisation of health care services varies in each of the three countries as does the organisation and structure of the STD/HIV screening units. In particular, the three countries have each enacted different policies and structured different organisations to deal with the medical needs of sex workers.

■ Italy

Health services in Italy are primarily organised in the context of public institutions, although naturally there is the possibility of accessing private clinics (particularly utilised for specialised medical consultancies). All citizens are covered by State health insurance; this includes unemployed and indigent Italians who are not covered by any form of social insurance.

Public health care is no longer completely free of charge: clients are asked to pay a ticket as their contribution to the costs.

Foreign citizens, who are not in possession of work permit, cannot access public health care facilities free of charge with the exception of family planning clinics (which offer contraception, vaccinations and check-ups for new-borns) and HIV screening units. The HIV test is free of charge and is anonymous. There are difficulties in the accessing of health services for illegal aliens in Italy; a major obstacle is represented by the practice of registering personal data upon entry into any health service. Foreigners without working papers are forced to access private health clinics and must cover all their costs. Emergency health care cannot be denied to anyone in Italy and this principle is equally valid in Germany and The Netherlands, although the trend is that only in life threatening situations illegal aliens will be helped at First Aid wards. In Italy, childbirth delivery is also considered an emergency operation. Initial medical assistance for illegal aliens is sometimes provided by volunteer groups or non-governmental organisations funded through public subsidies. These specialised services are accessible in selected cities and are free of charge and ensure anonymity. They provide an initial check-up and facilitate the referral of patients to appropriate specialised services who collaborate with these centres on a private basis. At times, such services are structured as out-patient clinics and are able to perform analyses as well as some dental work.

Screening

There are no specific health laws which concern sex workers: there are no mandatory medical controls or registrations and there are no specific clinics for sex workers; screening is voluntary and anonymous. STD controls can be performed in hospitals through the infectious disease ward, the gynaecological ward or the genito-urinary ward. Naturally, one is free to consult a private gynaecologist but the laboratory controls still take place within the context of the hospital service. HIV screening units are generally staffed by mixed medical and paramedical personnel which includes epidemiologists, internists and psychologists. These units generally furnish screening services and provide information on prevention and medical aspects related to AIDS; they are usually unable to provide medical treatment. It is possible to perform STD screenings within the HIV screening units. Within the family planning clinics there is almost always a gynaecologist included within the staff personnel. In these cases, the gynaecologist is mandated to perform general check-ups and laboratory exams.

In Italy, abortions can be performed on request of the family planning clinic, which is usually charged with verifying that the necessary conditions are met and with arranging an initial contact through the gynaecological ward. Hospitals are not allowed to refuse abortions requested within the norms sanctioned by the law. However, as individuals, doctors employed by the hospital may declare themselves to be conscientious objectors and, therefore, be exempt from performing abortions. Additionally, illegal migrants must pay private clinics the costs linked to the abortion and their stay in the clinic. Other forms of private abortion are considered illegal.

■ Germany

The public health system in Germany is accessible to those citizens who are entitled to social security, in other words to those who pay taxes, and to those who are legal and can afford private insurance. Prostitutes, who are not recognised as workers (either independent or dependent), do not have any medical insurance and so cannot access public health services but must resort to private clinics and pay them directly. Equally, illegal residents cannot benefit from health insurance.

Registration

According to the law on STDs enacted in 1954, the Regions can oblige prostitutes to be registered and to present themselves for regular medical controls. Registration takes place in the office of the central health inspector and it is his/her responsibility to ensure that the regulation is applied. In accordance with the above law, specific STD centres which, in particular, target sex workers. It should be highlighted that not all Regions oblige prostitutes to be registered and therefore access to these clinics is not necessarily reserved only to those prostitutes who have been registered.

For example, the cities of Munich, Nuremberg, Frankfurt and Hanover require registration and have made it necessary for sex workers to show authorities updated medical certificates upon request. In Berlin, Hamburg and Bremen, on the other hand, medical controls are voluntary and anonymous; no administrative sanctions are foreseen for those sex workers who do not register.

For clarity's sake, it is important to stress the fact that the national legislation regarding sexually transmitted diseases delegates its implementation to the autonomous Regions. For this reason, there are differences in the policies enacted in the various Regions and even in various cities. In any case, one must keep in mind that at the base of this law is a conception which sees sex workers as sources of contagion for STDs. Aside from stipulating in some cases mandatory registration, this concept has influenced the practice of prevention throughout all of Germany.

■ The Netherlands

The Dutch medical system can be defined as a mixed model which combines elements of both private and public service. For those who reside illegally in the country, without social security, access to public health services is not free of charge. The costs must be paid privately. As in the case of Italy, personal data are required for those who do not have medical insurance. Equally, there are no specific norms regarding the control of STDs among sex workers. The HIV test is free and anonymous. As far as prevention services are concerned, the situation is analogous to that of family planning and STD clinics: consultation is free of charge as are the laboratory exams.

The contemporary Dutch policy toward sexually transmitted diseases (including HIV-infection) has been based upon an appeal to personal responsibility and a pragmatic approach. Prevention, contact tracing, and cure have been integrated into the system of local health department.

The aim is to reach as many prostitutes as possible. Key words are *anonymous, voluntary* and *inexpensive*. The policy is to offer a variety of medical provisions to facilitate examination:

■ The family doctor or a specialist doctor. For people who have health insurance the costs will covered by health insurances, for those who reside illegally in the country, the medical costs must be paid privately.

■ Free clinics for sexually transmitted diseases. These are run by health departments and are free also for illegals.

■ Specialist doctors visit brothels and sex clubs. These work with health departments.

■ Private Doctors are also sometime hired by brothel owners. In such cases the costs are often shared between the prostitute and the brothel owner, or only by the prostitute.

The Dutch health authorities firmly belief in the voluntary system, a prostitute can choose to use the facility which suits her personal circumstances best.

Choice of areas and their characteristics

The choice of cities and areas in which to activate TAMPEP interventions within each country was related to the criteria and prerequisite conditions which we considered fundamental as starting points for any form of activity. During the development of TAMPEP, cities and areas not originally included in our initial work plan were integrated into our project. Primarily this was linked to subsequent knowledge indicating a more consistent presence of members of the designated target group. Additionally, several new areas were included as a means to activate collaborative partnerships with local organisations and health services which required our mediation skills to attract and involve migrant sex workers.

During the expansion of our areas of intervention, we also wished to take into consideration two more factors: the appropriateness of reaching mobile populations in the various cities where a single group might be working and the importance of involving practitioners of various forms of prostitution. Finally, we wished to take into account the possible diversity of working and living conditions among prostitutes belonging to the same nationality and the impact of local policies on their well-being.

■ The Netherlands

In The Netherlands we operated within the context of window brothels prostitution in the cities of Alkmaar, Arnhem and Nijmegen; in the sex clubs of Enschede and in various towns and cities in the province of Limburg (Maastricht Region, Venlo and Roermond) and the province of Gelderland (Nijmegen Region).

In these areas in which to activate TAMPEP interventions, the majority (on the average (95%) of the sex workers were from South America, Western Africa, Eastern and Central European countries (ex-communist countries). This high concentration should not be considered representative on a national level as we had focused on operating in those areas where there was a high prevalence of foreign prostitution. Sporadic visits in other cities were conducted to meet with women with whom we had had contact in other cities (Den Haag, Utrecht, Amsterdam) and the mapping of mobility patterns of the women involved (inventoried on a regular basis throughout the duration of the project) have led us to conclude that, on the average, 70% of those who work in window prostitution and sex clubs in The Netherlands are migrants (not belonging to European Union member states).

In considering this estimate, it should be kept in mind that for the moment the majority of foreign sex workers are employed in these two basic forms of prostitution (windows and sex clubs). Very few of these women are active within street prostitution, private apartments or escort services; most likely, Dutch sex workers and prostitutes belonging to ethnic groups which

have historical ties to The Netherlands (Surinam, Antilles, Northern Africans) prefer involvement in more private and hidden forms of sex work, in part because it is easier to engage in these sectors on a temporary or occasional basis without being unduly stigmatised. It should also be kept in mind that, as migrant prostitution acquires a truly trans-European dimension, there is an increasing number of prostitutes who reside for a period in The Netherlands but who are subsequently moved or autonomously decide to abandon one EU country in favour of another.

The entire situation is characterised by an extreme fluidity inasmuch as internal mobility is very high. The factors which determine this mobility are traceable, but usually unpredictable. Some examples: the extension of the racket controlling which controls the traffic of individuals destined to the sex industry; the ability of exponents of this racket to establish links with those who manage the infrastructure of the sex work industry; the insistence with which law enforcement officials apply repressive measures, including raids on brothels or deportment of migrant sex workers; the internal contacts between migrant women belonging to the same nationality and the effectiveness of their internal circuit in facilitating mobility; factors affecting income levels or the need to earn more money and factors affecting the severity of repressive measures against prostitution in single member states or in other countries.

The internal flux involving migrant sex workers on a trans- and inter-European level can be compared to that of communicating chambers: if one flux is closed off, for whatever reason, there is a shift towards other entry and exit points. These shifts determine other incoming fluxes and flights, as in the case of long-time resident prostitutes who are forced to change their work habits due to an increased competition and an excess offer linked to the presence of more migrant sex workers. The only stable factor in The Netherlands which determines the shape and size of these communicating chambers is constituted by the infrastructure of the sex industry (window prostitution and sex clubs) which, in turn, is to some extent determined by municipal administrations which determine zoning policies and licensing regulations. The capacity for growth in this sector is therefore strictly limited.

In previous sections, we have described the differences in the form and organisation of sex work as it was observed in the three countries participating in the TAMPEP project and it appears quite clearly that the effects of migratory fluxes in the other two countries are of a very different nature precisely because of the way in which sex work is organised and regulated. If for the Netherlands it is legitimate to speak of a circuit of sex work which is channelled towards organised and visible structures within which migrants exercise a measure of mobility; in the other two countries, the expansion of street prostitution and the existence of more hidden forms of sex work has led to uncontrollable mechanisms which facilitate and encourage the utilisation of migrant prostitutes. In other words, for the Netherlands it is possible to speak of an almost fixed number of job openings (linked to the number of rooms in sex clubs, the number of window brothels a municipal administration will allow, etc.), in the other two countries this market is more open for expansion.

Attracting

We should ask ourselves if the example of Germany (where the sex industry is divided between visible and invisible phenomena and where the hidden element is the more consistent; where the sex industry in some cities, such as Hamburg, represent an important element of amusement attracting tourists, occasional clients, steady clients, and a determinant in the development of parallel services such as neighbourhood bars and cafés; where there are parallels to the red-light district of Amsterdam) may in some ways mirror the future which awaits the Dutch sex industry. The fact that the ownership and management of the sex industry in the Netherlands is practically monopolised by Dutch citizens represents a sort of dike which still

holds up against the possibilities of brutal exploitation of migrant prostitutes by foreign criminal organisations; it also represents a stabilising element between market demands and offers: invisible, private prostitution allows sex workers who are reluctant to exercise in clubs and windows to gain an autonomous income.

Generally, this form of prostitution is exercised on a temporary basis and is not managed (or only partially managed) by third persons; it only occupies a marginal position in the sex industry and does not represent a real form of competition to the visible market. Having said this, it is important to note that the treatment of migrant sex workers in windows and clubs is not homogenous. There may be substantial differences in working conditions, not only between clubs and windows, but also between different premises in the same sector.

The geographic distribution of the areas in which TAMPEP activities would take place as well as the possibility of comparing the types of health and screening services available in each city was determined a priori. Particularly important in this respect was the possibility of comparing the opinions and attitudes of women interviewed in a city (Alkmaar) where public health services were accessible through a drop-in centre located where the women worked and open twice a month (the service offered general medical check-ups as well as free, anonymous and voluntary HIV/STD screening).

Treatment possibilities were also available through the TAMPEP team which was composed of a doctor and a nurse. In Arnhem, such services were not available: sex workers could access a public screening centre which was located away from the vicinity of the zone in which prostitution was permitted.

It was particularly interesting to note the changes in the organisation of public health services targeted towards sex workers which occurred in this city during the period in which TAMPEP was activated. After four years of experimentation with a drop-in centre servicing prostitutes in their work area, the public health service had abandoned this outreach strategy; with the advent of TAMPEP, there was a renewed willingness to continue this experimentation and TAMPEP workers were asked to furnish cultural mediation as an important prerogative for facilitating access of migrant sex workers. Unfortunately, for bureaucratic reasons, we were unable to initiate this collaboration within the same time frame of the TAMPEP activities. At the moment, a drop-in centre has been functioning for several months and features both medical and social services which also target drug using sex workers.

Other organisational models were documented, such as that in Nijmegen wherein direct outreach is carried out with sex workers and information on harm reduction and prevention are furnished under the auspices of both health and social workers. The fact that the clinic itself is far away represents a handicap which is in some ways compensated by the presence of paramedical personnel acting as outreach workers in the sex work areas (they sometimes are able to arrange transportation to the clinic and refer laboratory results to the sex workers).

Sex clubs

Within the sex clubs which were selected as targets for TAMPEP activities, the women had the possibility of obtaining information and medical assistance through the auspices of club owners or managers who organised periodic visits of general practitioners who conducted medical check-ups in the premises of the club; alternatively, some clubs organised the periodic transport of the women to external private clinics. These forms of medical consultation were generally limited to controlling for the presence of STDs and at times are accompanied by HIV screening as a requirement imposed by the owner.

Sex clubs are also periodically visited (generally twice a year) by personnel belonging to the public health sector. Medical check-ups and treatment are not included in the services offered during these controls. These are limited to providing information to the sex workers on general prevention theories and advice regarding the practice of safer sex; unfortunately, such interventions are frequently of little effectiveness with migrant sex workers in as much as the health workers are not accompanied by an interpreter. Even if the health workers encourage the women to access public health services, the possibilities for migrant sex workers to actually make contact is restricted on the basis of their limited mobility and their lack of confidence and knowledge regarding the organisation of the health services, as well as by factors including limited linguistic capabilities or control exercised over them by third parties.

The private network of medical services offered in the clubs is, in any case, an uncontrollable circuit in competition with the public services. It is a system which does not take into consideration the issue of free choice: the migrant sex workers are obliged to undergo tests. They must pay the tariffs for the laboratory analyses and the medical consultation; rarely can they subtract themselves from undergoing whatever controls are prescribed. This form of prevention is solely in the interests of the club owners and does not take into consideration the interests of the sex workers themselves: it is extraneous to the real objective of prevention efforts (improving the well-being of the individual), but continues to exist in part due to the ineffectiveness of public prevention policies targeting migrant sex workers and more hidden or clandestine forms of prostitution.

The only form of mediation generally available is in the form of the public employee who, on behalf of the health services, maintains contacts with the sex clubs. The few hours available to such personnel for this type of work limits the impact such contact can have; the absence of policies regulating the working conditions and the health of prostitutes (as well as the role of public health promotion workers in this sector) makes these interventions ineffective and unlikely to increase the health status of sex workers. In the case of migrant sex workers, there are extremely low possibilities of intervening effectively without the input of cultural mediators.

Additionally, the scarce quantities of materials available in the native languages of the target groups and the mobility of these sex workers highlight the limited effect which can be obtained by 2 or 3 visits a year by public sector personnel into privately owned clubs. This form of intervention does not begin to meet the needs of such a sizeable group and must be considered a partial and extremely intermittent form of contact which does not contribute to facilitating the access of sex workers to prevention and health services or to increasing their knowledge levels or skills related to safer sex.

It should also be noted that there are some clubs within the areas targeted by TAMPEP that are completely untouched by any form of prevention services, that do not have contact with a private medical consultant nor with personnel from the public sector and that have never been visited by health promotion officials.

■ Arnhem

Another element of comparison which we felt to be important was that regarding the application of administrative controls. In Arnhem only migrant sex workers with legal papers are allowed to practice window prostitution. A special group of enforcement officials (*prostitutie team*) makes twice-weekly rounds to the approximately 200 windows of the city and takes down personal data regarding the women working there; this makes it practically impossible for illegal aliens to avoid being caught.

■ Alkmaar

In Alkmaar, the police intervene only in cases where public order or exploitation laws are being violated (exploitation of minors, threats, blackmail, theft, etc.). Frequently these are violations which are brought to the attention of the police by the proprietors themselves. The collaboration between the window owners and the enforcement officials is historically determined by a sort of gentlemen's agreement between the two sides: the proprietors respect the rules established by the municipality regarding zoning, hygiene and safety while agreeing to maintain public order in their district and in their premises; the municipality, in exchange, tolerates the commercial sex industry and refuses to intervene except in cases of excessive violations of the ground rules agreed upon.

■ Enschede

In the city of Enschede, the policies of enforcement officials are again different from that put in place in other cities TAMPEP targeted. Migrant women working in certain clubs are subject to controls of their documents, but as long as said women are in direct possession of their passports and a return ticket to their country of origin, they are tolerated and may stay for a maximum of three months in the region while continuing to work in prostitution. The fact that documents are systematically controlled represents a guarantee that these women will be allowed to keep their passport by club owners and maximises their capacity to make decisions (for example, to anticipate their return to the country of origin). These women seek generally entry with a tourist visa which has a maximum validity of three months and it is under this pretence that they make their way into The Netherlands. In the other regions we analysed, no specific models of intervention were noticeable. In some of these cities, specific police teams were activated during the period in which TAMPEP was operative and which dealt with problems connected to the trafficking of individuals; the city of Roermond (province of Limburg) was active in controlling known sex clubs located in that region.

■ Maastricht

In the region around the city of Maastricht, the interventions of the special police squad responsible for enforcing migration policies have been characterised by raids and deportation, especially of Eastern European women employed in sex clubs. The migration squad represents a specific branch of the police service which has different tasks and objectives than the squad responsible for investigating sexual crimes and enforcing the administrative sanctions governing the sex industry. The repressive nature of the operations advocated by the migration squad represented a major obstacle for TAMPEP activities in this area, initiated in September.

In December 1993, and with successive controls of sex clubs in January 1994, all the women who were not in possession of working papers or a valid visa were arrested and immediately deported to their country of origin.

Difference

One may conclude, from this initial description of the regions in which TAMPEP was activated, that the variations in prevention or prostitution policies and their application, as well as the organisation of health services can result in an enormous difference in the establishment of effective infrastructures, sound priorities and functional projects. In the context of this chaotic panorama, it was important for us to continue searching out both commonalties as well as differences which could aid TAMPEP in harmonising its interventions while remaining attentive to the specificities of each region.

It was relatively easier to co-ordinate the European dimension of the TAMPEP project than it was to achieve a methodological uniformity on a national level. A positive effect of these efforts was seen in the possibility of analysing the efficacy of various prevention models in relation to our target group as well as in the possibility of measuring the influence of prostitution policies on the working and living conditions of the sex workers targeted by TAMPEP.

Conclusion

The organisation of health care services varies in each of the regions where TAMPEP was active as does the organisation and structure of the STD/HIV screening units. In particular, the three regions have each enacted different policies and structured different organisations to deal with the medical needs of sex workers.

The public health system is not everywhere easy accessible for groups who live in an isolated position. The system of private doctors who work for sex club owners poses a direct competition. This private system often violates the principles of the public health system of free choice, confidentiality, and free treatment when the club owners oblige the women to visit this doctor. The result is that it is very hard for the women to orient themselves, many migrant prostitutes fail to understand the situation as they era faced with these conflicting offers and demands: the obligation to undergo mandatory controls by medical doctors (whom they have to personally pay) in private sex clubs and at the same time are casually and intermittently approached by public health workers who rarely pass by the clubs and simply pass on unknown addresses contained in illegible flyers. And during their short stay in a region they do not have the time to get acquainted with the regional differences of the public health system.

And, yet again, they cannot contextualise their choices regarding health promotion in a medical system, such as the Dutch one, which is impractical and inaccessible to illegal aliens (especially if there are communication difficulties due to language barriers). And if there is little possibility to institute effective outreach to this target population, then how can migrant sex workers be expected to be able to locate health services or to be able to distinguish between the necessity for treatment (in the case of symptoms of STDs) and the possibility for simple screening or primary prevention?

Additionally, for migrant prostitutes who have worked in other European countries before arriving in the Netherlands, how can an effective program be instituted which will allow them to understand the importance of health promotion and accessing services if their experience of such institutions in other countries has been so varied and not based on one consistent pattern?

A last query is in relation to the various conflicting policies which have been enacted with the objective of safeguarding the public health. Migrant sex worker are continually subjected to the threat of expulsion as an illegal alien and frequently completely dependent on third persons for all basic needs; and at the same time the state seems to place a great interest on their well-being. It is difficult for them to understand the strong insistence with which the state hopes to keep them free of HIV infection, but not free of threats, blackmail and risks which in any case undermine psychological and physical health.

The policies which have been formulated in reaction to migrant prostitution and those which have been formulated as measures to ensure individual and collective well-being are completely in contrast with each other. The public health system also fails to keep in consideration the changes which have revolutionised the sex industry in the last few years. The conclusion is that public health services which have been organised, in the fashion of an open door facility, to meet the needs of a Dutch population are inadequate to meet the needs of a heterogeneous population comprising various nationalities and cultures. In as much as it is no longer possible to

speak of a sub-group (migrant sex workers may constitute a majority of the total population of those engaged in prostitution), the organisation and methodology of national HIV/STD prevention policies in this sector should be founded on prerogatives which take into account the cosmopolitan nature of this target population and their present structural exclusion from accessible health care.

■ Germany

In Germany, field work and research were primarily concentrated in the city of Hamburg. The reasons which determined this choice had much to do with the fact that the city hosts a wide-spread sex industry which is both hidden (apartment prostitution spread all over town) as well as visible and organised (sex clubs). These are mostly to be found in two neighbourhoods of the city:

■ St. Pauli - the zone around an avenue called Reeperbahn, where are located the famous street Grosse Freiheit and the Herbert Straße, a tiny little street, the only one where you can find window prostitution - which account for approximately 100 sex clubs and bars and

■ St. Georg, which counts about 50 similar locales. This region is more characterized by drug-addiction prostitution.

■ Street prostitution can be found in the above mentioned areas, as well as near the harbour and in some streets in the suburbs.

Because of the condition of illegality which characterises most migrant sex workers, they are rarely employed in street prostitution, in windows or in *mixed* prostitution (wherein contact is made on the street but the sexual service is offered in a private room). Almost exclusively, the migrant sex workers are employed in the context of the closed circuit within sex clubs and bars and in the apartments.

Prostitution is not recognised as a profession and therefore not allowed to migrants because they do not have a working permit, but it is tolerated to a certain point. As it is considered to be clandestine, although visible, it is subject to administrative sanctions and great repression. Eros Centre's represent the exception in this case in as much as the owners are tied to administrative norms when renting rooms. Bars and clubs are officially considered to be public places with *animation* offered to clients: the clubs usually offer erotic dance and striptease while bars do not indulge in shows per se, but do offer female or male *company* for paying customers. The majority of these centres do not have separate bedrooms (and if they do, these are clandestine and hidden) as is the case in the Netherlands, but there are areas divided by separeès or curtains and screens within which the sex worker drink with the clients and perform sexual services.

The sex workers are employed from 8 in the evening until 4 in the morning and frequently accompany the clients to private rooms or their private apartments after closing time. Sex work in these clubs is primarily oriented to entertaining the client and the earnings of the workers is determined on a percentage basis derived from the number of drinks consumed by the client as well as *tips* offered as compensation for particular requests.

A special team of law enforcement officials patrols the sex work zone and the clubs regularly. Frequently, the sex workers are asked to exhibit their documents and raids ending in deportation for migrants are a repeated occurrence. Despite the dangers of such raids, many clandestine sex workers are active in these forms of prostitution in as much as they consider the street to be more exposed to control by police and therefore an area more at risk.

Because the clubs are also providers of entertainment, the majority of Thai women and

transsexual who work there were recruited as artists by the various proprietors and temporary work permits were issued on this pretext. This happens with Latin American women and transsexual as well.

