TAMPEP

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

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TAMPEP

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FINAL REPORT

Austria
Germany
Italy
Netherlands

EVALUATION

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This evaluation describes the work of a transnational AIDS/STD prevention project among migrant prostitutes in Europe (TAMPEP). The project combines research and active intervention, promoting awareness on HIV/AIDS and STD's among migrant sex workers. The target groups of our interventions are a varied group of women whom 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 other European countries and from other continents. There has been, since the 1970s, a noticeable influx of persons involved in the sex industry who have migrated from Asia, Africa and Latin America (Brussa, 1991). In addition, and more recently, the industry has seen a constant increase in the number of Central and Eastern Europeans who have crossed into Western Europe, and have been initiated into or continue to practice as sex workers. Interviews performed during the course of TAMPEP activities have made clear that 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 of engaging in this trade when they moved to Europe. The majority of women had no realistic information on the working conditions and possible earnings. It should also be stated that many of those involved in the sex industry do not identify themselves as prostitutes, and think of their work as only temporary.

Both female and transsexual sex workers have been contacted as part of our work. In this evaluation, as well as in our work, we respect the gender identification with which transsexual sex workers present themselves to us, and do not consider them a third gender. We refer to transsexuals here as women, since the majority present themselves in this way. They have specific medical and social needs requiring special attention. Such differences are beyond the scope of this discussion, however, and will not be referred to again here.

Prostitution involving migrant sex workers occurs in all countries of the European Union (EU). Groups are becoming increasingly mobile, both within single member states and within the larger community. In a phenomenon which merits particular attention, this mobility has activated a structural phenomenon of serial or chain migration, in which an individual who has already found employment in Europe may arrange for friends in the home country to follow. It should be stressed that migrant prostitution is not a temporary or a static phenomenon, and that 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 greater than that of local sex workers (EUROPAP, 1994). However, migrant sex

1 This document is an adaptation of the article that will be published in „Migration, Ethnic Minorities and AIDS", edited by Mary Haour-Knipe, Taylor & Francis, London (1996).

workers frequently remain outside of legal, social and medical structures, and therefore face enormous difficulties in gaining access to information and resources that could improve their quality of life. This marginalised position also leads to victimisation of migrant prostitutes in criminal activities and illegal trafficking of women and men, as well as to isolation and dependency (Brussa, 1994).

Existing services in the European Union have little contact with members of this target group, and it is for this reason that the TAMPEP project originated in August, 1993, in the Netherlands, Italy and Germany. Austria joined the project in its second phase. The co-ordination of each of these sites has been the responsibility of the **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, **Amnesty for Women** in Germany, and **LEFÖ/Lateinamerikanische Exilierte Frauen in Österreich** in Austria2. The objective of the project is to develop, in collaboration with migrant sex workers, more effective strategies to facilitate contact with the target group, as well as new materials. The four organisations involved in the project had already played an active role in the field of prostitution in their respective countries, and functioned as a reference for migrant prostitutes. This previous work in the field determined the philosophy and conducts of the project, and facilitated making contact.

The TAMPEP project

The creation of TAMPEP was initially motivated by three factors. First, there was the lack of HIV/STD information available in the native languages of the target group. This lack impedes the development of educational and preventive programmes concerning risks linked to the professional activities of the sex workers. In addition, it makes it difficult to improve their working conditions and, consequently, poses an obstacle to opportunities for improving physical or psychological well-being. Second, issues are linked to the living and working conditions of migrant sex workers. Some sex workers live in conditions of great need with regard to health and hygiene.

The general conditions prevalent in establishments or venues where migrant prostitutes are professionally active also create such needs. Third, it is important to facilitate direct contact between migrant sex workers and institutions active in the social and medical fields. This contact should allow for cultural mediation while not compromising the delivery of an efficient service.

From the start, TAMPEP conducted experimental outreach work in very diverse regions. The respective countries and/or regions differ in immigration policies, in application of laws relating to prostitution, and in the ways in which sex work is organised and practised.

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The sites also differ in health care structure, and in the organisation and implementation of health promotion activities, especially those targeted towards HIV/STD prevention among sex workers. Finally, activities were conducted with sex workers originating from a very wide range of cultures. It should be clearly stated that the project did not set itself the objective of creating a network of services capable of covering the needs of entire countries but to stimulate these services in this area.

There are many different forms of prostitution. The forms of the sex business in which migrant prostitutes most often work are in street prostitution, sex clubs, shop windows, and private apartments. Each of these has it's own specific working conditions, but what they all share is the fact that the population of sex workers is very international, and that the concentration of any specific nationality varies from different host country to country. There were a total of twenty different nationalities among our target group, from Latin America, West Africa, south East Asia, and from Eastern Europe and the Balkan countries. Some from among the very many different situations covered by the project, and drawn from the project's field work, are described below.

The shop window in the Netherlands

Most of those working in shop windows are migrants, from the Dominican Republic, Colombia, Venezuela, Ghana, Benin, Poland, Russia, the Ukraine, Lithuania, Serbia, Croatia, and the Czech and Slovak Republics. Sex workers pay rent for the windows, about 150 florins (US$ 90) a day, although this varies. The woman waits for clients in a room with a window that looks onto the street. The room contains the bed where she works, and also lives and sleeps. In some establishments two sex workers may share a kitchen, a room for eating, a bathroom and toilet. At some sites the buildings comply with general sanitary and administrative rules for the municipality, security is assured by men patrolling the street, rents are fixed, and neither minors nor victims of trafficking are officially allowed to work. In others, up to four women may use the same window room, share a single toilet, an improvised shower and no kitchen. In some cases workers receive one towel and two sheets for use throughout the week. On the average, the sex workers interviewed work between 12 and 17 hours a day, receiving from 10 to 24 clients, at a usual charge of 50 florins for 15 minutes of work.

Sex workers in Hamburg

In the last two years the sex industry scenery, both in Hamburg and in other parts of Germany, underwent important changes due to a significant increase in number of women coming from East European country.

According to estimation of the Hamburg police department, there are today around 6.000/8.000 sex workers in this city. About 70% of them are migrant prostitutes and again one half of those are East European women, coming mostly from Poland, Ukraine, Bulgaria, Rumania and the Czech Republic.

As for their living and working situation, the majority of them are strongly tied to pimps and therefore, quite difficult to contact. They find themselves in very isolated apartment-brothels controlled by the so-called "Russian mafia organisations". As a consequence, they are forced very often to move from one city to another, suffering from very bad working and living conditions.

The second biggest migrant sex workers group in Hamburg stems from Latin America. Here, in addition to born women, there are also both transvestites (TTs) and transsexuals (TSs). The born women come mostly from the Dominican Republic, Ecuador, Colombia, Venezuela and Brazil. While Dominican women work mainly in apartments, those from Ecuador work on the street and the others in bars and cabarets - all of them as "free women". The TTs stem mostly from Peru, Colombia, Venezuela and Brazil, and have already worked in prostitutions in their home countries. In Hamburg they work in bars and on the street.

Female sex workers in Austria

As in the other European countries in Austria there is a big number of migrant women working as sex workers.

The massive presence of migrant sex workers began in the 80s, mainly from Latin America, Southeast Asia and Africa (Ghana, Kenya, Brazil, Dominican Republic) and in the 90s also from Central and East European countries (Poland, Russia, Hungary, Czech Republic). They work in the whole of the country, as well as in big cities as in small towns and villages. The majority of migrant sex workers are working in bars and night club (animating, dancing) and in non-registered prostitution. A small number of them are working in the streets or in private apartments. A great number of Latin American sex workers have regular migrant status as dancers and artistes in Austria, although this migrant status does not allow a regular work permit as a sex worker. The working conditions of migrant sex workers are characterized by bad sanitation and health conditions. Often they work and live at the same place and pay huge amounts for rent and other services. Although some women come to Austria in the hope of getting a job and earning money to support their families at home, some of them also hope to marry in order to be able to regulate their migration status in Austria and better their economic situation. Often they marry someone who is related to the sex business and trafficking of women.

The lack of migratory rights, the legal and economic dependency and social discrimination cause a situation of isolation, violence, marginalization and extreme psychological pressure on the women.

Sex workers in Italy

Although soliciting and the exploitation of prostitutes by third parties is prohibited by law in Italy, a number of clubs and discotheques engage *entertainers*. *Talent agencies* arrange to have women hired as dancers, and transferred from club to club every two weeks. When their visas expire after three months, the workers either return to their country of origin or become clandestine. Those engaged in sex work in night clubs, and who are in the country illegally, are vulnerable to exploitation, including trafficking. The official duty of the women working in the clubs is to eat, drink and dance with clients, and they earn a commission on the number of drinks consumed. Anything earned 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 several regions, including Latin America, Southeast Asia, and Eastern Europe. Relations between prostitutes of different nationalities in the same circuit of sex work are almost non-existent.

The biggest prostitution area is the street prostitution and the biggest proportion is formed by Nigerian women. The next group consists of Albanian girls, Russian and Ukrainian women and the rest are Latin American women and transsexuals. This kind of

prostitution has been controlled by pimps during the last years', this type of pimping has two natures: the pimps who have the same nationality as the women and who exploit the women and the mafia organisations that control the streets as godfathers. Very typical of the Nigerian community is the presence of madams who are prostitutes or ex-prostitutes.

Migration

TAMPEP field work revealed that in all countries where the project operated there was a stratified population of migrant sex workers: one distinct category resides in the host country for an extended period (at least five years) and engages at most in internal mobility within the host country, or work for very brief periods in other European countries. A second category is that of transients, who move continually throughout various states, and whose presence in each is always of short duration. There is a difference, then, between sex workers who choose to emigrate more or less permanently to one of the four countries, and who constitute a rather stable group, and those who 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 any of the four countries participating in the project, in the nationalities represented, and in their degree of mobility.

The variety of policies concerning immigration from outside the European Union, and differences in possibilities for obtaining a residence permit, influence the living and working conditions of migrant sex workers. These differences also increase their marginalisation, and facilitate possibilities for exploitation, dependency, and control by criminal organisations. In particular, the severity of regulations recently enacted in Europe against non-Europeans directly influences the basic living and working conditions of clandestine migrant sex workers. Those who are clandestine and work in closed prostitution (apartments, window brothels, sex clubs) remain constantly within the same milieu. Since they rarely, if ever, have an opportunity to leave the context of work or of the sex industry, their lifestyle is one of severe isolation and marginalisation, with damaging consequences to physical and mental well-being.

Strategies of approach

The method used by TAMPEP, applied in all four partner states, involves active and direct participation and collaboration with the target groups. Sociological investigation and practical interventions for AIDS prevention were developed in a continuous cycle of: gathering information, organising activities based on the data gathered, creating new materials, and evaluating results. Provisional findings from the evaluations were then put into practice in new activities. This continuous process of investigation, production of material, implementation and evaluation has permitted the development of grass roots activities tailored to each group and subgroup. It has allowed us to work towards positive interventions to improve the health of sex workers.

The concrete activities of the teams have been to conduct interviews to gather general information concerning migrant prostitution in Europe; to conduct an initial needs assessment with sex workers; to test and adapt existing materials; to develop new materials in collaboration with the target group; to carry out workshops and provide individual consultations; to encourage the development of adequate services by governmental institutions; to mediate, refer and accompany sex workers to service providers; to train peer educators; to continuously evaluate the effects of the activities, focusing on levels of

knowledge, attitudes towards health promotion, and behaviour changes in the direction of safer sex and other health behaviours; and to identify structural impediments to achieving the above.

The target group for our project has characteristically been hard to reach. As with other marginalised populations within society, there is an increasing recognition of the influential role of informal peer educators and supporters in facilitating access to information about and for the community. Interventions have thus been developed through the use of these two types of intermediaries, cultural mediators and peer educators.

Cultural mediation and public health services

'Cultural mediators are a go-between who know the reasons, the customs and the codes of a majority culture and the host country, as well as the conditions, social ethics and the scene in which a minority group finds itself.' (Brussa, 1995: 78)

Cultural and linguistic mediation can help stimulate new models of intervention. It may also serve as an example for integrating immigrants into a particularly important arena, that of public health services. In their contact between clients and service providers, cultural mediators serve as a bridge, proving the need for raising awareness, and verifying the perceptions of both sides. Their work is with the many factors intervening between a migrant group and those who provide services for international clients. At the same time, they can facilitate contacts with a population seen to be problematic and burdensome.

Cultural mediators are not social workers, health assistants or exclusively translators. In the TAMPEP project they are individuals capable of eliciting the trust of the target group, and of the same ethnic group or nationality as the sex workers, thereby being capable of recognising and appreciating the cultural and social mechanisms influencing their behaviour and choices. Cultural mediators are also educators and trainers, with a mandate to pass on knowledge and experiences in the field of STD/AIDS prevention among sex workers. They are recognised as such by the target group. Cultural mediators belong to a 'different' culture, interacting with, and reacting to, the dominant culture of the host country. They facilitate communication between members of an immigrant community and those of the dominant culture, as well as with other individuals or groups who in some way have contact with the migrant sex worker. They serve as a point of reference since they, themselves, have had the experience of migration and, in some instances in our case, also experience within the sex industry.

In their work linking migrant sex workers and service providers, cultural mediators seek to explain host country health systems to people whose ideas and experiences with public health services in their own countries may be quite different. They negotiate and illuminate a variety of non-verbal messages in the way in which the clients address themselves to the service providers. They intervene in the many factors which hinder the access of migrant sex workers to health systems. These factors go beyond the obvious problems of language, and include problems related to specific cultures, to the general situation of the migrant sex worker in the host country, to levels of education and to the sexuality of the worker.

Mediators must be able to maintain a position of autonomy, of neutrality. Their responsibilities go far beyond linguistic interpretation: in the course of their work they

translate cultural concepts rather than mere words. The role of cultural mediators in the TAMPEP project is thus a very complex one. On one side, mediators may be perceived by sex workers as healers. On the other side, they may be seen as advocates for the services themselves, rather than for the target group. In this case the risk is that cultural and linguistic mediators may be perceived as accomplices of the services, thus in part responsible for behaviour which causes dissatisfaction among the target group. Mediators inevitably find themselves trapped between two blocks: service providers may have unrealistic expectations about the effects of cultural mediation, and sex workers themselves who may nurture unrealistic expectations concerning mediators' possibilities to improve health services. It must be made clear to both parties from the outset that cultural mediators cannot provide guarantees to either party.

Cultural mediation

Merely offering free, anonymous testing or screening does not in itself guarantee access to many of those who most require such services. Just because a door is open does not mean that entry is any easier if one does not know where the door is located, or even that it exists. Just getting in a door does not mean that one necessarily enjoys the room in which one finds oneself.

For example, although there are no policies of mandatory STD screening in Hamburg, and no direct control is exercised over prostitution venues to ensure regular medical check-ups, in the minds of many sex workers public health services still connote institutions characterised by repressive measures and attitudes. Many, in addition, have professional experience in other areas of Germany in which mandatory screening is conducted by the municipal health service. It is obvious; therefore, many migrant sex workers are not in a position to construe visits to the public screening and treatment centre for STD's/HIV as anything but coerced controls conducted with the complicity of pimps.

In a situation fraught with ambiguities, **one** of the challenges of cultural mediation is to promote the centre's vision of medical care and check-ups as a tool for health promotion and self-esteem.

Peer educators

In contrast to cultural mediators, peer educators are members of the target group, and therefore identify themselves completely with the group. They play the role of leaders, and articulate the interest of their peers. The experience of the TAMPEP project with peer education targeted towards a specific group of sex workers (mobile migrants who are frequently marginalised and in a position of dependency) has provided insight into the advantages and limitations of the approach, and as to certain modifications which may need to be introduced in applying concepts of peer education.

Our experience has shown that there are some preconditions for effective peer education. Generally speaking, peer educators must have a base in the community, and must be recognised as leaders by the community base, while being representatives of the particular project being developed. Experience has shown that the success of peer educators depends more on their self-identification with the role, and on their acceptance within the community, than on their specific position within it. Peer educators must also be clear about their role both within the group and within the project. Peer education implies a didactic role, and influencing changes in behaviour. Educators should be able to raise awareness among their

colleagues, and to organise and conduct workshops on various themes related to prevention and safer sex practices in the field of AIDS/STD's. Their role implies a certain distancing, which facilitates the assumption of a student/teacher relationship. While they have the role of imparting information and knowledge, increasing responsibility and self-esteem, peer educators must also make distinctions between their community work and their own and other sex workers' private lives (their romantic involvement, professional contacts and career). They must also be able to apply the concept of peer education with a community that is extremely mobile. As opposed to cultural and linguistic mediators, peer educators do not need to have to have either a relationship of confidentiality or a 'mandate' from the group with whom they identify. Their primary focus is on mutual support among colleagues for sustaining behaviour changes in adopting safer sex.

Training Nigerian sex workers in Turin

The creation of a drop-in centre for Nigerian (and other African) sex workers in Turin is a concrete example of how banding together around a common idea and a shared base served to mobilise a community, and to lead to further activities. The group of fifteen active and recently retired sex workers who had participated in the development of the drop in centre were successively trained and functioned as peer supporters. They collaborated on the development of material, translated, and promoted the project's activities.

Once this structural base was established, the workers identified twenty additional Nigerian sex workers from five different tribes who, in turn, underwent structured training courses on AIDS, STDs, and the female reproductive system.

These peer education courses have been repeated three times, each time with a new group of participants.

Using mobility

A travel route is formed by a network of contacts among fellow nationals who inform others of work opportunities, with a snowball effect. Other networks are formed by individuals who channel women within a circuit managed by people external to the sex industry. In both cases a sex worker's period of residency within a country may be extremely brief. This form of mobility is inherent to migrant prostitution, and what at first glance may seem as a handicap may be taken as an opportunity. The fact that frequent mobility may limit possibilities for repeated contact with the target group 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: it should be possible for those involved to become health messengers. So far the project has been able to use this phenomenon only to a limited extent, but that the possibility exists is demonstrated when sex workers interviewed as a control group, who had not had been involved with the project's activities, had already heard of TAMPEP through colleagues encountered in the new workplace or through fellow nationals before they left.

Preliminary results

Because of the extremely marginal and vulnerable conditions in which migrant prostitutes live in European countries, and through the experience gained during the first year

of the project, both by the direct contact with migrant prostitutes and by an assessment of their living conditions, we have concluded that STD and HIV/AIDS prevention for this group must be included in a broader framework of general health promotion. The development of such a framework should be recognised as a present priority.

It has become clear that more than 10.000 of migrant sex workers in certain areas of the Netherlands, Italy, Austria and Germany have been in contact with the TAMPEP project resulting in more than 140.000 interactive contacts. Group activities like workshops have been participated by 400 women and 150 transsexuals. Of them, 200 women and 20 transsexuals are collaborating in the design and implementation of the activities as TAMPEP peer educators. We are now working with these individuals. Another important observation is that, although many projects employ strategies and materials designed for 'Western' eyes, women from different cultural backgrounds need totally different approaches, strategies and materials. That was the basis for the methodology of TAMPEP.

The production and use of materials for the project was considered a tool for our work and not an end in itself.

The materials were created and developed together with the target group during workshops, streetwork and other kinds of regular meetings.

For that reason they were an important didactic material while forming peer educators. The aims were to produce them for learning purposes as they were done for and with the migrant sex workers and to observe and incorporate the specific cultural differences within each group.

The different materials were useful in terms of increasing awareness on STDs and AIDS as well as supporting the other activities implemented through the project.

Materials developed by TAMPEP

■ Leaflets about AIDS & Hepatitis B, venereal diseases and condoms & lubricants. Those leaflets are available in English, Spanish, Portuguese, Thai, Polish, Check, Bulgarian and Russian.

■ Comic *Augusta's Way*, in English.

■ Comic *Dicas & Jeitinhos*, in Portuguese.

■ Comic *Dichos & Diretes*, in Spanish.

■ Cassettes in Polish, Check, Russian, Bini, Ibo, Pidgin-English, Akan and Portuguese about AIDS prevention.

■ Two leaflets for Transvestites and Transsexuals. One about hormones, silicon, the transgender operation, and the use of condoms, and another one about venereal diseases, AIDS and Hepatitis B. These leaflets are available at the moment in English, Portuguese, Spanish and soon in Thai.

■ A folder about contraception in English, Spanish and Portuguese.

■ A comic folder *Advice on security at work*, in the series *Augusta's way*.

■ A booklet in Serbian-croatian and Albanian about AIDS and STD.

■ Didactic material *Love and care for myself* for peer educators.

■ A leaflet about *General advice on security at work*, in English, Portuguese, Spanish, Polish, Russian and Bulgarian.

This material was not only disseminated in the regions were TAMPEP works, but is also used in other countries in the European Union and in the mother countries of the women. Examples are: France, Portugal, Great Britain, Russia, Poland, Albania and Brazil.

After two years of the project, we have found that social control and social cohesion are important factors in increasing the capacity of sex workers to challenge clients who are unwilling to practice safer sex. We have thus attempted to boost group cohesion among migrant sex workers in an attempt to positively influence their articulated and implicit codes of conduct. These strategies will improve both the initial bargaining position of the sex workers and their negotiating techniques. We believe that it is necessary to focus on augmenting the self-confidence and, consequently, the self-efficacy of the sex workers. Women must be supported in their efforts to gain control over their working and living conditions. By building on naturally existing contacts, peer leaders and educators have 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 that it allows sex workers increased scope in their negotiations with clients, brothel owners and pimps.