The organised forms of prostitution in this area are varied and the number of premises in which it is practised (rooms, studios, bars and clubs) is difficult to quantify, but the *capacity* of the infrastructure (rooms used for contacts with sex workers) is certainly higher than the existing 100 bars and clubs. An estimate regarding the number of sex workers in Hamburg, excluding those who work in private apartments, varies between 3.000 and 5.000 individuals. This estimate gives a rough indication regarding the vast circuit of sex work in the city, with a vast majority of these concentrated near the port area of St. Pauli. In the neighbourhood of St. Georg, the majority of sex work is practised by street prostitutes who are frequently drug dependent. Here, too, sex work is also organised in bars, clubs and brothels (houses with a lower floor or a covered entrance in which contact is made with clients). Prostitution through private apartments is widespread throughout the city. In some condominiums, there are groups of apartments in which clients are received; these services are publicised through ads in the newspapers. Daily newspapers carry two pages of ads in which sex workers list their nationality, address and telephone number.

Collaborate

The willingness of various non-governmental organisations to collaborate with the TAMPEP project and the pre-existing partnership between the German TAMPEP team (*Amnesty for Women*) and the *Zentrale Beratungsstelle* (the public health agency responsible for prevention and screening for sex workers) as well as other public health agencies (family planning clinics, abortion clinics, etc.) allowed us the possibility of relying on a network of services towards which we could refer the women contacted during our activities.

In addition, *Amnesty for Women* itself was an ideal base for our activities in as much as it functions as a social centre and service provider for migrants and therefore was already well-known and frequented by many of those belonging to our specific target group. During the course of the project, several other premises (always in proximity to the areas in which the women were engaged in prostitution) were also utilised for some of the prevention activities, in particular for the peer-leader training workshops. For the sex workers who worked and lived in private apartments, attempts were made to organise specific activities within these same premises. We verified that in some circumstances, 10 to 15 sex workers of the same nationality occupied apartments all situated in the same condominium. Obviously, these women all know each other and it was fairly easy to organise group meetings after overcoming the initial resistance of the target group, despite the fact that the majority of the women who work in apartments are directly controlled by pimps (particularly the Eastern European women). However, the majority of them - usually 2 or 3 women - work in small apartments in residential buildings. Usually, they are from the same nationality, but you can also find mixed groups.

The development of prevention/information/training activities with target group members operating from within the apartments opened new perspectives on strategies for working with this particularly isolated and invisible group. This context increased the amount of time available for interventions and allowed for a higher capacity for concentration and motivation for the participants in as much as they were being reached on their own territory and in their own homes/workplaces.

The capacity of TAMPEP team workers to speak the native languages of the sex workers contacted facilitated the acceptance of the interventions; it was frequently the case that the TAMPEP workers were the first and only people whom these women had met and who offered

support and information.

Hamburg was also seen as an ideal city in which to operate because the stratification of nationalities represented among foreign sex workers reflected the priority target groups which TAMPEP had identified; in addition, migrant sex workers represented the largest group of women engaged in prostitution.

■ Italy

With regard to TAMPEP interventions in Italy, it was decided to concentrate activities in the northern part of the country and to focus on several cities within this region. This decision was motivated by several considerations: these cities offered the possibility of collaborative partnerships with public health service and non governmental organisations active in the field of prevention and outreach; each of these cities, as well, represented a potential pool within which it would be possible to contact a variety of sex workers belonging to the different nationalities which TAMPEP targeted. Seven cities were identified as possessing the necessary prerequisites: a consistent population of migrant sex workers, the presence of sex workers who adhered to the *Comitato* willing to participate in the project, and a network of medical/social services with whom it would be possible to establish a collaborative partnership.

The seven cities, all situated in Northern Italy, were: Turin, Genoa, Milan, Verona, Pordenone, Bologna and Modena. Normally the number of inhabitants of a city also determined the number of sex workers who will be present within any given market; obviously, there are also determining factors. As far as street prostitution is concerned, there seems to be an almost spontaneous adaptation between the demand and the supply for sexual services. This is especially evident in street prostitution in as much as it represents a free market not connected to an infrastructure, as in the other two countries where the number of sex clubs and bars more or less determines the number of workers who can be employed; in street prostitution, the number of potential clients determines the number of sex workers who can find gainful employment. For this reason we refer to the statistics regarding the number of inhabitants and give summary overviews regarding the characteristics of each city.

Other elements must be considered, in addition to those mentioned above, which determined the selection of cities in Northern Italy as the only geographic area in which TAMPEP would be active. The two primary considerations regard the fact that Northern Italy is characterised by a highly developed industrial society which attract a higher number of migrants in as much it offers a higher number of employment possibilities; the second reason is linked to the fact that the *Comitato* is based in Pordenone, a city in north-eastern Italy and therefore the project co-ordinators, who were responsible for personally supervising project activities executed by the various teams in the different cities, could guarantee frequent and regular contact only with cities which were easily accessible in terms of time and distance.

Turin

The nucleus of activities were conducted in the city of Turin, where research and field work activities targeting Nigerian sex workers (and to a lesser extent Ghanaians) were developed and where a field station manned by a Nigerian team. The activities conducted in Turin represented a sort of experimental laboratory in which the TAMPEP co-ordinators were able to develop an intervention model which in successive phases of the project could be applied in the other Italian cities. In Turin more time and energy were invested in the creation of a valid support network of medical and social services as well as support services for the peer educators

and the distribution of TAMPEP materials.

The conditions in this city were particularly favourable for the experimentation and creation of a complete model of intervention. This was attributable to a variety of factors: the Municipality has activated an efficient department whose objective is to offer assistance to immigrants; it also serves as a co-ordinating point for all the public services targeting migrants. This department became, for TAMPEP, a natural reference point and the support they offered the project was fundamental. In addition, Turin hosts a number of private organisations which were willing to furnish human and material resources to support the activities of TAMPEP. The political support offered by local administrations and the solidarity of nongovernmental organisations active in the fields of AIDS prevention and social issues opened possibilities which in other cities were more difficult to create or were only partially successful (collaboration only with select public services or only with NGOs who depended exclusively on volunteers).

Turin is also one of the few Italian cities which has a long experience with cultural mediation as a tool to facilitate access of migrants to public health and social services. These pre-existing conditions facilitated the attainment of one of TAMPEP's primary objectives in Italy: the creation of a network of services and agencies which focused on the needs of migrant sex workers. Sex work in Turin is an industry characterised by a consistent demand determined in part by the relatively recent transformation caused by the migration of thousand of Southern Italians to this Northern city. Most of these internal migrants have left their families behind; additionally, there is an increasingly consistent population of non-EU migrants, equally unaccompanied by their families. Finally, as with many of the large cities in the industrialised North, there is a generally high level of affluence.

Dominated

The scene in which street prostitution occurs is dominated by migrant sex workers who are primarily (in numerical order) Nigerians, Brazilians and Eastern Europeans. Sexual services, in the context of street prostitution, are contracted by workers operating on sidewalks or along thoroughfares while the service itself is performed either in the automobile of the client, secluded areas or parks. Rented rooms are very rarely used. The working conditions (long periods of waiting along street corners, frequently unfavourable climatic conditions) are exasperated by the fears engendered by the risks the sex workers run as illegal aliens. In fact, when the sex workers are approached by strangers, the migrants are always fearful that, rather than a potential client, they might find themselves in contact with law enforcement officials.

To overcome these distrust and suspicions was particularly important and encouraged us to persist in our attempts to involve the sex workers within the development of the project and to identify credible contact persons capable of initiating contact with the target group. In addition, the creation of a field station offered an organisational base for the development of prevention activities to be offered on the street as well as for the peer leader trainings. The field station, open two days a week, had (and still has) the function of a drop-in centre. The choice of Nigerian women as the primary target group for the city of Turin was equally motivated by a variety of factors which have already been described in the section on TAMPEP activities as well as in the Final Report and Manual. The principal reason consisted in our objective of developing an experimental intervention model which could be applied to other nationalities and other cities; for economic reasons as well, it was not possible to work at the same level with all the various nationalities represented among migrant prostitutes. One need only underline the fact that the TAMPEP team in Turin was composed of 4 Nigerian cultural mediators (Ibu and Bini) and after the first four months of activities, the co-ordinators were supported by 10 peer educators (the definition of "peer educator" is to be found in chapter 5).

Additionally, many working hours were covered by volunteers and the staff of the Municipality's Migrants Department and other trainers and medical personnel. The second reason for targeting the Nigerians was linked to their numerical presence in Turin: the initial data presented by the Municipal Migrants Department estimated that approximately 1500 Nigerian sex workers lived in Turin but worked in other cities; from field work and contact with the Nigerian sex workers it appears that the number of Nigerians who actually practice in Turin is close to 500 (one fourth of the total estimate of sex workers in the city; of these 2000, about 80% are foreigners). Without a doubt, Turin is a city which in relation to others hosts a high concentration of Nigerians and it therefore becomes a reference center for those who are newly arrived or as a transfer station for those who are working elsewhere.

Genoa

Other outreach interventions with Nigerians were conducted on the streets of Genoa. In this city, some of the Nigerian cultural mediators active in the Turin TAMPEP team collaborated with local social workers in the various neighbourhoods in which sex work is conducted. The Nigerian cultural mediators contacted the Nigerian sex workers and were able to conduct an initial mapping of the territory and a needs assessment of the target group. In addition, they distributed TAMPEP materials, instructed women on the correct use of the condom and acted as a bridge between the outreach workers and the Nigerian sex workers. In Genoa some contact was also initiated with Latin American sex workers.

Milan

Even though it was not possible to establish a drop-in centre similar to the field station activated in Turin, regular TAMPEP activities were developed and conducted in Milan. Milan is Italy's industrial capitol and for a number of decades has constituted the primary destination for immigrants, including internal immigrants coming from the Southern part of Italy in search of improved living and working conditions (primarily in the years following the war). Milan is a city of approximately 2 million inhabitants and it is particularly hard hit by problems linked to international drug trafficking and consumption, in particular heroin. The extremely high number of heroin users in this city has made Milan the epicentre of an intense circuit of drug traffic and the presence of organised crime with links to the Mafia is very tangible. The drug trafficking is paralleled by an intense traffic of women who are channelled into the sex industry; these women are predominantly of Latin American origin. Milan also counts the highest number of diagnosed AIDS cases in Italy and is one of the European cities most affected by the epidemic.

As far as sex work is concerned, 80% of those involved in street prostitution are foreigners. It is difficult to give an estimate regarding the number of active sex workers present in this city because, in addition to hidden circuits represented by prostitution in private apartments and clandestine brothels, street prostitution is present throughout all of Milan. The fieldwork conducted by TAMPEP offers support to an estimate which counts at least 3000 active sex workers; in any case, the sex industry in Milan is much more consistent than that of Turin. The predominance of migrant sex workers in this industry represents a relatively recent phenomenon: six years ago the majority of those involved in street prostitution were Italians. At the moment, the majority of Italian prostitutes working in Milan conduct their business in private apartments, clubs or brothels. However, while professional Italian sex workers have tended to favour other solutions in recent years, Italian drug users still utilise street prostitution as a means to sustain their dependencies.

In Milan there is a particularly high percentage of Brazilian sex workers, the majority of whom are either transvestites or transsexual who have been residing in the city for a number of years (between 7 and 10). In proximity to this stable presence of Brazilian sex workers (women

and men) -- who for many years dominated street prostitution alongside Italian sex workers -- there are increasing numbers of prostitutes of various nationalities. Their advent has been determined by the retreat of professional Italian sex workers into private apartments and by the increasing control exercised by pimps and foreign intermediaries over street prostitution. The majority of these women are victims of an international network of traffickers. Many of the new arrivals are of Uruguayan and Venezuelan origin and their presence increases the contingent of Latin American sex workers, which remain the dominant ethnicity compared to other foreign nationalities.

African women have also been present within the Milan sex industry; their appearance in street prostitution dates back to approximately 5 years ago and they are currently the second largest group of migrant sex workers. Because they are among the most mobile of migrant sex workers in Italy, their numerical presence in Milan varies according to different periods and the degree of competition among the various rackets. Among migrant sex workers, African women are the least subject to direct controls by traffickers and exploiters. There is an internal mechanism within the Nigerian community, frequently tied to clan membership, which regulates traffic and control of the sex workers. The Nigerian women are often guided and exploited by madams (described later in this presentation) but this form of control is not extended to a direct control on the workplace; frequently, such control is of a temporary nature: many African sex workers, after 3 or 4 years of sex work in Italy, achieve a stable autonomy within the practice of prostitution. Therefore they tend to seek, as a group, *free* zones along the sidewalks and their more or less massive presence is also a symptom of the situation of dependence in which women of other nationalities often find themselves (other migrant sex workers frequently depend on exponents of organised crime who are responsible for finding work areas for *their* women. A peculiarity of the African presence in Milan is that, contrary to what was recorded in Turin, the preponderance of African women are of Ghanaian nationality (followed by Nigerians).

Night clubs

Prostitution of women from Eastern Europe within the last 5 years was primarily concentrated within night clubs and clandestine brothels. Now that the number of those emigrating from that region as so high, it is not difficult to encounter Eastern European women from various nationalities involved in street prostitution. One characteristic of street prostitution in Milan is that it is linked to the use of hotel rooms located in areas where the sex industry is most highly concentrated. It was noticed that Uruguayan women, in particular, were in the habit of contacting clients on the street and then accompanying them in private rooms. As this group is controlled by pimps, even the use of the rooms becomes a form of control imposed by the exploiters (in complicity with the owners of the motels where the rooms are rented) which allows them to keep tabs on the exact number of clients received by each sex worker.

In Milan the local team of TAMPEP was formed by a Brazilian colleague, by two African sex workers, and by the Italian project co-ordinators who regularly participated with the team during the fieldwork. After an initial mapping of the area was conducted, it was decided to focus on two sub-groups: Latin American sex workers (women, transvestites and transsexual) and African women. Naturally Eastern European women were also beneficiaries of activities linked to the distribution of written materials and condoms. However, the two sub-groups were given specific information and the needs assessment targeted their situation in an attempt to develop appropriate interventions.

The fieldwork was conducted in collaboration with social workers and volunteers with a background in legal issues who were members of LILA, a national federation of AIDS service organisations whose headquarters are in Milan. LILA facilitated contacts with a number of

public services in the socio-sanitary field and with volunteer groups which were sensitive to the needs of migrants. LILA also provided some volunteers who facilitated mediation with local organisations and participated in selected prevention activities (distribution of materials, accompanying members of the target group to health services...). Contact with sex workers was also facilitated by individuals who had direct knowledge of the Milanese sex industry (a Brazilian condom vendor, an Italian sex worker who adhered to the *Comitato*, some Italian transsexual sex workers, two Nigerian sex workers...).

Difficult

TAMPEP activities in Milan were rendered more difficult by two negative influences:

■ the strong, clear presence of organised crime within the local sex industry and the climate of violence and intimidation created by exploiters as a means of keeping the women controlled and as a means for discouraging any form of direct contact with the sex workers;

■ the repressive strategies against street prostitution put into place by the law enforcement agencies which resulted in deportations, raids, closure of motels. In addition to this punitive stance especially targeted at migrant sex workers, *public order* policies enacted by the municipality and discriminatory, racist actions carried out by groups of citizens were also present; it should be noted that these measures did not result in police policy to concentrate on arresting of pimps or exploiters and no investigations on the trafficking of women channelled into sex work. None of the migrant sex workers were offered hospitality in shelters or halfway homes and the local administrations -- despite the tensions created by the opposition of magistrates towards certain practices carried out by law enforcement agents (sequestering of clients' automobiles and other repressive measures) -- remain completely unprepared and unwilling to address the problems linked to sex work within an urban context. There have been no attempts to attempt solutions which bear in mind the social and urbanistic implications of policies regulating sex work.

An element which was particularly disturbing to those who attempted to conduct prevention activities, including the local TAMPEP team (which at that time was attempting to overcome the justifiable distrust of the target group), was the arrest of a group of Brazilian transsexual who were then deported under the pretext that they constituted a danger to public health in as much as they were considered potential transmitters of HIV (Movimento Italiano Transessuali/M.I.T., Italian Transsexual Movement).

Despite these negative factors it was possible to apply TAMPEP's methodology in Milan as well as to reach a considerable number of sex workers, to establish a network of services which were accessible to members of our Target group, to train social workers and raise their awareness regarding strategies for effective prevention work with an international community of sex workers. On the other hand, it was impossible to organise activities which required the active and direct participation of the sex workers (for example: training of peer educators, developing a progressive model of information requiring repeated contacts, behaviour change and negotiation skills building workshops). There was a general consensus that, in the time limit of one year imposed by the structure of the TAMPEP project and with the lack of a supportive environment it was not feasible to reach the same goals achieved in Turin.

In Milan, as in other Italian cities involved in TAMPEP initiatives, contacts with administrators and social workers as well as the prevention activities continued (albeit at a reduced rate) even upon termination of the European funding which covered the first year of the project. The involvement of those responsible for public health services and attempts to encourage these administrators to support longer-term projects was seen as an important aspect of our

work and it allowed us to influence local prevention policies in various areas of Italy by providing an alternative model for intervention.

Pordenone

Pordenone is a relatively small city located in north-eastern Italy. It is in proximity to the borders with ex-Yugoslavia and its economy is primarily based on rural agricultural patterns.

As opposed to the areas of investigation and intervention conducted in other cities connected to TAMPEP, the project leaders decided not to concentrate their attention on migrant prostitutes working from the streets. Rather, attempts were made to evaluate strategies for intervening with the Eastern European sex workers active in a variety of night clubs in the area.

Although prohibited by law, there are in Italy a number of clubs which engage women sex workers. These venues are officially licensed and are permitted to stay open until the early morning; they operate under the pretext of being discotheques and variety shows. The women who are engaged to act as *entertainers* are hired as dancers and are granted legal status through their contracts which allow for a three-month visa. After three months, the women either return to their country of origin or become clandestine. Specific *talent agencies* exist which organise periodic transfers from one club to another: the women never stay more than two weeks in one venue.

The official charge of the women working in the clubs is to keep company with the clients: eating, drinking and dancing with them seem to be the main task of these workers. The clients tend to be single, unaccompanied men who have sufficient income to afford the rather high costs linked to these night clubs. The women earn a percentage or commission on the number of drinks consumed by their clients. Anything the women earn from sexual activity with the clients tends to belong exclusively to the women in question.

Women involved in this area of the Italian sex industry come from a variety of backgrounds (Latin America, Southeast Asia, and Eastern Europe). It should be noted that, despite the possibilities for temporary legal entry through short-term entertainment contracts, there is a quite extensive number of women who are engaged in sex work through these night clubs who do not benefit from any legal status and are exploited by Italian traffickers (frequently, the club owners themselves) or by foreign pimps. The countries most involved in this illegal trafficking, at least in reference to the night club scene, are Russia, Czech Republic, Slovakia and the former Yugoslavia.

During the initial phases, TAMPEP workers had utilised their well developed contacts in Pordenone to involve various agencies in the project. Two family planning clinics (one public and one private) and a multidisciplinary clinic offering screening services were contacted. It was interesting to note that many of the *ballerinas* (as they define themselves) made recourse to the private clinic (which charges fees) for various health related problems or concerns. A smaller number accessed the public health service. For the most part, these women were of Latin American origin and only rarely did the agencies have contact with Slavs or Asians.

The most frequently reported requests which were made to the health services regarded contraception and gynaecological exams. Among those accessing these services, the incidence of venereal disease was quite low (vaginitis was the most frequently diagnosed). Requests for abortions were also common among those accessing these services, although it should be noted that one of the foreign sex workers requested support from the private agency in order to complete her pregnancy and obtain some form of legal status for the new-born.

The owners of the night-clubs are responsible for providing housing which generally

consists of a home in which all the women reside. Apart from sporadic shopping trips to the downtown areas or visits to the markets, where goods are bought either for personal use or to be mailed to one's family in the country of origin, the women have rare contacts or social relations with the residents of the area. They represent a very marginalised community.

The work contract of these women implies that the women will consent to sexual activities with clients and will drink in their company at the bar. These circumstances, and the use among some clients of cocaine which is offered to the women, have led to substance abuse problems which seem to be relatively frequent.

Verona

Verona is a medium-sized city with a total population of 350.000 inhabitants. The city has a notable cultural and economic profile and is advantaged by a strategic geographic position which has made it an important transit point for the import and export of goods between Eastern Europe, Western Europe and the Balkans.

Verona, alongside Milan, is one of the major centres of international drug traffic in Italy and, as was noted for Milan, the traffic of individuals (particularly women from Eastern Europe). The number of sex workers, in relation to the population of the city, is fairly elevated: roughly 500 sex workers engaged in street prostitution were contacted out of a total estimate of 600/700 present in Verona.

As in the other cities, Italian sex workers who identify as such have almost all abandoned the street and work in private apartments. Drug users represent a fairly limited percentage within the local sex industry and migrant sex workers form an almost exclusive majority. After initial exploration of the territory and contacts with the target, the basic make-up of the migrant sex workers was fairly evident: the largest number hailed from the various republics of the former Yugoslavia (Macedonia, Istria, Croatia), followed by Albanians, Romanians and Czechs.

There was a clear division between the women of Yugoslavian origin and the other Eastern Europeans. The former tended to have been residing in Italy for a longer period and had achieved a higher level of experience and autonomy in the sex work industry; additionally (the women from Istria in particular) many of these would be better classified as *frontier* sex workers and commuters. The other women were clearly under the control of Russian or Albanian pimps, did not have their own means of transport, and were accompanied as well as supervised by third persons. They exhibited a much higher level of fear in their contacts with others. Another group which periodically practices sex work in Verona (particularly on week-ends) is constituted by Austrian women, but these are even more to be considered commuters. The second largest category of migrant sex workers present in Verona constituted of African women, primarily Nigerians, but including women from Ghana, Cameroon, the Ivory Coast and Zaire.

Street prostitution in Verona is highly specialised: certain areas are characterised by the presence of specific groups of sex workers and there are also fairly well-defined *hours of operation* governing each area and the presence of the sex workers. It should be underlined that there are no zoning policies as prostitution is treated as an illegal activity everywhere; however, some streets are the exclusive territory of Eastern European sex workers, other areas serve as a focus point for the Africans and separate zones for transsexual and for Italian sex workers. This division of areas by nationality and *type* is frequent within the context of Italian street prostitution and helps facilitate the client's decision making process: he knows where to go on the basis of his preferences although this represents only an added *benefit* resulting from the rivalry between sex workers and the efforts of pimps to gain and maintain control over *their* areas.

During afternoon hours, the areas in which street prostitution is practised are along the

high ways outside of the city and where traffic is particularly intense; during the evening, the scene moves to the city centre. As we noted before, the fact that Verona is an important cross-roads for commercial transport with Eastern Europe and the Balkans -- as well as being a step-ping stone to Austria, for example -- has made this city a key area for the traffic of migrants through intermediaries and exploiters of Albanian or ex-Yugoslavian origin. The presence of exponents of organised crime was felt during our outreach work: the TAMPEP team was followed and watched; frequently men would approach during the contact and listen in on the conversations being held between the outreach worker and the sex worker through the auspices of a cultural mediator who was able to communicate in the native language of the sex workers and who was herself a self-identified prostitute. The experience with the African women was of a completely different nature: they were much more communicative and showed a willingness to collaborate within the various activities promoted by TAMPEP.

Work team

The work team in Verona was formed by the two Italian co-ordinators of TAMPEP, a cultural mediator for the Eastern European women, and periodically two cultural mediators from Turin were invited to work with the African women when this proved necessary or useful. A local group of social workers participated in the outreach activities.

Collaborative partnerships were established with several agencies: The HIV Screening Unit-USSL 25 of the Veneto Region, a public health unit -- accessible to illegal migrants as well -- which offered the possibility of obtaining free and anonymous testing, counselling and medical/psychological support for those who resulting positive;

The *Cooperativa Azalea* is a co-operative which offers home care and residential respite care for homeless people with AIDS. A group of their volunteers were involved in the distribution of TAMPEP materials; Caritas, a religious organisation which offers assistance to immigrants.

Bologna and Modena

Bologna is a city of 390.000 inhabitants and foreign sex workers represent a majority of those involved in the local industry. The migrant sex workers are primarily from Africa and the former Yugoslavia, Albania and Russia. There are some Latin American women, while transsexual prostitutes are almost exclusively Italian.

Modena is a city of 200.000 inhabitants with about 150 migrant sex workers engaging in prostitution.

These two cities also represent a seasonal pole for migrant prostitutes who, during the summer, shift between the various beach localities which dot the Adriatic coast. There is a high influx of tourists during the summer and it is paralleled by this increase in the number of sex workers.

Especially during the summer months, African women migrate to this area from the other Italian cities in which they have been working for the remainder of the year. In the past two years, they have been joined by increasing numbers of Eastern European women. A peculiarity noted in this region regarded the sizeable community of nomadic gypsy clans originating from the former Yugoslavia. A significant number of cases regarding Albanian or Macedonian minors forced into prostitution were found to be linked to exploitation and organised trafficking of women by members of the gypsy communities. It should be highlighted, however, that exponents of the Russian mafia as well as Albanians and ex-Yugoslavians were active in the traffic and

exploitation of sex workers from their own countries.

General considerations on the choice of Italian regions

By choosing Northern Italy as the geographic area in which to activate TAMPEP we were able to verify: the mobility of the target group and the internal channels which permit contact between cities (useful as a means of spreading prevention messages); the concentration of the various nationalities in certain regions; and the factors which determine these concentrations (established presence of communities with the same ethnic make-up; presence of an organised crime network which has control over certain areas; etc.). We were also able to create a widespread network of agencies which acted to support TAMPEP's prevention activities.

The differences between the various cities allowed us to experiment possibilities for intervention and aided in the contextualisation of strategies which had to take into account the different pre-existing conditions. The variations with which each city organised its health and social services as well as the varying attitudes displayed by administrators towards the needs of migrant sex workers represented a fundamental consideration which weighed heavily on the possibilities of developing a prevention project at base-level.

The stratification of TAMPEP's target group (determined by length of stay in Italy, amount of experience in sex work, legal status, and even more importantly the degree of autonomy exercised in the practice of sex work or the amount of control imposed by third persons) requires that diversified strategies and time tables be activated as a means to facilitating direct contact and establishing a relationship of mutual trust (an indispensable element necessary to achieve the project objectives).

Fieldwork interventions should ideally be supported by the establishment of a field station or a drop-in centre modelled after that set up in Turin. The drop-in centre can have an international dimension, offering services to sex workers of various nationalities, but in this case there must be a guaranteed presence of cultural mediators capable of facilitating contact between the different groups and local social workers.

The use of a drop-in centre combined with the presence of cultural mediators acting as liaisons with the public and private sector proved to be a basic condition for the continuation and improvement of behaviour changes conducive to health promotion among the target group. We also feel it necessary to underline the importance of utilising a mobile unit (camper) as a tool in any strategy targeted towards those engaged in street prostitution.

The identification of mechanisms which impact on the mobility of sex workers between countries and between ethnic groups, either voluntary or forced, as well as the identification of the various roles played by organised crime, exploiters, traffickers, madams and other figures linked to the prostitution scene allowed us to analyse external factors which facilitate (or obstacle) prevention activities. With this knowledge we were able, within the range of our possibilities, to attempt a variety of solutions to common problems.

Organisation and infrastructure of the project

Partners

The initiators of TAMPEP sought to identify project partners which could lend the support and assistance necessary for the development of the project. Additionally, these project partners had to be responsible for creating the European infrastructure of TAMPEP while executing research and intervention tasks on a local level.

The organisations had to be actively involved in the field of prostitution and/or migration and they had to be prepared to integrate individuals from a variety of national and cultural backgrounds into their work plans.

The over-all co-ordination of the project was assigned to The Netherlands under the auspices of the *Mr A. de Graaf Foundation*. The Foundation has been conducting research on various aspects of prostitution for the past two decades and, since 1987, has also been studying the issues related to migrant sex workers. In addition, the Foundation has developed a series of research campaigns analysing AIDS and Sex Work.

The German partner to our project is represented by *Amnesty for Women/AfW*, an organisation based in Hamburg and founded in 1986, which is particularly involved in addressing the issues related to the trafficking of women and forced prostitution. It also offers advice on legal and social matters as well as language courses. *AfW* established contacts with migrant sex workers through outreach activities conducted by peer leaders. In Hamburg, the outreach was conducted in close collaboration with the *Zentrale Beratungsstelle* of the Municipal Health Department.

The Italian partner to our project is the *Comitato per i Diritti Civili delle Prostitute* (Committee for the Defence of Civil Rights of Sex Workers). The *Comitato* is a national organisation founded and co-ordinated by sex workers. The impetus for its creation in 1983 is to be found in the felt violation of civil rights to which sex workers were subjected in Italy. The *Comitato* has extensive contacts with a number of sex workers in various cities throughout Italy. It should also be specified that the *Comitato* has been active in specific AIDS prevention programs and research initiatives for almost a decade. As a founding member organisation of the *Lega Italiana per la Lotta contro l'AIDS* (LILA: a federation of NGOs active in the fight against AIDS) and as a subscriber to the charter of the European Council of AIDS Service Organisations (EuroCASO), the *Comitato* has shown a commitment to promoting AIDS awareness both among active sex workers as well as among the general population. Another important consideration which was crucial in the decision to involve the *Comitato* was linked to its willingness to embrace the needs of migrant sex workers. Both statutory and non-governmental agencies active in the Italian AIDS field have in the past generally been reluctant to address this area.

Infrastructure

These three partners co-ordinated the development of TAMPEP in The Netherlands, Germany and Italy throughout the various phases of the project: research, data collection, implementation of prevention activities, and production of informative and didactic materials, evaluation and analysis of results. They had direct contact with sex workers prior to their involvement with TAMPEP and were also able to provide an infrastructure capable of guaranteeing the organisation and development of project activities. In addition, the national and international networking promoted by these organisations, allowed TAMPEP a series of contacts which facilitated the exchange of information and experiences.

The specific areas of involvement of each organisation in the multifaceted field of prostitution and migration reflect the diversity of perspective which enriched the collective analysis and execution of the project as a whole.

■ The Netherlands

In The Netherlands, the co-ordinating agency (*Mr. A. de Graaf Foundation*) offered a body of knowledge and research data which, over the past two decades, have made it an influential actor in the development of prostitution policies on a national and international level. In particular, their familiarity with research methodology and execution were fundamental in determining a successful European co-ordination of the project. Additionally, the long-term contacts which had been established through the Foundation with the owners of sex clubs facilitated the entry of TAMPEP workers into even the most closed or hidden circuits (such as the clubs located in the provinces). The credibility of the Foundation furnished an important credential which allowed us to conduct outreach activities in a variety of contexts.

Through the *Mr. A. de Graaf Foundation* it was easy to integrate into the network of the Dutch health system. The STD Foundation is responsable for coordinating AIDS ans STD prevention on a national level. The TAMPEP team has made arrangements with the STD Foundation to synchronise activities. Actual interventions are organised by local Municipal Health Services (GGD's) who also provide to a large extend for the screening of STD's.

■ Germany

In Hamburg, *Amnesty for Women* offered a model of intervention which was rooted within an organisation which also functioned as a social centre supporting migrant sex workers. Also, the fact that *Amnesty for Women* had already established a collaborative partnership with the *Zentrale Beratungsstelle* - a sub-unit of the Health Department of the city/state of Hamburg, specialized on AIDS/STD for women, men and transsexuals working in the sex industry, and as such, they offer their services anonymous and free of charge. This facilitated the access of sex workers to screening units and made it possible to realise an effective system of cultural mediation between the women contacted by the TAMPEP/Hamburg team and the public health services. An important factor determining the success of this collaboration was the reciprocal respect of both parties for the competency, roles and functions of each player in the equation. The partnership resulted in an increased awareness on the part of public health workers regarding the specific needs of a unique and cosmopolitan target group and a recognition of the particular difficulties faced by migrant sex workers in their attempts to access improved health care (limited freedom of movement, fear of being registered or other repercussions, different interpretations regarding the necessity of periodic controls, or simply the lack of knowledge regarding the services themselves). On the other side, accompanying the migrant sex workers to the public health services and providing cultural mediation for them (as well as the training and

information activities promoted by TAMPEP in the context of mutual respect between team workers and the target group) resulted in a more conscientious and critical use of the health service, no longer seen as being imposed by external agents (the brothel owners, the authorities, etc.) for the *good* of the general public, but as a choice to be adopted for the *good* of one's own health.

In addition, the specific remit and degree of autonomy achieved by TAMPEP workers within the general infrastructure of *Amnesty for Women* enriched both terrains and allowed for the successful integration of field work focusing on social needs of clients and the advocacy efforts aimed at safeguarding the human rights and social well-being of sex workers.

The analysis of the impact of a specific project on a specific group (TAMPEP) within an organisation working for migrant women (*Amnesty for Women*) allowed us to verify the degree to which an organisation focusing on the needs of migrant women can successfully integrate STD/HIV prevention and AIDS awareness activities targeting sex workers within the general scope of their objectives as well as the preconditions necessary to optimise this effort.

■ Italy

In Italy, the *Comitato per i Diritti Civili delle Prostitute*, as a national network representing active sex workers, has -- since its foundation -- focused primarily on a political agenda which has the objective of achieving the social acceptance of sex workers and safeguarding the civil rights of those engaged in prostitution. In this sense, the aims of the *Comitato* are different from those of similar German and Dutch networks in as much as these Northern European collectives place a high priority on achieving recognition of prostitution as a legitimate occupation and therefore accent the right of prostitutes to work by coalescing in organisations which share many similarities with trade unions. The *Comitato*, cognisant that many of the attacks to which sex workers are subject are rooted in socio-cultural factors present within Italian society (Catholicism, stigmatisation and marginalisation of *diversity*, etc.), attempts to break down stereotypes and common place constructs regarding sex work by actively participating in public forums thereby altering and informing the terms of discussion on this topic. These activities are seen as political priorities in as much as they influence the decision making process through which social policies affecting those engaged in sex work take form.

Through these public activities, targeted towards various sectors of society (through mass media, trade unions, political party platforms, local administrators, law enforcement agencies, schools), the representatives of the *Comitato* have earned a position of respect within Italian society and are recognised as valid interlocutors even by institutional agencies. It should be highlighted that the choice of the *Comitato* to address the issues of migrant sex workers by becoming spokespersons for their needs is indeed a unique one. By advocating for the weaker sector within sex work the *Comitato* has offered an important example of solidarity with a group which does not always achieve peaceful cohabitation (the conflicts between Italian and migrant sex workers in the context of street prostitution are an example of the tensions which can arise). In their efforts at advocacy for migrant sex workers, the *Comitato* must often face difficulties in their attempts to explain and justify the great importance which should be attributed to activities which aim at safeguarding the civil rights of the weakest links within the sex industry and within society.

The long involvement of the *Comitato* in AIDS prevention and awareness activities, as well as their collaboration with non governmental and institutional organisation in behavioural research on AIDS, has earned them a high level of respect from a variety of agencies. These contacts facilitated the efforts of the *Comitato* to initiate a network of health services in Northern

Italy which act as reference points to which TAMPEP workers direct the migrants contacted through field activities.

These prerogatives also facilitated the combination of interventions which promoted cultural/linguistic mediation alongside information and training services aimed at the target group and constituted an important element allowing the migrant sex workers to successfully navigate within the turbulent chaos of Italian public, private and semi-private medical services, volunteer agencies and health bureaucracies.

An equally fundamental aspect of the work performed by the *Comitato* within the context of the TAMPEP project was represented by their efforts to facilitate access of migrant sex workers to health services which could guarantee quality care and confidentiality. This was possible through a series of interventions which aimed at increasing awareness among the personnel of said services regarding the specificity of the target group. The strategies which were put into place to achieve these objectives were of great utility during the evaluation phase of TAMPEP and contributed greatly to the overall European dimension of the project. (The topic of cultural/linguistic mediation will be analysed in a successive section describing the roles of team members and their functions.)

Assigning the Italian co-ordination of the project to the *Comitato* also allowed us to verify another model of intervention and to measure the conditions in which active sex workers could be involved not only as peer leaders, but as managers and leaders of a research/intervention project as a whole. This also allowed us to verify the positive impact such an involvement had on the effectiveness of the prevention and awareness activities promoted through TAMPEP. The intercultural work acquires a *new* and different dimension if managed and co-ordinated by a Committee of active sex workers who integrate prevention efforts into their social-political agenda of emancipation and advocacy for prostitutes (both as individuals and as labourers).

As a successful pilot project much appreciated by a variety of administrators, TAMPEP contributed towards shifting the terms of the debate around sex work. Rather than focusing exclusively on policies of public order (and hence the specific competence of law enforcement officials), there is an increasing willingness on the part of administrators to appreciate the social implications of sex work (and hence the importance of formulating effective social policies). In the context of the current political situation which has characterised the last year in Italy -- with reactionary right-wing forces calling for the reopening of regulated brothels and mandatory medical controls (and the consequent criminalisation of *outlaw* prostitutes, particularly migrant women), obligatory HIV screening for all immigrants and some risk groups (including sex workers) -- the successful application of a practicable prevention model served as a catalyst stimulating the opposition towards such repressive and criminalising policies.

These reactions created a new area for intervention in which TAMPEP could operate, both within specific regions through the collaboration with local administrators as well as within the services themselves through the training of socio-sanitary personnel. Within Italian society, prevention (and particularly HIV/STD prevention among sex workers) is a theme dominated by political agendas. Likewise, the presence of millions of immigrants from developing countries has generated huge social preoccupations among Italians; these are particularly acute in moments of social instability or crisis (for example, the current crisis in the structuring of public health services). Migrant prostitution, therefore, vocalises upon itself a whole slew of racist stereotypes which reinforce the fears of *contagion* and *disorder* existing in certain sectors of society; at the same time, it also high lights the necessity for attempting new approaches to integration which go beyond false remedies such as deportation, marginalisation and the creation of ghettos. Within these delicate social equilibriums, the *Comitato* seemed an ideal partner to manage the political implications which merge with any prevention project. Their involvement was instrumental in creating the necessary conditions for political and social support around the

project as well as for a capillary distribution of materials and methods capable of widening the impact of TAMPEP and structuring the foundations for the structural bases required for long term continuation of the project.

Their first hand knowledge of the scene(s) in which Italian sex work takes place was an important factor for developing the field work associated with the project as was their professional experience of prostitution in developing effective peer education programs and supervision which could be integrated into the methodological work plan of the project.

Conclusion

In order to achieve its ultimate objectives on a European level, TAMPEP necessitated an appropriate infrastructure and a *new* working method. It also needed partners who were capable of addressing managerial implications and methodological development with responsibility and awareness regarding the variety of problems which could arise during field work with a doubly stigmatised and marginalised target group which is systematically excluded from easy access to medical and social services and frequently dependent on traffickers and exponents of organised crime. The international and multidisciplinary features of this work necessitated negotiating abilities as well as knowledge and access to institutions and non-governmental organisations on a national and international level.

Working within the sex industry required a specific knowledge of this terrain, which the project partners possessed, and the possibility of accessing the more hidden and closed circuits of this sector. Partners also needed to possess, in addition to the ability to contact migrant sex workers and experiences in working together with them, a fundamental respect and awareness for their conditions which alone would allow for successful field work and the establishment of reciprocal trust with those contacted. Experience in organising prevention activities in critical areas where there are real risks of physical harm both to the team workers as well as to the women approached was also a crucial element which determined selection of the three project partners.

Simultaneously

As the project was developed simultaneously and with a common working method in each country (both in terms of material production as well as in the scheduling and organisation of activities) a common agreement on ethical principles and motivations was important in promoting harmony and stability between the various partners.

Besides these general characteristics, the three partners have specific contacts and competencies which allowed for improved integration and adaptation of TAMPEP's prevention interventions within the cultural and political context of each country. The specificity, experience, influence and knowledge of each of the three partners within an intense European collaboration enriched the analysis, evaluation and comparison of a common methodology and an agreed upon model of intervention.

The working group

In order to begin to develop the work of TAMPEP, it was necessary to create an organisational infrastructure for the project which would become a support and an aid at the

European and at the national level.

As TAMPEP is an international project working in three countries and as it seeks to approach the issues related to migrant prostitution, it was felt necessary to create an international interdisciplinary working group which would represent in one way or another the target group.

The working group is mixed in its membership with European and foreign members who come from the following countries: The Netherlands, Italy, Germany, Brazil, Colombia, Poland, Albania, Croatia, Ghana, Nigeria, The Philippines, Puerto Rico and Thailand. The working group is characterised by its cosmopolitan nature and the members, although of various nationalities and cultures, are linked in their concern and interest in the issues relating to prostitution. Not only do the members of the working group speak the languages of the countries of origin of the sex workers, they are themselves nationals of these countries. Therefore they understand the culture and the problems of their own countries, but also the situations which migrant prostitutes must face in the European host countries.

This facilitated the direct contact with the sex workers themselves and made it possible to gather the information necessary to develop an educational/ prevention programme able to meet the needs and expectations of the target group (both in terms of health issues as well as socio-cultural and sexual ones).

The creation of cosmopolitan and multidisciplinary work teams was in itself an experimental project which needs to be analysed in terms of development, roles of the components and difficulties or potentials linked to these roles.

The cultural differences and the diversity of professional backgrounds (between active and ex sex workers as well as between prostitutes and non prostitutes) and the differences related to the period of initial immigration and the possibilities for integration in the host country was a constant element of discussion among the team. There was a continuous attempt among the participants to integrate differences and to accept the positions, opinions and difficulties of colleagues of various nationalities because the group as a whole was cognisant of the variables which members of the target group encountered during their experiences in the sex work industry and in relation to their ethnic origins. The possibility of comparing strategies and results within the panorama of TAMPEP activities promoted by the various working groups became an initial terrain for verifying the necessity of adapting the program to the needs of sex workers of various nationalities within a common project conducted in the field.

The co-ordination promoted by the national co-ordinators of the project proved essential as a key to maintaining the unity of the working groups as well as for maintaining a methodological unity during the actual intervention programs.

Team meetings

The European co-ordination promoted by the national co-ordinators required a constant communication between the various parts, especially in as much as the program was conducted simultaneously in three countries. It also required a direct supervision and active participation in team meetings as well as in selected field activities. The task of adapting the methodology of the project according to the specific context found in the field was a responsibility of the project manager. Both on a national as well as a European level, the general directive was to leave space sufficient to accommodate differences (between countries, between groups, between single situations) while maintaining the same general guidelines for the work as a whole.

This work plan was necessary because the three countries were bound together through the production of common material and an adherence to a common program of activities.

The European co-ordination implied a constant attention and assistance regarding the organisation of the working groups and the flow of communication between the three countries.

The TAMPEP project functioned as a single organism with different focus points in the three countries.

The multidisciplinary make-up of the working groups also allowed us to verify the effectiveness of the various roles which invested the personnel of the project.

The first important criterion was a continuous involvement in the analysis of the activities and their results as well as in regard to the responsibilities of the participants of the working groups.

In this way, it was possible for us to achieve a constant training of project personnel without having to resort to a bureaucratic or hierarchical structure; this was especially significant in as much as many of the workers were unfamiliar with the concepts of research, methodology or organisation which informed the project.

It was often difficult, if not impossible, to adequately meet the needs and requests which were manifested by the sex workers contacted during the course of the project and followed throughout the year of its duration. Additionally, the rapid time frame of the project contributed to a need for agile and effective communication and decision making processes as well as ongoing training of personnel.

The TAMPEP workers were charged with performing the function of field workers as well as of cultural mediators between the members of the target group and public or private health services. The definition of cultural mediation and a description of the job profile of cultural/linguistic mediators will be provided in a following section.

For the moment we will use a definition whose main purpose is to aid in clarifying the various roles of TAMPEP personnel.

Complex

The role of the cultural mediator, in the context of TAMPEP's work, is a very complex one.

On the one hand, as field workers, the components of the working group are held to be individuals capable of eliciting the trust of the target group and facilitating contact with them.

Cultural mediators were entrusted with various roles:

■ that of a member of the same ethnic group or nationality as the sex workers and, therefore, capable of recognising and appreciating the cultural and social mechanisms influencing their behaviours and choices (reinforced when, as sometimes occurred, the workers were also active or ex sex workers themselves);

■ that of advocate and supporter;

■ that of educator and trainer with a pedagogic mandate imparted by a recognition of authority on the part of the target groups and informed by knowledge and experience in the filed of STD/AIDS prevention among sex workers. As a recognised educator, the cultural mediator was required to promote and facilitate empowerment and counselling with the objective of aiding the target group in achieving behaviour change and strengthening possibilities for successful negotiation techniques as well as self-esteem.

■ The other fundamental role they played was as a bridge between the target group and the external world as represented by the general society of the host country and particularly by the medical and health services with whom working relationships had been established.

■ In addition, the cultural mediators were charged with empowering the women and to promote

an increasingly autonomous use of these services so as not to reinforce a role of dependency between the project workers and the target group.

The philosophy of the project therefore required an active participation and sense of self-responsibility of the women contacted: TAMPEP workers were to be seen neither as social workers nor as health assistants, nor exclusively as translators.

Additionally the cultural mediators had to be able to mediate between the needs, the expectations and the specific cultural attitudes (for example, in relation to perceptions regarding prevention or health care) of the target group members and the public health units which constitute primary reference centres for this population. In other words, the project staff needed to have a capacity for mediating between requests which are often complex and all encompassing and the offer of services which are frequently insufficient or inadequate in relation to the complexity of the needs manifested by the target group. All the while, the mediators must be able to work effectively while not alienating the trust and credibility accorded by the target.

All these roles were essential and needed to be highlighted in order to meet the goals of TAMPEP, but obviously this multifaceted profile required elasticity and equilibrium. It was not always possible for members of the working groups to cover these roles equally well within the context of the teams to which they were assigned. The collective analysis and elaboration of the difficulties encountered in multidisciplinary work and the pairing of members of the working groups within specific activities represented useful tools for feedback and input which were utilised to offset these difficulties to some degree. Equally important was the measure of clarity with which the objectives and services of TAMPEP were described to the women contacted. In this way, we hoped to attenuate any possible ambiguities regarding our mission, our make-up and the services we were capable of offering and those which went beyond our specific mandate.

We were equally adamant in attempting to clearly differentiate between the various phases of the project and the roles specific to each of these. By differentiating these phases, we aided an understanding of the different objectives of each activity: the presentation of the project and the personnel served to illustrate who we were and what functions we performed; the moment of listening to opinions, problems and personal issues; the moment of training and information; the moment for prevention activities; and the moment for collective collaboration through participation in the workshops or group sessions.

During the presentation of the project, we emphasised the neutrality of our project, the target group to whom it was directed, the European nature of the work (including a description of the collaborating partners in other countries), the nationalities represented within the various activities promoted within the project. This was important as it was essential to clarify that no single nationality or ethnic group was being singled out as a beneficiary of the project, but that all migrant sex workers were to be considered as equally important in the context of the project aims.

Another issue to be clarified regarded the importance of respecting common commitments undertaken by team workers and members of the target group. This meant informing the women of the times when project workers would be present, keeping appointments, making available materials written in the native languages of the women contacted, and furnishing a directory of supportive health structures to which the target group could be referred. This also meant informing the women contacted during field work whether there were realistic opportunities of involving them or maintaining contact throughout the duration of the project: during exploratory interventions in territories not involved in a continuous basis with TAMPEP activities, the women contacted were informed that the visit was of a purely sporadic nature; if, on the other hand, sex workers were contacted in a zone which would be frequently visited by TAMPEP personnel, the women were informed of the schedule of such visits and upcoming activities were

illustrated.

In this way, the people contacted by project personnel were able to relate directly to the activities of the project within the time frames established by the project and within the organisational structure of said activities. Very frequently this resulted in the sex workers informing the project workers of when they would be attending activities and aided them in formulating clear requests for information and assistance. At times, foreign sex workers migrating between countries in which TAMPEP had been activated asked for information and co-ordinates which allowed them to successfully make contact with TAMPEP stations in other areas.

Working permits

One of the problems faced by the project was related to the fact that the working teams were frequently composed of personnel of foreign origin who were occasionally not in possession of working permits or legal status in their host country. The bureaucratic issues involved in providing compensation to individuals without valid work permits give an indication of the continual struggles which we encountered in our attempts to involve members of the affected community in the planning and execution of the project.