Conclusions

It is not only cultural diversity that creates diversity in attitudes: more important is the particular context of the sex industry in which migrant prostitutes are employed; the structural factors regarding prostitution in the host country; and the health policies that have a direct impact on the social and working conditions of sub-groups within a targeted population. Moreover, the possibilities for sex workers to have optimal control over their sexual services and the promotion of their health in general, is determined more by the control they have over their working and living conditions, and by their legal status in Europe, than by their cultural and national background. There must to be constant collaboration with the sex workers, in which a space is created to allow them to define their own needs and priorities, to create their own materials and activities, and to make their demands within the ambit of European prostitution.

Those who work with migrant sex workers should ideally be of the same nationalities and cultures as the migrant sex workers themselves. This allows effective and direct dialogue, and working group members can function as cultural mediators between the prostitutes and all possible service providers. Partial results, effective implementation of activities, ways of adapting existing materials and methods, and ongoing evaluations need to be periodically reviewed in order to make them as effective as possible.

Leaflet distribution alone is insufficient to bring about behavioural change. The basis of the work must be in continuous and intensive field work to establish trust. Individual and group counselling (including on social, legal and psychological matters) is necessary to facilitate behavioural changes. Supporting migrant sex workers to empower themselves in other aspects, such as in improving working conditions, in the social sphere, and in their legal status, must also be part of any intervention, as this will enable them to control their own lives.

Continuous collaboration with health services is crucial in ensuring that information on safer sexual behaviour reaches migrant sex workers. The role of the programme in this should be focused more specifically towards that of mediating between the sex workers and

the medical services, shaping and gaining official backing for co-operative models to be adapted according to local circumstances in each country.

Interventions promoting safer sex practices alone are not sufficient. Informing migrant sex workers about the right brand of condoms, instructing them in proper use, and teaching negotiating skills need to be supplemented by direct field work - actual assistance in going out to buy condoms, or creating the conditions so that they are supplied condoms that are adequate. Similarly, informing sex workers of the value of regular preventive medical attention must be complemented with referral to addresses of sympathetic doctors. In other words, campaigns to give information and to promote health without connecting these campaigns to service provision will not be effective.

The mobility of migrant sex workers within Europe requires that concepts of 'peer education' be adapted. This mobility can be used in a positive way: when peer educators are trained in the fundamentals of safer sex and health promotion, they can function as 'health messengers' as they move through Europe. Ideally, they should be supported by an international network of intervention projects. On the other hand, the possibilities for non-European prostitutes to create an autonomous organisation and to work together in a community based model focusing on human rights and advocacy, is limited by the legal status of clandestine migrants and by the marginalisation to which they are subjected. A further limitation to group work stems from the fact that for the majority of foreign sex workers, prostitution represents a means of survival, an activity practised out of economic necessity. It is seen as temporary work, and in no case as an identity.

The project has developed a number of leaflets, and one might have the impression that now that these have been developed, future work can restrict itself to distributing them among new groups. This would be to miss the most important aspect of the method: the process of making the leaflets is important in itself. Making material stimulates discussions of their needs amongst the women and men involved, and foster group cohesion. Thus each activity with a new group should include the production of new leaflets: each particular situation calls for new items, and is in itself a very important educational activity. Moreover, leaflets serve as a written reminder after a working group session or an individual communication, but they cannot function as an information tool in themselves.

It is necessary to establish a network of contacts both within the sex work milieu and within the broader community. Proprietors of prostitution businesses obviously often play a decisive role influencing working and sanitary conditions in their houses, and affecting the possibilities of practising safer sex. TAMPEP has now found that influencing proprietors, with the support of medical and health authorities, is a powerful tool in changing structural circumstances.

The presence of migrant sex workers in the European sex industry constitutes a phenomenon which has changed all aspects of the market. Current European policies in the areas of prostitution, of migration, and of AIDS prevention do not reflect this. The aims of AIDS prevention are often in contradiction with those of migration prevention (to stop the inflow of persons from outside European countries). The effects of these policies are at the moment counter-productive: migrant sex workers are not stopped at the border, but are more and more dependent on, and under the control of international criminal organisations. This clearly does not serve the interest of either safer sex or of public health.

The future: the third year and beyond

TAMPEP and EUROPAP have reached an agreement to synchronise the activities in order to benefit maximally from their mutual activities and means in the field of STD/AIDS prevention in prostitution. We propose to do this in the following way:

■ EUROPAP will provide a network of service providers and the infrastructure for the communication of methodology and material,

■ TAMPEP will continue to develop and implement intervention methodology and material in the four EU countries (Germany, Italy, Austria, The Netherlands) as a laboratory in order to keep the quality up to date. This is necessary as many of the aspects in prostitution change continuously: the prostitution market, the nationalities of the women, the policies of governments etc. Secondly, TAMPEP will continue to document and analyse as an observatory these developments, which are factors which influence health and safety for the target group. The third dimension of the activities is the expansion of the work as a centre of expertise for training, consultation and advice for all service providers and policy makers (governmental and non governmental) in the European Union, and to a lesser extent outside the EU. This task is being carried out in a number of situations and locations, more and more TAMPEP is being asked to perform training and share its expertise during courses and conferences.

By developing the TAMPEP project in a true European dimension, we are able to fully take into account the international character of migration prostitution.

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ORGANISATION AND INFRASTRUCTURE

At the start of the project 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 overall coordination 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 coordinated 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. This sparked active involvement by both statutory and non-governmental agencies active in the Italian AIDS prevention field in recent years.

At the start of this second phase, an Austrian partner joined TAMPEP: *LEFÖ, Latin American Exiled and Migrant Women in Austria*. LEFÖ is a non governmental organisation which serves the political interests of migrant women and offers them social services, like psychological assessment and educational training. One of their principal

aims is to "fight against all forms of sexist and racist violence, discrimination and exploitation of Latin American women and their children in Austria". They already had developed a health project and they are advisory member of the ministerial emancipation committee and the governmental migration commission. LEFÖ collaborates with the Municipal Health Department in various cities of Austria.

Infrastructure

These four partners coordinated the development of TAMPEP in The Netherlands, Germany, Italy and Austria throughout the various phases of the project (research, data collection, and implementation of prevention activities, 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 international and intercultural dimension

As TAMPEP is an international project working in four 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 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, Chile, Russia, Poland, Bulgaria, 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 not only 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 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 coordinated by TAMPEP).

TAMPEP

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

AUSTRIA

TAMPEP 2

FINAL REPORT

June 1995 – June 1996

Vienna, June 1996

Maria Cristina Boidi

INTRODUCTION

The presence of migrant sex workers in Austria as a relevant phenomenon dates from the eighties. In that decade, the majority came from Latin America, Asia and Africa. The largest groups came from the Dominican Republic, Colombia, Brazil, Thailand, the Philippines and Ghana. There were also a considerable number of Hungarian women.

Since the beginning of the nineties, the number of Cuban women within the emigrants from Latin America has increased, favoured above all by mass tourism. However, in the last 2/3 years, most of the women coming to Austria are from East European countries: Poland, Rumania, the Czech Republic, Slovakia, Russia and lately, Hungary.

This phenomenon is not restricted to Vienna and other important cities of Austria, but on the contrary, mainly appears in small towns of between 20.000 and 30.000 inhabitants, and even in yet smaller ones.

Up to the beginning of the nineties, the prostitution of migrant women took place above all in bars and night clubs, the approximate percentage of foreign and Austrian sex workers was 50% Latin Americans, 20% Asians or Africans, 20% Hungarians and 10% Austrians (according to research work among sex workers from Latin America).

The increasing presence of sex workers from the ex-communist countries on one hand and the new laws on aliens which became effective in 1993 on the other hand caused an important change - the mobility within the scene has increased and the work in the street and in apartments has grown.

The officially estimated percentage of 70 to 90% of foreign prostitutes in Vienna is quite realistic, but the number of unregistered prostitutes in the Austrian provinces is by far underestimated, for which in part statistical data does not exist.

We can confirm that actually there is a noticeable increase in the prostitution of foreign women. In 1990 there were 800 registered prostitutes in Vienna, together with an estimated number of 2800 illegal prostitutes (mainly foreigners). In 1995 there were 670 registered prostitutes, and the estimated number of illegal foreign prostitutes went up to 4300. In Graz the number of prostitutes in the late eighties was 120, most of them were Austrians. In February 1996, 300 prostitutes were registered, of which only 77 were Austrians (according to information given by the Austrian police).

On the whole, it is very difficult to estimate the number of foreign sex workers because of differences in their status and in the criteria applied by the authorities in the various Austrian provinces.

The women who came to Austria in the eighties and in the beginning of the nineties, in general, are legal residents, but they prostitute themselves illegally. As for their legal status in Austria, the majority of Latin Americans have a residence permit as dancers. Yet few of them actually dance; they work as hostesses, receiving a certain percentage of what the clients spend, and as prostitutes.

Others are married with Austrians and in this way they have obtained their residence permits. Most of them are married to pimps, bars owners, clients, and other men involved in the business of that scenario.

If one of these women gets divorced without having obtained Austrian nationality before, she loses her residence permit. She cannot get it a residence permit as a worker either since she has not been registered as prostitute.

The MA 15 (Health office of the City of Vienna), which we will refer to again below, characterizes its foreign "clientele" as follow: registered prostitutes, barmaids, and illegal prostitutes. The first category are those registered by the police; the second category are those who work as dancers and/or hostesses (and prostitutes) and are "tolerated" by the police; the latter are working illegally and sometimes don't even have legal status (of residence).

The possibility for non-registered prostitutes to access to the MA 15 allows for more accurate estimations in Vienna, whereas in the provinces there is no such source of information.

As for the registration by the police, in cities such as Graz the police are mainly interested in registering all the prostitutes and not in controlling their legal residence. In Vienna, on the contrary, the prostitute needs to have legal residence in order to get registered; if not, she is expelled.

Theoretically, it is therefore possible for these women to work legally as prostitutes and to have legal residence. Yet this happens only very occasionally, as the pimps, bar owners, husbands, boyfriends, and intermediaries, in general, are not interested in the women's gaining independence which would mean a loss of control over them. The women, on the other hand, are not provided with correct information and are afraid of the police.

The women who have arrived in recent years and those who stay only for a short period of time in the country are the ones who are most unprotected in legal and health terms. The new laws leave non-EU emigrant women, who want to work in Austria, without options, least of all the sexual workers who remain absolutely excluded from any framework of protection and prevention.

The recent emigrants from Latin America and the women from the East are the ones who constitute this group. They work basically in the streets (of Vienna), and in apartments controlled by pimps. In the case of the women from the East, especially from neighbouring countries, there is a remarkably high mobility. On the one hand, this is due to the increasing number of expulsions (in accordance with the application of the new laws), on the other, to a form of self-protection practiced by the pimps. Graz counts at present 72 apartments controlled by pimps, where the women often move from one apartment to the other.

The presence of foreign prostitutes in the streets of Vienna is a new phenomenon which has not yet been investigated.

Structures of dependence

The reasons for the arrival and the increasing number of migrant women who carry out illegal prostitution in Austria are the same as all over Europe and other countries in the world: profound global economic inequality; a rising structural poverty; woman's role in society, particularly in societies which are economically dependent; woman's role

as head of the family, as supporter of her children and parents alike, as well as her failure to obtain gainful employment in her country of origin.

Even more than the legal impossibility to gain autonomy, it is the necessity to sustain the family and the pressure resulting from that generates for these women a profound dependence on traders and all kinds of intermediaries.

In the countries of origin, the first link in the chain gets established in various ways, with the woman running into heavy debts (for passage, contacts, etc.), signing contracts made up in other languages or in confusing terms, having her family stand surety.

In almost all cases, the "faulty" contracts or wrongful promises are detected when arriving in Austria. The women who thought they were going to work as waitresses, dancers, or domestic servants are forced to carry out prostitution. The ones who knew they were going to work as prostitutes did not know about the working conditions and the amount of exploitation they were going to be subjected to.

The intermediaries, who know the entry mechanisms at the borders as well as the legal mechanisms in Austria, require money in order to get the women's situation in the country settled. According to information by LEFÖ, up to ATS18000,- (US$ 1800,-) is paid for these transactions. In the case of marriage, in order to have their situation adjusted; it is frequently also the women who have to pay.

This is the case for the foreign sexual workers who will stay more than three months in Austria (as a tourist, it is possible to stay for 3 months). In the case of women from the Dominican Republic or from Cuba, who need a tourist visa in order to be allowed to enter the country, the pressure is even higher.

The women's dependency gets reinforced through the approach to resolve their specific problems and daily necessities. The fact that they know neither language nor social mechanisms in Austria, and that they are emarginated from the start, keeps them subjected to intermediaries, dependent on them when it comes to shopping, visiting a doctor, sending money back home to their families, going to the post-office, etc.

The women's dependency manifests itself in complex ways. There are cases of organized networks between the countries of origin and Austria or Europe, but there is also dependency upon family members or friends who encourage the women's arrival and receive payment for their services.

There are women who have arrived independently, yet once in the country, they need contacts in order to gain access to workplaces, find a place to live, be allowed to enter into a night club.

The pimps and traders, who have had the habit of taking away the women's passports to prevent them from moving around freely, continue to do so with the newly arrived sexual workers from Latin America and from the East.

There is also abuse as regards the prices and the quality of the women's accommodation. Frequently women employed in bars are forced to work also in the room where they live, paying rents which are far above the standard for Austria.

The structures of marginalisation and dependency complement each other. As sexual workers as well as foreigners, the women are emarginated and stigmatised; their lives in Austria continue to depend on "indispensable" intermediaries. Black women have even bigger difficulties when it comes to renting an apartment for themselves, requiring a public service, or settling formalities.

A similar phenomenon can be observed in the clients' attitudes. Many clients seek foreign women for sexual services, yet at the same time they consider them to be inferior and of lesser value than Austrian prostitutes.

Health conditions

The conditions under which foreign prostitutes work are highly dangerous. Latin American sexual workers with approximately more than 3 years in the country, generally, work with condoms. Yet, as they have often stated, they are confronted with pressure from clients who do not accept this.

In big cities, the prostitutes tend to be backed up by bar owners, a situation that may vary in small towns.

Among the recently arrived groups from the East, condoms are not used frequently (according to our first contacts with this group as well as evidence provided by Latin American sexual workers). Their situation of higher illegality leaves them even more defenceless with regard to their clients' demands.

The registered foreign prostitutes are obliged to submit to a weekly health check-up. In some cases, as we have already mentioned, the Viennese MA 15, the non-registered foreign sexual workers also make use of the health services provided by the authorities. In Vienna there is only one such place which furthermore operates with small financial means, without sufficient space, and has more work than can be coped with.

In other cities, the bar owners sometimes send the prostitutes to the public services, to particular medical practitioners, or to gynaecologists.

If the women are not registered, there is no obligation either, and the health check-up depend on individual factors.

Self-medication, as well as advice provided by friends, is very frequent among Latin American prostitutes. They have little knowledge about their own bodies; they are, in general, alert to the risks of AIDS and other sexually transmitted diseases, yet without proper knowledge about these illnesses.

The more mobile groups of foreign sexual workers do not dispose of any kind of protection, nor of any health control.

Long working hours, poor nutrition, unhealthy living conditions, cultural shock, as well as permanent psychological pressure - all this profoundly affects the migrant prostitute's health.

The women who work in bars are obligated to consume a lot of alcohol, this being one of their main sources of income.

With the exception of LEFÖ, there is no NGO in Austria concerning itself with the foreign sexual workers and their health.

Even in the case that the official health services are willing to attend non-registered sexual workers, the women cannot count upon confidential treatment or guaranteed discretion. In most of the cases, they feel exposed to the health system, defenceless, without any knowledge of German and they are, as with any other official organism, afraid of deportation.

The unprotected situation of foreign prostitutes culminates in raids and deportations. The raids, carried out with the objective to fight the trade of women, in

practice end up with a major deportation of women. An increasing number of raids, therefore, generate even more danger, more marginalisation, more dependence and more illegality for these women.

Explanation: Until now LEFÖ has not worked with transsexuals. In the Health Office of Vienna (MA 15) only some male sex workers are registered, without giving more detailed information if there are also transsexuals or not. The Health Offices of Graz and Linz have not official data which refers to transsexual sex workers.

Recent important changes

As LEFÖ was incorporated into TAMPEP in September 1995, we shall analyse here only the development stages of the past 7 months, relating them to prior work.

For 10 years, LEFÖ has been working with Latin American women who live in Austria; these women have come to this country for various reasons.

Since 1992, some sex workers have consulted the LEFÖ Advisory Office, asking for information. Others have come to see us because of their desperate situations, because of violence or because of lack of accommodation. They forced us to discover new aspects with regard to the migration of Latin American women.

We decided to extend our scope of work, organising workshops designed specifically for Latin American sex workers and promoting classes of German, held at LEFÖ's, among them.

In time, LEFÖ came to be the only trustworthy reference for these Latin American sex workers. The workshops held in Vienna were attended by women from different Austrian provinces, even from distant ones; these women spontaneously propagated the existence of LEFÖ as well as its activities.

The fact that most of the colleagues at LEFÖ are immigrants just as the sex workers themselves are, has allowed for a climate of trust and understanding based upon a common cultural background. This means LEFÖ can approach these women "from within" and not "from without" the problematic situation of emigrants.

In March 1995, given the growing presence of foreign sex workers, we organized **the first public function in Austria** which informed about trafficking of women and the situation of sex workers. Also in 1995, our workshops were extended to cover Linz and Graz.

Simultaneously, as we were aware of the health hazards the women were running, we established contacts with the MA 15 (Health Office of the City of Vienna, see Introduction and 2b) and included health as a central issue in our workshops.

In the middle of 1995, TAMPEP invited LEFÖ to join a project of European scope which confronted us with research and prevention projects in other countries and made it possible for us to work more profoundly on issues of health and AIDS prevention among foreign prostitutes in Austria.

The TAMPEP method, theoretically devised and put into practice in other countries, fitted in with the way we considered our work as "cultural mediators", with the sex workers participating actively in our workshops.

Since September 1995, LEFÖ is a member of TAMPEP, as active participant, and as Austrian point of reference concerning the issue of prostitution by foreigners. We continued our work with the same staff as before.

The most important changes since then have been:

■ A confrontation and comparison of our experience with similar work done in the Netherlands, in Italy, and in Germany. A reflection upon our tasks as well as their systematic classification within a European framework.

■ Participation in TAMPEP meetings in Italy and Germany, focusing on the European dimension of the work done by LEFÖ.

■ A re-conceptualization of the „cultural mediator's" role under TAMPEP guidelines.

■ A reconsideration of the official health centres, as well as the systematic search for contacts and exchange.

■ Incorporation into and adaptation to Austrian standards of the material provided by TAMPEP.

■ A training of peer educators, taking as a starting point the role played in the workshops.

■ An amplification of our area of work to Linz, as well as the promotion of future work in Graz.

■ The start of streetwork, with a first phase of observation and collection of data.

■ The start of work carried out in bars, establishing first contacts.

■ Prioritizing health and prevention issues in the work carried out with Latin American sex workers, referring to the frame work of their social and legal situation.

■ A re-conceptualization of the workshops.

■ First contacts with sex workers from the East, as well as the training of future cultural mediators.

■ Systemizing our research tasks based upon data obtained in our work.

The team

Vienna

Coordinator:	María Cristina Boidi, Argentinean
Adviser:	Doris Córdova, Chilean
Psychologist:	Ana María Garza, Mexican
Nurse:	Paola Díaz, Chilean

Linz *(Volunteers)*
Ana Wall-Straßer, Austrian
Luzenir Caixeta, Brazilian
Rubia Salgado, Brazilian
Tania Araújo, Brazilian

THE TARGET GROUP

Below is a description of the social situation of the Latin American sex-workers, specifically LEFÖ's target groups:

Both in Linz and Vienna women work primarily in pubs and night clubs. In Graz, some of them work in apartments. In Vienna, a few work on the streets either because they are registered as prostitutes or because they are in an illegal situation which prevents them from finding a job.

Sex workers married to Austrians do not live in their workplace. Single sex workers who have lived in the country for some time stay at a friend's or pension.

Sex workers who do not belong to the above categories live in their working place. Most of those who work in small towns in the interior of the country live in bars.

Room rents in bars vary between ATS200 and ATS300 a day. In general, these rooms are unsuitable to live in: they lack heating, warm water, enough room to sleep in (i.e., a bed is shared by three women), appropriate room for cooking or laundry and the bathroom and showers are also shared. Most frequently, these women live and work in the same room taking turns to work with their customers. In addition, working at a pub involves extra tasks that are not paid, for instance washing bed linen and table cloths, ironing and cleaning.

Sex workers married to Austrians are by no means more independent. Their husbands are usually their pimps, alcoholics or unemployed, who live out of their wives.

Living costs

Paradoxically, their living costs are very expensive if related to their social condition.

The rent sex workers are obliged to pay in pubs or apartment is disproportionate if compared to their facilities and prices in the local market. They are obliged to eat in restaurants since they have no room where to cook for themselves. They must buy their own outfits, which are usually very expensive, to meet the demands of their employers.

Usually, they do not have health insurance and must pay their own doctor's fees and medicine if necessary.

They pay a percentage of their income to the contact agencies that provide them with work at the pubs or night clubs. In general, they have to pay for different kinds of services due to their social isolation and work schedule.

Adding to their daily expenses, sex workers have to satisfy earlier debts held with dealers and intermediaries, and must provide financial support to their families.

Working conditions

Working conditions contribute to the vulnerability of sex workers' health.

Latin American workers, who come from warm areas, suffer from extremely cold weather conditions in Austria both physically and psychologically.