The multicultural make-up of our working groups facilitated interethnic collaboration and provided a manageable and enriching dimension to the overall organisation of the project. It also allowed us to work in accordance within the methodology established according to cycles characterised by research/ evaluation/intervention because each working group comprised individuals who spoke the native languages represented within the target (thus facilitating the rapid adaptation and production of culturally appropriate and effective materials in the three countries co-ordinated by TAMPEP). At the same time, however, we were unable to resolve other social paradoxes linked to the social position of immigrant project personnel unless we were willing to achieve an awareness of the problems informing their existence as well as aiding and abetting them with external aid and internal covers. One paradox which needs to be highlighted is related to the remit of the cultural mediators: they were required to negotiate with public health organisations and institutions of the *dominant* society so as to facilitate access to these services on the part of the target group. At the same time, however, they themselves were representatives of the ethnic groups and minorities and, therefore, in an unequal position of power *vis a vis* mainstream institutions. On the other hand, the role of the cultural mediators in relation to the contact with service providers was important as an element necessary to verify and prove the need for awareness rising on the multicultural factors inherent in providing effective services for an international client population.

The vigilant presence of the cultural mediator was necessary to register problems occurring during client intake, misunderstandings which might arise, errors in interpretation as well as to provide the service personnel with a clearer understanding of the difficulties encountered by the migrant sex workers during their contact. These objective difficulties could then be addressed on a continual basis while keeping in mind, during the collective analysis and evaluation of TAMPEP activities and the functioning of team personnel, the problems linked to various aspects of social inequality (even in the context of internal relations within the TAMPEP teams) as an underlying factor. In the section which follows, we will illustrate some of the solutions which were identified as a means of overcoming difficulties linked to cultural mediation as exemplified through our project and the effects engendered in the three collaborating European countries.

Integration

The degree of integration achieved in the host country by the foreign team workers -- as well as the degree of knowledge regarding the system of bureaucracy, social codes and rules of the host country -- was a factor which we were forced to keep continuously in mind as a measure to integrate the training and knowledge of those team workers who had immigrated relatively recently as compared to others or who had backgrounds which impeded successful integration in the host country. These workers where supported in the execution of their tasks by workers who were indigenous to the host country or else by workers who had resided there for extended periods and had acquired a more in-depth knowledge of its mechanisms.

Among the criteria for selecting team workers, the first one was related to the ethnic origin of the candidate and its relation to the make-up of the primary target group identified for each country, as well as the direct or indirect level of experience with sex work or migrant sex workers and other abilities necessary to function as a field worker (preference was accorded to those who had experience with health promotion activities). The attitude of the candidate towards commercial sex work was also an important consideration. Someone who was in possession of the above mentioned characteristics or who had additional professional experiences which could be regarded as highly useful (doctors or health professionals with experience in sexually transmitted disease departments or HIV infection; social workers), but if she/he had a negative or judgmental attitude towards prostitution was considered to be inadequate for our interests and unable to perform field work in compliance with the philosophy of a project such as TAMPEP. Successful candidates, therefore, had to be in tune with the methods and objectives of the project.

As it was impossible to find individuals who possessed all the necessary professional experiences required for this multidisciplinary initiative, we tried to find a way of constructing working groups which could offer a balance in terms of ethnic make-up as well as members who possessed the ability to communicate in more than one language (for example, Spanish/Portuguese or German/English or Polish/Russian) in addition to the common language of the working team in each country.

We also attempted to find a harmonious mix of people who possessed work experience in graphic design (to help in the production of prevention materials) or else in public health or as trainers and teachers. The professional experience of sex workers was equally considered fundamental and necessary for a balanced representation on the working group. Putting together this mix of nationalities, linguistics and professional backgrounds allowed us to form a truly European and international working group as well as a sufficiently autonomous infrastructure.

The professional experiences which were not represented on the working groups were furnished through external collaborations with consultants (medics, professional trainers or workshop facilitators, etc.) or volunteers capable of integrating their specific knowledge in the structuring of specific activities.

Diversity

The diversity of cultural and professional backgrounds resulted in working groups which were extremely heterogeneous. The diversity was reflected also in the numerical constitution of each group as well as in the ratio between active and ex prostitutes as well as between those who had direct experience of sex work and those who didn't.

It should be noted that those who possessed a direct experience of sex work also covered roles as cultural mediators and field workers: they were not limited exclusively to the functions of peer educators.

Those who were active as peer educators and were therefore actively involved in TAMPEP throughout the development of the project were assigned tasks that were periodically revised and assigned depending on the project phase then underway, the motivation of the individual peer educator, and the time they had available for TAMPEP activities. Additional factors which determined the involvement of peer educators were in relation to the period in which they would be available within the established areas of operation and in relation to their own position (involvement in prostitution, level of autonomy, degree of professional qualification or self-identification as a sex worker).

Other factors, such as the legal (or illegal) status of those involved in TAMPEP interventions, influenced the levels of involvement within working groups; other situational elements were periodically taken into consideration so as to adapt the function of the peer educator to new subjects who were identified, trained and involved in the range of prevention activities promoted by TAMPEP.

The development and activities promoted through the use of peer educators and role models will be discussed more extensively in a separate section.

In terms of this general description, it is important to clarify the various roles which were assigned to working group members so as to understand the organisational model of the project, the professional profiles of those involved and the working methods utilised internally within the structure of the project.

Conclusion

In conclusion, it can be said that the international and multidisciplinary make-up of the working groups as well as the active involvement of the target group within the activities of the project (as well as their active support for the philosophy and method of the initiatives) constitute the elemental key for the development and success of the project; the identification of role models and peer educators allowed for an entry point or a facilitated access to the target group and aided in empowering members of this population by actively involving them in the design, implementation and execution of the project.

The multicultural and multilinguistic make-up of the project personnel working in collaboration with sex workers belonging to the target group allowed us to operate more effectively and more economically; it also allowed us to utilise ongoing evaluation and analysis on an internal level as a tool for verifying the multicultural and interethnic work being conducted in the field. Additionally, the knowledge of the target population's native languages, alongside the possibility of evaluating the effectiveness of interventions and materials through ongoing consultation with members of the same allowed us to rapidly develop educational and informative materials which could be produced and utilised by sex workers of all the nationalities composing the target population.

The same applies to the successful production of investigative tools utilised during the research phase of the project (questionnaires, evaluation forms for the workshops, etc.). The simultaneous use of these materials in the three participating countries -- integrated by the use of materials developed specifically for the working groups in the single states -- represented a strategy which facilitated a common evaluation regarding the impact of these materials in the field and the importance of such determinants as the different forms of prostitution and the different status of sex workers within The Netherlands, Germany and Italy.

It should be kept in mind that the production and use of materials for the project was considered a tool for our work and not an end in itself. These materials were useful in terms of increasing awareness on STDs and AIDS as well as supporting the other activities implemented

through the project. The process of production and the evaluation of their effectiveness, as well as the adaptation of these materials, were informed by an analysis of the ability of project workers to penetrate within the target group and gage the knowledge levels and attitudes. The materials were periodically adapted to reflect any changes resulting from receptivity to TAMPEP initiatives.

This constituted an experimental process within the working methodology and gave rise to some tangible results, as evidenced by the variety of materials produced (see attachment for a list of materials produced under the aegis of TAMPEP).

Overlapping

A constant attention to the internal dynamics of the working groups and the periodic difficulties which were encountered due to overlapping or ambiguous roles was necessary to redefine and re-establish the specificities of tasks and job descriptions. This regular focus also allowed the project members an opportunity to attenuate conflict and to create an atmosphere conducive to the appreciation of diversity but attentive to the need for a unified approach and a unified team spirit.

The repeated need to adapt the working methodology and the general work plan in reaction to a variety of factors influencing change strengthened the need to promote an ongoing professional training for team workers. In this case, change was related to external factors influencing the manner in which sex work was conducted, but it was also promoted by the activities which TAMPEP initiated: in fact, it was noticed that as the project developed it became necessary to envision strategies for integrating new peer models into the overall structure of the project even in successive phases of the work plan; also, the success of various information campaigns led in some cases to more articulated demands placed on the health services as well as to increased calls for training on the part of sex workers whose awareness had been raised regarding the importance and possibility for defending one's health and reducing risk behaviours. While the overall structure of the TAMPEP project had generated global guidelines which informed the project, and in this case the possibilities for ongoing supervision and training, at a country level each collaborative partner developed a specific strategy which was influenced factors such as the extent of collaborative partnerships with external agencies and services, possibilities for retribution and priorities within the national project plans. Obviously, the different characteristics and traditions of each of the partners to the project influenced the makeup of the working groups which were assembled in each country. For example, the tradition within Amnesty for Women that all employees have equal pay regardless of their functions: it was necessary for TAMPEP to follow this same scale in as much as there was never the question of applying differentiated payments to Amnesty personnel involved in TAMPEP activities and those who were involved exclusively in activities of Amnesty. Inevitably, this led to a much higher number of women involved as free lancers who were then subdivided between those who performed cultural mediation on a fixed number of hours throughout the project and those who were paid for specific activities.

Differentiated

In Italy the project was carried out over a much greater geographical area and activities were initiated in seven different cities. This led to the creation of a greater number of working groups than those present in The Netherlands (by contrast, the Dutch group was composed of four permanent salaried workers -- as opposed to those hired on a freelance basis -- and two volunteers in addition to the personnel who supported the administrative tasks and those

contracted externally for specific activities -- such as facilitation of workshops).

The Italian situation was greatly differentiated from the other two countries in as much as there was only permanent working group; this was located in Turin and composed of Nigerian cultural mediators and Italian volunteers. In the other cities of Italy there was a nucleus of cultural mediators who alongside the national co-ordinators of the project and, at times, alongside local social workers conducted scheduled activities with selected nationalities within the target group. The collaboration of the cultural mediators, in terms of hours and type of work, was organised along an established guideline (number of field visits, initial mapping of the territory, establishment of first contacts, distribution of materials, periodic field visits, accompanying clients to the services, etc.).

Just as the activities of TAMPEP in Italy were spread throughout various parts of the country, so too the personnel involved in the Italian project were distributed in a number of cities. The main nucleus was located in Turin and the co-ordination of the activities on behalf of the Italian project leaders represented a common focus point. The collaboration with local social workers (generally with experience in the field of AIDS prevention and drug rehabilitation) and the programming of activities reflected a need to provide specific training on the context of prevention oriented towards sex workers and migrants. This means of organising work, which utilised both local infrastructures and personnel recruited from risk reduction oriented services, represented a peculiarity of the Italian project and required a great deal of attention in the establishment of common protocols and working agreements. It also involved a higher degree of involvement of the national co-ordinators in specific field activities and as a resource for external personnel who worked voluntarily for TAMPEP (and who, as opposed to salaried staff, generally had no experience of working with sex workers but did have the experience and means for providing outreach). The Italian personnel which collaborated in various cities (excluding Turin) with mobile units to facilitate field work represented an indispensable link to local prevention services in the public and private sectors and it was their responsibility to provide a valid liaison between TAMPEP and external agencies and associations.

The investment conducted in terms of specific training served to integrate TAMPEP within a general network of services as well as to raise awareness on the problems encountered by migrant sex workers.

Another difference was represented by the fact that the personnel of TAMPEP in Italy was as mobile as some members of the target group they were trying to reach. This mobility was utilised on a European level as well when local working groups were unable to identify cultural mediators of the same nationality as that of the target group. The most frequent exchanges in this sense were between The Netherlands and Hamburg, in particular between the Polish cultural mediator in The Netherlands who spent extended periods in Hamburg and the Brazilian co-ordinator of TAMPEP in Hamburg who assisted the Dutch team in contacting Brazilian sex workers in the city of Enschede. In addition, there were periodic reunions between the co-ordinators of the TAMPEP project in the three countries involved. The European infrastructure of the project served as a reference and contact point for certain groups of sex workers who engaged in transnational migration within the Union.

The choice of a multidisciplinary working group in the context of cultural mediation on the one hand and the use of peer leaders and role models on the other represented a fundamentally unorthodox choice which, however, was deemed necessary for the complex and multifunctional nature of the program as well as for the objective of unifying theoretical research with practical interventions targeted towards a particularly stigmatised and marginalised international community.

Interdisciplinary approach

This interdisciplinary approach naturally presents a series of limits, both in relation to the sheer amount of work to be conducted as well as by the overlapping roles often covered by the same individuals. This resulted in an amount of work for the national co-ordinators as well as for the overall manager of the project on a European level, particularly in relation to the simultaneous nature of the project being conducted in parallel in three different countries and requiring data collection and production of materials and parameters for evaluating the initiatives.

It was difficult to keep the need for common parameters from becoming a factor capable of limiting the possibilities for adapting and contextualising the work plan to the specific nature of the sex industry in the various countries involved and the specific needs of a target group which encompassed individuals from a wide variety of cultural and national and ethnical backgrounds.

Two problems encountered in attempting a unity between research (data collection, interviews) and interventions based on the knowledge acquired (results and evaluation) were:

■ the necessity of using the same individuals who conducted the research as field workers in as much as they had established contact with the target group and had initiated a relationship of mutual trust.

■ the difficulty in developing more in-depth interventions due to the need to continually offer base-line information to migrant sex workers newly arrived on the scene or newly reached during field work. A case in point is represented by the fact that on the same street in The Netherlands we found ourselves conducting workshops with sex workers who had already been interviewed and informed on safer sexual practices as well as specific issues on a regular basis (necessary to increase their knowledge and the degree of professionalism they brought to their work); selecting peer leaders who periodically emerged from the workshop trainings and providing them with more in-depth preparation; assigning tasks; supporting the individual team workers in the execution of their activities as well as in their personal difficulties. At the same time, conscious of the fact that the mobility of sex workers in the area was very high (averaging a six month stay) we were also forced to conduct a whole series of other activities designed to reach the newly arriving sex workers who had not been exposed to even the most rudimentary information resulting from our initial outreach (preliminary contact, basic knowledge on STDs and AIDS, interviews with collection of biographical data, distribution of materials, discussion of materials, accompanying interested sex workers to health facilities and screening clinics, conducting translation services and cultural mediation between the target group and institutions).

One advantage of such interrelations between activities was represented by the fact that TAMPEP workers were able to adapt materials in response to the inroads made by previous efforts at awareness raising. The new women who were contacted offered a possibility for analysing the effectiveness of the peer training conducted with the women contacted in the initial phases of the project.

A possible limit is represented by the difficulty of the team workers to remain neutral in their continual collection of data juxtaposed against an ongoing involvement in prevention activities and outreach; it was felt that this double role might especially prejudice the results of the final interviews and evaluation.

We attempted to render the task of data collection as objective as possible and worked only with forms and written questionnaires which were identical in each of the three countries. In addition, a fixed agenda of issues to be explored was contained in every interview. After every workshop a part of the evaluation forms were compiled by the participants, a part by the cultural

mediators and a part of the facilitator of the workshop.

An advantage which was noted in the Netherlands consisted in an increased acceptance of the TAMPEP workers if those who conducted the initial interviews were also those who developed and promoted additional or successive prevention activities. The initial interview represented a tool which allowed not only for the collection of useful data, but also as a means for establishing a relationship of solidarity and trust between the project workers and the target group. Team workers and the co-ordinator of the project at a national level also reported a higher degree of confidence in the results of the surveys due to a continual contact with the target group at all levels of involvement. This provided a channel for obtaining fundamental information on the external factors which influenced behaviour change (degree of dependence, working conditions, work related incidents, the influence of criminal organisations, the role of traffickers and their relation to the Dutch owners of clubs and brothels, etc.).

The general limits of this interdisciplinary work were usually determined by the difficulty in harmonising the various roles which the team workers had to adopt and the underlying fact that not all the personnel were in possession of the skills necessary to fulfil all the tasks associated with all the roles nor were they all endowed with equal degrees of skills (for example, analytical ability or experience in research work, use of the word processor for the preparation of reports, etc.).

We attempted to compensate these shortcomings by working very intensely as a team and were fortunate to be able to count on varied and motivated personnel who took on some extra tasks (using the computer or designing graphics, etc.).

In Hamburg a choice was made to combine several individuals who could then perform field work and prevention activities within the same group and then come together with others for a collective analysis of the interventions undertaken. For example, the cultural mediators for the Latin American women also accompanied their Thai colleagues during field work; at other times, a combination of two workers of the same nationality divided their tasks among themselves according to the specific context of the intervention they were to carry out.

In Italy, on the other hand, only one member of the Nigerian working group in Turin carried out the initial and final interviews in as much as she was deemed to be more qualified and enjoyed a higher degree of confidence from the target group due to previous involvement in activities targeting Nigerian sex workers in that city. These variations occurred in the context of a general approach which highlighted the collective pooling of experience, individual capacities and talents and the common responsibility of the team as a whole; for this reason as well the weekly meetings of the team represented a fixed and fundamental appointment for the organisation and evaluation of the interventions.

Feedback

The initial training on research methods and the data collection techniques was furnished by the European co-ordinator to all the working groups as was the ongoing technical assistance and methodological supervision. Telephonic contact between the European co-ordinator and the national co-ordinators was held on a weekly basis and this allowed for updating and feedback. Additionally, direct supervision was held in each of the three countries with visits and working meetings which were also attended by the external consultants and collaborative partners to the project.

Linguistic/cultural mediation and peer education

Some elements of analysis
in relation to the intervention methods
adopted by TAMPEP

This section focuses on the two professional roles on which the prevention interventions of TAMPEP were based and has the objective of formalising the experiences which matured throughout the development of the project in relation to the functioning, the roles and the problems encountered during the use of cultural/linguistic mediators and peer educators within the context of our project. We would also like to analyse the necessary prerequisites for employing and high lighting the intrinsic value of these *new* professional figures.

We feel it is necessary to spend some time analysing the possibilities inherent in this role and clarify the *rules of the game* which apply in this case because linguistic and cultural mediation can help stimulate new models of intervention in Europe and it is our hope that they can serve as an example for the social integration of immigrants within the domain of public health services, an area of primary importance for the migrant population.

The experience of the TAMPEP project in relation to peer education targeted towards a specific group of sex workers (mobile migrants who are frequently marginalised and in a position of dependence) can also provide elements for analysis regarding the possibility (or impossibility) of peer education involving this target and on the necessary modifications which might need to be introduced in applying concepts of peer education.

In the preceding section we described the organisational model of our working groups and the role of the various components of these groups as well as the differences between cultural mediators and peer educators (or active subjects) within the project.

In this section, we will further define the possibilities of integrating the specificities of cultural mediation within the area of prevention programs in each participating country. We will also describe both the results and the perceptions elicited within the health services through the utilisation of these figures. We will then describe the self-definitions provided by the sex workers within the working groups of peer educators and the diversity registered between countries and between sub-groups regarding the possibilities of highlighting differentiated tasks and roles within the field of peer education.

Linguistic and

cultural mediation in relation to public health services

On the basis of our experience, we have identified three fundamental issues to be analysed in relation to cultural mediation. These are:

■ The attitudes of health workers towards facilitating access to their services by a population of migrants and foreigners. In other words, is their an awareness of the difficulties migrants face in accessing health services and has the need for change been addressed?

■ The expectations of both sex workers and public health personnel in relation to the presence of cultural mediators. Are these expectations realistic or do they jeopardise the very function of the mediator?

■ The rules and protocol which need to be established in accord with the personnel of the public health services to ensure a formal collaboration and greater leeway for the use of cultural mediators within these agencies. What preconditions are necessary in order to apply the methodology proper to cultural mediation and to clarify roles within the working structure?

A primary consideration is linked to the first point: the creation of new professional roles and spaces for cultural mediation on an institutional basis and as a model of intervention is tied to the degree of importance which administrators and personnel attribute to this strategy as a determinant in ensuring access and quality care for an immigrant population (particularly in regard to specific ethnic groups or sub-groups which are hard to reach). Obviously important, too, is the general perception of personnel regarding immigration as an issue and immigrants specifically: are they seen to be a *problem*, a strain on society or are there ways of aiding the perception of immigrants as a resource which can promote improved relations between cultures and forward integration?

The first misunderstanding which must be overcome is, therefore, the perception of cultural mediators as representatives who facilitate a population seen to be problematic and burdensome.

The first precondition necessary to establishing operative spaces for cultural mediation is, therefore, recognition of the potential inherent within the community of immigrants as a force for positive change. This must, of course, be accompanied by willingness on the part of health services to work within a multi-cultural framework and to identify necessary tools for implementing modifications within a cosmopolitan society.

The other precondition is the recognition on the part of health service personnel of the objective difficulties which exist regarding access and care for an international community within their structures. For example, in the case of AIDS or STD prevention policies, it must be understood that merely offering free, anonymous testing or screening does not in itself represent a true guarantee of accessibility to many of those who most require such services. Even when health services are aware of the need to promote free and anonymous testing for illegal or clandestine migrants, and thus adopt an *open door* policy, there should be a higher level of awareness promoted: just because a door is open does not mean that entry is any easier if you do not know where the door is located or if you do not even know that it exists. In any case, just getting in a door does not mean that one necessarily enjoys the room in which one finds one's self. Without an awareness of this sort, it is likely that health personnel will continue to perceive cultural mediation not only as superfluous or unnecessary, but also intrusive.

A limited or partial awareness of some of the problems related to impediments which

make access to services difficult can be equally damaging by causing equivocal misunderstandings. For example, by recognising that poor command or lack of knowledge of the dominant language in use within the host country represents a severe obstacle to accessing quality care, medical personnel may be willing to enlist the aid of an interpreter while still not understanding the need for a cultural mediator. It should be understood that the reasons migrant sex workers do not access services is not only linked to issues regarding language.

Policymakers

Equally, if policymakers identify the difficulty of migrant sex workers in accessing health care as being directly linked to their lack of knowledge regarding the services themselves, the personnel may expect cultural mediators to occupy themselves with tasks related exclusively to the promotion of publicity materials informing the target group of the service, its location and its hours of operation. This is, how ever, an inappropriate utilisation of cultural and linguistic mediators.

What distinguishes a cultural mediator from an activist, a translator, an interpreter; from a social worker, a field worker, an intermediary or socio-sanitary assistant?

What are the distinctive traits which we have identified as fundamental to clarify roles and responsibilities?

■ A fundamental trait is belonging to a *different* culture which interacts and reacts to the dominant culture of the host country and possessing a capacity to interact with both systems while highlighting the positive aspects of each and creating a reciprocal exchange between the ethics which inform them and the structure of social organisations which embody them.

■ Knowledge of one or more minority languages (mother tongues) and the native language of the host country so as to facilitate communication between members of an immigrant community with those who constitute the dominant culture. The mediator is therefore necessarily linguistic as well as cultural.

■ Another distinctive trait of the cultural mediator is an experience of migration and, in our case, an experience within the sex industry.

Within our analysis of the contacts between cultural mediators belonging to the working group and the first contacts among the target group, the elements which created the possibility for an immediate close interaction were, in order of importance:

- shared linguistic and cultural background (national or regional);
- a common experience as migrants;
- a common experience within the sex industry;
- appearing as a role model within various contexts and to various groups (on the basis of age, life experience, notoriety within an ethnic community or -- with regard to those cultural mediators who had no direct experience as sex workers -- as an example that migrants have other alternatives to prostitution as a means for survival).

■ Finally, the cultural mediator comes into being when someone or something (an institution, a public service, a migrant community) asks for and recognises this function within another person of the same race and language (for the clients) or of another race and language (for the service providers): in other words, a cultural mediator becomes such when there is an explicit sense of awareness regarding roles and shared rules as well as a mandate. These must then be supplemented by training and specific experience in the field.

The term *mediator* implies a position of mediation, someone who is half-way, a go-between who knows the reasons, the customs and the codes of a majority culture in the host

country as well as the conditions, the social ethics and the scene in which a minority group finds itself and for whom the mediator represents a reference. It is the mediator's task to act as a bridge between systems which are not in contact with one other as well as with organisations with which the minority group may be unfamiliar because of their recent arrival from abroad or for reasons linked to linguistic or social issues, lack of opportunity or lack of power.

If we can recognise that mediation, understood as cultural and linguistic facilitation, is a new and vital tool which can aid integration of particularly marginalised and vulnerable ethnic groups as well as a means by which one can obtain increased access to opportunities and care, then we must exploit the possibilities that it offers to the fullest extent possible by making it an integral part of the public services. This will require a process of regulation which runs the risks of rigidity typical of many administrative schedules, so that it becomes equally imperative to put in place effective standards capable of measuring the effectiveness and impact of innovative procedures involving cultural mediators.