Their working hours range between 7.00p.m and 5.00a.m. They usually work as dancers and hostesses. They have to encourage the clients to drink and later offer their sex service. The rate of alcohol consumption is usually high since they are obliged to please their customers' drinking habits on a permanent basis. Eating habits are irregular and inadequate.

Sex workers lack a means of protection against the violence of their employers and customers. They cannot turn to the police for help since they run the risk of being deported.

Their chances for a systematic health check-up are extremely limited and access to adequate information as regards their body and health care is practically non-existent. At present, LEFÖ is their only source to get appropriate information.

Safer-sex

Pressure from the customers not to use condoms is observed frequently, especially in the interior of the country. Sex workers who are defenceless because of their dependency and illegal status are obliged to work without any protection, even though they are aware of their exposure to STDs and AIDS.

Social situation

Sex workers' social condition as foreigners, added to the label of prostitutes, lead them to recur in their vicious cycle, thus becoming isolated from society as a whole.

Although they offer a service to society, their choices are limited exclusively to that of their service. Due to their profession and work schedule, they have no chance to access to a different social environment.

Sex workers find it hard to understand Austrian society, how to get informed and get to know something else beyond sex related work.

As we have already mentioned in our introduction, Latin American sex workers' social and cultural isolation is of key importance for their traffickers, employers, pimps and intermediaries since they rely on this factor to keep sex workers under their control.

Legal situation

According to the new 1993 Foreigners Law, migrant sex workers and sex workers in general are bound to a situation of more dependency and illegality.

The artist work permit (*sichtvermerk*) is arranged by employers, pimps, agencies and so on. This work permit is directly connected to the sex workers' job, which means that they are obliged to accept their working conditions if they do not want to lose their residence permit. Intermediaries demand high amounts of money to run the errand mentioned above.

Marriage is an alternative that has been used more frequently lately, as a way of gaining legal residence in the country. Since the new law claims to be a tighter one, the number of marriages has consequently increased. Within the realm of married life, sex workers are obliged to accept the conditions imposed by their husbands if they do not want to lose their legal rights.

Sex workers who have come to Austria as tourists end up in illegality. The new Austrian law does not offer the chance of acceding to a residence permit if the incumbent has originally come as a tourist.

Their situation is risky both in terms of their residence and practice of prostitution. Deportation and refusal to grant residence permits have become common lately. Migrants without a valid residence permit, if caught by the police, can be deported from the country no matter how long they have lived in Austria. Illegal prostitution is also a reason for deportation in which case these women get criminalized.

The social and legal situation, added to the life condition of the foreign sex workers, constitute major obstacles to furtherance of an adequate prevention policy against AIDS. Reality has demonstrated that sex workers keep on coming into the country and that their social and legal protection has been impaired if compared to their situation three years ago.

Practical activities

The activities of LEFÖ as a partner of TAMPEP officially started with the seminar organized in Vienna from the first to third of September 1995. This seminar was, until then, the highlight of the cooperation between TAMPEP and LEFÖ and at the same time the incorporation of LEFÖ-Austria into the project.

The seminar was a productive exchange of experience between the member organisations and for LEFÖ the possibility to get in contact with the special methodology used by TAMPEP and based on the experience and the systematization of the work by the other three partners.

Within the scope of the seminar LEFÖ invited representatives of the Ministry of Health, of the Health Service of the City of Vienna and of four social projects interested in the situation of migrant sex workers and explained the working methodology of TAMPEP, the material already produced and the importance of that work with sex workers at European level.

Interministerial commission

Within the scope of our work with trafficked women and migrant sex-workers LEFÖ suggested to governmental authorities that there should be created an interministerial commission which should analyze the situation in Austria and which should take safety and prevention measures basing on the area of responsibility of each ministry. This suggestion was accepted by the Interior Ministry and the commission was constituted in October 1995.

In this commission are participating delegates of the Interior Ministry, the Health Ministry, the Ministry of Social Affairs, the Ministry of Justice, the Women's Ministry, the criminal investigation department, the police, and the health service of the Community of Vienna and representatives of LEFÖ/TAMPEP as experts.

After the analysis of the actual situation from the different points of view, the commission started to discuss the elaboration of a safety program for trafficked women.

LEFÖ believes that this safety program must be as complete as possible and must not be limited to women who accept reporting the trafficking person to the police. This program must permit the women to decide this question without pressure and, at the same time, it must also contain measures for health prevention.

MA 15

Since its incorporation into TAMPEP, LEFÖ achieved in systemizing facts and information on the living conditions of sex-workers (above all in Vienna and Linz), on their working conditions, on their relation to official health services, on their legal situation and their dependence on intermediaries.

With the incorporation of our organisation into TAMPEP we have intensified our contact with MA 15 (= health service of the Community of Vienna in charge of the prevention of STD infections by dermatological examination). As we have mentioned before, a considerable number of migrant sex workers is checked there, and therefore the cooperation of LEFÖ with MA 15 is a quite urgent and important matter.

Until now LEFÖ has reached a greater flexibility in establishing contacts and the exchange of information and has obtained a systematization of its contacts.

We offered our services as cultural mediators among migrant sex workers and the above mentioned MA 15 in Spanish, Portuguese and Russian, but so far we have not received a clear answer to our suggestion.

Seminar

From 22nd to 25th of February 1996, LEFÖ organized the first seminar on the topic of trafficked women and foreign sex workers. The objective of that conference was to demonstrate the problem of the migrant sex workers, their social and legal situation and the methodology of TAMPEP to organisations which are working either with foreigners or with Austrian prostitutes, to peer-educators, mediators and employees of health services.

50 women of various organisations in Vienna and from other Austrian towns participated of this seminar. Among others, LEFÖ invited a social worker of the MA 15 who explained their work with migrant prostitute and an official from the Ministry of Justice who talked about the legal situation of foreign women in Austria.

Materials

Production of an information leaflet for prostitutes from Latin America in Spanish, containing necessary information on Austrian laws, the health system, prevention and addresses where the women can find help (edition in March 1996). A Portuguese version is being prepared.

Conference

On the 9th of may 1996 LEFÖ organized in cooperation with the Austrian Women's Ministry a conference with the title „Migrant women in the sex industry" (Legal,

psychosocial and health aspects of female migration and trafficking of women). About 200 employees of ministries, governmental and non-governmental organisations working with migrants as well as experts, university teachers and researchers interested in this topic participated of that conference.

Workshops

In 1992, LEFÖ started to organize for and together with sex-workers from Latin America workshops in Vienna, which continue to take place till today. During the first three years the objective of these workshops was to inform the women about legal concerns, mainly in relation to the actual aliens' laws. Besides, in those workshops the women got the possibility to speak about different kinds of concrete problems which they have to face every day and about their difficult living and working conditions.

Although this objective and the dynamic force of the working process have maintained until now, since 1994 additionally there has been given information on health, STDs and prevention measures. Since joining TAMPEP, we are using the materials and the methodology of TAMPEP, adapted to the specific needs of women living in Austria.

The workshops are also an important source of information and knowledge for the research work of LEFÖ/TAMPEP about the migrant sex-workers in Austria.

In the workshops participate between 30 and 50 women. To some of them we invited women who are working in the Austrian provinces near Vienna (Lower Austria, Burgenland).

The mobility of the women, who move from one bar to another in different Austrian towns, makes it possible to distribute the new information as well as analyze and adapt materials.

There was one workshop in 1992, two workshops in 1993 and 1994, and three in 1995. In 1996 LEFÖ/TAMPEP organized 2 workshops: the first dealing with AIDS the second one dealing with the problems of the women when they want to turn to a health centre or to a doctor. In cooperation with the women we were looking for solutions for these concrete problems taking into account the cultural differences, the language, and so on.

Since 1995 there have been organised workshops also in Linz and Graz. In 1995 there took place five workshops, each of them with the objective to give out information on legal, social and sanitary matters. Early in 1996 there were held two workshops in Linz: the first one with the title „*Our body and health*", and the second one showed films about the problems of Dominican sex workers in Austria.

Courses

In Vienna, LEFÖ organizes courses of German for women from Latin America and three years ago extended to sex-workers. The classes (two hours) are held twice a week at noon or in the early afternoon so that they do not clash with the working hours of the women.

Since joining TAMPEP, two hours each month is used to give information on health, body in general and female sexual organs, orientated to the work of migrant prostitutes.

In Linz, at the end of March, there started courses of German and of literacy for sex workers from the Dominican Republic. The classes, twice a week for two hours each, are held by a cultural mediator. In those classes also topics like health, our body and diseases of female sexual organs are treated and prevention material of TAMPEP is handed out to the women.

The workshops as well as the courses of German are a fundamental part of our work, since the women there have the possibility to speak about their problems, their fears, their conflicts and at the same time to get suitable information, knowing of the confidence of LEFÖ/TAMPEP.

Projects

We presented a health project named *Health prevention and advisory for unregistered sex-workers*, in cooperation with Volkshilfe, Sozialakademie, Ganslwirt and MA 15. It was presented to the Austrian Health Ministry in October 1995, but it was rejected because of the actual economy measures of the Austrian government.

Because of the modification of the development of the migrant sex workers and the intention to extend the work to women from Eastern Europe, LEFÖ/TAMPEP started in January 96 the research work in the streets. In Vienna, we already had contact with sex-workers from Russia, the Czech Republic and Poland.

How women were contacted

In the course of four years working with migrant prostitutes from Latin America we have got in touch with about 800 women all over the country.

Dominican Repub.	Colombia	Cuba	Brazil
700	50	40	20

One of the contacts was established by the advisory service of LEFÖ (*Oficina de asesoramiento*) where many women asked for help in legal questions, sometimes in already extremely difficult situations.

Another way of taking up contact was the invitation to participate in LEFÖ workshops.

They got to know about LEFÖ either by word-of-mouth recommendation or by our connections with employees of the Consulate of the Dominican Republic in Vienna.

Because of the relations existing between them we gained access to a wider circle of women. The same women made propaganda for our information meetings within the group of their friends, and that is why also sex workers who live out of Vienna or Linz in other Austrian provinces come to information meetings of LEFÖ or contact us by telephone. Thanks to those personal contacts between the women themselves there are about 2000 sex workers all over Austria who know about LEFÖ and its work.

Another possibility for us to get in touch with those women are the German courses which are organized by LEFÖ especially for women from Latin America and which we promote in our workshops.

At their workplaces it results quite difficult to contact the women immediately, as nearly all of them are working in bars or night clubs. Even so we have visited in our new phase of work as partner of the project TAMPEP now and then two bars situated in Vienna and two in Linz.

And finally we have gotten in touch with sex workers accused of illegal prostitution in the jail waiting for the deportation. Those visits cannot serve as an immediate help for the women, but they are very important because: they are an important emotional support for the women and at the same time they give us further information for the investigations of TAMPEP. Not least we can make provisions in those cases in which a woman after her expulsion of Austria wants to return to other EU-countries.

Cultural mediators and peer educators

The mediation has an intermediary function by means of which information on the legal and the health systems of Austria can be made more understandable for the women.

The fact that the cultural mediators and the peer educators belonged to the same culture and nationality as the sex workers, facilitated the mediation between the migrant sex workers and the Austrian society.

LEFÖ worked in the field of cultural mediation in various aspects of the problems of migrants.

Initiating the project of TAMPEP/Austria, the process of formation within the team consisted in broadening the TAMPEP concept, giving a new dynamic to cultural mediation and extending it first of all to the health services.

The concrete points on which we have based the formation of our cultural mediators are following:

- broadening the specific knowledge on health in connection with AIDS and STD, which was facilitated by the presence of a nurse in the team.
- systematizing the experience with and knowledge on the Austrian health system, learnt during the years of work in this area within the team.
- search of and information on health centres specialized on AIDS and sexually transmitted diseases.
- specific technical information on the usage of condoms and lubricants as well as the advantages/disadvantages of different sorts and understanding of taboos existing among Latin Americans.
- the material and international seminars of TAMPEP.

Besides, the mediation work proves very important when we accompany them to official departments, to doctors or health centres.

The position of the mediators between the health workers and the sex workers has a double function: The cultural mediator is a neutral person, who knows the language, but also is translating the values and behavioural patterns of both sides. She is a person of trust, who makes verbal and social communication easier, and with it the comprehension of the new society by the migrants.

Besides our experience we are able to say that the role of the cultural mediator is absolutely unknown in Vienna and often, there is no confidence because of fear of losing control and specially of losing control of the exchange of information for the sex worker. This only happens, if the definitions of what is the function of the cultural mediator are not clear for all three sides.

VIENNA

There are 4 cultural mediators in Vienna. Two of them are employees of LEFÖ, one works in the field of psychological consultation, and the other is a nurse.

Those 4 cultural mediators take part in different seminars for vocational training and development and they have their meetings once a week to plan their work.

Three women, ex-prostitutes and peer educators, who are married with Austrians, are in contact with LEFÖ and they are excellent as leaders inside the workshops. Those women are able to develop the work as multipliers because up to now they have friendships inside of the group of Latin American prostitutes.

In respect to the formation of the peer-educators there are two important aspects:

- the motivation to work together with LEFÖ in that scope
- to understand the importance of the mediation work

Once a month we have meetings with them to get information, to evaluate the usage of the education materials dealing with health prevention, to think about new activities and to form new multipliers.

LINZ

In October 1995 LEFÖ initiated a formation of three cultural mediators in Linz, this three are from Brazil. This year we developed two meetings, the first one to explain the formation of LEFÖ, to explain the history, the targets and the work inside the different fields. The second day was about the problems of sexual workers migrants of Latin America. At the same time there was a workshop with Dominicans of Linz.

During the seminar in February 1996, which was organized for multipliers and organizations of women who work with migrants, there was one day included to work with two women from Linz and one from Graz. We made vocational training concerning TAMPEP, the importance of multipliers, the streetwork and the work in the future.

In the end of March three of the cultural mediators of Vienna (LEFÖ) held a meeting in Linz to give vocational training concerning health and prevention as well as training concerning the legal problems regarding work and residence permits. This meeting was also to pass out information materials.

GRAZ

Two women, who have Austrian nationality and are in contact with LEFÖ/ TAMPEP, have already organized two workshops in Graz. At this stage, the work with sex

workers in Graz and Styria is systemized and contacts with women from South America are searched out for future cultural mediation.

LEFÖ and these two collaborators have motivated, through the workshops, some women from the Dominican Republic to participate in the German courses, organized by *Danaida* especially for foreign women.

Results

Since 1992 LEFÖ has been confronted with the problem of sex-workers proceeding from Latin America. This circumstance enabled us to apply the prevention and research methods of the project of TAMPEP, which LEFÖ joined in September 1995. Since then we have achieved following results:

With the sex-workers

■ knowledge and confidence of most of the sex workers from Latin America

■ growing interest and participation of the women in the workshops

■ growing participation in the courses of German in Vienna, new courses in Linz and participation in yet existing courses of German in Graz

■ increasing number of clients in our advisory service and of telephonic inquiries from the other Austrian provinces.

■ the development process of the migrant sex-workers of Latin America by means of more intense contact with LEFÖ/TAMPEP and by discussing specific problems of work, of working conditions and of the risk of infection of STD and AIDS.

■ a greater acceptance and readiness of the participants at the workshops, of the German courses and of the clients of the advisory service to speak about their bodies and health in general, about fundamental aspects of their lives and work.

■ growing participation in activities organized by and for Latin Americans in general.

■ satisfying results of the mediation work together with collaborators of the „health network“ LEFÖ/TAMPEP, but difficulties in mediation work with MA 15.

■ intense relations with a group of ex-prostitutes who collaborate with the team in an active way by giving out information, observations and other forms of contribution and who are still in touch with ex-colleagues.

■ slow, but constructive cooperation with the peer educators. In spite of their confidence, there remains some fear of the owners/pimps and some of their colleagues.

Through LEFÖ/TAMPEP

■ LEFÖ/TAMPEP has become the only national organization in Austria which promotes in the mass media the problem of the prostitution of migrant sex workers and the necessity to create prevention measures.

■ continuous cooperation with representatives of some Austrian Ministries in the interministerial commission.

■ more and more often official authorities, ministries and research institutes are turning to LEFÖ/TAMPEP in search of consultation and information.

■ the public functions have been well-attended with an important response in the media.

Through the TAMPEP partners

■ efficient cooperation in solidarity, both in everyday work and in the seminars in which LEFÖ until now participated.

■ consultations and support of the other three members with yet more experience in relation to the work of LEFÖ with sex-workers in matters of health and prevention.

Proposals for the work with different ethnics groups

Women from Asia and Africa

■ Search for contacts. Research concerning their presence, social situation and working conditions in Austria.

■ Training of two cultural mediators.

■ Getting other organizations interested in working with them.

■ Taking up cases of trafficking of women from Thailand, the Philippines, Ghana, Nigeria and Marocco. (Source: official statistics 1994/95)

Women from Eastern Europe

■ Continue the training of peer educators and look for future ones.

■ Streetwork in Vienna.

■ Pursuing informative and explanatory tasks concerning health prevention.

■ Maintain the contact to the MA 15. Insist on the importance of cultural mediation.

Women from Latin America

■ Intensify in Vienna and Linz the work with small group, elaborate informative material as well as educational health programmes.

■ Propagate this information at the official health centres and within the LEFÖ health network, recommending the use of these services.

■ Spread among the target groups information about the new laws and decrees concerning aliens in Austria, as well as possible measures of protection.

■ Continue the training of peer educators in Vienna and begin training in Linz.

■ Heightening, in the small groups and classes of German, awareness in regard to the personal and social implications of sexual work.

■ Sustain the initial work in Graz.

■ Start negotiations with bar owners concerning the women's working conditions.

The majority of these proposals cannot possibly be carried out without adequate funding.

NETWORK

In relation to the situation of the migrant sex-workers we decided not to give periodically information to the press and other mass media, but to create a network of competent and trustworthy journalists aiming to raise peoples' awareness of the complex problem of migrant sex workers as well as of its international and socio-economical causes and background.

What was done in terms of the divulgation of the project:

Broadcasting and press

1995

September

■ After the first seminar with TAMPEP, which was hold the 1st, 2nd and 3rd the same month, LEFÖ did a press report informing that LEFÖ/Austria has become the fourth partner of TAMPEP in Europe.

■ Press conference: the representative of LEFÖ informed about the Fourth World Conference on Women (Platform for Peking), about the situation of migrant sex-workers and about the importance of the TAMPEP project of prevention.

December

■ Interview given by LEFÖ/TAMPEP in the Austrian radio broadcast „Radiokolleg" about the illegality of migrants and the suggestions concerning intervention and health prevention of TAMPEP.

■ Cooperation with the Austrian Women's Ministry in the organisation of the matinee held on the International Day of Human Rights, where also information on the activities of LEFÖ and on the work of TAMPEP was distributed.

1996

January

■ Interview with the Austrian Broadcasting Corporation (ORF) for the news program „ZIB 2" about the situation of trafficked women and unregistered migrant sex-workers, problems with their health care and the importance of cultural mediation.

■ Interview with the Austrian newspaper „Standard" (article published on 5.2.1996) about possible safety measures for trafficked women. The same topic was discussed in the interministeral commission treating the traffic of women in Austria. LEFÖ/TAMPEP explained the importance of social and medical care for those women.

March

■ Interview with three free-lancers of TAMPEP Austria for the broadcast program „Am Schauplatz" (ORF) on the problem of trafficked women and prostitution.

■ Article in the Austrian women's' journal „Frauensolidarität" (1/1996) about possible safety measures for migrant sex-workers, victims of the traffic of women.

April

■ Report in the fore mentioned journal „Frauensolidarität" about the situation of migrant sex workers and about the work of LEFÖ/TAMPEP.

May

■ Report in the Austrian newspaper „Standard" about the seminar *Migrant Women in the Sex Industry*.

■ Reference in the newspaper „Standard" to the seminar and the participation of TAMPEP Austria in it.

■ Interview of two employees of LEFÖ in the radio news program „Mittagsjournal" about the situation of migrant sex workers in Austria.

■ Interview of two employees of LEFÖ with „Radio International" (English language radio of the Austrian Broadcasting Corporation) about the situation of sex workers in Austria and the necessity of social and health safety measures.

■ Interview with APA (Austrian Press Agency) about the same topic.

■ Interview of the coordinator TAMPEP/Hamburg, of the coordinator of BELLA DONNA and one of the Austrian cultural mediators with Radio FM4 (Austrian Broadcasting Corporation).

■ Interview with the news program „Zeit im Bild" of the Austrian Broadcasting Corporation, broadcasted on 13th of May, with the coordinator of TAMPEP/Austria, the coordinator of TAMPEP/Germany and BELLADONNA (Frankfurt/Oder) about the situation of migrant sex workers in Vienna, Hamburg and border areas between Poland and Germany as well as about the methodology of TAMPEP.

■ Article in the Austrian newspaper „Falter" about the problem of the sex industry and the TAMPEP project.

■ Article in the Austrian women's journal „Frauensolidarität" about the importance of cultural mediators in the work with migrant sex-workers.

Other forms of divulgation

1995

October

■ Four meetings with Austrian students interested in the social and medical situation of migrant sex workers.

1996

February

■ Letters to the most important health centres of Austria, presenting the project and the methodology of TAMPEP.

■ Publication of the report *Female Migration: a Mirror of an Unjust World* (*Frauenmigration: Spiegel einer ungerechten Welt*) written by employees of LEFÖ.

■ LEFÖ/TAMPEP organized a seminar for peer educators and women's organisations working with migrants.