As our project represents an experimental pilot project which was autonomous both in terms of the methodologies adopted as well as in the practical development and execution phases, it was usually possible for us to raise awareness among service personnel regarding the need for linguistic facilitation. This was particularly the case when we were able to arrange for such mediation independently, but in harmony with the service providers.

This autonomy, including financial autonomy, was essential for the development of our model and for the utilisation of linguistic and cultural mediators. Our ability to provide such services free of charge to medical and health institutions as a means of collaboration whose ultimate objective was to facilitate access of the target group to basic care and prevention activities allowed personnel to validate and confirm the utility of such interventions with tangible results (in some instances, the number of those belonging to our target group who made contact with screening services nearly doubled). In the future we hope that such services can be directly integrated into the services provided by the public institutions and that administrators will appreciate the political significance which underlies the adoption of such measures.

In any case, for the project leaders, the necessity of facilitating access to health services had a direct relevance on our ability to meet the objectives of the project. On the one hand we wanted to ensure the possibility of the target group to access prevention and care and on the other we felt it necessary to intervene directly with members of this population in the context of their work environment so as to stimulate behaviour change conducive to health promotion and maintenance.

These goals made it necessary for us to assist the sex workers in obtaining a higher degree of autonomy and empowerment in other areas of their lives as well as in other aspects related to their work. These aspects of the work we wished to conduct were directly linked and exerted a reciprocal influence on each other: an increased knowledge and perception of risk resulted in an increased request for medical check-ups and screening. Prevention practices and health promotion enabled the women to identify other negative areas in their lives over which they were unable to exert satisfactory control, resulting in an increased demand for mediation services and support. At the same time, our increased activities born as a result of an increased demand on the part of clients, led to a higher profile of the project and a growing awareness among service providers, brothel owners, NGO's and social groups as well as public administrators regarding our activities. Here, too, this increased awareness led to an increased demand for our services on the part of the establishment and its institutions. In this sense, a fundamental criterion for the effectiveness of cultural mediator was put into place: the request for our services represented a need which had been expressed on both sides.

Summing up, we can say that one part of our mediation activities were implemented

directly into the prevention interventions targeted towards the migrant sex workers and into the philosophy and guidelines which inspired our activities. Each linguistic and cultural mediator acted as a spokesperson for the needs of individuals and of groups for whom he/she represented a reference point because of a common heritage. Together, the mediator and the members of the target group were able to establish priorities and give input into the means of adapting materials and messages to the specific needs of a community while respecting the general guidelines of the project as a whole. Having to work simultaneously within a common program with a completely international population required a continuous degree of mediation.

To bring a practical example: if an expert was invited to conduct a workshop on a specific theme, the cultural mediators who were present negotiated with the expert the best means of imparting the information to the members of the target group who were in attendance, highlighting those points which could most easily find acceptance and underlining parallels which could find some measure of relevance to the clients' lives. The mediators were also responsible for working with the target group prior to the event itself and pooled common questions and fears thereby acting as a filter during the workshop with tasks which went far beyond linguistic interpretation. Obviously, as a result of this strategy, the contents of the workshop did not significantly change; means were found, however, whereby the contents could be more effective, more comprehensible and more accepted -- not only linguistically, but emotionally.

Naturally, the task of mediation internal to the working groups was constant and covered such areas as deciding which types of activities and programs could be adapted to the needs of the various subgroups within our target.

Another area in which cultural and linguistic mediation was utilised is linked to communication between the sex workers and the service providers. As was mentioned previously, this implied accompanying clients to the services, translating during these visits and offering counselling; as such, this form of mediation was offered only when requested by both parties involved (the sex workers and the health personnel or service providers).

A third area for mediation activities was represented by communication between the sex workers and other individuals or groups who were in some ways connected to them or else were able to exert an influence on their possibilities for behaviour change (club owners, pimps, etc.). Additionally, mediation was offered between the sex workers and representatives of non governmental organisations of various types.

Problems related to the impact of cultural mediators

We analysed a series of problems related to the impact of cultural mediators which we will list as points to be evaluated in terms of the effects which can result from the use of this personnel, especially with regard to an effective employment of mediators. These considerations are based on the evaluation of experiences which have matured during the course of the TAMPEP project as developed in the three participating European countries.

One of the risks linked to the role of cultural and linguistic mediation is that the mediator might become or might be perceived by the sex worker as a *healer* who has the responsibility of solving the structural problems of health services in relation to their migrant clients. As a

consequence, one of the risks is represented by a mechanism of transfer whereby all responsibility is delegated to the cultural mediator. Consequently, the mediator becomes the scapegoat for unrealistic expectations and structural deficiencies within the institutions themselves while other professionals perceive themselves to be unaffected by inefficient service provision or system failures.

The position of cultural mediators within the TAMPEP teams was particularly difficult for the simple reason that the reactions and behaviours of the service providers were particularly important in the context of prevention services (such as testing, screening and health care) which we encouraged our target group to access.

Another potential risk lies in the possibility of the cultural mediator being invested with a role of *advocate* for the services themselves rather than for the target group. This risk is particularly present when the mediator is the person who has organised the contact between the client and the service provider and even more so if the mediator has had contact with the client in a field work setting (in as much as the client is aware that the mediator has an understanding of underlying problems, expectations and the urgency with which the client expressed a desire to have some response from the institution). In this case, the position of the cultural mediators who were utilised within the TAMPEP teams became extremely problematic both because a poor response from the service provider undermined the future credibility of the mediator in relation to the target group as well as because the dissatisfaction experienced by a sex worker as a result of an ineffective response by service providers could then translate into a passive stance towards prevention activities and behaviour change (including possibilities for testing, screening and check-ups). These two situations seem inevitable in this line of work. One may attempt to clarify the position of the mediator beginning from the initial request for mediation expressed either on the part of clients or of service providers.

Positive factor

In our experience it was a positive factor to initiate cultural mediation prior to direct contact between service providers and clients. We attempted to ensure that the mediator had an opportunity to inform the sex workers regarding the structure of the health services, the potential benefits and limitations of these structures and to mediate in a phase which preceded a direct request on the part of the client and a possible offer on the part of the services. This helped to better define the precise nature of the request being made and allowed for a wider range of referral services becoming involved. We were also able, in this way, to address issues of trust between the sex workers and the service providers. In this context, it needs to be specified that many of the sex workers from developing countries linked their perceptions regarding health services to a variety of factors, including: payment as a sign of quality care; the renown of the infrastructure as a guarantee of first-rate services; the facility with which services provide pharmaceutical products (*A good doctor always prescribes many and costly treatments, especially antibiotics).*

In addition, for many of the women belonging to our target group, a public health service was always synonymous with low quality care and low quality clients. This *prejudice* needs to be put in relation to past experiences which these women had entertained with analogous institutions in their countries of origin. The role of the cultural mediators, in these instances, was to act as a bridge between the two cultural systems, neither defending or offending one nor the other as better or worse. Attempts were made to explain the differences in the systems and to put these into relation with the experiences the migrants may have had in their countries of origin. On the other hand, service providers frequently were adamant in their need to have some recognition of gratitude on the part of the women they helped or merely assumed as a

supposedly logical consequence that these women were appreciative of the possibility to access care and that this possibility in itself denoted the preconditions necessary for a relationship of trust between provider and client.

Mediators here had to take the form of awareness raising and counselling of service providers while avoiding the appearance of being aggressive advocates for the rights of the target group or extreme critics of the institutions. In these cases, therefore, the counselling had to be desired and appreciated as a contribution of the mediator towards a clarification of the motives for poor communication or for cultural differences related to client expectations and their manner of formulating requests for service provision.

Additionally, the mediator had to negotiate and illuminate a variety of non verbal messages related to the manner in which clients addressed themselves to the service providers (for example, a shy or reserved position elicited by a conviction that doctors and medics are fonts of absolute authority).

The mediators were also mandated to assist service providers towards an improved understanding of the relations between health status and working conditions experienced by migrant sex workers while avoiding the possibilities of violating the confidentiality and trust of the clients with whom there has been contact.

The mediators' task was to summarise information regarding the clients, which were seen to be important in order to structure a more accessible and higher quality service, and to communicate these to the personnel of the service as general points which could be highlighted. At the same time, the mediators were to avoid entering into discussions regarding the medical aspects of care as they were not competent to do so, nor were they to make specific reference to single cases which could then be identified by the service providers; these were fundamental qualities of the mediation we required and it was necessary to ensure a constant supervision so as to maintain appropriate standards of performance. In particular, it was noted that service providers tended to frequently request specific information regarding clients which were, in fact, sometimes required in the best interests of the sex workers themselves.

In the event that the mediator deemed it necessary and fundamental to inform the service provider on health issues related to single clients prior to the initial contact between doctor and sex worker (because to omit such information would jeopardise the possibilities for appropriate care and treatment), the standing rule was that the mediator contact the project co-ordinator. After analysing the situation, the sex worker in question was consulted and together a strategy was delineated according to which a specific mandate was accorded to discuss relevant issues: the sex worker remained the ultimate arbiter who decided what could and could not be referred to service providers. It is not necessary for a cultural mediator to have a medial or para-medical education. For their task basic, fundamental knowledge on health and STD/HIV is required. They must be able to refer to informed medical doctors; they must refrain from giving medical consultations themselves.

There is also the risk that the cultural and linguistic mediator be viewed as an accomplice to the services and in part responsible for the behaviours which cause dissatisfaction among the target group. In other words, there is the possibility that the mediator is seen as an ally of the institutions and the social workers; as a diplomat capable of arriving where administrative authorities cannot.

In this case, the cultural mediator finds him/herself in an impossible situation. In virtue of their role as *facilitators,* the mediator should not and cannot jockey for positions of power in relation to the ethnic group which they represent nor can they be perceived as lackeys of the health or social care services.

Whatever information the mediator acquires during the course of his/her work (either in the field or in contact with the clients themselves) must enter in the field of confidentiality and cannot be disclosed or exploited as a means to exercise control over individuals or groups.

Additionally, the mediator must be able to safeguard a position of autonomy in as much as it is this neutrality which underlies possibilities for successful mediation.

In our case, the members of the work teams were hired to execute added duties related to field work, health promotion, information sharing and support. This implied multi-lateral mediation with a variety of counterparts (service providers, owners of sex work venues, public administrators) all of whom were vital to identifying viable solutions to collective problems as well as to promote initiatives which could turn to the advantage of our target.

This did not necessarily modify the role of the linguistic and cultural mediator in relation to the services, but the multidisciplinary nature of the work put the mediators into a rather peculiar position. To be invested with a measure of responsibility in the quality of service provision or in the behaviour patterns of a client group meant also to be caught between two pressure blocks with sometimes opposite interest and in one way or the other to compromise the activities of outreach, training and information sharing with the target.

To avoid problems of this sort which were a frequent reoccurrence throughout the project, it was decided to allocate the task of negotiating with services, institutions and individuals who had influence over the target group to the national co-ordinators. In this way, preliminary protocols regarding collaboration could be stipulated and in some ways the co-ordinators could forge an initial path which would facilitate the subsequent steps of the mediators. But, inevitably, the mediators always ended up between two blocks: the service providers with their unrealistic expectations (client satisfaction expressed as gratitude and translating into compliance with treatments and informed choices and demands) and the sex workers who nurtured unrealistic expectations in relation to the possibilities of the mediators (complete satisfaction in contacts with services, including those not specifically related to health care).

Therefore the conclusion is that mediators cannot provide guarantees of whatever kind to either part, nor can they be held accountable for the degree of satisfaction experienced through the contact established between service providers and sex workers. In fact, mediators should not have to find themselves crushed between explicit offers of allegiance to one side or the other.

The manner in which linguistic and cultural mediation is offered during direct meetings between service provider and sex worker is extremely important. Basic ground rules should be established and respected from the outset. For example, during translation services it must be made clear that everything that is said will be translated and that attempts to encourage allegiances through communication directed only towards the mediator (under the assumption that certain remarks will not be revealed to the other part) will be discouraged and distended. In addition, the mediator must make a point of clarifying explicitly to both parties (service provider and sex worker) those moments in which he/she wishes to offer an informed opinion -- in these instances it should be clear to everyone present that the mediator is not merely translating but interpreting. Such contributions must also be translated integrally to both parties present. One sided communication, effected in a language the other party does not understand, must be avoided at all costs.

It should be kept in mind that this form of mediation requires extended time investments and is, from this point of view, lengthier than simple translating. The cultural mediator may offer to summarise or synthesise thoughts, requests and phrases: in any case, however, permission to do so must be sought and accorded by both parties. In such instances, the mediator must verify whether the summary clearly expresses its intended message and both parties must be offered equivalent opportunities. Any form of dialogue between service provider and sex worker must

conclude with a request on the part of the mediator regarding additional points which might need clarification and whether anything else should be added. In other words, both parties must be aware when and acknowledge if a meeting has come to a close.

Definition

Enwereuzor-Johnson, during a conference on cultural mediation held in Bologna (Italy) in October 1993 defined linguistic and cultural mediators as professionals who facilitate the cultural and linguistic comprehension between clients who belong to ethnic minorities and public service providers in a context of unequal powers and respect for both parties.

If impartial neutrality is a fundamental condition to perform mediation between clients and service providers, the recognition that linguistic and cultural mediation are necessary derives from the context of unequal power cited above.

It is this precisely this context which leads to a series of contradictions as the mediator finds him or herself juggling a series of functions which combine advocacy, translation and counselling.

The push towards advocacy is seen as coming from recognition of the unequal balance of power between client and service provider, particularly in the case of clients who belong to ethnic minorities or sub groups such as sex workers who are often stigmatised for their professional choices. It is apparent that such individuals might require advocates to defend their interests *vis a vis* the services so as to ensure an equal treatment. The mediator who winds up advocating for the client risks entering into a relationship of conflict with the very parties upon whose behalf mediation has been sought or offered.

Because of fears regarding advocacy and activism, we have seen that many services tend to delimit the interventions of mediators to mere translation activities. At the same time, however the degree of expectations reposited with the mediator (both on the part of service personnel as well as sex workers) remains fundamentally unaltered. It is apparent that this set up can only lead to a limited effectiveness.

At the same time there is a risk, if it is not clear to both parties what the precise role and functions of the mediator are that clients will perceive the mediator as a tool of the service providers. This risk is present even if the mediator is engaged exclusively as a translator; it is particularly apparent when the mediator is asked to utilise translation skills as a means by which to represent the service to the migrant community. We feel, in any case, that it is more important to focus on the mediator's capacity for translating cultural concepts rather than words.

It is of vital importance to establish a protocol and submit this to service providers who request cultural mediation; such a protocol has the function of defining the game rules and reciprocal responsibilities which will inform the activities of both mediators as well as service providers for the duration of their collaboration.

The protocol should take care to define two issues: the role of the cultural and linguistic mediator (highlighting the substantial difference between translation and mediation) and the forms of counselling which are to be offered clients as well as the dynamics which will regulate the relationship between service provider/mediator/client. It should be ensured that within this structure, the mediator is allowed degree of autonomy while at the same time maintaining a neutral service of interpretation.

In addition, the protocol should include measures to protect the mediator from any form of discrimination or attack motivated by racist ideology. It must be remembered that the mediator is also a member of the ethnic minority to which clients belong and at times there is a symbiotic

relation between the mediator and the clients in virtue of their having shared common experiences. In the course of work conducted on the TAMPEP project, discriminatory comments based race or origin were directed towards some of our mediators or to the clients they accompanied to services. In these occasions, our workers were faced with a painful dilemma and had to deliberate whether it would be more appropriate to respond to such inflammatory comments or whether it would be more useful to stay silent so as not to jeopardise the possibilities of their clients to contract appropriate care.

It should be clarified that a mediator has the right to sever any contact with offending personnel during the course of mediation or to withdraw from a commitment if previously established ground rules are violated. However, the mediator should have the security of knowing that clients will be able to access services through the mediation of others who can act as replacements in guaranteeing a continuity of care to the client.

A formal request for mediation on the part of service providers, defined by an accepted protocol, represents a means of guaranteeing the professional status of the mediator and clarifies his tasks while at the same time promoting an increased awareness on the part of service providers and administrators that cultural mediation is a recognisable, distinct and necessary function worthy of being included within the general offerings of any service.

In addition, a fair pay and compensation for their work needs to be guaranteed to mediators as a means of ensuring recognition of their professional worth.

A future model of integration which addresses issues of cultural and linguistic mediation should contemplate the necessity of paying mediators, but also of structuring training possibilities through local administrations during the course of which aspiring mediators will have an opportunity to reinforce their knowledge of legislative and social and medical factors which characterise the regions in which they operate. This training needs to be generic but should also focus on specific issues and themes in relation to the various sectors in which mediation may arise as a continual concern (legal offices, health services, educational facilities, etc.). A cultural mediator cannot possibly be trained on all aspects of social life prominent within the host country, but should specialise in understanding the implications which regard specific sectors as well as specific populations (men, women, young adults, old people...).

The Italian model of organizing training courses for cultural mediators which take into account reciprocal obligations and criteria for entry and acceptance into such programs seems to be quite valid and it is noteworthy that the costs of such training are underwritten by the municipal or regional governments. Mediators are also employed within co-operatives and must in any case have academic qualifications. It is a responsibility of these co-operatives to establish fees and protocols to which the individual mediators adhering to the co-operative are then bound.

In the context of the TAMPEP project, cultural mediators were paid with project funds. It was therefore unnecessary for us to explore the possibilities of obtaining money from the services that requested or made use of this potential. Frequently, however, we noted that there is often a rooted prejudice among service providers who tend to denigrate pure volunteer activities (perceived to be less *professional*) while often, too, the mediators themselves are reluctant to obtain payment for assisting women who are from their same country or clan. These stereotypes do not clarify, in any case, the professional role of the mediator nor do they attempt to distinguish common features of relevance to the target group or proper means of utilising mediation as a resource both in terms of language as well as a common approach to multiculturalism.

Effects and prospects of TAMPEP's method of cultural mediation in the three participating European countries

Alongside the considerations linked to the difficulties encountered within TAMPEP's use of cultural mediators and the impact of such use within the broader scope of the project, which have been described in the previous section, we feel that it is worthwhile to summarise the future prospects regarding the use of cultural mediators within the public health services of the countries in which TAMPEP was activated.

■ Italy

In Italy, public health services whose clientele is predominantly foreign have been availing themselves of cultural mediators for a few years already. Likewise, for the past several years training courses for prospective cultural mediators have been organised and their duration is often in excess of 500-800 hours.

For these reasons, it has been somewhat easier to clarify the role and functions of cultural mediators within our negotiations with collaborating public health services. In this context, it seems more likely that it will be possible to find ways of integrating TAMPEP's experimental activities within the range of services provided by public health clinics and HIV/STD prevention programs.

As an example, we need only cite the fact that municipalities and organisations external to our project have begun soliciting interventions by TAMPEP mediators after having heard about the project through other sources.

Additionally, a number of nongovernmental organisations as well as public institutions have also requested input from TAMPEP workers regarding the training of outreach workers for our specific target as well as in relation to our methodology.

The fact that the Italian organisations and health services with whom we collaborated in Italy were cognisant of the definition and concept of cultural mediation was a factor which facilitated our task, but naturally this alone did not resolve a series of underlying problems nor did it guarantee a positive outcome regarding the impact of the project activities. It should, however, be noted that this background knowledge constituted a notable difference between Italy, on the one hand, and Germany and The Netherlands, on the other. Where the concept of cultural mediation and mediators was vague or unknown, we found ourselves having to invest considerable time and energy simply into explaining, introducing, clarifying and evaluating the possibilities of integrating foreign workers into staff positions which went beyond simply translator or acting as a conveyor of information to a specific group.

As far as the prospects for integration into Italy are concerned, it seems to us particularly important to be able to offer an ongoing training to our cultural mediators within the context of the formally recognised *official* training courses and, if possible, to integrate within these courses a section on peer support which was vital to the correct functioning of our project.

The possibility of offering ongoing training within the context of the official courses would represent a positive step forward for the sex workers contacted, selected and initially trained

within the framework of the TAMPEP project. Such training would also allow for continuity within the project as it expands and is consolidated. Finally, such training might be useful in terms of preparing migrant sex workers for alternative employment should they so desire.

From this point of view, some success has already been met. Several of the municipalities in which TAMPEP was activated have been favourable to integrating TAMPEP workers into developing training programs and, in one case, a former sex worker who collaborated with TAMPEP in Torino has been selected to attend a training course for aspiring mediators which was organised by the municipality.

It should also be remembered that the exchange of personnel was reciprocal: the Nigerian cultural mediators who formed the initial TAMPEP team in Turin had been previously trained in cultural mediation precisely through courses such as those organised through the municipalities. One of the TAMPEP mediators, in fact, is also a cultural mediator operating from within the local health unit of the city.

Network

In Italy, it must be noted, the network of services with which TAMPEP made contact and collaborated was much more ample and differentiated than in the other two countries. In part, this was due to the general structure of the health service as a whole as well as to the fact that the migrant women externalised a greater variety of needs than those present in The Netherlands and Germany. In addition, as it were described earlier, proposals for cultural and linguistic mediation met with different reactions from publicly subsidised private sector services and those that were financed entirely by either the private or public sector.

We attempted to work with representatives of health services from each of these sectors and made efforts to involve personnel ranging from the private specialist attending to the needs of selected members of the target group all the way to the doctors responsible for services administered through large public hospitals. Mediation services were always made possible through a series of filters: the drop-in centre for Nigerian sex workers represented a first filter between the requests of the prostitutes and the various services capable of responding to these needs; another filter was represented by our efforts to involve the target group within the context of AIDS prevention activities promoted by existing NGOs, such as LILA. The number and effectiveness of these filters depended on the local infrastructure of the project as well as the manner in which health services for migrants (including illegal aliens) were organised on a local level.

For the future, it will be important to establish internal strategies regarding the setting of priorities in relation to external collaborations which can or should be initiated in this country. It will also be necessary to study possible solutions required for meeting the expressed desires of the target group to be accompanied in all phases of their contacts with institutions by the same cultural and linguistic mediator.

To make an example, in Turin -- despite the fact that the drop in centre represented the hub around which collection and referral rotated and despite the fact that the sex workers were informed of and referred to (when possible) those services which offered translation or cultural mediation of their own -- the demand for TAMPEP cultural mediation increased even as the knowledge level of the target regarding services with facilitated access for migrants increased.

■ Germany

In Hamburg, the *Zentrale Berantungsstelle* (ZBS) (the public screening and treatment

centre for STDs/HIV) has employed translators and field workers from the same nationality as the target group for quite some time and are therefore in a position to satisfy the preliminary need for linguistic services which emerges as the major demand at an initial point. For this reason, however, several difficulties were encountered during the beginning of the project in as much as it proved difficult to clarify to the personnel the differences between mere translation and cultural mediation. In fact, German institutions tend to have developed a much greater competency in providing linguistic referral rather than cultural mediation. In Germany, the socio-cultural issues which are relevant and central to cultural mediation have been traditionally a prerogative of community based organisations or self-help groups.

During the period in which TAMPEP was operating, it was possible to evidence the greater specificity of our project in relation to the activities promoted by the public health services as well as the greater effectiveness of our interventions in reaching the target group with prevention and health promotion messages. Although the *Zentrale Beratungsstelle* does also streetwork in bars, clubs and apartments and by doing that, has direct contact to the women, they do not accept the idea of cultural mediation. They offer their medical services and deal with their migrant co-workers only as interpreters, what could be seen as fear of loosing power and control. However, the personnel of the public services came to acknowledge the advantages of collaborating and the reasons for the differences. Subsequently, regular use was made of TAMPEP personnel and frequent requests for consultation were forwarded to the Hamburg team.

The autonomous nature of the project and the fact that the cultural mediators working within TAMPEP were not representatives of the established institutions (a fundamental prerequisite for creating a climate of reciprocal trust, as noted earlier) helped to create a different kind of link between the *Zentrale Beratungsstelle* and the population of migrant sex workers who they were committed to reaching. Other factors which were influential in achieving this result were: possibilities of combining both information sharing and training with the provision of referral services; an ability to act as a vehicle for the exchange of information and opinions between service providers and clients; and a non-judgmental stance combined with studied neutrality.

These factors allowed ZBS, through their collaboration with TAMPEP, to make contact with a number of migrant sex workers that they could not reach by themselves -- and this despite the fact that ZBS had always supported outreach workers and translation within the structure of its services. In part, this may also be attributed to the fact that among the target group a number of sex workers used screening services as a voluntary, personal measure to safeguard their health and as a prevention practice (rather than as a means of complying with club owners or medical authorities who, for various reasons, promoted a strong pro-test position).

It bears repeating that Hamburg does not have mandatory STD screening policies and there is no direct control exercised over prostitution venues to ensure regular medical check-ups for sex workers. Historically, however, this position has evolved from a context in which obligatory screening was the rule and where sex workers previously were subjected to registration and mandatory periodical controls. These former policies have their root in the legislation regarding STDs which was described in the previous section analysing public policy on prostitution in each of the participating countries. It is not surprising, therefore, that in the minds of many sex workers public health services still connote institutions characterised by repressive measures and attitudes.

It should be added as well that many of the migrant sex workers have had professional experience in other areas of Germany, areas in which screening is mandatory and is conducted by the municipal health service. It is obvious therefore, that many of these migrants are not in a position to appreciate the difference in a city such as Hamburg. This leads to their frequent

inability to construe visits to the ZBS as anything other than coerced controls which are conducted with the complicity of pimps (who, in many cases, accompany the migrant sex workers to the facility). It is difficult, under these circumstances, to promote a vision of medical care and check-ups as a tool for health promotion and self-esteem. More often than not, the sex workers see access to medical facilities as a prerogative of brothel owners and pimps who are interested in having women who are *healthy* and thus more readily exploitable. Periodic controls are also the pretext by which pimps oblige sex workers under their influence to practice sexual intercourse without condoms. The lack of knowledge regarding risk reduction and the vulnerability of the sex workers combined with a minimal ability to contract or negotiate the terms under which they will work, make it possible for pimps to economically exploit migrant sex workers and increase their profit margin.

Paradoxical

These extreme but diffuse conditions become almost paradoxical in the context of a city such as Hamburg and, in particular, in relation to the attitudes of health service personnel. On one hand, the public screening unit targeting sex workers was born from a health policy which saw prostitutes as vectors of transmission for dangerous sexually transmitted diseases. On the other, it represents an extremely specialised and functional centre which offers quality care and service. The centre is seeking its own identity as a centre for the detection and treatment of STDs and it targets risk groups. It could therefore become an important model and is advantaged by the fact that it tries to promote its services without any attempt to exert repressive or controlling measures. It is accessible by anyone and presumably there is an underlying trust that all those who seek services through the centre are doing so on a completely voluntary basis.

At the same time, the centre does not attempt to utilise its influence and institutional power to lobby brothel owners or exert pressure on the sex industry to raise awareness on safer sex practices and a perception of responsibility on the part of club owners regarding their role in the control of STDs and HIV. Also, there are no attempts made to enforce policies related to hygienic measures regulating working conditions. The motivation for this rather passive stance is attributable to an effort on the part of the ZBS to avoid reinforcing the perception of the service as being repressive or an organ of state-control.

At the same time, the personnel is aware that they are being used as a *cover* by the managers of sex workers who coerce prostitutes into practising unsafe sex. By using periodic screening as a way of masking the actual risks these women run in terms of HIV /STD infection, the pimps and managers make themselves responsible for a high level of damage. However, the ZBS -- while cognisant of this state of affairs -- prefers to continue policies which will allow the largest number of migrant sex workers to access screening and testing, even if this means accepting to a certain extent the negative influence of pimps as a liaison through which contact is made with these women. Any other stance might lead to excluding large numbers of migrant sex workers from any type of medical treatment or gynaecological care.

The use of personnel who provide translation services and of social workers as well as an established network of collaborative partners who have contact in the field do not generally aid in successfully reaching the objectives set by the service in terms of general prevention programs. This is mostly attributable to the fact that there are problems in the way which the image of the service is perceived and there is a definite bias present in the work carried out by the field workers: although they distribute condoms and promote knowledge of the service, the outreach workers are seen as allies of the service and incapable of the neutral position which, as we saw in the section on cultural mediators, is a necessary prerequisite for success in this area. This “failure” leaves little space for external agencies to mediate.

Although the existing system may seem perfect, in as much as it combines specialised medical staff with social and health workers, interpreters and field workers of the same ethnic origin as the target group, it limits a true understanding of the dynamics which narrow the possibilities of migrant sex workers to access services in which there is a tremendous imbalance in contractual power. Another problem is linked to the fact that the ZBS exists as an institute whose final objectives and specific mandate are all focused on prevention activities: in order to have a better overview of the migrant sex workers, the service could begin exploring other issues which concern their health and social status too. In this way, the service would move a step forward to providing a valid response to the needs of these migrants. It is their desire to have access to a service which is not exclusively oriented towards caring for their genital apparatus, but one which offers a range of counselling and care treatments for a host of other work-related problems as well (such as stress, allergies, substance abuse). At the same time, the service must increase its possibilities for influencing the working conditions in the venues where prostitution takes place. There should be a more effective way of interfacing with brothel owners and a means whereby employees of sex work venues can be guaranteed a healthy work environment.

Entertainers

Another difficulty which should be noted is that the field work and outreach targeting the sex workers is conducted almost exclusively in the public sex work venues located in the area of Reeperbahn. Attempts to raise information levels and awareness regarding STDs, preventive measures and existing services can only meet with limited success if they are targeted towards women who are engaged on the workplace. The objective difficulties, experienced by TAMPEP workers as well, are linked to the fact that sex worker in these clubs and bars is of a non-explicit nature (the sex workers are engaged as entertainers who are supposed to meet the needs of clients by keeping them company which may or may not lead to a sexual contact).

Additionally, it is difficult to maintain an attention span of more than a few minutes given the fact that the interventions take place during working hours and the women are occupied in attempts to procure clients. Also, the sex workers engaged in these clubs and bars make regular use of alcoholic beverages and other intoxicating substances during their working hours and this tends to limit one's ability to concentrate or correctly interpret information which outreach workers may provide. Finally, the sex workers -- while on duty -- tend to completely transform themselves in terms of personality and behaviour traits: while on duty they must adopt strategies of seduction which will enable them to recruit clients. It is extremely difficult to carve out a space, in this context, in which the outreach worker and the sex worker can relate either physically or emotionally.

Neutral

TAMPEP personnel regularly visited bars and night-clubs but limited their interventions to simple and rapid distribution of materials, fixing of appointments for later dates, and publicising of the prevention activities scheduled. Activities related to information sharing and training took place in other, more neutral, venues and in time frames which were not concurrent with working hours. After the first four to five months, we were able to collaborate with a group of sex workers (who had attended TAMPEP trainings or had contact with *Amnesty for Women*) and make more meaningful incursions into the workplace of our target. In these instances, our personnel were specifically invited and an agreed upon time had been scheduled ahead of time. Usually this coincided with a period immediately prior to the beginning of working hours. In any case, however, the possibilities of using public health services as a venue for meaningful contact were rather limited: contact here was superficial and rather abrupt; it was possible to engage in

meaningful discussion only in more neutral settings.

It should be underlined that in this context the majority of sex workers who operate from within bars and clubs are transsexual or transvestites of Latin American or Thai origin. With this population, it is very important to bear in mind the limited form of contact which can be had due to the aforementioned issues regarding personality change and substance abuse. In these cases, it is difficult to engage in meaningful contact because of the issues around cross-dressing and role playing: the sex worker must embody and project a host of stereotypes related to *being* a woman. This is done both to entice the client as well as to bask in the satisfaction of obtaining a gratifying adulation regarding one's *femininity*. This transformation also includes a substantial defence mechanism which allows the sex worker to remove the potential danger of unprotected sex as well as the issues of every day existence. In this situation of double life, there is a trait common to all sex workers: the selling of images which have little or nothing to do with one's core personality.

With transvestites and transsexual, however, there is a double edge to this double life in as much as the acquisition of sexual services on the part of the client is frequently interpreted as being a sign that there is a complete acceptance of the sex worker as a woman. It should be clear at this point that the many difficulties mentioned limit the possibilities of creating a strong link between the service providers and the sex workers even when there is a utilisation on the part of the services of translation services provided by interpreters who belong to the same nationalities or ethnic origins as the target.

However, we had a very good experience in terms of peer education with Latin American transsexuals through a German course created by TAMPEP in the St. Pauli area, what means, near their working place. From that experience we learned about their social and psychological struggles during the process of transformation, and the risks they take in terms of safer-sex to overcome their process.

The cultural mediation offered by TAMPEP workers had a different sort of effect in relation to behaviour change on the part of various groups and subgroups of migrant sex workers in Hamburg because it differentiated interventions in relation to various life and work situations and it offered support as well as a program of information and training which was well integrated into the structure of differentiated needs presented by this population. In addition, the specific remit of the TAMPEP workers was linked to prevention messages which highlighted risk and harm reduction as a tool to reinforcing individual self-esteem and over-all general health.

The public administration of Hamburg and the department of health formally recognised the importance of cultural mediation and the model experimented by TAMPEP. This recognition took the form of a request through which the TAMPEP/Hamburg team was asked to organise and conduct a series of workshops to be attended by public health providers (including personnel from the AIDS bureau) which will illustrate and analyse the methodology and structure of TAMPEP as well as the issues revolving around client/service provider relations and cultural mediation as a new tool to facilitate contact with the target group. This request will allow us the possibility, in the future, of integrating the TAMPEP model within regional prevention policies and of introducing cultural mediation as an important element in service provision.

■ The Netherlands

In the Netherlands there is no existing model of AIDS/STD policies which take into account the communication difficulties experienced by migrant sex workers in relation to their contacts with public health services.

There have been some recent developments in training and employing personnel who have the function of informing minority ethnic groups residing in The Netherlands of basic AIDS prevention messages. These focuses primarily on forms of HIV transmission and the correct use of condoms and the informative messages are delivered in the native language of the target group and in a manner which is purportedly adapted to the cultural values and framework of the same. However, there has been no specific work done in the area of migrant sex workers.

Generally, it should be noted that the training and employment of informants of ethnic origin (non-Dutch) for prevention programs was initiated with some delay in The Netherlands. In other countries with a similar international make-up, such programs began at an earlier phase: for example, in Belgium ethnic informers have been employed in various agencies since 1987; the same can be said for Switzerland, the United Kingdom and France.

In France and the United Kingdom, there has been even more in-depth experimentation with the role and function of cultural mediators in a variety of social contexts.

Specific work has been documented and a large number of projects are targeted to subgroups within this population, in particular to migrant women. Within this type of framework, it has been relatively easy to introduce AIDS awareness campaigns targeting minorities as a whole and minority women in particular.

Special projects targeting members of minority ethnic groups, including self-help groups for those with higher risk behaviours, have been in place for at least a decade in Germany, Belgium, Switzerland, France and the United Kingdom.

In The Netherlands, there have been campaigns targeting ethnic communities of non-Dutch origin, but they have always been launched, managed and organised through Dutch institutions. Consequently, there has been little possibility for members of the affected communities to exercise any influence in these campaigns.

In the last two years, this reality has been slightly modified, but in any case it still excludes any active representation of migrant or foreign sex workers and community groups of ethnic origin are reluctant to address issues regarding prostitution. A case in point regards the Ghanaian community forums: they are unwilling to actively pursue topics related to the sex work industry or sex workers, despite the fact that many women from this population are involved in prostitution.

Within public screening facilities and health services, the use of translators is very limited. In some Dutch cities, there has been attempt within the past year to use freelance interpreters of Turkish, Moroccan, Surnames and Antillean origin as channels through which to inform clients of STD clinics regarding risk reduction.

This general overview, when compared to what is happening in other European countries, provides an image of a rather insensitive and particularly ethnocentric prevention policy, despite the fact that The Netherlands host large numbers of migrants as well as second and third generation ethnic minorities. This is to be attributed not so much to a lack of knowledge regarding cultural variations and the impact of these on sexual behaviour and health beliefs, but primarily to the lack of involvement of affected ethnic communities in AIDS prevention and health promotion planning and execution. In addition, until the past two years, there has been very little change in the working methods used by the various departments with responsibilities in these sectors as they apply to migrants and members of ethnic minorities.

In the period subsequent to the completion of our first year of TAMPEP activities, the STD Foundation (which is subsidised by the Dutch government to perform national STD/HIV awareness campaigns) initiated and successfully completed a training for a group of 9 Latin American peer educators (active and former prostitutes). The course was structured into 8

lessons and targeted Latin American women who were to provide assistance to health workers in public services during outreach interventions. The impact which the peer educators will have on field work should be evaluated in the future on the basis of the effectiveness of their collaboration with local agencies as well as on their ability to influence the working methods and performance of colleagues and on the degree of interaction they entertain with local institutions.

In other words, evaluation should take into consideration the way in which the peer educators come to perceive and to project themselves in relation to the services for which they work: are they seen as translators, agency representatives functioning as recruiters for the target group, consultants, or "experience experts". The social and working conditions of the peer educators, in a service system which does little to take into consideration structural imbalances in power (even in the use of peer educators) and where peers have little influence over actual policy making or production of project materials, are such that there is a real risk of crushing the workers and limiting the effects of their work (for reasons similar to those already listed in relation to cultural mediators).

Effects

For the moment, we do not have sufficient data to evaluate the effects related to the use of peer educators on our project and we are unable, for example, to accurately measure the relation between these effects and the status of the peer educators (for example, differences between the effectiveness of those who were and those who are active sex workers). In our experience, this is a fundamental difference and the effectiveness of either factor is highly dependent on the circumstances which characterise the target group and the form of rapport established between the peer educator and her community.

In our experience, a working experience with peer educators belonging to the Nigerian community would have been ineffective had the women in question not been active sex workers. On the other hand, peer educators used in the Hamburg project (Thai transsexual active as sex workers within various clubs of the city) had extreme difficulty in being perceived as credible educators by the other Thai sex workers with whom they had contact; apparently for reasons linked to competitiveness and jealousy. Another Asiatic woman engaged in TAMPEP-Hamburg was equally ineffective as a peer educator even though she was a former and not an active sex worker. Her previous experience of sex work had been extremely negative and this personal history was projected into her contacts with the other Thai sex workers making it difficult for her to maintain a neutral stance and a non judgmental attitude.

In the next section we will provide a description of the ways in which peer educators were activated within the TAMPEP project. We will also discuss the definition of the role as well as the self-definition provided by the peer educators themselves. The impact and effect of both training and deployment of peer educators will be analysed and we will touch upon some factors which can influence the outcome of project goals in relation to the use of peer educators. Within the first year of the project, our work was not considered within in-house planning conducted at the STD Foundation simply because our services had not been requested and because we had conflicting schedules which impeded closer collaboration. To our mind, as was stated in terms of cultural mediation, it is important that when we consider peer education we envision utilising these professional figures within specific contexts and conduct an in-depth analysis of the necessary preconditions which must be met to guarantee quality service and supervision. Peer educators cannot afford to be perceived as *healers* capable of resolving endless difficulties because such definitions simply shift the burden of responsibility to the wrong shoulders and also because to do so would be to cripple any chances for success right at the outset.

Application

Just as cultural mediation, in order to be successful, requires clear ground rules and a correct application of the same so too must we consider the context in which peer educators will operate. Difficulties in assessing impact, roles, power relations and leeway for personal decision making: these are all factors which must be kept in mind. The similarities between cultural mediators and peer educators are born from the *intermediary* position which characterises both. Both figures attempt to facilitate access to and understanding of health services for marginalised groups.

The novelty of these professional figures, alongside a situation characterised by powerlessness and unequal social distribution of problems represent factors which can easily be taken as an alibi which bureaucracies and institutions use in order to mask an unwillingness to undertake crucial analysis of underlying issues (including AIDS prevention). In this context, peer educators can easily lose their innovative value and may find themselves in the paradoxical situation of representing powerless and problematic groups such as migrant sex workers while on the other hand, as members of the same minorities, these peer educators find themselves working within *powerful* agencies which represent the dominant culture and risk losing their capacity for acting as filters.

Just as cultural and linguistic mediators run the risk of being utilised or exploited solely as translators, peer educators are in danger of becoming low cost labourers in the field of AIDS prevention, without clearly defined professional positions and mandates. To impede this from happening, peer educators must be recognised as valuable team members within working groups and there must be more than lip service paid to their expertise: peer educators must have some say in the production and promotion of health oriented messages targeted towards the groups which they are supposed to permeate.

Equally, peer educators must have the possibility of participating fully in the analysis and evaluation of the activities in which they participate, alongside other social work figures. If they are utilised as pawns in a hierarchical working structure and if it is clear that they have no real contractual power (and no recognition of their expertise or ability to accurately represent the target group), then in the long run the peer educators will lose their will and their motivation to conduct work which is extraordinarily difficult.

Within the general overview of the Dutch situation, we should note that in the context of field work with migrants, some health professionals representing STD/AIDS clinics are frequently referred to as *intermediaries*.

This definition implies a form of mediation between the target group and professional service providers. It is our contention, however, that such a title is inappropriately utilised to define socio-sanitary personnel active as public health outreach workers. In almost all European countries, the personnel who work in AIDS or STD prevention centres are actively engaged in some form of outreach (sometimes of a more social rather than medical orientation). They are, therefore, representatives of the services rather than intermediaries between the target population and the service providers. There is also very little that can be described as innovative in the job tasks of such personnel because their remit is completely in line with that of other locally based social workers with, perhaps, an added emphasis on outreach.

This clarification is not meant to diminish the importance of outreach in prevention strategies -- which we feel to be indispensable -- however it remains a distinction which must be made if we are to understand more clearly the position and role of peer educators as opposed to those engaged in street work.

Social workers who are actively promoting outreach need only present themselves as such

to the migrant sex workers; they do not need to be *legitimated* by the term *intermediaries*. In addition to the problems linked to exclusive representation of public health facilities, the simple fact that the outreach workers tend to be exclusively Dutch reopens all the issues related to direct problems in communication for which cultural mediation is often required. This means that in whatever way we want to define such "intermediaries", there is no real fulfilment of the preconditions necessary for actually facilitating contact and dialogue between prospective clients (the migrant sex workers) and service providers (public health personnel). In any case, some form of outreach -- even if performed exclusively by official representatives of the agencies which many women fear to approach and by individuals who belong to the dominant culture -- seems to us preferable than none at all.

Experimental

Within the Dutch context, the methodology and job definitions of team personnel have been more of an experimental character and it has therefore been necessary to reiterate these descriptions, establish ground rules and clarify tasks with each agency collaborating with TAMPEP in The Netherlands.

We encountered numerous difficulties in our contacts with health personnel in the areas in which we worked, although we found it possible to pursue our interests continuously by highlighting common interests related to STD and AIDS prevention. These difficulties may be attributed to the differences which on a regional level regulate the organisation of public services (described in an earlier section) as well as to the innovative nature of our experience.

The problems we encountered in relation to our proposal of collaboration with the Dutch institutions can be characterised by problems of competition. The following points can be summed up:

■ The recognition (or lack thereof) that there were indeed problems related to contact, communication and understanding of AIDS and STD prevention messages and screening services on the part of migrant sex workers and that a portion of responsibility for this state of affairs was attributable to the health services personnel.

■ Fears that the function of the TAMPEP linguistic and cultural mediators was to act as advocates for the rights of the target with whom they had constant contact and that such a function would imply a hostile attitude of criticism towards the service. For this reason there was always the implicit hope on the part of the service providers that the peer educators would limit themselves to being interpreters and, consequently, very little space was given towards allowing the peer educators to exercise counselling functions, nor was attention given to the information which peer educators gathered during their contact and prevention work with the migrant sex workers.

Additionally, there was frequently little interest in understanding the means whereby prevention materials could be adapted to become more effective vis a vis the target population. Because of this, not only was mere translation insufficient to create the conditions necessary for mediation, but it also put TAMPEP workers in an embarrassing and inconvenient position with respect towards the target group with whom they had established contact and from whom they hoped to achieve a degree of credibility. At times these workers found themselves in the position of having to translate messages which were mistaken, offensive, unintelligible or ineffective. This was frequently the case when the health promotion messages and materials which the services wanted the peer educators to distribute did not take into account issues related to dependency or other working/living conditions (which service personnel did not feel was relevant or related to their area of competency).

Generally, all of the elements listed in the section on the impact of cultural mediation and the relations between mediators and service providers were found to apply to our efforts here as well. This meant that we had to continually analyse the nature of our partnership with agencies and decide the terms of collaboration by identifying areas in which common work and goals could be achieved and those areas which we felt to be laden with tension due to opposing or conflicting ideas and strategies. Our analysis had to take into consideration the importance of each collaborating partner to the realisation of a positive outcome for the target group. Additionally, on the basis of these considerations, we had to identify priority projects and partners and allocate the division of staff time and team investment in selected areas.

■ Difficulties in relating with clients who had become (thanks in part to the TAMPEP activities) more conscious of their needs, more able to articulate them and more empowered regarding their rights. In part, a more proactive stance was construed by service providers as being more critical towards the clinic.

■ Fear of having to incorporate change into the normal work routines. Such change was seen to be inevitable if service providers were to take into account the experiences matured during the development and execution of TAMPEP activities and if the inherent potential represented by cultural and linguistic mediators was to be taken advantage of to the fullest. This represented a very simple, but clear fount of discord which resulted in reciprocal misunderstandings and irritation.

For example, if arrangements had been made with local health service providers regarding visits to be made to sex work venues frequented exclusively by our target, then it was of vital importance that the appointments be respected (both in terms of regularity of contact and punctuality in the visit). This resulted in a heavy work load which had become somewhat of a given for our team members (long hours moving between one site and another, working throughout the night, exploiting new opportunities for making contact and accessing additional venues of sex work even if these had not been previously considered during the weekly planning sessions, etc.), but which contrasted with the availability of service providers (who were frequently unavailable or limited in the number of employment hours they could utilise for outreach purposes).

These organisational problems were exacerbated by the temporary nature of our project (TAMPEP as a pilot project had one year duration) and a need on our part to make as many contacts as possible with the target population. This schedule did not match the priorities or the schedules of representatives of institutional bureaucracies such as the public health services. At issue here were not so much the individual qualities of those employed within these services, but the bureaucratic nature of the organisation itself.

On a practical level in our work, we could not accommodate lengthy delays and intermittent contact, nor was it possible for us to remain idle for the entire time necessary for changes in policy-making or administration to make their way through interminable hierarchies. Service providers may have been truly motivated and interested in our work, but there was a double nature to this interest: on the one hand, there was a fear of being excluded from activities which they felt to be in their domain and on the other they were hesitant to take on more tasks. It also became clear to service providers that the interventions conducted on behalf of TAMPEP provoked complementary actions among the target group who became insistent in their need for unitary measures which could address a range of needs in a more effective manner: policy and organisational changes were requested as an adjustment to a changed situation. This could be either in relation to a higher intake of *new* clients or else in relation to collaborations with owners of sex work venue or in contrast to the position of private sector medics who performed periodic exams and controls in the clubs.

In other words, a higher knowledge of risk reduction among the target group brought with it a higher request for medical check-ups and specialised services; a higher knowledge of the problems, motives, working conditions and lifestyles of migrant sex workers(resulting from TAMPEP's cultural and linguistic mediation) brought with it a increased need to alter one's vision and the framework for interventions by public health specialists as well as a redefinition of one's tasks in the field of prevention which could result in a need to integrate new methodologies into one's workplace. These changes are difficult to achieve in the context of a public health service and they have political implications which go beyond the good will or need for renewal which might be expressed by personnel. They are also tied to the necessity of formulating broader regional health policies which give more recognition to the need for maintaining hygiene standards within the sex industry. This can be achieved by incorporating elements of occupational health services into the remit of public health organisations.

The possibilities of developing innovative specialisations are also linked to the need for legislative change in relation to the juridical position of prostitution under Dutch law. This must stem from a general analysis of the radical changes which have occurred in the prostitution scene in this country as a result of international migration of sex workers and the disproportional numbers of sex workers in The Netherlands who do not have any possibilities of achieving legal status for themselves as individuals or workers. But even if changes in health policies regarding prostitution are indeed linked to judicial and social fields of action, this fact alone cannot represent an excuse for immobility or for closing off much needed discussion on the necessity for change in this area. Only by addressing this issue will the Dutch context, which we have seen to be less open to innovation in relation to the other two countries with whom we worked, be able to accommodate experimental projects, new methodologies and collaborative partnerships which will prove enriching.