May

Seminar organized by LEFÖ and the Austrian Women's Ministry on the topic *Migrants in the Sex Industry* (legal, psychosocial and medical aspects of female migration and traffic of women, (see 2.b).

National and international contacts

Official and Governmental Institutions

■ MA 15: systematic contact with the Health Service of the municipality of Vienna (in charge of the prevention of STD infections) by means of personal contacts, exchange of materials and joint participation in seminars and working meetings.

■ Health service of the municipality of Linz

■ Ministry of Health, Section II/B (prevention): meetings for the exchange of information, handing-over of materials and explication of the TAMPEP methodology of prevention.

■ By our participation in the interministeral commission against trafficking in women we are also in contact with the Ministries of Interior, of Justice, of Women Affairs, of Social Affairs, with the criminal investigation department and with the municipality of Vienna.

■ Contacts with representatives in charge of the health and foreign affairs of the following political parties: SPÖ (Austrian Socialist Party), Green Party and VPÖ (Austrian Popular Party).

Health Services

■ LEFÖ created a so-called „health network" with institutions and professionals cooperating in all matters of preventive measures. Those contacts were established by meetings and interviews in which the methodology of TAMPEP ware presented. Migrant sex workers have the possibility to be checked-up anonymously and be accompanied by cultural mediators.

■ *Trotula*: women's health centre in Vienna where migrant sex workers sent by LEFÖ have the possibility to undergo a gynaecological check-up free of charge once a month.

■ *AIDS-Hilfe Vienna* and *Linz*: migrant sex workers can make a HIV test anonymously and free of charge. They have the opportunity to participate in group consultations accompanied by a cultural mediator and exchange materials and working meetings on preventive measures.

■ Private abortion clinic: LEFÖ got in touch with two clinics where women can have an abortion with a discount on the normal price. With employees of those clinics there were

organized two meetings to explain the special characteristics of the target group and their social situation in Austria, besides distribution of information leaflets.

■ Clinics specialized in the treatment of venereal diseases: LEFÖ got in touch with two clinics specialized in the treatment of venereal diseases. The consultations are anonymous and women who have no health insurance pay less.

■ Besides, LEFÖ is in touch with two female gynaecologists who participated in information meetings and who received information on the methodology of TAMPEP. Consultations of these gynaecologists are also anonymous and there is also a discount to the normal prices for women without health insurance.

NGOs in Austria

With all the organisations mentioned in the following paragraph we organized meetings in which we informed them on the reality for migrant sex workers in Austria in relation with their social and legal situation as well as their state of health.

■ *Ganslwirt*: an organisation working with drug addicts, above all Austrians, but also some foreigners working in prostitution in order to earn money for drugs (*Beschaffungs-prostitution*).

■ *Volkshilfe Österreich*: non-governmental organization which works in social areas and which develop starting in 1996 a project for Austrian prostitutes who want to break away from prostitution.

■ *Advisory Centre for Immigrants*, in Vienna.

■ *Centre of Social and Legal Advisory for Migrant Women*, in Vienna.

■ *Advisory Centre for Immigrants*, in Linz.

■ *Danaida*: advisory centre for migrant women in Graz

■ *Zebra*: advisory centre for migrants in Graz

■ *Bella Donna*: advisory centre for women in Klagenfurt.

■ *Kassandra*: advisory centre for women in Mödling.

■ *Katholische Frauenbewegung Österreich*.

International organisations

In relation to our special scope of work concerning trafficked women and migrant sex workers during the last four years, LEFÖ got in touch, exchanged materials and/or has cooperated with the following organisations:

■ *Fiz*: Fraueninformationszentrum Dritte Welt, Switzerland

■ *Agisra*: Working group against international sexual and racist exploitation, Germany

■ *Thara*: Organisation of Thai-women, Germany

■ *Südströmungen*: Organisation for African, Asian and L. American women, Germany

■ *Ban-ying*: coordination point for women from South-East-Asia, Germany

■ *Fraueninformationszentrum*: Stuttgart, Germany

■ *Hydra*: meeting place and advisory service for prostitutes in Berlin, Germany

■ *Villa Courage*: international women's refugee house in Freiburg, Germany

■ *Frauenberatungsstelle*: advisory service in Düsseldorf, Germany

■ *STV*: Foundation against trafficking of women, Netherlands

■ *PRO-FEM*: women´s organisation in Prague, Czech Republic

■ *Bella Donna e.V.*: women´s organisation with a special street work program for sex workers in Frankfurt/Oder, Germany

■ La Strada: Prague, Czech Republic

■ *Asosiación de Mujeres Dominicanas*: Madrid, Spain

■ *COIN*: Santo Domingo, Dominican Republic

Meetings and seminars promoted

September 95

■ Organization of the first official seminar as new partners of TAMPEP in Vienna

November 95

■ Discussion on prostitution organized by LEFÖ/TAMPEP, AAI and Dreikönigsaktion; Lecture by Elizabeth Förg-Rob (LEFÖ) at AAI

February 96

■ Four-day seminar organized by LEFÖ on the topic of trafficking in women and migrant sex workers. The seminar was for LEFÖ's personnel and peer educators from Vienna and other major cities.

May 96

■ Seminar organized by LEFÖ/TAMPEP and the Austrian Women's Ministry: *Migrants in the Sex Industry*.

Meetings and seminars attended

October 95

■ Regular network meeting of *Agisra*, Germany

November 95

■ Congress *The situation of Latin American Emigrants in Europe,* in Madrid, Spain, organized by „*Asociación de mujeres dominicanas*"

■ TAMPEP seminar on methodology and practical experiences in Venice, Italy

March 96

■ Participation in the evaluation of the project „Città e prostitutione" in Venice, Italy

April 96

■ Seminar *Migrant Women in the Prostitution*, organized by TAMPEP/Germany and the Akademie des öffentlichen Gesundheitswesens Düsseldorf, Germany

CONCLUSIONS

There is no doubt that the incorporation into TAMPEP, the cooperation and the international exchange have been and still are a reinforcing factor of the work of LEFÖ.

The new structure of the team allowed clearer objectives in regard to health and health prevention. This all became possible through the former work of LEFÖ and through the conceptual and methodological contributions of TAMPEP.

LEFÖ positively evaluates the results reached in the period 1995/1996, and yet more if considering the fact that new employees could not have been hired and that most of the work was done by volunteers.

The results must be seen considering also the former work of LEFÖ with migrant women.

In regard to the direct work with sex workers we can state that not only the number of contacts and the participation of women in the workshops (Vienna, Graz, Linz) has increased, but there has also been a qualitative change in relation to these contacts. The latter has been positively influenced by the research process and the learning process of the team in relation to the situation of the migrant sex workers as well as by the search for appropriate working methods.

This qualitative change in our work can be observed also in the participation process of the sex-workers in the workshops, starting in a merely passive role by getting information, but in the course of the workshops more and more contributing by making their own proposals in relation to matters of health and prevention measures.

The results concerning the raising of awareness of the sex-workers from Latin America in respect to their health and to their body showed a multiplying effect. The participation in the workshops and in other activities of LEFÖ has been and still is a possibility for the women to escape their marginal positions and to have a space for themselves.

LEFÖ/TAMPEP evaluates its presence in the mass media and in the public opinion as a fundamental contribution to the prevention work of AIDS. Actually there has not existed in Austria up to now any organisation or group which would stop to the level of migrant sex workers based on their social situation and which would stress the urgency of prevention measures.

The contacts at governmental level have been relevant, too. From some of the contacted authorities we got a positive feed-back, such as from the Women's Ministry and from some departments of the Interior Ministry.

Proposals for the future

It is absolutely necessary:

- to extend the work to sex workers of other ethnic groups.
- to constitute a multicultural team of mediators from Latin America, from East European countries, Africa and Asia.
- to create intervention programs in the bars and night clubs where women from Latin America are working, not only in order to extend our activities, but also to negotiate with the owners about their responsibility for the working conditions of the foreign sex-workers.
- to make the employees of the health services more sensitive to the special needs of the foreign sex workers, considering the cultural differences and the marginal situation which they are in.
- to intensify the contacts and the exchange of information with women's organisations and organisations of/for foreigners in Austria in order to make them more sensitive to the reality of foreign prostitutes and in order to coordinate our work.
- to intensify the exchange with women's organisations of Latin America and other home countries of the sex workers, searching for possibilities to coordinate measures of legal information and of health prevention.
- to carry on our work with the other partners of TAMPEP, exchanging our knowledge, but at the same time understanding the particulars and differences of the European countries where they are working and of the target groups they are working with.
- to continue informing the Austrian Health Ministry as the principal responsible authority for public health and making it more sensitive, with the objective of getting it more interested in the problems of foreign sex-workers and in the necessity of funds for the realization of adequate prevention programs.
- to call the attention of ministries and other responsible authorities to the consequences of police raids and their general policy of repression, leading to the growing marginalisation of the sex workers, to the expansion of the business with them and to the increasing risk of sexually transmitted diseases and AIDS.

TAMPEP

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

GERMANY

TAMPEP 2

FINAL REPORT

June 1995 – June 1996

Hamburg, June 1996
Veronica Munk

Overview

TAMPEP 2 continued to be managed in Hamburg/Germany through *Amnesty for Women*, a NGO created to give social and legal support for migrant women.

During the second phase of the project, from June 95 to June 96, we were confronted, once again, with the complexity of the different problems involving migrant sex workers when developing a health prevention project.

The main point we observed is the impossibility to separate politics from migration, sexuality from AIDS/STD prevention, women from culture. We saw that only by going deeper into their realities, i.e., by a constant observation and analysis of their different backgrounds and their actual situation in the European host country, it was possible to carry out a health prevention work for and with migrant sex workers.

We were reassured of the fact that one cannot separate the medical aspects from the social ones, as we have to deal with the migrant women needs and expectations and the reality they are confronted with in the host-country. The different social and political realities of their home countries, their different educational background, the different experiences they had with health services and their social and legal situation while in Europe are the main points to be watched.

Again, we were reassured of the importance of the role of cultural-mediators in such a work, as the only way to get in contact with the target groups, develop the idea of peer-educators and build up an efficient and respectful relationship between official health services and the migrant community.

The process of TAMPEP 2 in Germany was punctuated by the need of an increasing information scheme about the constant changes of the internal and external situation of the target groups. Only by doing that, we were able to better understand the migrant sex workers reality: illegality, isolation, dependency and mobility.

Giving continuity to the work carried out by TAMPEP 1 and following the second phase of the project, TAMPEP 2 in Germany had the following tasks:

- reinforce the work with East European sex workers, as they represent the biggest group working in the sex industry in Germany.
- reinforce the work with transvestites and transsexuals, as they are the group most affected by HIV/AIDS infection.
- build up a network of German NGOs working with migrant women, sex workers and official health departments in the country, to be able to promulgate the idea and methodology proposed by TAMPEP.

During TAMPEP 2, we made direct contact to about 1.800 born women and TV/TS, which represents about 3.000/4.000 indirect contacts in one year.

East Europeans

Compared to TAMPEP 1, the situation in Germany changed mainly in relation to the increasing number of women coming from the Eastern part of Europe: Russia, Ukraine, Poland, Bulgaria, the Czech Republic and others. One can say that at least half of the migrant sex workers working in Germany today come from this area.

Apart from their high number, the biggest problem is the conditions in which they work, as they are the most controlled and dependent on pimping relationships. Of course there are a great number of them who come on their own, knowing that they are going to work in the sex industry. More difficult to handle are the ones who come through trafficking - and one could almost say that they are the majority - those who come with false passports and are sold and exchanged between the different pimp organisations.

This difficult social situation, the great dependency and control under which those women live and work, made it sometimes quite difficult to reach them. The women who are under these conditions, have to work up to 14 hours a day, are forced to work without condoms, move very quickly from one place to the other. In other words, they live in a very threatened environment, full of fear and uncertainty. The consequence of this situation - illegality and isolation - apart from their little knowledge about their legal situation, safer-sex methods, HIV/AIDS and other STDs, contraceptives, etc. - makes them a very easy target of exploitation.

Because of this extreme difficult situation and their constant increasing number, TAMPEP developed a six months project (from June to November 95), for AIDS/STD prevention especially for East European sex workers. This project had the financial support from the *BAGS/Behörde für Arbeit, Gesundheit und Soziales, Hamburg* (Official department responsible for work, health and social problems from the city of Hamburg), and was carried out together with the *ZB/Zentrale Beratungsstelle für Sexuelle übertragbare Krankheiten, Hamburg* (Medical centre for sexual transmitted diseases in Hamburg, an anonymous and free of charge health service offered by the Health Department of the city of Hamburg).

Although six months is a very short time to obtain concrete results in this kind of work, we had the opportunity to make more contacts, offer five workshops and develop more information materials. These contacts were mainly done during continuous streetwork and the women's visits to this particular health centre (*ZB*).

East European sex workers in Hamburg, as in other big cities in the West of Germany, work in apartments, brothels and bars, the so-called *Turkish bars*. In Eastern Germany, mainly near the Polish and Czech border, they do mainly street prostitution.

Transvestites and Transsexuals

Although this group had an active participation during TAMPEP 1, there was a lack of specialized material for them, so that the first thought was to create adequate information. We created two new leaflets: one on AIDS, STDs and Hepatitis B, and another one on hormones, the use of silicone and the transgender operation.

The Transvestites and Transsexuals (TV/TS or TT) group in Hamburg - man to woman - as during TAMPEP 1, is constituted exclusively of women coming from Thailand and Latin America (Peru, Colombia, Venezuela, Ecuador and Brazil).

Thai TT work mainly in apartments, while Latin Americans in bars. The contact with this group is done through streetwork and the German course, already started during

TAMPEP 1. Because of the regularity of this course, it became a well-known meeting place for TT, mainly for Latin American ones. The course is given once a week at a prostitute's organization in their working area, the Reeperbahn. Because of their regular attendance, we were able to improve our interaction with them, i.e., giving different workshops on the concept of peer-education.

During TAMPEP 2 we also made contacts to several medical doctors and other services specialized on transsexuals, as well as with organizations in Germany and abroad.

One of our main observation points was the fact that contact with TT is made in a much easier way than to born women. TT are usually much more open-minded to everything concerning prostitution, as most of them had already worked in the sex industry in their home countries. Also regarding their legal status, they are more aware of the risks and problems, as most of them had already been in other European countries, like France, Italy and Holland. Another interesting point was the fact that TT, in general, are usually more united as a group than born women.

Concerning HIV/AIDS, the experience in Hamburg showed us that the majority of the ones working in the sex industry - women, TT and men - with HIV positive results are TT, mainly those coming from Latin America. Therefore, this confirmed once more the necessity of developing special programs for this group and also the urgency in looking for ways of giving further support to HIV positive migrant sex workers in Europe.

Networking

The most important aspect during TAMPEP 2 in terms of networking and promulgation of the project inside Germany was the organization and presentation of the project during a three day seminar (24th. to 26th of April 96) in Marienheide/ Gummersbach. The seminar was supported by the *Akademie für Öffentliches Gesundheitwesen in Düsseldorf* (Academy for Public Health Affairs in Düsseldorf) and *Amnesty for Women*. The theme was: *Migrantinnen in der Prostitution - Gesundheitsprävention und Betreuung* (Migrant women in prostitution - health prevention and social care). The seminar was attended by 45 persons, the majority of them from different German public health services and several representatives of NGOs dealing with migrants and sex workers in the country.

After almost three years of observing the social situation of migrant sex workers in Germany we came to the conclusion that offering a seminar to the public health services would be the best form to introduce TAMPEP. The reasons for that were: not every migrant organization works with prostitutes, not every prostitute organization works with migrants, but all migrant sex workers go to those kind of health services - free of charge and anonymous - voluntarily, because of their illegal social status, or obliged, as in some parts of Germany still exists the "forced health control" for those working in the sex industry.

Apart from the TAMPEP seminar, the group members attended several other seminars and symposia in Germany and abroad, establishing or reinforcing contacts. These contacts were made with different official departments as well as with several German and international NGOs.

Regarding Hamburg itself, as during TAMPEP 1 we continued to work together with the *ZB/Zentrale Beratungsstelle für Sexuelle übertragbare Krankheiten*, and with several NGOs organizations, mainly through a monthly meeting held for all of those working with sex workers in the St. Pauli area. We also held several meetings with the

AIDS-Hilfe/Hamburg to discuss the different possibilities of obtaining concrete support for HIV positive migrants, with the idea of joining the work capacities of *ZB*, *AIDS-Hilfe* and *Amnesty for Women*/TAMPEP. Another meeting point for TAMPEP is at the official meetings of the *Senatsamt für die Gleichstellung der Frau*, Hamburg (Department of Women Affairs, Hamburg), held twice a year and attended by members of the Senatsamt, of the Department of Foreign Affairs, the Department of Justice, the Health Department, the Police, *Amnesty for Women* and other organizations involved with migrant problems.

We continued to increase the international network mainly towards Eastern Europe. We made contact with Bulgaria (Health Research Institute, AIDS Program), and women organizations in Poland, the Czech Republic and Turkey. The contact with Latin American and Asian organizations were already established during TAMPEP 1.

Thais

There are more than 300 Thai women and transsexuals - more women than transsexuals - who are in the sex industry in Hamburg, working in bars, clubs, but mostly in apartments. The work with Thai women and TTs was made through streetwork, mainly in apartments, and through the work developed by *Amnesty for Women*. We reached about 60 of them, and 25 we visited regularly.

The situation of the Thai sex workers changed a lot since 1995 as it became more and more difficult for them to get the so called "artist visa", the most important way they used to enter Germany. The consequence of this fact was that since last year very few new Thai women and TTs arrived to work in the sex industry. Those who are in the job live and work in Germany already for a longer period, so that TAMPEP just reinforced the work already developed during TAMPEP 1.

Apart of some newcomers, most of the women whom we had contact with were about 40 years old and had already been working in the sex industry for about 10 years. They are socially insured and have legal status. Concerning AIDS/STD, those older women have a peculiar behaviour towards it: they declare they do not care about it as they only work with regular clients.

As for TV/TS, they also generally refuse to take much notice about the problem because, as they say, if they would know they are HIV positive that would mean their lives would be ruined. This fact only confirms their attitude towards the transvestite/ transsexual process: their insecurity in the face of society. They would rather ignore the HIV/AIDS problem for fear of being even more discriminated by society.

There are many Thai women and TT sex-workers who live in Germany for a longer period of time but still cannot speak German. We established German and English classes in the late afternoon for those women working at night. There are many of them who are interested in learning English too, because, as they say, they like to speak with their clients in English, as English is not as difficult as German.

Nevertheless, there are others who already live in Germany for a longer period of time, who can speak German but cannot read or write. Therefore, the teaching in these classes was concentrated on grammar and conversation in English. Through these language classes we were able to make a lot of contact with them.

In some classes, both English and German ones, we had workshops on safer-sex practices, AIDS and STD and information on legal rights. Most of the women and transsexuals who attended the classes were not newcomers but lived in Germany already for more than 5 or even 10 years. Some of the Thai transsexuals managed to get women

passports and got married with German men in order to get legal status and the right to work in Germany.

Many of the Thai women and transsexuals we met during our streetwork, and those later on came to Amnesty for Women for counselling, had run away from the clubs and were illegal. They came mostly because of their status situation or because of health problems, as they do not have any health insurance.

Thai women sex-workers are mostly married with German but still carry on working in the sex industry. Although they declare working only with safe-sex and even showed us the condoms they bought by themselves, we know that not all of them work with condoms nor know much about lubricants.

Latin Americans

In relation to TAMPEP 1, the biggest change among Latin American women working as sex workers in Hamburg was the sudden increase in number of Ecuadorians. Because of their illegal social status - most of them are in this situation - they form a quite closed community. They are free, i.e., are not attached to pimps, and most of them do street prostitution. We contacted them through our regular streetwork and the public health services.

The other interesting changing situation was their move to another street prostitution area of the city - St. Georg. This area was originally frequented by German drug-addict sex workers, but since last year, with the increase of migrant prostitution and because of competition within the area of St. Pauli, we also began to find migrants there. Among East Europeans who work mainly in bars of this area, the majority are Latin Americans, mainly Ecuadorians who work in the streets.

As for the other Latin Americans, the situation did not change much. Women from the Dominican Republic still work mainly in apartments, although one can also find women from Columbia, Venezuela, Brazil and Ecuador.

Some of the Dominican women are attached to pimps, who also include female pimping, but most of them are free women. This goes also for the majority of other Latin American sex workers.

Although this group was not our main task, we contacted about 80 women, mainly through streetwork. The positive aspect among this group was, that because of the experience held during TAMPEP 1, we had already established many contacts within the group, so that new contacts were easily done and developed.

We held several mini-workshops (AIDS/STD, the use of condoms and lubricants, pregnancy and contraception) during streetwork in apartments, mainly when accompanied by the gynaecologist, Dr. Kleinemeier.

New materials

TAMPEP 2 in Germany developed the following new information materials:

- Leaflets **Changing your Body**, for transvestites and transsexuals, in English, Spanish and Portuguese.
  - AIDS, STD and Hepatitis B
  - Hormones, silicone, breast implantation, transgender operation

■ Leaflets about AIDS & hepatitis B, STD and condoms & lubricants, in Bulgarian.

■ Leaflet **Security at Work**, in English, Spanish, Portuguese, Polish, Russian and Bulgarian.

■ Leaflet **Pregnancy and Contraception**, in English, Spanish and Portuguese.

■ Portfolio with all TAMPEP leaflets created until now, in all the different languages, to be used and/or copied by other organizations and public health services who deal with migrant sex workers. The originals are made in a way that everyone who wants to use them can just stamp their address on a determined place designed for that purpose. The copyright of TAMPEP and the European Commission is, of course, guaranteed.

The team

TAMPEP 2 in Germany had a regular team for the whole duration of the project. The team held weekly meetings in order to analyse the changing situations and to plan the practical interventions in each different area. The team was formed according to each target group:

Coordinator:	Veronica Munk, Brazilian
East Europeans:	Iskra Kyossew, Bulgarian
Transvestites and Transsexuals:	Lana Kamsteeg, German
Latin Americans:	Carmen Valdivia, Peruvian
Thais:	Prapairat Mix, Thai
Secretary:	Inger Hamdorf, German
Gynaecologist (volunteer):	Dr. Anke Kleinemeier, German

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East European

ISKRA KYOSSEW

The sex-industry in Western Europe and therefore also in reunified Germany has been undergoing immense changes in recent years. In the 70s most of the sex-workers from abroad came from Asia, Africa or Latin America. However, the opening of the borders to the countries of Eastern Europe, and the economic and political collapse of the former Eastern Bloc countries have led to enormous waves of prostitutes coming from all over that region.

Today people talk of a regular influx of Eastern European women into Germany, who earn their living through sex-work. As many as one in two prostitutes in Hamburg are thought to be Eastern European. And the trend is increasing!

People always tend to use the term "Eastern Europe" to describe the countries formerly ruled over by communist regimes. But this term does not take in account that despite their similar political development the nationalities covered by this appellation are markedly different.

What was life like for those behind "the Iron Curtain"? What has changed in those countries in recent years? We are talking here about more than two thirds of Europe and about people who live next door to one another.

The situation

We found that from the very beginning of our work, the initial contacts with East European women tended to take place at the medical counselling bureau.

One explanation for this is the enormous increase in women coming from Eastern Europe who go there as a result of intensified streetwork, as it is the only place they can get health care, and because they usually stay for a short period of time in Germany.

As a rule they enter Germany on a three-month tourist visa, but are soon picked up by the police and repatriated because of illegal activities. That deters very few, and most of them try to enter Germany again or go into hiding in some other city or brothel. Very often they are sold by their brothel to another brothel. As a result we had a constant influx of "new" women.

Concerning AIDS/STD and contraception, their knowledge is quite limited. For many Eastern European women abortion was the only method known for contraception. They had only a fleeting idea of sexually transmitted diseases and no knowledge at all of the risks of infection when working in the sex industry. Some of them even claimed to have heard in their home-countries of a medication against AIDS! We realised that the Eastern European women's needs for medical information was enormous and not to be underestimated.

They needed urgent and intensified counselling and support in an area, in which they had had either no experience or only bad experience at home. Their experience with public offices, government bureaucracies, organisations, the police and the women's

mistrust of and disinclination towards such organs of the state had to be broken down. Another problem is the pimps, who feed the women with misinformation on purpose, in order to keep hold of them in a situation of stress, isolation and dependency.

It also struck us that the gaps in the women's knowledge of and experience in medical issues grew larger, the further East or South East their home country laid. Polish women, for instance, were better informed than their Bulgarian or Ukrainian counterparts. This demanded an appropriate change in attitude.

We could not overlook either, that all countries east of Germany were thrown into the same barrel "Eastern Europe" without any consideration of the multiplicity and diversity which come from differences in history, culture, tradition, mentality, politics, language, experience, etc.

Eastern European sex workers, precisely because of this diverse upbringing and experience, brought with them completely different attitudes to the concepts of *sexuality* or *prostitution*. We had to recognise, acknowledge and take these specifics into account, as they were important in our work with the women.

It was obvious in some cases that the prostitutes wanted to ignore their working situation through any means they could find, i.e. they did not want to be regarded as prostitutes. *Sexuality* and *prostitution* were for many, taboo subjects and to talk about them required overcoming lots of inhibitions, often unsuccessfully.

There are also enormous differences amongst the Eastern European migrants in terms of residency statuses. Entry, residency and work requirements for women from the countries bordering on Germany - Poland, the Czech Republic, Slovakia and Hungary - have been substantially "facilitated" as the requirements for travel between the various countries enable such.

Women from these countries have fewer problems getting legal residency papers. Therefore, they are more independent, have more self-confidence, work mostly in small apartments, have a more discreet clientele and are not so massively and heavily controlled by pimps as those in brothels. In addition, they are not so liable to be raided by the police as those working in bars and clubs. There is less pressure from outside on these women: they are not so often repatriated for illegal residency or for engaging in prostitution. Procurers and pimps have been quick to take note of this and provide Russians increasingly with Polish or Czech papers.

This means, however, extra social and psycho-social problems for the women working in bars, clubs and brothels, which have a direct effect on their health. This particular group of women are completely at the mercy of procurers and pimps, and exposed to this intensified pressure and isolation. Thus they more often require much more support and information on medical and also social and country-specific questions.

The differences outlined above mean that we have to take various different stances when dealing with the women. We saw that the overwhelming majority regard the term *prostitute* as a derogatory term and prefer not to register it or to use it.

One explanation for this is that they do not see themselves as professional prostitutes, but as *occasional* sex-workers. We believe, more sensibility is required on this issue, if they are to get over this stigmatization.

Polish women, for instance, as distinct from Russians, Bulgarians or Rumanians, can be talked to, addressed, informed or treated in a different way, because they have diverse experience. For women coming from Russia, Bulgaria or Rumania, for instance, to use the "Du/Sie" (thee/thou) form to a woman is not always the best and quickest way to

approach her, especially among women themselves. The reason is that most Eastern European women have good schooling and/or professional training and have worked in other areas before.

It is quite clear to us that migrant sex workers, working from the standpoint of their "different" experience of life, also react "differently" to the completely alien reality and culture of Germany: alien language, alien mores, alien laws, alien bureaucracies, and alien environment. This demanded that both parties try to accommodate each other when communicating, but also meant that we had to take these differences into account and that we saw the role of the cultural mediators as particularly important.

The aims

■ To make contact with, inform and train sex-workers, who already know about the counselling bureaus and the services they offer, so that they have a basic knowledge of the medical services at their disposal.

■ To intensify streework in bars, clubs and apartments.

■ To put on monthly workshops for the prostitutes on the questions of precautions on AIDS, STD, the use of condoms, lubricants, pregnancy and contraceptive methods and legal rights.

■ To train target groups of sex-workers, who in turn provide assistance and suggestions with the work-methods being used, with information pamphlets, with subjects for workshops and who help analyse the whole efficient functioning of the project.

■ To issue new materials on work and information as well as translations of extant materials in other Eastern European languages for the purposes of the project.

The work

During the last year, more intensified efforts have been made to contact new women and/or deepen the contact already established with sex-workers from Eastern Europe. This was done mainly through the Medical Counselling Bureau/ZB. These established ‘clients’ were expected to pass the knowledge they have gained at the Counselling Bureau /ZB on to new colleagues.

Through the more experienced ones, new women would know about the offers of the ZB (anonymous and free medical check-ups), would feel more confident among them as they work under almost the same conditions and belong to the same social status. They feel less inhibited when talking to more experienced women from the same cultural background as they do not have to overcome any language or cultural barriers.

After a time we noticed that this mouth-to-mouth method of disseminating information on behalf of the ZB as a place where prostitutes can turn to, worked quite well, whereas the work of established prostitutes passing on medical and health information to new prostitutes showed big gaps in its effectiveness. This was largely the result of the fact that East European prostitutes are constantly kept on the move or kept isolated from other people like pimps, overseers, recruiters, procurers and other assorted exploiters.

On the move means that very often these women have to leave the brothel, town, Federal State or EU member country where they are working, as they do not have long-term legal or secure right of residency and are engaged in illegal activities. Lots of these

women are treated like barter goods between the pimps and sex-employers and negotiated over.

Isolation means that the women seal themselves off from others because of the languages problems they have, their alien mentality and peripheral position in society. Their isolation is made worse on purpose by their pimps, and thus they become more dependent and more obedient to them. Often the prostitutes do not even trust one another. The biggest problem interacting with these women is the slow and arduous process of building up a relationship of trust, as the women have had only bad experiences with people from governmental organisations or the authorities in their own home countries. There they knew of nowhere or only recently came to know of places, where people work with sex workers. Therefore, they find the anonymity at the ZB very convenient. Depending on their socialisation, some women find it more difficult than others to accept the information offered to them or to talk openly about subjects such as prostitution, sexual practices, sexually transmitted diseases, etc.

A lot of background knowledge and kid-glove sensitivity were required during the initial contacts at the ZB, so that the women do not get the impression that they are again at the mercy of some further tier of governmental power. For such impressions can influence whether they come back for further counselling and/or pass the knowledge they have gained on to their colleagues or not. There is always the additional danger that they will get no further than this first consultation, as they are mostly dragged off and moved on to other cities in Germany and other countries in Europe.

Streetwork

In bars - Streetwork in bars was done by the TAMPEP team and also with the social assistants of the ZB. It was carried out mostly in "Turkish" brothels in the St. Pauli area. We did streetwork an average of two times a month.

The aim was not only to make contact with new women, but also to distribute invitations and explanatory information on the different planned workshops. Both were composed and written in three languages - Polish, Russian and Bulgarian - to suit the majority of prostitutes encountered. We also gave out pamphlets on precautions against AIDS/STD in Polish, Russian, Bulgarian, Turkish, Czech and Rumanian, as well as condoms and pamphlets about the ZB services.

We found that women of Turkish origin or Romas from Bulgaria, Rumania and ex-Yugoslavia were recruited for the brothels frequented by Turkish men because the problems of the language barrier were thus eliminated.

Doing streetwork we found that most of the prostitutes approved of our work, because there is no time pressure on them.

Approximately, the number of sex workers encountered during the project:

Russian	Polish	Bulgarian	Others
280	**300**	**250**	**260**

The term "Russians" includes all women from the former Soviet Union, as they use this term to describe themselves, although they come from the Ukraine or Belarus. The rightmost column shows the figures for all other Eastern European nationalities such as Czechs, Rumanians, Hungarians, Slovakians, etc.

In apartments - About 30 house visits were made (almost every two weeks) in which only cultural mediators took part. Our aim was precisely the same as that of the Streetwork - to win new clients for the ZB and participants in our workshops. The addresses of the new women were taken from daily newspaper advertisements.

We soon noticed that we were encountering often Russian, Polish and Czech women in apartments, a mixture of various nationalities. When we were let in by the women, they proved to be open to listening to the information on health, they asked questions, talked quite happily about issues, but did not have any time to visit the workshops we were offering.

Unlike their counterparts in the bars, they were relaxed, self-assured and not uptight, although their pimps´ control over them was clearly discernable. We were only rarely shut out by pimps. Some pimps, in actual fact, were astonishingly accommodating. They listened attentively to our information, accepted literature and condoms on behalf of the women and thought our efforts made a lot of sense. They were very often those pimps who took the women to the ZB. It would be very good, if they were approached and talked to more often, in order to facilitate contact with the sex workers.

The number of women we made contact with varied between twenty and thirty per day of streetwork. We made an effort to visit different parts of Hamburg in addition to the places we already knew about, where new women were very often living. Generally, this form of streetwork was well-received. Some women not only turned up later for health check-ups, but also came to social or legal counselling at *Amnesty for Women*.

Streetwork in apartments, bars and brothels contributed substantially to the numbers of those who visited the ZB. Within the period of the project a total of 640 women became registered clients, and amongst them more than 90% were from Eastern Europe. Extrapolating from the figures, one can assume that the ratio of foreign to German prostitutes receiving counselling at the ZB is approximately 90:10. At least two thirds are Eastern European.

Workshops

We put on six workshops in all covering the following subjects:

- contraceptives and contraception techniques
- condoms and lubricants
- legal questions
- STD
- precautions against HIV/AIDS
- precautions against Hepatitis B

Workshops did not prove very effective amongst the Eastern European women, and so we gave out a questionnaire instead of the last workshop. Clients of the ZB answered questions in Russian, Polish and Bulgarian on newly suggested subjects. Lastly, their and our observations were analysed. As expected, the subjects we had included were the pertinent ones, as the women noted the following as areas of interest and enquiry:

- Sexually Transmitted Diseases: contraction, precautions against, treatment
- HIV/AIDS: more about the illness and the test
- Health care facilities in Germany: costs and addresses
- German language courses: especial interest shown by the Russians

We also observed that workshops of the normal educational kind were impracticable with the Eastern Europeans because they had certain distaste for any form of "official assembly" due to the experience of former communist regimes.

In addition, we noticed that each individual languages group preferred to keep to itself and that we were better off not inviting different nationalities to the same workshops.

Workshops held during the streetwork in apartments are more to the liking of the Eastern European women. Workshops in small, intimate groups of compatriots, colleagues and friends fit better with women from Eastern Europe. We tried this and it worked well. Also, workshops could be held in small groups at the ZB, taking the opportunity provided by the time the women spend waiting for their check-ups.

Summary

Most of the Eastern European prostitutes have completed some kind of formal schooling and have some sort of professional training. Therefore, the information materials which we have used in our work, was well received, because Eastern European prostitutes are used to reading. However, the best way of getting through to them is to talk to them personally, whatever the subject matter or nature of the visit.

Most of them do not think of themselves as prostitutes and do not describe themselves as such. They see themselves as forced to work as prostitutes "only for a short time". Later, when they return to their home countries, they never tell anyone in what profession they were engaged.

Eastern European prostitutes are in bad need of education in precautionary work against contracting diseases or falling sick while working in the sex-industry because they only have bad, patchy information on contraceptives, STD and HIV/AIDS.

In spite of their general schooling, most of the Eastern European women have had no formal sex education, as sexuality is a taboo subject. In addition, most of them have never worked as prostitutes before.

Because of their social situation and working conditions, it is quite difficult to make contact with these women. They are for the most part at the mercy of their pimps, who control and guard them rigidly.

This dependency means social isolation, constant change in their whereabouts and no money of their own. Often they are only allowed to go about when accompanied by a pimp or overseer. Sometimes, telephone calls are strictly forbidden. In serious cases of illness they cannot afford doctors, neither can they go home without permission. Mistrust

and animosity plague the women themselves, because they have to fight for their pimp's favour.

As the Eastern European sex workers go to new brothels, towns and federal states, as a rule, every three months at the latest, it is quite difficult to prepare them for the role of peer educators and to fill the gaps in their knowledge about the German society.

Because of bad experiences with the authorities in their home countries, Eastern European women have no faith in any governmental institutions in general and avoid all contact with them. Most of them have never heard of health insurance in their home countries. They have never had the benefit of social services, counselling or anonymity.

In the former communist countries, there is little recourse to political organisations experienced in women's issues because they do not exist or have only just been established. As we expect more women from these countries coming to Germany in the future, because of the unstable political and economic situation in Middle and Eastern Europe, we already established contacts to several newly created women's organisations in Poland, the Czech Republic and Bulgaria.

Transvestites and Transsexuals

LANA KAMSTEEG

Many things make for differences between the TV and TS in Hamburg. Not only in their home countries were they subjected to the diverse complexities of socialisation as individuals with individual experience and ideas of morality: here in Germany they must learn a whole new set of rules, a whole new set of ideas of society.

They are quite happy to accept what organisations in general offer them, when they feel they are being taken seriously, and tell each other about the facilities.

The plight of indigenous transsexuals is bad enough. A number of specialists are either incompetent or allow themselves to be guided by clichés and their own ideas of morality. This leads to situations like, for example, those where a sex-change operation is rejected in cases where the patient is or intends to be a prostitute. Because they were obliged to keep quiet about their feelings in their own home countries, many foreign prostitutes know very little about hormones, silicone injections and implants, sex-change operations and other ways, means and side-effects of the sex-change process.

Basic information has been made available to these women, as is mentioned in the other reports. Some operations, taking no account of the special situation of transsexuals, are only cosmetic, changing the exterior/appearance of the patient, and no psychological or health counselling is provided before or after.

The conditions of working as a prostitute sometimes mean that the women are forced to take hormones or consider other treatments, in order to be able to carry on working as prostitutes.

The TT Self-Help Group in Hamburg only functions as an information office because it lacks the support of specialists. Another problem is that there is little clarity on the subjects, e.g., sexuality and prostitution, as they are rarely talked about.

TV & TS: European definition

■ Transvestite: a person who periodically dresses in women's clothes, but who is not interested in opposite-sex hormone treatment, cosmetic surgery or a sex-change operation.

■ Transsexual: a person who feels s/he is the opposite sex to the sex of his/her birth, and who is drawn to hormone treatment and a sex-change operation.

TV & TS: Asian and Latin American definition

■ Transvestite: person who is in a changing process, but did not yet undergo the sex-change operation.

■ Transsexual: a person who already did the sex-change operation.

Latin American TV & TS

CARMEN VALDIVIA

While in Europe, most migrant TV and TS stay, usually, longer in a same city than born women. Other differences are: they change jobs more often, they move less from one residence to another, and they are more united within the group.

Due to the experience during TAMPEP 1 it was easier to strengthen our contacts with them. Many of them knew already about the project and came to us for medical help or when they needed interpreters or moral support when they had to go to any official department.

Most of the TV/TS women have had experience as prostitutes in their own home-countries and have come to Germany with the intention of working in the sex-industry. That is the reason why they talk more openly about prostitution and other matters related to it, as it is easier too to exchange points of view. However, they know very little about precautions against contracting diseases or falling sick as a result of their work. Some of them only heard about precautions against AIDS/STD after arriving in Europe.

Hamburg is home for a large group of TV/TS women from all over Latin America. There are about 200/300 Latin American TV/TS living in Hamburg nowadays. We established contact to about 150 of them: Peruvians, Brazilians, Colombians, Venezuelan and Ecuadorians. In the last months, mainly new Colombians have arrived.

Working and living conditions

Many Latin American TV/TS, who are now in Hamburg, were in other European countries before, particularly Italy. They say work was better there than in Germany and that they would prefer to go back.

Many of them know each other already, as sometimes they had worked together before, in Europe or in their home-countries. They usually know also which bars they will work in, as soon as they arrive here. This is especially so in the case of Peruvians.

They work mostly in bars, where only Latin American TV/TS work. There is hardly any contact with other migrant TS/TV from non-Latin American countries or even Germans. Usually, each nationality group works in specific bars. From time to time they also work in apartments. Some of them also try to work on the streets, in restaurants and discotheques, especially when they have no opportunities of working in bars. The experience showed us that it is mostly TV/TS women who take drugs. They are also the most affected by HIV/AIDS.

Many amongst them try to stay here for as long as possible despite the difficult circumstances in which they live. Apart from the fact that they are here to make money, they feel freer here and can be who they want to be, unlike in their own countries. Back home, moral hypocrisy, especially with regard to sexuality, breeds attitudes of

discrimination and repression towards their transsexuals. They are persecuted, ostracized and sometimes even murdered.

For some TV/TS women "safer sex" was a familiar thing. They knew already about condoms and lubricants and the importance of precautions against AIDS/STD. But they lacked information on things like the sex-change operation, hormone doses, use of silicone and post-operative treatment. Most transsexual women favour having the operation in Ecuador, because it is cheaper and less hampered by bureaucracy. Hormone treatment and concomitant determining of dosages are also problematic in Germany, as the women are obliged to provide proof that they have received psychological counselling. This means it is highly unlikely that a Latin American transsexual will go to a doctor with a request for a sex-change operation. Usually, they do not know which hormones are involved with the treatment; they administer them themselves, and do not know the side-effects of the hormones they take.

They show great interest in the information we distribute, as they are under a lot of pressure to change their bodies, in such a way as to be able to earn money quickly, in order to support their families.

Because many TV/TS women knew each other before, they form small groups, but not necessarily groups of the same nationality. In some cases, the older ones, who have lived here for a longer time, act as mentors for the others and lend support to the new arrivals

Materials

Close contact and co-operation with these women enabled us to produce specialised pamphlets with clearly written (plain language) information on adjusting to the target group. Two pamphlets have been issued: one covers condoms and lubricants, delineates sexual practices used at work and contains information on hormones, silicones implants as well as breast and other operations. The other contains information on AIDS/STD. Both pamphlets are well-received by the women. They react particularly positively to the introductory text, as it was written by a Latin American transsexual, which makes them feel that they are taken seriously.

Workshops

We mostly put on workshops on the subject of adjusting to the target sexuality. We made direct contact with specialist doctors as plastic surgeons (breast building), hormone treatment specialists, sex-change surgeons as well as medical cosmeticians who work on permanent facial depilation.

Another thing we have experienced in our work is the good atmosphere which exists at our informal meetings, at e.g. a slide-show afternoon with coffee and cake. In this relax atmosphere they feel able to put questions to us directly and show interest in our information. There were questions which had not been asked during the streetwork and workshop sessions. Nevertheless, we continued to do streetwork in bars and apartments in order to keep up contact.

German language lessons at the *KaffeeKlappe* are an arrangement organized by the Catholic Church Charity for Prostitutes and Ex-Prostitutes. Since 1993 we have had the

opportunity to teach German one afternoon a week. Since then, this place had become a regular meeting place for Latin American TV/TS.

The *KaffeeKlappe* is located in the quarter where the women work and it is very easy to get to. The women do not only come to learn German, but also to avail themselves of other kinds of information. It is also the first place where new arrivals go, having been sent there by their colleagues.

Lessons are tailored to the needs of the women, and language specifically appropriate to their work is given emphasis. The lessons contain both grammar and set phrases, which they can use with their clients. Some, who have been here longer, come by just to drink coffee and have a chat. Through these contacts, we have managed to recruit some as co-workers.