As far as future strategies for TAMPEP are concerned, we feel that it is essential to establish a common protocol which can be accepted by public health services regarding the rules which should underlie cultural and linguistic mediation. On the basis of these preliminary accords it will be possible to work out the practical modalities of time and place which will inform work in this field. Another priority must revolve around a raising of awareness among those responsible for national AIDS/STD prevention policies regarding the need for specific multicultural work which envision the use of new vehicles and new professional figures as well as outreach. These policies must begin addressing the issues related to the great imbalance in power between service providers and migrant sex workers and it is this element of consideration which should be analysed in all of its many implications.

Peer support and peer education: definition, impact and modifications used during the course

Within the last ten years there has been continuing recognition of the fact the sex workers can play an important role in the prevention of AIDS and STDs.

Models and projects of peer support and peer education have been activated all over the world within a variety of contexts: self-help organisations, advocacy groups focusing on the rights of sex workers, prevention projects exclusively focused on HIV/AIDS, non governmental

organisations, as well as within institutionalised agencies.

It should be specified that organisations of sex workers have, in many parts of the world, been in the forefront combating the epidemic (frequently in collaboration with other groups and non governmental organisations). Another point which bears underlining is that active sex workers have been employed not only as educators to their colleagues, but -- as in the PREVINA project in Rio de Janeiro (Brazil) -- as educators for other sectors of the population as well. In this example, the educational and training activities conducted by active sex workers were targeted towards women, young people and men within the context of neighbourhood recreational centres; the sex workers also trained paramedic personnel working within the out care facilities of the city.

In other countries as well, peer education conducted by sex workers has been successfully integrated into efforts at imparting general sex education and behaviour change programs targeting the entire population.

Peer based projects involving marginalised communities are clearly more appropriate and have higher chances of impacting those towards whom they are targeted, especially if they are managed by non governmental organisations as opposed to institutional agencies. This concept has been incorporated into the guidelines and policies of the World Health Organisation as a means of encouraging the development of community based prevention and care projects.

While this may indeed represent a basic principle widely accepted on an international level, the concrete application of this concept is not always very clear. In addition, the necessity of implementing prevention activities with only limited human resources and even more limited economic ones has sharply curtailed possibilities of adequately analysing and evaluating the effects of peer education and peer support; this is particularly the case in developing countries where the evolution of the epidemic is greatest.

One of the basic principles which in itself pose a number of problems regarding definition is linked to an understanding of the terms *peer based* and *community based*. These models cannot be easily separated from the cultural and structural context in which they occur and therefore it is impossible to give a univocal definition or reference model which will be equally valid in all countries. In addition, other specific social factors (repressive legislation and social discrimination, stigmatisation and marginalisation) influence the concrete practice of peer support and, in general, ones ability to identify or to organise around concepts of *community*.

One of the contradictory aspects which comes to the fore when analysing policies which are supportive of peer support and peer education within the context of sex work and the practical application of such policies is that on a rhetorical level models of peer education are based on the principle of empowerment and equality while in practice the peer group is frequently controlled by a hierarchy of individuals external to the *community* and they must therefore adapt themselves to socially acceptable and codified behaviours regarding the perception of their roles.

These types of programs are frequently initiated and controlled by governmental public health systems or by feminist groups or AIDS focused gay NGOs. This is particularly the case in those countries where the absence of spokespersons for the rights of sex workers or autonomous community based organisations makes it difficult for sex workers to interface with funding agencies and institutions which could assist in initiating and managing peer support and education projects.

Contradiction

A particular form of contradiction is represented by funding allotted to governmental

public health agencies which are paid to conduct peer education in countries where state policies mandate forced HIV testing and codify legal discriminatory practices against sex workers.

As we have already noted in relation to the effects of cultural and linguistic mediation, the institutional framework and socio-political system within which a prevention model is conducted will directly influence the possibilities for effective impact.

An intervention model which in certain instances may prove effective can quickly lose this effectiveness if the context in which it is managed is unclear or if the underlying work ethics are ambiguous in terms of defining power relationships and agendas.

In other words, if the discourse on AIDS prevention for certain groups reputed to be at risk (such as sex workers) is not integrated with a discourse on rights and empowerment and if members of the affected community are not called upon to assist in the practice and management of said projects then there are real possibilities that the group in question will be further alienated and marginalised. It must also be noted, however, that the recognition of the existence of *risk categories* is an asset in terms of obtaining funding for HIV prevention projects which can limit the risks related to transmission and infection.

The Global Programme on AIDS (GPA) of the World Health Organisation has reviewed the experience of more than 100 sex work-related AIDS prevention intervention in 14 developed and 50 developing countries. Based on the experience of these organisations, GPA is developing guidelines for the development of AIDS prevention interventions directed towards female, male, and transsexual prostitutes, owners, and managers of sex work establishments, and clients and groups of men likely to be clients. The basic premise of these guidelines is that in order for prostitutes to be able to protect themselves from HIV infection, AIDS, and other sexually transmitted diseases, they must have safe working conditions, including the right to turn down abusive or uncooperative clients, and the right to refuse to engage in practices likely to transmit HIV and other STDs, including any penetrative sex performed without a condom.

This premise is important for two reasons: firstly, it identifies various audiences within the sex work sector to whom prevention activities should be targeted (sex workers, clients, lovers and other non commercial partners, sex work business owners and managers, other gatekeepers such as health care workers, police...) and secondly because it high lights the fact that the practice of safer sex by sex workers is linked to safe working conditions and to the fruition of rights which include the possibility of refusing to accept risky practices requested by clients.

Within the same GPA guidebook on Peer Education/Community Organising we find the following comments concerning the methodology of peer education:

> *It cannot be stressed enough how important the involvement of members of each target audience can be in devising strategies to work with that audience. Peer education has been a major strategy in AIDS prevention and in the most successful projects has led to a strengthening of a sense of community and, among sex workers, professionalism. The basic concept of '**peer education**' that people with similar experiences are often the most effective motivators of behaviour change, is true no matter what target audience is involved. The definition of '**peer**' varies from one project to another, however, and includes, for example, current and former sex workers (or injecting drug users, or clients)...* (*Making Sex Work Safer: A Guide to HIV AIDS Prevention Interventions*. GPA/WHO, 1993).

Definition

This definition of peer education implies that different key players can be selected from

each target audience and trained to influence the behaviours of their peer group. From this we must also conclude that it is unrealistic to expect, for example, that a sex worker could effectively influence or act as a peer educator for clients or the owners of sex work establishments. If this consideration is true, then it is also true that educational work conducted by peer educators among sex workers is limited by the absence of similar work among other audiences whose behaviours directly condition that of the sex workers. This model would be ideal only if, parallel to interventions targeting sex workers, there were analogous project involving other groups.

If on the one hand it is true that a more professional stance on the part of sex workers conditions the behaviour of clients, it is also true that external influences and policies are necessary to determine behaviour change among the other key players rotating around the sex work scene. Frequently the sense of frustration experienced by those who work within peer education projects targeting sex workers is determined by an awareness regarding the causes of the unsafe working conditions in which their colleagues find themselves and by an awareness regarding the repressive police policies which lead to precarious and unprotected working condition. Unfortunately, peer educators are frequently unable to significantly influence or intervene on these factors.

Other factors that sometimes, can make the role of peer education difficult: the concurrence among them, the not acceptance within the group through the idea that one of them wants to show up through more knowledge and also by the fact that most of them do not see themselves as sex workers but only temporarily doing this job.

The position of a sex worker peer educator inevitably creates divided loyalties and a position *between two stools* as stigmatised and legislated against: the peer worker is supposed to find a balance between being an insider and an outsider.

In addition the paradox inherent in the function of a peer educator is also tied to an element of empowerment. Allison Murray and Tess Robinson, in their article *Mind your peers and queers: female sex workers in the AIDS discourse in Australia and Southeast Asia* (paper presented at the conference HIV, AIDS and Society at Macquarie University, July 94) analyse the difficulties and various aspects of peer education for female sex workers. They begin by analysing their own experience and participatory research as peer workers at SWOP (Sex Workers Outreach Project in Sydney).

> *A central issue is the paradox involved for the peer workers from a '**marginalised group**', who on the one hand is supposed to belong to that target group, the unrespectable poor who welfare workers try to stop from digging deeper pits for themselves, and on the other hand is incorporated into the AIDS bureaucracy as an unrespectable welfare worker. We must account for time and money spent without being entrusted with research or theorising.....*

Peer education for sex workers has become a *buzzword* for AIDS funding, but the practice of such education is different according to different contexts and this necessarily leads to a use of the term which is primarily linked to a definition of a form of work or of a 'principle', but which is absolutely insufficient to allow one to envision its various applications. In this sense, conscious of these limits, our work methodology has attempted to incorporate the work of peer supporters and peer educators within our outreach. In doing so, we have left space for the various definitions of the term which the migrant sex workers involved as educators gave of themselves (active subjects in the field of information and prevention) and we attempted to evaluate the effects of their work within the various realities in which the project was activated. Our conclusions, in relation to the role of peers as agents for prevention, do not have the presumption

of being representative nor do they set themselves up as a model for other projects. They can only give some indications regarding the possibilities of employing peer educators within a target group consisting of migrant sex workers.

As we already described in preceding sections analysing the make-up of our target, it is not only the diversity of cultural backgrounds which determine a diversity in attitudes, but also -- and more importantly -- the particular context of the sex industry in which these women are employed and the structural factors regarding policies on prostitution in the host countries where they are temporarily residing and health policies which influence the social and working conditions of subgroups within the target.

In practice this means that, for example, in Italy the training and use of sex workers of Nigerian origin as peer educators was achieved and is functioning in a manner completely different from the use of other Nigerian sex workers in the Dutch peer education project. These differences have little to do neither with variations in the methodology of the project nor with the schedule employed for such activities; these differences are linked to variations in the factors which determined the possibility of applying a common method. We will attempt to analyse these differences in the present section and will likewise attempt to illustrate the preconditions necessary for an optimal application of peer support and education within an outreach project targeted towards migrant sex workers.

Peer education

A first distinction regarded the differentiation of roles between peer supporters and peer educators. Peer education implies a didactic role, a differentiation between *students* and *teachers*. In practice, for us this meant that the sex workers in our group had to attend a specific training which would impart to them all of the knowledge necessary to function as competent educators within their peer group. It also meant that they had to be able to organise and conduct a series of lessons on various themes tied to prevention and safer sex practices as well as assist in raising awareness among their colleagues about sexually transmitted diseases including HIV/AIDS. Basically, they would have to be in a position to replicate the educational and informative aspects already conducted within the first year of the TAMPEP project (see *Manual*, TAMPEP, 1994). In addition, thanks to the training already conducted, they would also be able to function as a member of the work team and within other projects to assist in the development and execution of prevention materials adapted to the needs of the various nationalities represented within the target as well as within outreach activities.

We, therefore, consider qualified peer educators to be well rounded professionals in the field of prevention capable of replacing the *experts* and who can intervene within health promotion and HIV/STD awareness programs targeting a specific audience (migrant sex workers of the same nationality) within the context of the sex industry and the power relations which characterise this sector.

Influence

For us, and as a conclusion to the research conducted through the TAMPEP project, this is an important point in relation to peer education. If the goals of an educational campaign conducted through peers is to influence behaviour change among sex workers in terms of the sexual services they offer commercially and to promote a higher degree of professional competency in the context of risk reduction, then the interventions and subsequent behaviour change must be measured in relation to the activities of the sex workers' colleagues and within the structure and infrastructure where these individuals work as well as within the various

strategies of self protection which each sex worker should hope to achieve.

In other words, the role of peer educators should be clear and directly related to the mechanisms and context which inform the commercial sex industry. The goal is not to achieve a general modification of sexual behaviour as practised by the individual, nor do we feel that the success of peer educators should be measured against an increased awareness of -- and more positive attitudes towards -- overall health promotion (even though this may be a secondary effect of such programs). Within the dynamics of increased self-responsibility, information, knowledge and self-esteem distinctions should be made regarding the private life and the romantic involvements of sex workers and their professional contacts and career.

In our work, we reaffirmed the important links which exist between behaviour and socio-economic as well as working conditions. We also acknowledged the interrelatedness which exists between life, work and health. However, as we attempted to specify in the section concerning the organisation of the working groups, there are differences in roles and therefore the areas of intervention of peer educators employed within the project focused exclusively on behaviours which were directly relevant to the professional side of the sex workers' behaviours. We found that this approach, combined with the provision of cultural and linguistic mediators capable of facilitating access to services, increased the effectiveness of the activities promoted by the peer educators and made it easier for the target group to accept and assimilate the information and knowledge which they imparted.

Of course, peer educators must also function as role models and enjoy a degree of credibility from their colleagues as well as recognition of their role as educators and agents of information. As opposed to the cultural and linguistic mediators, peer educators do not need to have neither a relationship of confidentiality nor a "mandate" from the group with whom they identify. The role of peer educators implies a certain distancing which facilitates the assumption of a student/teacher relationship; in the case of cultural and linguistic mediators, on the other hand, there is a need for proximity which allows for multiple roles playing. The fact that many TAMPEP workers covered a variety of roles within the working groups -- and the fact that many of the sex workers who collaborated in organising activities had various internal or external functions of a multidisciplinary nature (co-ordinators, counsellors, experts, analysts in the production of materials, key players in establishing contacts, collaborators in outreach work) -- does not signify that the persons identified, selected and trained externally as peer educators needed to fulfil such all-encompassing roles. Equally, not all of the sex workers who were active within the project were utilised as peer educators.

We feel that the clarity in role definition must distinguish between active participation in a project in which the sex workers could identify with the objectives: this is a necessary precondition for creating a strong base and a sense of community which must be present if peer support and peer education methods are to be used in an effective manner. Equally fundamental, however, is the necessity of clarifying *external* tasks which are linked to specific professional roles. This must be integrated by mechanisms for supporting those sex workers who function as peer supporters so as to avoid placing them in impossible situations.

We have already described the dangers of invalidating innovative role models and interventions when there is not an ongoing analysis of the necessary preconditions which will allow a program to function (including an analysis of work practice, power relations, contradictions in roles and tasks, and the use of new models as alibis for old problems). We attempted to avoid these dangers by creating an internal organisation which allowed target members a forum for discussion and decision making. We also continued to update job definitions in relation to the success or failure of activities which were promoted throughout the course of the project while analysing the limits and obstacles encountered in the various jobs.

Peer support

Going back to definitions related to peer models, we need to clarify the differences existing between peer education and peer support. Although there are many points in common between the two, there are variables which must be accounted for. As we have seen in the definition of peer educators, a central aspect was linked to the didactic nature of interventions whose objectives included teaching target members professional codes of conducts and risk reduction in the context of safer sex. As far as peer support is concerned, the primary accent is related to mutual support offered among colleagues in relation to the sustainment of behaviour change related to the adoption of safer sex. This means that if for peer education the element of distancing and a position of credibility as an instructor are important, for peer support the terrain is much faster and roles are less structured: peer support includes any measures in which mutual support is offered as a reinforcement for the collective efforts to ensure changes in the conditions which impede the practice of safer sex.

A peer supporter should also function as a vehicle for information within the target group, but this role must be contextualised in terms of solidarity and support. In summary, peer education implies an influence in the behaviour change of a target group with whom one is conducting educational interventions in the context of the sex work industry while peer support implies a broader support which allows change to take place and to be sustained.

Peer support, within the context of our project, was deemed to be more suited to our model than was peer education, but we envisioned the training of peer educators as a possibility to be experimented with after peer supporters had been properly formed. In this sense, a specific program for training peer educators who were already active as peer supporters was conducted with a group of 20 Nigerian sex workers in the city of Turin; equally, in The Netherlands and in Germany we selected a group of Polish, Russian, Nigerian, Colombian and Dominican Republic sex workers who will be trained imminently along the same lines. These individuals will be prepared to *officially* become part of the work teams and will be remunerated on an equal basis with other outreach workers in the project.

The absence of a clear definition regarding peer education and peer support -- and, in general, the ambiguity regarding the possibilities of employing peers within the organisational model -- has led to several misunderstandings on a general level. For example, we frequently noticed that while for us (the project coordinators and workers) it was quite easy to distinguish between the functions of cultural and linguistic mediation, peer support and peer education, for external social and health workers there was a tendency to incorporate everything under the generic term *peer education*. Their use of the term *peer* was intended to differentiate between *health professionals* and *non professionals*, between individuals hired by the public health system and those who were external to this system, between natives of the host country and foreigners. The implicit misconception here was a way of affirming that anything which was *different* from the official and dominant mode of performing one's professional tasks could easily be integrated into possible peer support and peer education programs.

Self-identify

With reference to the terminology used in relation to the definition of tasks executed by the active and former sex workers, we remained flexible so as to accommodate the diversity of cultural and individual backgrounds. We periodically reviewed the job descriptions with the workers and the degree to which they could self-identify within these as well as the roles in which they felt they could best contributes to the project and to their community. It was

important for us to see the manner in which members of the target group perceived the project and their own position within this: did they feel themselves to be supporters and active participants with responsibilities or did they see themselves only as service users benefiting from a project which fundamentally was not their own?

Therefore, if during the course of the project, individuals were identified who wanted and who could take on the role of peer supporters, the first entry mechanisms was related to a general adherence to the idea of a community based platform. This usually translated into a willingness to follow the organisational aspects of the project through enrolment in one of the work teams (becoming part of an international team effort) or in a willingness to participate actively in supportive measures within the extended community of sex workers.

In practice, this meant that the first possibility did not necessarily imply the direct performance of peer support functions with their colleagues or members of their ethnic group. They could limit their engagement to acting in a capacity as consultants by providing valuable input as spokespersons for their community or as individuals who could facilitate contact with other members of the target group. In the second possibility, those interested were involved in training exercises and workshops and subsequently expressed a willingness to absolve a variety of tasks which varied from the distribution of materials to direct interventions within their subgroup as a means of facilitating collective analysis on a series of themes (for example, competitive factors which lowered the possibility of some sex workers to resist unsafe sexual practices).

Other tasks included facilitating access to health services through negotiations with providers or club owners on the request of the sex workers and reinforcing and repeating health promotion and prevention messages they had received through TAMPEP training. Another important function consisted of informing new arrivals to the scene regarding the existence of TAMPEP and counselling the migrant sex workers to contact project workers with their doubts, fears, or requests for information.

Likewise, even if some of the women did not attend the working group meetings, some were able to perform as consultants to the TAMPEP workers during the phases of field work informing us of changes which had occurred during the week, new arrivals, new pimps and the necessity of adapting planned activities to emerging problems or crises which could impact on the process of behaviour change such as the illegal sale of pharmaceuticals or a wide-spread abuse of certain medications; the selling of low quality condoms or condoms of unclear origin; the arrival of new groups of migrants; an increase in the use of drugs; etc.

In practice, these women performed a variety of functions and collaborated by: providing their own ideas, performing essential public relations work within the target group promoting the project, investing in the distribution of project materials and prevention messages, identifying and reporting on the factors which could limit the possibilities of the women to practice safer sex. They also raised awareness among small groups of friends, colleagues, and members of their ethnic group regarding risk reduction and contributed to the more effective design of materials and training workshops.

At times, the role of peer supporters internal to the organisation of the project and that of peer supporters active externally within the community coincided. At times, they were separate. This depended in part on the length of time in which the sex worker resided in any one fixed place, her position within the sex work industry, the extent of her freedom to move about (for illegal migrants, this freedom is always extremely curtailed and its enjoyment poses very real risks), the amount of time available for the project, and -- even more importantly -- the degree to which the person in question was able to differentiate between a personal and a professional life.

This distinction is rendered visible and defined largely by the possibility of the sex worker

to access a residence which is separate from her place of employment.

The majority of migrant sex worker who work in the context of closed prostitution (apartments, window brothels, and sex clubs), live and work in the same place; the reasons for this are linked primarily to their clandestine status and their working hours. This means that they are continuously exposed to the context of the sex industry and work, in these cases, becomes a rather abnormal and strange life-style characterised by severe isolation and marginalisation. For these groups, it is extremely difficult to think out and plan an independent excursion (for example, to attend a meeting) outside or the domain with which they are familiar. This is linked to the fact that the rhythms of everyday life are those determined by one's work and it is difficult to break out of fixed patterns. The life of a full time sex worker who does not have a personal life of her own is often reduced to working until the early hours of the morning, catching a few hours of sleep during the day, beginning to prepare for work and then initiating contacts with clients. This pattern is only infrequently interrupted by occasional shopping expeditions.

The fact that prostitution becomes a way of life and that there are hardly any spaces in which to hook into a social existence which is independent of sex work is experienced in a very negative way by the sex workers themselves. However, many of the women in this sector tend to view this situation as a transient phase or a temporary necessity with which one must come to terms. This is mostly attributable to a lack of clear alternatives and prospects for this group. A practical consequence is that the only moment of social interaction and support is constituted by contact with a small number of friends/ relatives/members of the same ethnic group who are experiencing the same living and working conditions.

These contacts also constitute their primary network for information sharing, transfers to other work areas, and exchange of services.

The identification of specific network for each group and the position which each peer supporter has within the spontaneous formation of self-identified communities is fundamental to determining the effects, the impact and the potential role which can be played by an educator or a supporter.

The definition which each individual gave of *community* and the criteria for belonging can be linked to working conditions (as in common issues faced within the work environment) or it can be extraneous (as in a common sense of ethnic origin or belonging to the same family/ tribe/region/country. The priorities accorded to these criteria and the forcefulness of the sentiment which underlines them can limit or influence the capacity of individuals to self-identify as community members. Along with an understanding of the negative self-esteem which tends to characterise the image sex workers have of them (resulting from societal stereotypes and marginalisation), these are fundamental starting points which must be analysed to maximise the effectiveness of peer support among migrant sex workers of various nationalities.

Self definition

With regard to the definitions which the *active subjects* gave of themselves after having accepted a role of responsibility either within the project or towards their community, most of the sex workers who collaborated at this level with TAMPEP considered *information and support workers* to be the most consistent label for their functions. This definition implied clear tasks on a practical level and an active involvement in the project: i*nformation* as in conveyors of prevention messages to other colleagues and *support* as in adherence and assistance within a common project. The general definition of *peer workers* was less accepted and was perceived as being too abstract and bureaucratic.

The definition of *health messengers* was an equally clear label and was perceived by the

workers as highlighting their contribution and their potential to the project. It also represented a means whereby the migrant sex workers could find a positive value attributed their mobility: as *travellers* they were in an optimal position to convey messages to a broad audience of colleagues frequently on the move between cities and between countries. The role and definition of *counsellors* was accepted and put into practice as a means of furnishing input and expressing opinions regarding prevention materials and interventions. Frequently, the various role and definitions were complementary and integrated under the terms *supporters* and *active participants*.

The methods of peer support and peer education are without a doubt a better means of guaranteeing that a prevention message will penetrate the target group and aiding the process of behaviour change. It must, however, be applied and adapted within a variety of professional and cultural contexts related to the sex industry. In addition, a clear definition of roles and an appropriate use of terminology which facilitates a process of self-identification among the project workers and peers is an important prerequisite which we have identified as fundamental for models of peer intervention targeted towards migrant sex workers. Another prerequisite includes a capacity for assigning tasks and analysing their execution within a project whose workers are in constant flux. Every change in context, behaviour patterns and knowledge or awareness levels among active sex workers utilised as peers must be monitored and support must be offered which will maintain the viability of the position. Many factors, in reality, must be analysed during the course of impact evaluation regarding peer support and peer education models so that general indications regarding limits and potential may be established.

We will attempt to list these factors as points to which attention must be called for a future development of prevention policies which include peer education and support methods targeting migrant sex workers. These considerations have been the result of our experience and knowledge of fundamental characteristics which characterise each group and subgroup as established through data collection in the course of the project.