Training peer educators

We invited three Peruvian transsexuals to become peer educators, as they had a leadership role within the group. They had already a lot of experience in the sex-industry and took it upon themselves on their own initiative to disseminate information on "safer sex" to other colleagues. They felt very honoured in being chosen and were very enthusiastic about the training. The training course took the form of a two-day workshop. On the first day the discussion covered STD, Hepatitis B and AIDS. On the second we discussed about hormones, silicone, sex-change operations and electrolysis.

Co-operation

The further strengthening of co-operation with counselling centres is necessary and the Central Counselling Centre in Hamburg (*ZB/Zentrale Beratungsstelle*) plays an important role what concerns health care. It is the only place where migrant TV/TS sex workers can go for free and anonymous medical service. We have yet to establish more co-operative ties with doctors who specialise in sex-change operations.

Another important group we worked with is the *Freie Transen Stadt Hamburg*, who brought their experience to bear the areas such as sex-changes operations, information on legal rights and other specialist doctors.

The German courses

BETTINA KÄHLKE

Sex workers who come to Germany without speaking a single word of German are in a very difficult situation. Without being able to express themselves in the foreign language they have to contact, communicate and negotiate with clients. They are being asked questions they do not understand. And seldom have they made the experience that clients do not want to be with sex workers they ca not talk to. But not only at work are they confronted with language problems. Every time they go shopping or have to speak to the landlord, the doctor, the authorities etc. they can hardly make themselves understood.

Every sex worker handles the language barrier differently. Some do not mind too much because they know that they are only going to stay in Germany for a short time, so that they just try to pick up the basics at work or ask somebody to translate when it is necessary. Others feel so uncomfortable that they want to attend a German Course in order to improve their situation.

During the first year of TAMPEP (1993-1994) it became clear that teaching German to sex workers would meet their needs. For TAMPEP it was a possibility to meet sex workers regularly, to talk to them about all kinds of topics concerning sex work and to provide them with information on health care. Only sex workers were allowed to participate in the courses because otherwise their work could not be mentioned without problems arising. Therefore TAMPEP announced the courses only at places where sex workers are or go to: clubs, apartments and the public health service.

Especially Latin American transsexuals/transvestites (TV/TS) showed big interest in the classes. They felt accepted, understood and started gaining confidence in the teacher. This also had to do with the teacher's capability of speaking their mother tongue. Due to this positive experience and in order not to lose the good relationships TAMPEP decided to continue offering the classes in the summer of 1994 but this time directing them primarily to TV/TS from Latin America and not to all sex workers. The fundamental idea was to offer TV/TS a possibility to talk about their specific situation and their specific problems without having to be ashamed.

Organisation

Because TAMPEP stopped being financed for half a year the team had to find other financial resources in order to be able to continue offering the classes. Fortunately three organizations supporting prostitutes in Hamburg were willing to help out. Because of the shortage of money the classes could only run once a week for three hours in the afternoon. Each course lasted for two months and was given in the rooms of one of the prostitute organisations in the red light district of St. Pauli.

The teacher split each afternoon into two parts: two hours for studying German and one hour for talking and having coffee. Every two weeks a German TS, member of the Freie Transenstadt Hamburg, a self-help group, who was interested in supporting Latin

American TV/TS, joined the group at the coffee-hour. The participants had either heard about the German courses through TAMPEP or through those TV/TS who had already attended an earlier course.

Goals

The goals of the German courses were the following:

- to teach the basics of the German language to the participants
- to inform on AIDS/ STD, condoms and lubricants
- to distribute the TAMPEP material like leaflets and comics
- to hand out addresses of doctors, especially of those who speak Spanish
- to inform on law questions
- to offer a meeting place
- to initiate the exchange of thoughts, ideas and experiences
- to learn from each other and to support one another
- to initiate contacts between Latin American and German TV/TS from the Freie Transenstadt Hamburg

Materials

Photocopies made from the books *Deutsch Aktiv Neu 1a* and *Deutsch für Aussiedler*; self-made materials like exercises and games.

Contents

In the very beginning of each course the participants made clear that they were interested in learning the basics of German, especially those phrases and questions they needed at work.

Therefore, the German courses had the following contents: basic conversation between client and sex-worker (presenting oneself, small talk (e.g. on the state of being, the home country, the weather), offering sex-practices, sentences to attract the attention of a client, price negotiation); numbers; time; days of the week; basic grammar (verb conjugation, definite and indefinite articles; proper nouns (parts of the body, colours, clothes, family, household-appliances).

Methods

Dialogues; single, partner and group work; role play; songs.

Activities

TAMPEP invited the students and their work-mates to the following activities: workshops on AIDS/STD, the use of condoms and lubricants; workshops on transsexuality and operations; excursion to a lake; slide-show on Peru; Christmas party.

Participants

From July 1994 to December 1995, 45 TV/TS and six born women attended the courses. They came from Brazil, Peru, Venezuela, Colombia and the Dominican Republic and were between 22 and 38 years old. The students' background was very diverse: some students had only gone to school for six, others up to 12 years. Three had also studied at university but did not finish. Most students only spoke their mother tongue; a few had learned a second language. Those students who had just recently arrived did not speak German at all; the ones who had already spent up to two years in Germany knew the basics. The majority knew how to write and read, a few had big difficulties. In their home countries some students had worked as hairdressers, stylists or prostitutes, others had been unemployed.

Most of them came to Germany with the idea of staying for a short period of time and making as much money as possible, something they would not be able to do at home. They wanted to earn money in order to support their families, to pay for the studies of their relatives, to buy an apartment or a house at home, to build up their own shop at home or to finance their operations. Three students did not come because of the money. The first wanted to get to know Europe, the second was threatened to be killed by her ex-boyfriend and had to flee from home and the third was wanted by the police.

Despite the different backgrounds all TV/TS and born women had one thing in common: all of them knew before coming to Germany that they would work in the sex-industry. Out of the 45 participants four worked in apartments, three on the street, one at a table dance bar, one in a gay sex-cinema and 36 in clubs. Only one had a residence permit, all the others either had a valid tourist visa or a no longer valid visa. Most students did not tell their families at home how they were really earning their money.

The majority of the students lived in the district of St. Pauli. Some stayed in a hotel. Others rented their own one-bedroom-apartment. For some of them the rent of 1.000 DM a month was too expensive so that they shared the apartment with one or two work-mates to lower the costs.

The competition and envy among the TV/TS was big, the confidence in each other rather small. Therefore, the atmosphere at work was sometimes quite tense. The TV/TS complained that their working-mates would „steal" their clients, would lose total control after drinking too much or would talk badly behind their backs. Some made the experience that it was better not to talk about personal problems to their transsexual work-mates because they would use the information later on to put them down.

At the same time as they had problems with each other they also had friends who cared for them. Hardly any of TV/TS had friends outside the transsexual community although some were seeing former clients or had a boy-friend. None of them had a German female friend.

Development of the courses

In each course eight students regular took part in the classes although most had the tendency to come up to 1 ½ hours late. Others showed up more irregularly or stopped coming after a month. They felt too tired to come, were not in the mood, had other things to do, were sick, did not get along with other students, had personal problems, were frustrated that German was so difficult to learn or lost interest because the classes went on too slow. For the four TT working in apartments during the day it was inconvenient to

come to class in the afternoon because it meant not to be able to attend a possible client. From time to time former students stopped by to have a coffee, to talk or to ask the teacher for advice. Sometimes they even brought along other transsexual friends.

In the very beginning of each course the teacher introduced herself, the organization, its ideas and offers. To make sure that the topics worked on would meet the participants needs the teacher always asked what the students really wanted to learn. During every class the students had the possibility to ask for phrases they needed daily. These phrases were translated and practiced. It was necessary to practice new phrases very thoroughly in class because most students hardly studied at home. Some either did not have the necessary self-discipline, time, patience, surroundings or were simply too tired and exhausted to put themselves to study outside of class. Those who learned faster than the others or already knew the basics of German felt extremely bored when they had to repeat everything over and over again and started talking to their neighbours. The teacher tried to motivate them anew by asking them to help the slower learners. Unfortunately this method was not always successful because the faster student's did not have the feeling that they would learn anything new. Therefore, it became necessary to offer different exercises, each according to the special needs of a student. At the very end of each course every student who had participated regular in the classes was at least able to handle a very basic conversation with a client.

After class there was time to talk and have a coffee. During this time the teacher handed out the TAMPEP materials, comics, the address of the public health organization and condoms. The students read the material with great interest and some also asked if they could have more copies to pass them on to friends. They enjoyed getting condoms for free and would remind the teacher if she had forgotten to distribute them. They especially asked for more of the thicker condoms used for anal sex after finding out that they broke less easily than the thinner ones. Nevertheless they kept on buying the thinner ones because they were less expensive.

During the coffee-break the students and the teacher talked about all kinds of topics. It was important for the teacher that the students who already had a lot of experience working shared it with the beginners, so that they could learn from them. The sex workers told the teacher that they would only have sex using condoms but that some clients refused to use them.

Some transsexuals had gotten silicone breast implants at home, or had injected silicone or Johnson's baby oil directly under their skin. Often were their breasts hard as stone or hurt. Another method used was the injection of a high dose of hormones that they had bought on the black market. Some felt comfortable with this method. Others became very tense and nervous, had difficulties getting an erection or were not satisfied with the growth of their breasts. For some of them the only satisfying solution was to get breast implants. Even though the teacher explained the risks of the different methods it was almost impossible to reach the TV/TS. It seemed more important to them to be able to compete with the others and to make money than to take care of their bodies. The teacher never got rid of the feeling that most of the transsexuals who finally got their breasts operated did not do it because they wanted to be women but because they wanted to be more successful at work. They got operated either in Hamburg, Paris or Ecuador. To get totally operated also was a question talked about. The TV/TS discussed the pros and contras, but only two of them were seriously thinking of getting totally operated.

Another topic the TV/TS touched was their working conditions. They complained that their bosses even made them work when they were sick. They were scared of losing their jobs if they did not show up. Therefore, some even worked when they had a 39°C

fever or a lot of pain. The consumption of alcohol also was a problem. Some suffered from stomach aches and heartburn caused by large amounts of champagne they had to drink at work.

Since almost all TV/TS and born women were illegal, they also wanted to talk about this problem, exchange experiences and look for solutions. They were interested in finding out what would happen to them if the were caught by the police and how they could legalise their residency.

Some TV/TS and born women did not like talking about their problems in public. They preferred being alone with the teacher. It seemed that they needed a person outside the transsexual community who would not compete with them, who would listen to them and who would give them advice, a person they could really trust. Face to face they would tell the teacher about their problems with their families, friends, their boy-friends, their bosses, their landlords, the police or themselves.

Evaluation

During the German courses all participants had been able to pick up a little bit of German and therefore felt a little bit more comfortable at work. Nevertheless they still could not carry on a longer conversation with a client. If more classes could be offered it would be a great help for them.

It was essential for the students that the teacher was capable of speaking their mother tongue. It made them lose their fears of attending the classes and made it easier for them to communicate and to feel understood.

In the beginning of the courses the sex workers came because they wanted to learn German but later on this wasn't necessarily the case. The fact that former students and their friends stopped by from time to time to have a coffee and to talk showed that they didn't regard the place only as a school but also as a meeting place.

The regular meetings at the German classes made it possible for the teacher to gain the students' trust and to improve the contacts. Due to this confidence the students started talking to the teacher about very personal problems and asking for advice.

For the teacher it was hard to deal with the competition and envy among some TV/TS in class. The teacher tried to make them talk to each other but was not successful. The TV/TS preferred to stop coming to class rather than to work out an acceptable compromise with their „enemy".

The distribution of the TAMPEP-materials, comics, doctors' addresses, condoms and the offered workshops had some positive results: It was possible to inform the students better on the ways how to protect themselves against AIDS/STD and to clear up wrong information. It became obvious that some students didn't know how to use a condom correctly. To show and to practice the use of condoms was therefore of utmost necessity.

Talking about the public health organization and its offers helped some sex workers to lose their fears of going there. They took advantage of the medical services more often or got an HIV test done. It was also a success to see that those who had already been to the public health organization passed on the address to friends or even accompanied them.

Concerning the high doses of hormones some sex-workers injected it wasn't possible to convince them to get a less harmful hormone treatment under the control of a doctor. In their opinion that type of treatment would be too expensive, would last too long and would not bring the expected results. For the teacher this was a sign that these

transsexuals were running the most dangerous risks just in order to make more money. The only thing the teacher could do was to inform them about the danger they were exposing their bodies to.

Regarding the students' illegal residence status in Germany, it was obvious that there was a big need for information and juridical help. In the future it would be necessary to offer workshops concerning that topic.

Summing up, it is possible to say that the combination of teaching German and talking about topics concerning sex work is a good way to get in touch with sex-workers and to inform them on health care and the prevention of AIDS and STD.

The health situation

DR. ANKE KLEINEMEIER, Gynaecologist

Streetworkers are often asked questions concerning contraception, vaginal discharge as well as illnesses related to colds during conversations about general ways to prevent contracting illnesses and to avoid falling sick (henceforth "precautions"), while on visits to sex-workers.

Many sex-workers already use condoms, but some, however, use Baby Oil as a lubricant. It proved useful to demonstrate special lubricants when discussing the necessity of using them, instead of Baby Oil being discussed. Distributing condoms produced a lot of notice, whereby it became clear that most of the sex-workers themselves had already gotten hold of condoms, which was proof that condoms are being used. The sex-workers also showed interest in the pamphlets which the streetworkers were distributing on the subjects of HIV/AIDS and Hepatitis B, STD, condoms and lubricants. Many were also willing to hand these pamphlets on to others not present.

As well as these educational pamphlets, we gave the sex workers information on their entitlement to free and anonymous medical check-ups. In Hamburg, just as in other German cities, government-supported counselling centres for prostitutes have been set up, where blood tests for HIV, Hepatitis and Lues as well as Pap-Smears can be carried out anonymously and free, alongside gynaecological examinations in connection with sexually transmitted diseases. In cases where medicinal treatment is necessary, prescriptions can also be issued from these counselling centres. This is only valid, however, in cases of gynaecological or venereal disease, and the costs of the medicine prescribed must be defrayed by those women who have no health insurance, which is the case for the majority of sex-workers, as most do not possess legal right of residency.

We often met sex-workers who had heard of the existence of a central counselling bureau from contacts in their peer-groups, but who did not know where the centre was located. Consequently, many were very interested to read the centre's pamphlets, which included information on opening times and counselling available in their own native languages. The interest the sex-workers showed was probably not only because they could see a way round the nitty-gritty problem of the language barrier, but also because the centre provided a place where they could turn to with questions and problems of a special, cultural nature.[3]

On visits to sex-workers' rooms, streetworkers were often asked about the various forms of contraception, which prompted the issuing of another pamphlet on the subject of methods to avoid pregnancy to be introduced as a further part of the streetworker´s

[3] It is not regarded as necessary at the central counselling bureau to have cultural mediators present when treating or examining sex-workers physically. Only for special counselling appointments are interpreters employed. This is quite contrary to the experience which TAMPEP has had, and it causes problems in working with the bureau. On the other hand, the central couselling bureau is the only place that sex-workers will go to on their own volition.

repertoire. Most of the questions could be answered. Some of the sex-workers already took oral ovulation-inhibitors. Often there were questions about the IUD. We advised the women that it was a good idea to use an additional form of contraception in combination with the condom, which is used to prevent infection. We referred the women to the central counselling bureau for oral contraceptives. Questions on diverse illnesses of a general nature could by and large be answered during the house visits. However, things were more difficult in cases where treatment by a doctor was necessary. A solution to the problem could be found via the Refugee Council.[4]

Looking after the needs of those suffering from AIDS

This problem proved to be especially difficult because most of those HIV positive sex-workers could not employ antiviral/antibiotic preventative medicines[5] or have themselves regularly checked by a doctor to monitor their condition. On the other hand, many try to forget the fact that they have shown up positive through blood tests and do not talk about this with their peer-group. One reason for this is that such a diagnosis understandably gives rise to a sense of hopelessness and threatens work possibilities, another is the fear of being ostracised by the peer-group members, (something which we have seen happen).

It was also very problematic when trying to hospitalise those with AIDS, as hospitals are mostly not prepared to treat migrants free of charge. In such an event, either evidence of health insurance had to be provided, or the sex-worker in question was designated as the person who would pay. The fees for treatment of an In-Patient in an AIDS ward are prohibitively high. The possibility of receiving free treatment as a guinea-pig came to nothing in one case because the number of T-4-Helper-Cells/T cells, had fallen too much. However, in the general facilities where research is carried out, the willingness to treat illegal migrants as part of the research is rather limited.

Attempts at creating a Network

■ Seminar in Berlin: *AIDS knows no frontiers: the consequences of international movement and migration on the spreading of the HIV-epidemic*

In this seminar were enumerated and discussed the problems of looking after the medical needs of illegal migrants who are HIV-positive or suffering from AIDS. Unfortunately, no general solution to these problems could be found. We can only find special little niches in the health system in certain places.

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[4] The Refugee Council in Hamburg (just as in other German cities) comprises a committee of unpaid volunteers, who work on behalf of the interests and needs of refugees and migrants living here illegally. In Hamburg a committee to discuss health issues has been founded amongst other things, which brings migrants without health insurance who require medical treatment in contact with doctors who are wiling to provided treatment at favourable conditions.

[5] When the first symptoms of the preliminary stages of AIDS appear doctors recommend antibiotic and antiviral preventative medicines (e.g. Pentamidin and Cotrimoxazol for PCP, Toxoplasmose and Azyklovir for CMV-Retinitis and Herpes infections, Diflukan for sores). However, in the Federal Republic of Germany these drugs are available only on prescription and sometimes very expensive.

In the other groups, sex-workers work with cultural mediators and above all peer educators, as it is obvious that a pre-requisite for working with the migrants is an understanding of their cultural background. In the other groups, though, these cultural mediators and peer educators are referred to by different titles. More than anything else, however, it was seen that working in and with the communities and peer groups was very important in building a long-lasting structure. In some special communities and peer groups some migrants are themselves trained to be counsellors (using TAMPEP´s model of peer educators). This means that we reach many more migrants (than would be otherwise) and it increases the acceptance of our on-going work on precautionary measures against illness. General problems amongst the groups attending (NGOs), included insufficient financial support and lack of personnel.

Few of the attending groups had had contact with sex-workers. Only ADM (AIDS Counselling Refuge for Turkish Migrants, Berlin) had worked on prevention with Turkish sex-workers in one area of their work.[6] This showed us that migrant women in the sex industry rarely leave their isolated surroundings in order to make contact with others or to seek counselling at NGOs. The impression is that it is mainly the state-run clinics to which sex-workers generally go, if they do actually leave their isolation.

The seminar proved to those attending the necessity of establishing a proper network, not only to enable streetworkers and their colleagues to provide good preventative work and counselling, but also to enable them to co-ordinate the work to be done in a better and more efficient way.

■ AIDS-Hilfe Hamburg

A doctor involved in the AIDS-Hilfe organisation arranged an evening class on AIDS, the way it develops and the antiviral/antibiotic preventive medicines possible for the benefit of the TAMPEP team in Hamburg. Thus TAMPEP members became better acquainted with the various aspects of the illness as well as the possible treatments for it. AIDS-Hilfe had little experience of counselling HIV positive illegal migrants. Therefore, it was not in a position to provide information on treatment possibilities for this particular group. But TAMPEP was pleased to get the addresses of doctors who are known to work specifically with HIV positive patients, as this would contribute to the improvement of TAMPEP´s scope in the services it can provide.

Another piece of information which was important was the fact that in most AIDS common illnesses (PCP, Toxoplasmosis), a reasonably priced preventive medicine can be used in combination with Cotrimoxazol after the first signs of the illness. The AIDS-Hilfe offered us their support, should we be in need of further information or assistance.

[6] In co-operation with ADM special counselling times for Turkish migrant women have been established within the Counselling Centre for Sexually Transmitted Diseases in Berlin-Kreuzberg, (similar to the state-run Counselling Bureau structure in Hamburg). ADM co-operates in these counselling sessions and does precautions work as part of its streetwork agenda.

Networking

As already mentioned, the seminar promoted and organized by the team of TAMPEP/Germany, with the support of the *Akademie für Öffentliches Gesundheitswesen in Düsseldorf* and *Amnesty for Women*, was the most important fact during TAMPEP 2 concerning the official promulgation of the project within Germany.

The TAMPEP seminar held in Marienheide in April 96 had the intention of spreading the project's experience, ideas and methodology, but also, to bring up the confrontation between public health services aimed at migrant sex workers and NGOs dealing with migrant women and/or sex workers. This confrontation had the aim of starting a new kind of relationship between these two different social services in order to build up a proper and realistic health service for migrant sex workers.

The participants were mainly social workers from public health services throughout Germany, which offer health care for those working in the sex industry. There were also two medical doctors - one gynaecologist from Köln and one general practitioner from Jena. Their main interest was about the situation and working methods directed at East European women, but also there was great interest about the work with Thai and Latin Americans. Almost all of them had already worked with migrants as intermediaries, but this work was mostly limited to the role of translators and not of cultural mediators as understood by TAMPEP.

The participants of the Health Care Services came from: Borken, Wittenberg, Chemnitz, Unna, Hersfeld, Gelsenkirchen, Jena, Sangerhausen, Bremen, Wuppertal, Hamburg, Berlin, Halle, Dresden, Merseburg, Magdeburg, Hannover, Erfurt, Düsseldorf, Hameln, Kiel, Aachen, Frankfurt and Eisenhüttenstadt.

The NGOs participants came from: Bochum, Frankfurt, Kiel, Köln, Düsseldorf and Hamburg. There were also one member of the *De Graaf Stichting*/Amsterdam, Holland, and three members of *Lefö*/Vienna, the Austrian TAMPEP partner.

The seminar activities were divided into three days.

■ **First day, April 24th**

- General presentation of the TAMPEP project: the fundamental ideas, methodology and aims of the project; the political and social reasons concerning migration, Europe, sexuality in the different cultures and information as a medium.

- General presentation of the official Health Care Services.

- Presentation about prostitution in Holland.

■ **Second day, April 25th**

- General presentation of the migrant members of TAMPEP/Germany, about the important differences of the cultural backgrounds of each target group when developing a health prevention program.

- Three workshops to discuss the practical side of the work. Each one of them was conducted by two TAMPEP members and one member of an official health service.

1. Prevention work: how to develop information materials and the role of cultural mediators.

2. Migrant sex workers and the official services: medical, social and legal support.

3. Networking: the cooperation between official services and NGOs.

- Video presentation: one about prostitution in Asia (Thailand, Nepal and the Philippines) and two from Brazil (one about prostitution in Rio de Janeiro and the other one about AIDS prevention for prostitutes).

■ **Third day, April 26th**

- General results of the workshops and the seminar

The results of the seminar were very positive as it was the first time that such a confrontation happened. The interest and participation was constant as TAMPEP's methodology is quite innovative concerning the work with migrant sex workers. Of course there was no concrete solution whatsoever, as this was only a start, but the fact that official health services were confronted so clearly with the migrant sex workers situation, gave them the opportunity to better understand the project's ideas. The only fact that came out very clearly during the discussions was the distrust that still exists between official services and NGOs in general.

Through Dr. P. Hoffmann, responsible for the *Akademie für Öffentliches Gesundheitswesen in Düsseldorf*, we were invited - and already accepted - to present a second TAMPEP seminar in Berlin, in March 97. As the first seminar, that one will also be for NGOs and Public Health Services, mainly from the Eastern part of Germany, where the experience with migrant sex workers is still very small.

TAMPEP also proposed to organize, apart from the seminar above mentioned, one to train cultural mediators.

Participations in other seminars and meetings

During TAMPEP 2 we had the opportunity to divulge the project on a national and an international level through the various seminars and meetings attended by the team members. It also gave us the chance to make contacts with other organisations and official departments to exchange experiences and analyse the different possibilities to build up a concrete social and medical support basis for migrant sex workers in Germany.

1995

September

■ European Project AIDS and Mobility: *Third European Meeting on Ethnic Minorities, Migrants and HIV/AIDS*, in Driebergen, Holland. A member of TAMPEP/ Germany

was one of the facilitators of the workshop *Women's issues: cooperation between migrant women organizations and HIV-positive women groups*.

■ TAMPEP general meeting in Vienna, Austria.

■ Women's Conference in Büsum, Germany: *Frauenhandel mit Osteuropäerinnen in Deutschland* (Trafficking on women from Eastern Europe in Germany). A member of TAMPEP/Germany facilitated one workshop.

October

■ Seminar in Berlin organized by AKAM (AIDS Koordinierung- und Anlaufstelle für MigrantInnen) – *AIDS kennt keine Grenzen: Konsequenzen internationaler Mobilität und Migration auf die Ausbreitung der HIV-Epidemie*. (AKAM/AIDS coordination and meeting point for migrants - AIDS knows no frontiers: consequences of the spread of HIV epidemic through international mobility and migration).

■ Meeting in Mainz, Germany, about networking among migrant NGOs related to the theme *Migrant Politics in the Midias: how to deal with it*.

■ Transvestites and Transsexuals' meeting in Berlin, organized by the *Lesben, Schwulen, Transvestiten, Bi- und transsexuellen BürgerInnen* (Lesbian, Gays, Transvestite, Bisexual and Transsexual Citizens).

November

■ Meeting in Frankfurt/Main of the Coordination Group about Paragraph 19 - which deals with the different problems of migrants' marriage, divorce, working and residence permits.

■ Seminar in Waldschlößchen, Germany, about *Migrants and AIDS: legal rights*.

■ 19th German Prostitutes' Congress in Bremen, Germany.

1996

January

■ Presentation of the TAMPEP project at the *ZB/Hamburg* for social workers of other Public Health Services of North Germany: Hannover, Rostock, Celle, Bremen, Kiel and Pinneberg.

■ Contact with two prostitutes' NGOs in Brazil: *Davida* and *Noss*.

February

■ Meeting in San Francisco, USA, organized by the *Global Fund for Women* about trafficking of women from Eastern Europe.

March

■ Meeting in Amsterdam, Holland, about the work developed by TAMPEP with transvestites and transsexuals.

■ Meeting in Hamburg with Camille Cabral, main coodinator of the French organisation PASTT/Prévention, Action, Sida, Travestis et Transsexuels.

■ Meeting at the organisation *Empower*, in Bangkok, Thailand, about the working situation of Thai sex workers in Germany.

Mai

■ Presentation of TAMPEP in Vienna, meeting organised by *LEFÖ*/Austria and the Women's Ministry of Austria: *Migrants in the Sex Industry*.

■ Presentation of TAMPEP at the international meeting *Women's politic in Eastern Europe*, in Warsaw, Poland, seminar organized by the project *La Strada*/Holland.

■ Prostitutes' Congress in Braunschweig, Germany.

June

■ International TAMPEP meeting in Turin, Italy.

■ International meeting *East-West mobility: prostitution and HIV/AIDS*, in Stettin, Poland, seminar organized by the European project *AIDS and Mobility*.

■ Workshop: *AIDS prevention among migrant prostitutes*, at the University of Bochum, Germany.

Summary

Through the analytical observations of TAMPEP 2 it was possible to obtain a much better overview of the social, legal and working situation of migrant sex workers in Germany. Due to TAMPEP's practical methodology and the work developed simultaneously in the four member countries, it was possible to exchange experiences and adapt the project's aims to each different reality.

As a main result of the work done during TAMPEP 1 & 2, migrant sex workers who had been for a longer period of time in Europe are becoming much more conscious about safer-sex practices. This applies both for born women and for TTs. This was possible due to the regular streetwork done in order to contact the target groups, the building up of peer educators and cultural mediators, the building up of a local network of health care services and NGOs dealing with migrants and/or sex workers, as well as the development of new materials.

Regarding the collaboration of TAMPEP with local official health services and with NGOs dealing with migrant women, prevention of AIDS and the support of HIV positive people, it was often very difficult to convince both medical doctors and social workers on the importance of cultural mediators, mainly that their role was not to enter into competition with, but rather to cooperate with them. Another important observation made during TAMPEP's seminar, was the distrust that still exists between those two kinds of institutions.

Because of the strongly increasing amount of sex-workers coming to Germany from Eastern European countries, we intensified contacts with East European NGOs. This seemed to us to represent the best way to obtain useful information about the background of these women and at the same time, offer them support addresses when returning back home. A consequence of that situation is the need to divulge TAMPEP more in the eastern part of Germany.

The experience showed us too that building up health care services that take into consideration migrant sex workers' realities - illegality and mobility - would avoid in the future greater social, medical and financial problems.

As a project for prevention of AIDS, it has to be thought more carefully about the possibilities of a concrete support for HIV positive migrant sex workers during their permanence in Europe.

In relation to the work done with the TTs group, we notice the necessity of developing more specialised information materials and structured contacts with medical doctors and other services used to deal with this particular process.

In terms of developing new materials, we observed the necessity of an European guide with different kinds of information (legal advice, addresses of support organisations and health care services), taking into consideration migrant sex workers mobility in Europe.

Due to the actual economic and political relationship between the so-called "first world" and the other countries, migratory movements toward Western Europe will continue to remain a reality. Therefore, a project with an international dimension as TAMPEP, has to be considered and further developed under long-term planning. Because of the mobility of sex

workers within the Western European countries it is imperative to learn to understand the conflicts that are caused by discrimination and criminalisation of prostitution, as well as the social and cultural situation of migrant sex workers in the EU.

TAMPEP

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

ITALY

TAMPEP 2

FINAL REPORT

June 1995 – June 1996

Pordenone, June 1996
Pia Covre, Carla Corso

Opening remarks

When financing, which enabled resumption of Transnational AIDS/STD Prevention Among Migrant Prostitutes in Europe/ Project (**TAMPEP)** work, arrived in June of 1995, part of the TAMPEP staff at Turin was already at work because, since February 1995, it had been possible to actuate a prevention effort aimed at migrant prostitutes in several cities, thanks to financing from the Superior Institute of Health. In addition, during the period of the funding gap from Directorate General V (DG V) of the European Commission, the Commune of Turin and the regional health unit (Unità Sanitaria Locale #1, **USL #1**) sustained the TAMPEP project with economic contributions, thereby giving us a way to maintain contact with the target and the operators who had participated in the work during the first year.

At the end of 1994, when the Councillor for Social Policies of the Commune of Venice requested us to implement the TAMPEP method for an intervention in the City of Mestre, the positive developments of the project went beyond every expectation. The appointment was entrusted to us for all of 1995/1996.

The vast resound of these projects - not only through the media but also through the interlaced network that the Committee for the Civil Rights of Prostitutes contributed in establishing along with the participation of partners from non-government organisations (NGOs) and the providers of socio-health care services from both the public and private sectors who were involved during the first year of TAMPEP - has produced a sincere interest in the TAMPEP method and its possible application in the field. Therefore, other administrations have asked us about our potential to implement the research/intervention project.

In particular field intervention with the target which works on the streets rouses requests from many cities which often have perceived the phenomenon of street prostitution as a problem which, in the past, was dealt with by repressive public order measures which at length were revealed to be both useless and inclined to failure. Today, some of the cities which have become part of the TAMPEP intervention, among which the city of Modena, now look at the possibilities of dealing with the problem of prostitution from a different point of view and intervention.

Integration of methodologies

We developed an integrated plan of activity in consideration of the economic and professional resources found at hand in June of 1995 on the following bases – integration of financing from a multiplicity of entities; actuation of activity on the basis of evaluation of professional resources, given past experience with other NGOs in several cities; and integration of the TAMPEP method with street-intervention units.

The whole of the effort of our interventions was directed at a common target - foreign women prostitutes who engage in street prostitution which involved the cities of Genoa, Mestre, Milan, Modena, Turin, and Verona. The system of contact with the target

called for the deployment of street équipes provided with means of mobility and train équipes. To all the prostitutes contacted we gave out information on the social and health care services, printed materials in their mother tongues with information on AIDS, and condoms.

Street équipe deployments were made in all the cities of intervention, and the train équipes made departures from Turin directed towards the city *of work* of the Nigerian target. However, in the cities of Mestre, Modena and Turin, work, which we could define as *laboratory work,* was actuated which put into application TAMPEP methodology—the production and distribution of informative printed matter and the effectuation of workshops, peer-educator training, and encounters with prostitutes and the providers of health care services.

The times of the intervention were sufficed with the times of the separate financing which may be recapitulated as follows:

■ **Mestre**

The intervention has been continuous from January 1995 till now and will conclude December 1996. (We hope that its conclusion may be postponed.)

■ **Genoa and Milan**

The street intervention, financed by the Superior Institute of Health with additional financial aid from TAMPEP, was unfolded from March to December 1995.

■ **Verona**

In action from March to December 1995 the intervention was resumed in April 1996 in collaboration with an outpatient unit which has opened its doors to treatment and servicing of prostitutes, namely, the Drug Addict Services unit, located at Villafranca, which is part of the Venetian regional Local Health Unit #22.

■ **Modena**

The research/intervention effort underwent a trial phase from December 1995 till February 1996.

■ **Turin**

At Turin TAMPEP activity has been in actuation since August 1993 with intensity varying according to the availability of economic resources through various periods and with the involvement of local entities in a convention/seminar of exchange among all the partners of TAMPEP which marks the closure of the works of 1995/1996.

The research/intervention effort underwent a trial phase from December 1995 till February 1996.

The cities of intervention

While integrating the TAMPEP project with the project financed by the Superior Institute of Health (Istituto Superiore di Sanità, **ISS**) and cosponsored by both ISS and TAMPEP, two important factors were taken into account. TAMPEP is more oriented more towards an experimental type of research and intervention method and is adapted to work in-depth with the target whereas the ISS portion of the intervention was aimed at and focused on reaching on the vastest scale the maximum number possible of the target. Therefore, the cities which were chosen for carrying out the intervention have differing requisites. Hereafter we explain the situations and qualities of the cities targeted and we indicate the number of contacts made by the street, or train, équipes.

MILAN

2,000,000 inhabitants

The intervention in Milan was carried out in collaboration with the street équipe of the Italian League for the Fight Against AIDS (Lega Italiana Lotta all'AIDS, **LILA**) to which were joined cultural mediators and peer educators trained by TAMPEP.

The choice of zones in which to intervene was outgrowth from the base of knowledge possessed by the individual members of the équipe. On the basis of this familiarity with the Milanese metropolitan area, we therefore defined the conditions which should exist for the first zone of deployment, while basing this choice principally on the exigency to make contacts with specific targets. Concomitantly, it was also necessary to satisfy the goals of the ISS project, directed exclusively at immigrant prostitutes, as well as the goals of the EUROPAP (European Intervention Projects for AIDS Prevention for Prostitutes), project which adopted and acted on a fuller definition of the term prostitution.

So we sought out a zone which would allow us to correlate the focus and goals of both projects. Such a zone would be frequented by a large sample of the various target groups and would allow us to fulfil our precise intention to gauge our capabilities in situations requiring a specific approach so as to prepare ourselves, as planned from the start, to intervene in other zones of Milan at a later time.

The situations known, or supposed, by the members of the équipe were confirmed during a period of observation. We were thus able to ascertain just how Milan is divided into work zones among the various groups of prostitutes, with each zone having its very own set of specifics.

Successively, with the month of June 1995 as the start point, still on the basis of the need to reach the various target groups, we reconnoitred five other work zones in Milan, which brought about the choice of the actual zones in which the mobile street unit intervenes.

The first zone chosen extends from Romolo to Piazzale Loreto, along the outer ring road, and is frequented by Italian women, by drug addicts and those not, and by not only foreign women, above all Africans and Albanians, but also by men and, in the wee hours, by transgenders.

In the second zone, which extends from Viale Brianza to Viale Pirelli, passing through Viale Sarca and Viale Zara, there was a strong presence of women, mostly South Americans, mostly having come from Peru, Argentina and Brazil, primarily in the zone behind the central train station.

The third zone was chosen because it is almost solely frequented by transvestites and transsexuals, almost all having come from Brazil.

The mood on the street, which cuts in on the reactions of the persons contacted, is generally one of understandable diffidence - diffidence which was overcome, oftentimes during the very first encounter, especially if there were immediate success in satisfying a request, or during later encounters.

It happens too that contact cannot be brought about because of fear shown to such extent that some people do not even want us to draw near, but fortunately this is a rare occurrence. Rather, what is not so rare is finding people immediately disposed to conversation, and it bears no particular relevance that male operators may be the ones to make the first contact; however, it is also true that the presence of two female operators facilitates the work. This finding is confirmed by the notable tendency of the people re-contacted on the streets to remember most often the women operators, Christina and Jessica. In a period of six months the total number of contacts made was 406, encompassing the peoples from East (the Balkans and ex-Soviet states) and West Europe, Africa (North, Central, and South), the Americas (South, Central, and a lone subject from North America).

TURIN

1,500,000 inhabitants

In the city of Turin the project was carried out utilising part of the TAMPEP staff which had already been constituted in the preceding year. Some new personnel were added in substitution for those lost in time. For projects of this nature the loss and substitution of women cultural mediators and peer educators is attributable to physiological motives, and several other motives, which will be enlightened in conclusion.

Peer educator training and preparation of cultural mediators continue in the facility where Local Health Unit #1 (Unità Sanitaria Locale #1, **USL #1**) is seated, with the same instructors. The preparation of printed materials continues, and we have maintained one day a week dedicated to the reception of Nigerian women where the Women Aids Information Association (Associazone Donne AIDS Informazione, **DAI**) is seated. Also, in collaboration with the mobile street unit of the Abele Group (Gruppo Abele) we have carried out many interventions on the road.

The équipes which have contacted the target on the streets are composed of operators/educators, female peer educators and cultural mediators. The équipes have an Albanian and Nigerian ethnic stamp. The zones and work schedules for the intervention were selected not only on the basis of our previous observations of the target but also mainly on the basis of the excellent input of the peer educators.

In addition, taking into consideration the great number of Nigerian women who live in Turin but repair to work in other cities by train, deployments were made in the train station of Porta Nuova (New Port) and on the trains on the routes most frequented -Turin-Piacenza-Bologna, Turin-Novara-Milan, Turin-Genoa, and Turin-Aosta. The équipe work of Nigerian stamp on the trains has produced optimum results because the women joined into small groups and with the travel time of the trip at disposal to hear us out and to tell us about them, have proven to be very open. Indeed, it is not a rarity, upon seeing some of the printed materials, which some women told of already having obtained them in another city from another équipe. (*Augusta's Way* is by now a well-known image among the target.)

Exemplary is the case of Peace, a twenty-five year old Nigerian woman who had been in Italy for only four days, who was contacted at Modena, by the street unit, who, when encountered the very next day by the Turin équipe on the train headed for Bologna, stated, "I got those books yesterday from Patience." Patience is, of course, the cultural mediator of the Modena équipe. Peace confirmed the same things told us at Modena, "I have been here for only five days, I am 25 (and so on)".

Another particular of importance is our having ascertained that the women pass along the printed materials. In fact, many of them declared that they had obtained the *Augusta's Way* pamphlets from a girlfriend, and it was not a rarity that we were asked for additional copies by a single person. In total we made 41 deployments in the space of 5 months. The women contacted at Turin and on the trains in departure from Turin toward Bologna/ Piacenza/ Aosta/ Novara/ Milan were a total of **947**, of whom 636 were encountered more than once. The ethnic profile is 908 Nigerians, 36 Albanians, 1 Russian and 2 Brazilian transgender subjects.

GENOA

800,000 inhabitants

At Genoa, in order to develop the capability for constant deployment of the street équipe, we made use of the means of mobility assigned to the experimental project, entrusted to LILA. This project incorporates the scope and purpose of containing the spread of the human immunodeficiency virus (HIV) among the drug-addict population in the historic centre of Genoa. Virtually, for the six-month period in which our project was in actuation, there was full collaboration with that street équipe. We employed a homogeneous work method, while utilising printed materials of TAMPEP. The project permitted us to work on the streets, in the public squares and in some zones in the city of Genoa.

However, without excluding Italian women, the intervention was oriented more toward foreign prostitutes, with the use of cultural mediators and printed materials in foreign tongues. As a matter of fact the street équipe's van became a significant point of reference for numerous foreigners who practice prostitution, particularly for those in difficulty and with health problems, for whom we took steps either to set them going or to accompany them to socio-health service facilities.

The number of contacts which came to pass progressively increased but, unfortunately, we were not able to intervene in the zones immediately surrounding the city where there are an elevated number of foreign women.

It is to be underscored that during this past year that LILA's telephone exchange, where requests have arrived of every sort, has experienced a notable increase in calls. Among those callers are numerous clients of either drug-dependent or drug-free prostitutes, clients who have been frightened witless by the periodical appearance of scandalistic and sensational news reports in the dailies.

It is in these cases that we have been able to ascertain that the client's perception of risk is often extremely subjective and it changes in accordance with the variance in knowledge and experience; that the drug-dependent prostitute is not generally seen as a subject more at risk than others (Often, rather, she is preferred because "She talks less."); and that the printed materials that the operators consign often pass into even the hands of the clients.

The street équipe marched out at a biweekly cadence, sometimes penetrating into the zones adjacent to the centre of the city during the day and at other times, at night-time, into areas involving the peripheral streets of the city.

In six months we made practically nearly 60 deployments and we contacted around **955** subjects.

VERONA

400,000 inhabitants

Verona was chosen as place to implement an intervention in consideration of its geographical position and its availability of health service entities in the territory. Above all, it is one of the zones where many immigrant Albanian girls are initiated into prostitution. Because of this, this zone has come to be considered as a place of passage and initiation; it is indeed a city of grand passage.

Offered as an aside, it was here that our équipe rendered assistance to an Albanian girl who fled and denounced her exploiters and was later sustained by the operators of the City and Prostitution project (Progetto Città e Prostituzione) and has now been inserted into the world of work.

Contrary to the African women, who, almost all, are commuters, Albanian women, all, are lodged in the periphery of Verona or in bordering communities. This capacity to find lodging makes us believe that the organisers of this traffic may be well-entrenched within the region. On the contrary, the African women arrive at Verona from the cities which lie within the regions of Lombardy, Venetia and Liguria.

There is a high turn-over and, in fact, they succeed in changing cities twice within a night. Concentrated all together, they work in a peripheral zone and have no rapport with colleagues who work at only a short distance from them.

Another zone where we operated is the street which proceeds from Verona to Lake Garda. This street swarms with foreign women from diverse countries of origin during daylight hours. Here we find the highest concentration of Albanian girls, all of whom aspire to, one day, being able to work within the city's walls.

The total number of contacts was **261**. Among the most fruitful developments of this intervention is the rapport which has been built up with the providers of socio-health services, particularly that which was established with Local Socio-Health Unit #22 (Unità Socio-Sanitaria Locale #22, **USL #22**). (Refer to chapter, *Guide to the Services*.)