The most important factor and element for analysis is relative to the mobility of the groups. If the presence of sex workers from developing countries and, more recently, those from the former communist block has become a structural phenomenon, it is also true that the dynamics of international migration within the sex industry has become more and more characterised by the extreme mobility of groups both in a transnational context (short periods of residence in a variety of European countries) as well as within any single country. There is also a consistent number of migrant sex workers who fall into a mixed model alternating residency in a single country with short visits out of state to practice prostitution in other nations.

There are also groups which are controlled by criminal organisations who periodically herd sex workers from one country creating an internal circuit. In addition, mobility is also determined by what can be defined as border movements (for example between the Balkan states and Italy, or between Poland, the Czech Republic and Slovakia on the one hand and Germany on the other) and by *flights* from one European country in which they were residents to another European country by sex workers who are threatened when a State adopts new immigration policies or enforce repressive measures targeting clandestine migrants. Internal migration within Europe is also determined by the closing of sex work circuits in which these women were engaged. Mention should also be made of a smaller group of sex workers who are relatively autonomous and periodically migrate from their country of origin to the European country in which they practice their trade. Usually, these women tend to stay for a few months in an EU member state (between 3 to 6 months) while the rest of the year they reside in their country of origin.

Mobility

These various forms of mobility are characterised by different sorts of networks. A travel route is formed by a network of contacts between fellow nationals who provide information regarding work opportunities or negotiate the introduction to another sex work circuit in which fellow nationals, friends or family members may be engaged. Other networks are formed by individuals who channel women within a circuit managed by those who are external to the sex industry. In both cases, travel and period of residency within a country and permanence within a sector of the sex work industry is determined by prostitution and an internal circuit. The phenomenon of chain migration within these transnational fluxes of sex workers continues even after a period of residency within the first host country after which such a phenomenon takes on a snowball effect.

These forms of mobility are inherent to the reality of migrant prostitution. Care should be taken to exploit the hidden potentials which can be offered by what at first glance may seem a handicap-ridden field of intervention. The fact that frequent mobility may limit the impact of a project which bases its effectiveness on repeated contact with the target group or the possibilities of conducting in-depth peer support and peer education training to migrant sex workers should not detract from the equally valid fact that said mobility can contribute to a further dissemination of health promotion messages within the same circuits which determine the sex workers' migratory patterns. Surely, if these circuits were mapped so as to provide answers to a host of questions (how long do the groups stay in a given place, how frequently do they return to cities where they once stayed, where did contact with the project first occur, how are these internal movements planned and monitored, etc.), then it would become possible to maintain contact with those who were involved as *health messengers*. It would also become possible to create new potential for increasing the reach of health promotion activities through a snow-ball effect as well as the effectiveness of local service providers.

Within the context of our project, we were able to examine the possibilities of adapting peer support models to this background of mobility only to a limited extent. Through the quantity of materials distributed by mobile peers, repeat contacts made with sex workers who had been involved in the project(and had then moved on to other cities or countries), and particularly through data collected in conjunction with the final interviews administered to a control group who had never had contact with TAMPEP workers it was possible for us to determine that many migrant sex workers unconnected to TAMPEP and not directly involved in any of its activities were familiar with the project and with the project materials. This knowledge had been imparted to them shortly after their arrival in the host country by colleagues encountered on the workplace or by fellow nationals prior to their arrival at a new work location.

Ideally, it would be possible to use the methods of peer education within a broader infrastructure of prevention projects targeting migrant sex workers on a European level so as to create a network to which reference could be made by peers in various states.

Selection and training of peer supporter and peer educators: elements of analysis

on the experience of TAMPEP

The identification which sex workers can have in relation to a function as peer supporters or educators as well as the selection and training procedure for those involved with mobile groups and migrants is limited by specific factors. So too are the possibilities of organising each of the phases of project development.

The most important prerequisite which we have already described as being a fundamental element to correct functioning of a model of peer education and support is the existence and creation of a community based organisation.

In many countries, nascent prostitutes' organisations are forming as a result of the selection and training of prostitutes who are respected by their peers to act as peer educators and community motivators. This is true on an international level, despite contradictions and difficulties which we have described in earlier parts of this document.

However, this essential factor is completely absent within the context of migrant prostitution as a specific subgroup within the sex work industry.

In all European countries, there are local organisations of sex workers but it would be erroneous to say that prostitutes from non-EU countries have any real voice or representation within these groups.

On the other hand, the possibilities for non-European prostitutes to create an autonomous organisation and to band together around a community based model capable of functioning on human rights and advocacy issues is limited by the juridical status of the clandestine migrants and the marginalisation to which they are subjected.

In addition, there is general refusal among many migrant sex workers to self-identify as such either in professional or social terms.

For the majority of foreign sex workers, prostitution represents a means of survival and is an activity which they practice out of sheer economic necessity. It is seen as a temporary condition and in no case as an *identity*.

This consideration does not imply that there are no possibilities of stimulating or creating forms of community based organisation, but it is necessary to differentiate the possibilities inherent in training and forging common interests among groups and subgroups of sex workers within the context of the survival strategies which they put into place and which vary according to social and working conditions. We have already noted the importance of following and identifying the channels and networks which characterise the internal migratory circuits within the sex work industry. This is necessary if we are to create appropriate channels through which it will be possible to disseminate health promotion messages and activities. At the same time, the analysis of group dynamics serves to illustrate the possibilities of creating *work-oriented communities* where the influence of peer groups can become possible through *community motivators*. We have already described how certain groups of *supporters*, who were able to benefit from a more solid background (longer period of residency in the host country, more experience within the sex work industry, a capacity to distinguish clearly between private and professional life), perceived the TAMPEP project as a means of achieving a community based oriented model.

In particular, the creation of a drop in centre for Nigerian sex workers (open to other Africans as well) in Turin, Italy, represented a concrete example of a project targeted towards a specific group which served to coalise a community and led to the banding together of Nigerian

supporters (active sex workers and a few who had recently left the profession) around a common idea, a shared base (the drop in centre) and an organisational structure. These represented two aspects regarding the nature of the group: ethnic specificity (Nigerian) which included representation of the various minority groups within the country of origin (mediators and peers of Bini, Ibo and Hausa origin were included), and the specificity regarding shared work related experiences (the drop in centre catered exclusively to sex workers).

This group of fifteen peers who participated from the outset as consultants for our activities and for the development of the centre itself were successively trained and functioned as peer supporters who collaborated on development of materials, translations, publicity and promotion of project activities, etc.

Supplement

Afterwards, a structural base was formed within this community of supporters which permitted ongoing training and identification of those destined to become, in turn, peer educators.

The training course for peer educators was considered a supplement which integrated the seminars, workshops and regular activities promoted through TAMPEP. The supplementary training course allowed the project workers to highlight the potential role of peer educators within the structure of a community based activities and to increase the levels of self-esteem of the participant as well as to reinforce their links to the project and their communities.

The prerequisites which were considered essential for selection and inclusion into this additional training were:

- Experience as a sex worker in Italy;
- Membership in one of the Nigerian ethnic groups presents among the Nigerian sex workers in Turin;
- Active participation in the initiatives promoted by TAMPEP or organised in collaboration with the project:
- Good communication skills.
- Good basic knowledge.

In addition, these individuals had to demonstrate in practice that they were accepted by other colleagues as *role models* and that they were able to maintain good relations within the community of Nigerian sex workers. Twenty women possessing these prerequisites were selected (from the tribes: Bini, Ibo, Ishian, Urhobor, Hausa). The training course was conducted in 5 sessions lasting two hours each and was held on a one session per week basis. At the outset and the end of the course, the women had to undergo a test estimating their knowledge concerning AIDS, STD and female reproductive organs. The peer education forming courses had been repeated three times, each time with the new participants. The half of these participants attended a follow- up course which lasted one year. The final result of this activity with peer educators was the production of didactic material *Love and care for myself*.

The course participants were given economic compensation for attending. This was motivated both in terms of rewarding the time and energy they committed to the project as well as a means of offsetting the losses the women incurred as a result of not being able to engage in sex work during the course of the training.

It was decided to limit participation to only twenty women for reasons which were in part linked to a shortage of funds (we could only compensate a small number of sex workers).

The courses for peer educators had been repeated several times, each time with new participants of different nationalities.

The same work plan was followed in The Netherlands and Germany. In Hamburg, *Amnesty for Women* and TAMPEP represented a site which attracted a group composed of various nationalities; activities were scheduled which were open to all while others were designated for specific sub groups. Each of these was composed of sex workers who functioned as community motivators and supporters; together, they shared similar traits: a working relationship with TAMPEP staff composed of individuals belonging to the same ethnic group and participation in training and information activities, including consultancy regarding materials and methods.

Before the start of each course, an assessment of knowledge concerning STD, AIDS, reproductive female organs, contraception and the use of condoms was performed among the participants. After the course, the said knowledge was once more evaluated. During every course, special didactic materials had been developed with the active cooperation of the participants.

Peer supporters and role models, we found, could also be used in the context of prevention activities involving groups which spontaneously evolved within various situations related to sex work. As we have seen, membership to the same nationality or region was seen as a strong binding factor; even stronger links existed when the sex workers were related by blood or bonded by friend ships which had been contracted prior to engaging in sex work. Other relationships evolved because the sex workers shared the same street, night-club or apartment. At times, links were created through common involvement within the same criminal network or trafficking routes (i.e., sex workers under the control of the same pimp).

Obviously, common nationality and friendship or blood ties are much stronger than ties created through work. This means that peer groups rarely include members of other nationalities.

The more closed the sense of community within the workplace, the more resistance will be displayed against other foreign colleagues and even against sex workers of the same nationality who happen to belong to a different *clan*. A common involvement in sex work is not sufficient to act as a common denominator in the creation of a sense of community. There is awareness of being colleagues and of sharing a common condition, but the elements which would allow for a common identification as members of a community are of a different nature and vary among groups. The selection of peer supporters with the necessary characteristics and attitudes must also take into consideration the nature of these links so that within each group it will be possible to determine whether the individual will be able to function effectively as a supporter and whether they will be able to gain acceptance by the group.

Role

Only if the role of peer supporter is based on a collective recognition regarding the utility of such a position and only if the supporter has been recognised as a leader within her community will it be possible to successfully activate peer support and peer education projects. At times the leadership role is apparent by the degree of dependency that other women and colleagues belonging to the same group have in relation to the leader. In no way so ever should the project reinforce or legitimise links of dependency towards a leader whose authority is maintained through personal interests (of an economic nature or as an accomplice to pimps for example).

Even if the influence of such a *dominant* figure is of a positive nature and is conducive to behaviour change, other elements can interfere with the dynamics between individuals and the group. Examples in this case could be feelings of jealousy or of exclusion from group processes. Paradoxically, the *role model* may be perceived as being *different*, no longer an equal to her peers, and therefore runs the risk of being marginalised from her community. In this way, divisiveness is nurtured and can ruin the foundations necessary for a rudimentary, initial sense of cohesion.

The conclusion of these considerations is that it is not sufficient to identify potential peers through fieldwork and the application of a criteria for selection, training and guidance if one is to guarantee the effectiveness of an intervention within a closed community divided by various forms of ties. It is also necessary to continually observe the internal dynamics within the group so as to reinforce a collective participation in training and information activities. It is also necessary to keep these dynamics in mind throughout the various phases of change which can derive from health promotion and outreach as well as through external factors (for example, the arrival of new colleagues or changes in working conditions).

For this reason we have chosen, in our application of peer support methods, to avoid selecting a group of peers who would receive separate training, but to reinforce skills building and possibilities for knowledge acquisition through collective participation in such events. This decision was motivated by the fact that the context in which we were working (migrant prostitution) is extremely marginalising and the spontaneous creation of *communities* was determined primarily by the fact that groups of migrant sex workers were continuously in forced contact with each other, sharing all aspects of daily life and cultural backgrounds, 24 hours each day. In the first place, therefore, we worked with and trained the *base* of the working group and only later, through the workshops and outreach, did we focus on those individuals who asked to be involved to a greater degree or took upon themselves some of the peer support functions. These functions were subdivided on the basis of the impact they could have on other colleagues and collective discussions were held, both with the individual in question as well as with team members, regarding the effects and reasons for success or failure of the interventions. This process of communal management of tasks allowed for the creation of a space for the peers in which it was possible to avoid codifying roles and therefore attenuate the risk of distancing the peer supporters from the community who they were supposed to influence.

Attention

It should also be considered that the process of training and verifying the effectiveness of active subjects in relation to stimulating and informing their colleagues must always be promoted and followed in every moment. The training of peer supporters, both during the actual phase of training as well as during the activities, should never be seen as a static and programmed phase, but must be applied within a community which lives and works together; it therefore becomes necessary to pay considerable attention to the personal and group dynamics which emerge throughout the course of the project.

With this in mind, it is difficult to pinpoint a precise starting and ending point for trainings just as it is difficult to establish a predictable pattern regarding the effects of activities on the community. The process of behavioural change and the degree of influence peers can wield is directly linked to a multiplicity of variable which can be identified only on an ongoing basis and only if the general conditions regarding the context of the intervention and the community are continually monitored and held in check.

The periodic mobility of groups and, hence, the continual turnover within the target population results in the possibility of relying on a single group of supporters for only a limited

time (training must therefore be concentrated within the limits imposed) and also in the necessity of continually repeating a cycle of activities, information and prevention while concurrently providing more in-depth knowledge and skills to those individuals who can function as peer educators to their colleagues.

Summary

TAMPEP is both a European research project as well as an active intervention promoting awareness on HIV/AIDS and STDs among migrant sex workers.

TAMPEP is an acronym identifying Transnational STD/AIDS Prevention Among Migrant Prostitutes in the European Union (EU).

The target of our interventions represents a varied, but very specific group of women who we define, for reasons which will be clarified shortly, as *migrant prostitutes*.

Prostitution involving migrant sex workers (both male and female) occurs in all countries of the EU. Groups are becoming increasingly mobile, both within single member states as well as within the larger community. Said mobility has activated a structural phenomenon of serial or chain migration which merits particular attention. In many areas within the EU, the number of migrant prostitutes active within the sex industry is superior to that of local sex workers. However, migrant sex workers frequently remain extraneous to legal, social and medical structures and therefore face enormous difficulties in accessing information which could improve their quality of life. This marginalised position also leads to victimalization of migrant prostitutes in criminal activities, illegal trafficking of women and men, isolation and dependency.

From our contacts with migrant prostitutes and an assessment of their living conditions, we have concluded that STD and HIV/AIDS prevention must be included in a broader framework of general health promotion and that the development of such a framework should be recognised as a present priority. Existing services in the European Union have little contact with members of this target group and it is for this reason that our three organisations activated TAMPEP as a special project with the objective of developing, in collaboration with migrant sex workers, new strategies and more effective materials for facilitating contact with the target group. TAMPEP has developed a working methodology which is adaptable to the variety of situations which confront women and men in their places of work. It has produced information and educational materials in different languages as a tool to help improve the health and social conditions of those engaged in sex work.

The target group for our research has characteristically been hard to reach. As with other marginalised populations within the society, there is increasing recognition of the influential role informal peer leaders have in facilitating access to information about and for the community.

In certain areas within The Netherlands, Italy and Germany, members of the target group have been identified as willing to collaborate in the design and execution of the project. These areas are characterised by the presence of a high number of migrant sex workers within the community as well as by the existence of a supportive infra-structure for the project.

The project partners co-ordinate activities which facilitate entry to the target groups. In particular, they gather necessary data utilising open, in-depth interviews and promote prevention campaigns through the distribution of materials and informative leaflets.

The possibility of conducting valid research and implementing effective interventions is

predicated upon a willingness to enter into close contact with members of the target group. It is for these reasons establish a collaborative partnership with the migrant sex workers throughout the design and execution of this project. One of the conclusions drawn by our research indicates that social control (and improvement of the contractual power of sex workers in their dealings with clients and managers) is an important factor in increasing the capacity of sex workers to withstand clients who are unwilling to adopt safer sex measures. In terms of our own work, this implication has led us to attempt strategies for boasting group cohesion among migrant sex workers as an attempt to influence in a positive manner their own articulated and implicit codes of conduct. It is expected that these strategies will improve the negotiating techniques of the sex workers as well as their initial bargaining position. Most importantly, we believe it necessary to focus on augmenting the self-confidence and, consequently, the self-efficacy of the sex workers.

In terms of our methodology, this analysis implies a close working collaboration with members of the target group. An additional advantage gained by choosing this strategy is represented by the ability to avoid a common pitfall that is often encountered in such intervention campaigns: ethnocentricity. Many projects in Europe utilise strategies and materials that are designed for *Western* eyes and ears. It was necessary to take account of the fact that women from totally different cultural backgrounds need totally different approaches, strategies and materials. The activities conducted within these community based projects were not limited to exclusively promoting AIDS awareness and prevention, The success of such campaigns is dependent on other factors which determine a woman's ability to actually put the theories regarding behaviour change into concrete practice. To achieve this goal it was necessary to support the women in their efforts to gain control over their working and living conditions and, by building on naturally existing contact, the peer leaders and educators were seen as having a crucial role to play in this process.

A broad spectrum of community based initiatives, directed at empowerment of migrant sex workers, can have a major impact on primary prevention in as much as it allows sex workers more scope in their contractual position with clients, brothel owners and pimps.

Thus, the methodology of the project consists of a blend of applied research and fieldwork along with direct interventions. The ongoing evaluation of these activities, in collaboration with the peer educators, has provided data which will serve to improve and adjust the activities as well as information of sociological interest.

Boundaries

Migrant prostitution, by definition, is a phenomenon which cannot be confined within national boundaries; not only are the problems associated with this phenomenon common to host countries, the women who are involved in sex work represent an extremely mobile population. For these reasons, it was felt necessary to approach our research task on a pan-European dimension. Project leaders selected three countries for involvement during this initial phase of the project; each country is characterised by different socio-economic political and sanitary structures. To a certain extent, the three participating countries are also characterised by a body of migrant sex workers originating in different regions of the world. It was felt important to study the impact that these external circumstances had on the working and living conditions of migrant sex workers and, additionally, the effect of these on primary prevention efforts aiming at limiting the spread of HIV infection and STDs.

In order to develop more effective intervention programmes, it is necessary to learn and analyse the similarities and differences which exist within the European Union apropos of the working and living conditions of this target group as well as to develop an understanding of the means by which the migrant sex workers cope with these factors. Within the framework of the

TAMPEP project we were able to analyse some of the variables present in North, South and Central Europe through our choice of partners in The Netherlands, Italy and Germany. In addition, we were able to integrate a focus on the new trend of intra-European mobility of sex workers from the former Communist block. Moreover, our choice of high lighting the importance of peer education facilitated the opportunities for verifying the frequently spontaneous nature in which such strategies are already taking place: our work documented the way in which women working in one of the countries under study act as channels for passing on information on to other women encountered not only in other parts of Europe, but also in their countries of origin.

These data on the role of migrant sex workers as potentially active channels for the spread of information are, at this phase of the research, highly difficult to measure and analyse in terms of effects and results. However, they serve to highlight the fact that our working hypothesis regarding the positive contribution which migrant sex workers can bring to prevention activities -- - in particular, as legitimate channels for information and behaviour change in transnational areas -- merits attention as an important working method in the field of prevention strategies targeting a group of highly mobile migrant sex workers.

In addition the infrastructure of TAMPEP, with its European dimension, allows for the creation of various resource centres for women who periodically work in various geographical areas of the continent. It should also be noted that the hypothesis regarding the advantages of involving members of the target group in the process of elaborating or adapting materials to the specific needs of their community finds confirmation in the data collected.

Another interesting factor in terms of comparative data is the presence of a stratified population of migrant sex workers; one distinct category being represented by sex workers who reside in the host country for an extended period (at least 5 years) and engage at most in internal mobility within the host country or for very brief work-related periods in other European states; a second category is represented by *transients* who are continually on the move throughout various states and whose presence in each is always of short duration. There is a difference, then, between groups which choose to emigrate to one of the 3 countries and constitute a rather stable migratory flux and groups which represent a new flux of trans-European migration. Migrant sex work is characterised by constant changes in the make-up of the target group, with frequent variations in the concentration and number of such workers in each of the three countries as well as in the nationalities represented and their degree of mobility.

A clear tendency emerging from a comparative analysis of the three countries with regard to immigration policies, the make-up of the migrant population and the patterns of mobility is the rapid stratification occurring between *older* groups and those newly arrived and introduced into local branches of the sex industry. This stratification is facilitated by the degree of efficiency reached by those organisations which channel migrants into Europe, the increase in the numbers of those attempting to migrate, and the rapid change-over in the make-up of nationalities represented in any one country. Legislation enacted on a national level indirectly influences this stratification and the extreme mobility of migrant sex workers, but they do not influence the number of these migrants, nor do they affect the patterns of migration from the various geographical regions or the type of migration taking place. The severe regulations enacted in Europe against non-Europeans do, however, directly influence the basic living and working conditions of clandestine migrant sex workers and are particularly damaging to their physical and mental well-being. These factors form a strong obstacle towards facilitating access to health care services and to health promotion campaigns, particularly those focusing on prevention of STDs and HIV/AIDS.

The organisation of health care services varies in each of the three countries as does the organisation and structure of the STD/HIV screening units. In particular, the three countries

have each enacted different policies and structured different organisations to deal with the medical needs of sex workers.

A basic consideration regarding the lack of a homogenous national prevention programs (in terms of application at municipal and regional level) is that the enormous differences between organisational models constitute a great handicap which renders it difficult for members of a mobile and marginalised population to access and understand socio-sanitary services.

Other basic factors include linguistic problems and cultural or social differences as well as differences in living and working conditions.

The differences between the various cities allowed us to experiment possibilities for intervention and aided in the contextualisation of strategies which had to take into account the different pre-existing conditions. The variations with which each city organised its health and social services as well as the varying attitudes displayed by administrators towards the needs of migrant sex workers represented a fundamental consideration which weighed heavily on the possibilities of developing a prevention project at base-level.

The stratification of TAMPEP's target group (determined by length of stay in Europe, amount of experience in sex work, legal status, and even more importantly the degree of autonomy exercised in the practice of sex work or the amount of control imposed by third persons) requires that diversified strategies and time tables be activated as a means to facilitating direct contact and establishing a relationship of mutual trust (an indispensable element necessary to achieve the project objectives).

Fieldwork

Fieldwork interventions should ideally be supported by the establishment of a field station or a drop-in centre modelled after that set up in Turin. The drop-in centre can have an international dimension, offering services to sex workers of various nationalities, but in this case there must be a guaranteed presence of cultural mediators capable of facilitating contact between the different groups and local social workers.

The use of a drop-in centre combined with the presence of cultural mediators acting as liaisons with the public and private sector proved to be a basic condition for the continuation and improvement of behaviour changes conducive to health promotion among the target group. We also feel it necessary to underline the importance of utilising a mobile unit (camper) as a tool in any strategy targeted towards those engaged in street prostitution.

In relation to the contact with service providers, the cultural mediator is important as an element necessary to verify and prove the need for awareness raising of both clients and service providers.

They interact with the multicultural factors inherent to a migrant group and those providing services for an international client population.

At the same time, cultural mediators can facilitate/mediate a population seen as problematic and burdensome.

They are a link between the sex workers and the service providers: they have to explain the difference of health systems to the migrant sex workers as they have different ideas and experience of public health services in their home countries.

The mediator has to negotiate and illuminate a variety of non verbal messages related to the manner in which clients address themselves to the service providers.

The reasons migrant sex workers do not access services is not only linked to issues

regarding language problems: it has to do with their specific cultures, general situation in the host country, educational level and sexuality.

Materials developed by TAMPEP

- Leaflets in English, Spanish, Portuguese, Thai, Polish and Russian, about:
  - AIDS & Hepatitis B
  - Venereal diseases
  - Condoms & lubricants
- Leaflet in English about nutrition.
- Comic *Augusta's Way*, in English.
- Comic *Dicas & Jeitinhos*, in Portuguese.
- Comic *Dichos & Diretes*, in Spanish.
- Cassetes about AIDS prevention in Polish, Tcheck and Portuguese.
- Leaflets for Transsexuals in English, Spanish and Portuguese (soon also in Thai), about:
  - Hormones, silicon, the transgender operation, the use of condoms
  - Venereal diseases, AIDS and Hepatitis B
- Leaflet in English about security at work.

Materials to be developed:

- A leaflet about contraception.
- An European *Agenda*, with addresses and legal advices.

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