MESTRE

250,000 inhabitants

When TAMPEP activity was begun for 1995/1996, in the city of Mestre there was already effort in force to apply methodology devised by TAMPEP. The TAMPEP co-ordinators for Italy and Europe, respectively, were engaged by the commune of Mestre to activate a project whose objectives could be summarised thus:

- To reduce the spread of HIV and sexually transmitted diseases (STDs), develop processes which encourage change of behaviour at risk among those who practice prostitution.
- Create supports for change of habits which adversely affect the quality of rapport which exists between the prostitutes and their workplaces and the citizens of Mestre.
- Promote the development of community spirit in the neighbourhoods affected by the phenomenon of prostitution.
- Foster the abandonment of coercive and exploitative forms of prostitution.

The activities which were unfolded by the équipe are various and include the employment of a street unit, singling out and training peer educators during workshops, distribution of informative printed materials on HIV/STDs and on the public health services, providing accompaniment to these services, and consolidation of the solidarity network with private agencies in the territory which offer socio-educational collaboration for those who ask about getting away from exploitative and coercive conditions, contacts with doctors, bringing other services within the solidarity network, and maintaining constant contact with TAMPEP's partners in other cities.

All the prostitutes who work on the street were contacted, with the overall number variable throughout the year, ranging from a minimum of **60** to a maximum of **120**. The two major groups are the Albanians and Nigerians.

After some months of contact effort, some women began to ask us about doctor's visit (10 of 34 Nigerians and 15 of 37 Albanians) and they undergo haematology tests for the presence of HIV/STDs. The women were also offered vaccinations against hepatitis B, which is rather widespread among the Albanians.

One of the more frequent problems is unwanted pregnancy. It proves very difficult to gain acceptance of the idea of using contraceptives, particularly with the Albanian women. They all affirm that they are unable to use preservatives with their partners, but we know that sometime they are brutally raped by their compatriots. They shrink from the use of birth control pills for fear of becoming sterile. For this reason we have held some workshops which explain the many specifics of the reproductive cycle and the principal and collateral effects of contraceptives.

MODENA

250,000 inhabitants

The two major groups present on the streets of Modena are the Nigerians and the Albanians, but also with the presence of some Russians. TAMPEP used the intervention in Modena mainly to verify the existing lines of communication among women of the same ethnic group. In fact, knowing that many of the Nigerian women who work at Modena live at Turin, we wanted to determine, through interviews, just how many of them had learned about the TAMPEP project and available health services through girlfriends. In addition to this objective, thanks to financing from local entities which wanted to try out an intervention on prostitution in collaboration with TAMPEP, following its methodology, we were able to intervene.

As far as TAMPEP is concerned, the most interesting work was that done with the Albanians, who are residents of Modena, and therefore have frequented in greater number the health service entities and have participated in training courses in the administrative seat used for the project.

In only three months the street équipe, composed of educators from the commune of Modena, women cultural mediators and peer educators, and a TAMPEP co-ordinator, contacted around 250 women. Nearly all of the women contacted were persons who practice prostitution there in Modena.

The results were satisfactory for even the use of the services which, during the intervention and in three months following, has had 41 users, whereas in the preceding 6 months the foreign prostitute users had been only 2 in number

Legislation on immigration

Beyond the aspect of nationality, nearly all foreigners who work in prostitution, particularly street prostitution, are in situations of clandestinity. The *Martelli* law (N° 39 of 28 February 1990) establishes the norms for entry, sojourn, and regularity of immigrant status of foreigners and, at article 7, provides for *expulsion from national territory* as the sanction for those who are clandestine immigrants, i.e., without a regular sojourner's permit. In the absence of personal identity documents or a sojourner's permit, the organs of the policy apply the provision for administrative expulsion for each identity check in irregularity.

It is obvious that anyone who works on the streets is more visible and can be more easily stopped for identity checks. The number of expulsion orders for those persons is comprehensively higher than that which takes place for all other clandestine foreign immigrants. (One arrives at 4 or 5 expulsion orders per person.) If the persons hit by this provision are not soon repatriated, the expulsion order either gets thrown away or gets lost, without the realisation that the signal for the expulsion order is registered at police headquarters at national level and therefore will render nearly impossible any future regularity. (Only a very cumbersome procedure, defined at article 151, and at the discretion of the Ministry of Interior, is able to cancel the expulsion order, whilst still providing for the re-entry into the country of origin.)

Listed here are some of the legal incongruities brought to evidence by lawyers who deal with immigration and who affirm that till now no case brought up before a tribunal has had response to these questions of law:

- in the absence of identity documents on the occasion of police haul-ups or police identity checks on trains, the sojourner's permit is withdrawn, followed by the emission of an administrative expulsion order.

- in the absence of identity documents inasmuch as there is no formal charge for the offences of prostitution, profiteering there from, or pandering, neither the withdrawal of the sojourner's permit nor the emission of an expulsion order is comprehended.

- upon the request of a judge a sojourner's permit may be granted for reasons of justice (valid from 3 to 6 months) to whomsoever should collaborate with the police, but it neither grants the right to work nor gets converted into any other form of permission for sojourn. Often sex exploiters (pimps or panders) are released from imprisonment after very little time.

On the occasion of TAMPEP workshops, women have also denounced excesses and violence—harassment, assaults (both physical and verbal), destruction of condoms, unlawful expropriation of earnings, personal effects and valuables, unlawful search of domicile without legal warrant, requests for free sexual favours - on the part of the police and carabinieri. Naturally, no clandestine immigrant denounces the police. Some other discriminatory actions are encountered within hospitals:

■ recourse to HIV testing (above all for those who are black) without properly informing the patient;

■ recourse to the police to establish identity in the absence of documentation for women who are hospitalised for childbirth or interruption of pregnancy.

Many problems also arise in the case of the entrustment of minors. Too often, the predominant equation is *prostitute = bad mother* and only if the juvenile court judge and the social service operatives who follow a case are both sensitive and open can this stereotype be overcome.

Up to the present Italian law on immigrant prostitution has produced solely a circular from the Ministry of Interior in July 1995 in which it is expressed: "*seen the spread of prostitution of female/male minors; seen the possible breakout of sexually transmitted diseases; seen the necessity for hitting at the rackets; prefects, police headquarters, towns and cities, voluntary associations, etc., are invited to intervene.*"

What can be done to resolve some of these discriminations? Some ideas:

■ Establish some mixed teams of social services operatives, police, and other experts who may plan for and may intervene on the problem of prostitution.

■ Demand that local administrations carry out immigration in such a way that is not longer becomes a matter of *public order*.

■ React concretely against the sex exploiters and stop the trafficking of persons.

■ Stimulate entities, associations to plain various interventions for aid, support, and social re-insertion.

■ Protect and reward collaborators, e.g., with a sojourner's permit and gainful employment.

■ Sensitise entities and operators (courses of training/preparation, etc.).

■ Apply the Schenghen accord for the control of the frontiers.

Prostitution today

The street not only is a marketplace for contact and bargaining but also is a locale which is open and free, without bar to entry, where new figures - drug-dependent prostitutes, transvestites and transsexuals and, for nearly the past ten years, men and women who are not citizens of member states of the European Union - have been introduced alongside autonomous professional prostitutes. The first novelty on the scene was indeed the Brazilian transvestites and transsexuals who already in the eighties made their first appearance on the principal streets of large Italian cities. Italy and France were among the first countries of arrival for the numerous Brazilians who, together with other Latin American women, opened the floodgates of unchained emigration.

In the past 5 years Italian prostitution has undergone change on a grand scale. Italian prostitutes have abandoned the street, preferring as workplaces small apartments, thereby creating an invisible form of prostitution. The apartments are private domiciles, spread out over various quarters in all cities. At times advertisements appear in the newspaper, at times there is a closed circle of clientele which passes along addresses. The risks for apartment work are elevated for the proprietor because of eventual denunciations from cotenants. In the case where two women together share the apartment for security motives, they stand at risk for denunciations for the indictable offence of fulfilling a role as accessories before the fact, in legal terminology, to prostitution. All this leads to a very clandestine and hidden form of work. The continuous change of address is a frequent ploy to protect oneself from the risk of a denunciation. The work in night-clubs and private clubs, where the women are officially taken on as artistes, or as companions to clients, is a subterranean form of prostitution.

With the modalities of prostitution being many and varied, and with there not being any type of registration, for the time being it is impossible to make an estimate of the number of prostitutes in Italy. The visible reality of street prostitution is widespread in various quarters of the large cities and even in the small provincial cities, where normally there is either a byway, with very intense traffic movement, which is dedicated to prostitution or a place near a motor way crossing or within the precincts of railway stations.

The zones bordering motorways equally are often zones of prostitution. To give an overall idea of the changes in the census of the subjects which make up street prostitution, one can say that the actual composition of street prostitutes comprises immigrant women and Italian and foreign transsexuals and transvestites at 60%, drug-dependent women at 30%, and non drug-dependent Italian at 10%.

The presence of weaker categories of subjects in street prostitution has lead to a grand development of organisations which exploit prostitutes; it also needs to be said that all the foreigners are trafficked, controlled and exploited by criminal organisations which normally are not part of Italian criminal organisations.

The sexual services of the prostitutes who work on the street are furnished either in the client's or in the prostitute's car, if she has her own means of transportation, or in

hidden nooks and crannies on the street in those cases when the client gets out from his car or is without one. Many prostitutes, after having negotiated with the client on the street or, at times, in other places, like bars and certain locales, accompany the client to a room in a boarding-house within the vicinity of the zone of prostitution.

The element of exploitation in the use of boarding-house rooms is that the men/women who use them are forced to pay room charges per client and not by the day or by the hour. This practice means that low quality rooms are paid for at very high prices and the proprietors of the boarding-houses earn even as much as 500 thousand lire (roughly United States $300) a day for rooms which normally would be let at a price of 60 to 70 thousand lire (roughly $36 to 42) per day. Other than the use of the rooms, the boarding-house proprietors offer no other services to the prostitutes. Besides, in those cases where the women are controlled by exploiters, who strip them from all their money and obligate them to prostitute themselves, there is complicity between the exploiter and the boarding-house managers. Also, given the risk on the part of apartment owners of being hauled up for favouring prostitution, the prices paid for apartments are much higher than normal market prices.

The control of the sidewalk is a mechanism employed by exploiters to maintain direct control over primarily foreign women and transsexuals/transvestites who are kept in sight while they work on the street. In this case the exploiter has taken *by bid* a certain stretch of the sidewalk from a restrictive number of other exploiters who rent out the *concession*. One can say that, above all in the big cities, there are bosses over the circuit of street prostitution, criminal figures that enjoy authority over other less powerful criminals in the hierarchy. The small bosses, among who are the traffickers, enjoy the protection of the more authoritative bosses in exchange for money. Only in this way can they be present with their women on certain pieces of the street.

The women must pay a fee for half-a-day or double the fee for all night in order to be able to stay on that sidewalk, whether they work independently or not. At times the exploitation and control are total because everything that the women receive from the client must be consigned to the exploiter, with exception of small change for eating. In the end there are also free streets where there is no control of the *magnaccia* (pimp) in those cases where persons work on the work independently. These women are almost always Italian and are not addicted to drugs. Very often drug-dependent women are not directly exploited, but they feel that they have a duty to sustain economically all the group of which they are part, thus having to work very much more than necessary. Naturally, even foreign women who succeed in freeing themselves from debt and from the *papponi* at times are able to insert themselves into those locales which are free.

The target

Today, in our country as in the rest of Europe there exists the phenomenon of immigration on a vast scale from the countries from the southern hemisphere of the world. This phenomenon also coincides with an increase in the numbers of foreigners who take up prostitution. Naturally, the plights of these individuals vary according to the ethnic group to which they belong. Indeed, the possibilities of insertion into the social fabric are different for the various groups and often are dependent upon such factors as religion, the colour of the skin, the capacity to learn Italian and to adapt to our *way of life*. Obviously weighing in on all this is prejudice, racism or, simply, the fear of the unknown, of the alien, of whoever is unlike us.

For this motive the consequent social stigma and ostracism for those who take up prostitution render very arduous their insertion into the context of so-called civility. Prostitutes therefore tend to hide their work and however are often excluded and ostracised even within their very own communities. In their struggle for survival, for certain, the women are not facilitated.

From prior TAMPEP experience we acquired a store of information which served as the basis for deciding how to calibrate the intervention. We chose to effect a broader-based intervention with certain groups which were revealed to be the more populous and weaker socially and from the standpoint of health. We continued with the Nigerian women who, in fact, are among the most vulnerable for several reasons inasmuch as they do not possess documentation which hinders easy access to health care services. They suffer from the stark change of climate and from having to work entire nights on foot in the cold with insufficient rest after long stretches of travel by train. The use medicines and drugs indiscriminately, especially antibiotics, and the pharmacist is practically their sole medical resource, whilst identifying this practice as a form of emancipation. In fact, in their own country access to medicines/drugs is a privilege reserved for the rich. They rarely use private doctors and only in severe cases of emergency do they resort to first aid, but always with the anxiety of being denounced. Another reason for their weakness is the great amount of competition within the marketplace. Their ability to negotiate with the client is sparse. Very often the clients take it for granted that the worth of an African woman be less than that of any other foreign prostitute. Therefore, the will to resist higher offers of money in exchange for unprotected sexual relations is lesser with respect to other nationality groups. Very often they live in overcrowded and ruinous housing with grave risks to their health. Their colour becomes an insurmountable obstacle whenever it treats of renting a house, and in even this they are extorted and exploited.

Albanian women are today amongst the youngest of those present in the world of prostitution and amongst the least-prepared. The demand on the part of the clients for ever-younger girls is very high because they count on the fact that their tender ages - and therefore the presumed scarcity of prior sexual experience - preserve them from the contagion of whatsoever disease. The Albanians are completely misinformed on questions of sexuality and their bodies. They know nothing about contraception, but the worst thing is the total ignorance of sexually transmitted diseases (STDs). Whilst paying very high fees

with no guaranty for their health, they often resort to clandestine interruptions of pregnancy. In contrast with the African women who handle their own money, the Albanian women always have little pocket money; therefore, they are not even self-reliant for the acquisition of condoms. Their tender ages expose them to many risks because of the excessive amount of sexual intercourse undertaken every day. For this and other reasons which we shall enumerate within the present report, wherever possible, we decided on a special intervention on behalf of these two ethnic groups.

The other nationalities reached by the interventions of mobile street units are those listed on the table in the chapter titled, *Preliminary Analyses of the Questionnaires*. For these other nationalities we made ready an intervention for which background information already existed which was diffused with surety by way of informational and didactic printed materials which had been prepared and tested by work groups in Hamburg and Amsterdam by persons of the same nationality and mother tongue, with prior experience as prostitutes. The availability of this informational printed matter and the good fortune of having at times a female mediator of other ethnicity able to speak a given language, as in the case of the Russian target, has, however, consented us positive interface with these subjects.

The greater part of the prostitutes come from Latin America, a question of more dated immigration, however, which is already well-established and is well-acquainted with the health care services.

The women from the ex-communist countries, on the most part Yugoslavs and Soviets, have a discreet acquaintance with the inherent risks associated with unprotected sexual encounters. They are not much interested in public services, but they are well-enough predisposed towards frequenting private doctors and health care services at payment. A feeling of distrust emerges from the conversations with these women with respect to all which stands as public service. They deem that one may obtain better rendered service from the private health care services, an idea which derives from the poor situation in which public health care services pour out in their countries.

South American transsexuals, and/or transvestites, are a group which is rather numerous in some cities (See Milan.). Among them conditions vary widely. If they are drug-dependent, they also at times have problems of health. Unfortunately, for the time being the Drug Addict Service units (Servizio Tossicodipendenza, SERT) within the zone of Milan seem unable to accommodate them. Some cases are accepted by the Aid Centre for Drug Users (Centro Aiuto Drogati, CAD) which, however, has limited resources with respect to the resources of public health care service activities. For non drug addicts the salient problems relate to practices which involve the alteration of sex or physical aspect - silicones and aesthetic surgery make up part of the daily routine of many. All this is obviously directed at the private market. Often silicones come to be used at home indiscriminately with damaging effects.

Knowing that aesthetic surgeons for certain demand the HIV test before intervening, many of these subjects regularly undergo HIV testing and are at least somewhat informed about the risks of unprotected sexual practices. For this target we utilised specific informational printed matter prepared in Portuguese and Spanish at Hamburg by the group which works with transsexuals.

Mobility

The reasons for the *local* mobility of the target are various and are always however well-founded. For example, Austrian women are seasonal inasmuch as they come to work in Italy during the summer mostly in places f tourism.

In the city of Modena the Nigerian girls number at times more than one hundred; however, during an intervention made with the mobile street unit not more than 10 were seen because of the recent round-ups which had been made by the forces of public order. Immediately afterwards the number began anew to increase slowly and after a month it had not yet arrived at a hundred. At the same time about thirty girls from East Europe were not only working at Modena but also at Bologna, Reggio Emilia and elsewhere - two thirds of these thirty subjects are transients who roam in an area which goes from Milan to Rimini to Piacenza. This wanderlust generally takes place just about anywhere for at least a third of the total number of the target. It is to be pointed out as a datum of significance that the Italian women at Modena who work in the street are around 20 in number, a somewhat low percentage. To recapitulate, in some of the deployments made in the city of Modena in the months of December and January, the total number of contacts was 221, subdivided thus:

- 111 African women
- 60 Albanian women
- 25 Italian women
- 12 Russian women
- 13 women of other nationality

In those cities in which there exists a structured project and of which one can be taken as a model, it is Mestre. In a year of street work, with a relatively small sample (around 100 women) of foreign women that constitutes the near totality of the persons who prostitute themselves in that zone, the observed permanence of presence was about 70%, high if it is compared with the observations in a short period that we made, for example, at Verona, where at the distance of three months more than half of the target had changed. The more consistent changes, however, owe to either police repression or fights among the bands of exploiters.

At Milan, with respect to two years ago when a map was made for a TAMPEP intervention in precedence, we observed that the South Americans had practically monopolised some metropolitan areas, but now, with the arrival of people from the countries of East Europe and the ensuing collision between South American and Slavic criminality, the situation itself is much modified.

At Verona, where the Yugoslavs had constituted a stable group that even contemplated the control of the women from their country, the Albanians have supplanted them. The changed situation on the street is well-visible. Naturally, this frequent turn-over comes at disadvantage to the women who have no way to become familiar with the context in which they live and work, cannot appropriate important information like familiarity with health care services whilst still they remain isolated and alone without any success at gaining bargaining power with those who control them.

Peer educator training

Peer educator training was considerable. There were courses dedicated to Nigerian women, plus workshops for either Nigerian or Albanian women.

The portrait of the actual TAMPEP work groups at both Turin and Mestre comprises a local co-ordinator, male/female street operatives, mediators and linguistic/cultural mediators, female peer educators, and male/female collaborators outside the work group who are called upon on specific occasions, such as for the realisation of informative materials, the unfolding of training courses or workshops which treat a particular argument.

Steps were taken both to focus the aim and to define the destination of the intervention on the target and, consequently, to ruminate on which figures would be the most meaningful and adaptable for proposing safer-sex behavioural patterns and for providing information on guarding one's own health and rights. The experience already gained by the Committee for the Civil Rights of Prostitutes on prior occasion prepared the ground for selection, training and integration into the street équipe a new female figure - the peer educator.

The following questions were evaluated:

- What type of training was to be offered to the future peer educator?
- What would be her role within the various ambits of the project? - preparing informative materials, dispersing informative materials on the street, collaborating with the other figures present - the male/female street operatives, the male/female linguistic/cultural mediators.

Having a precise target to work with meant making meaningful decisions respective to training content and method which meant basing the training proposal upon the target's explicit needs, upon the objectives of the group of trainers, and more or less upon general research. Training workshops were conducted in English by instructors, who were flanked by a Nigerian female linguistic/cultural mediator, and dealt with such arguments as the human body, female physiology, contraception, maternity, vaginal infections, HIV/AIDS, and the use of prophylactics.

A questionnaire was used before the start of training sessions to gauge the current level of knowledge and at the end to gauge the degree of acquired knowledge. A training methodology which activates the awareness and competency of individual participants was able to be utilised by working in small groups which comprised a minimum of 6 to a maximum of 10 persons.

Besides the pre-test, a sounding of learning levels on all the arguments dealt with was conducted through employment of proven teaching techniques, such as key phrases, brain-storming, and free association of ideas. Branching off from the group's homogeneous knowledge base, specific content was successively developed.

In particular, the use of prophylactics, a fundamental argument for the target, which dealt with the correct use of the prophylactic and lubricants; sexual practices at risk for the transmission of HIV and other sexually transmitted diseases and those exempt from risk, with particular reference to the work activity of the participants; and the management of contraception with the clients respective to safer sex.

Upon specific request, in-depth training was later realised on other arguments, such as eating correctly, techniques for relaxation and reduction of fatigue, and legal aspects and norms concerning immigration. Following dramatic episodes of violence - homicides

perpetrated on Nigerian women prostitutes - workshops were unfolded on the theme of self-defence. The realisation of these workshops brought about the ideation and production of an *informative flyer* on self-defence in the work ambit. The peer educators selected for information activity on the street were inserted into the operative équipe, in the drop-in centre, and into moments of organisation of the project.

Report from a TAMPEP workshop

In August of 1995 TAMPEP organised a workshop to prepare a self-defence legal manual for foreign prostitutes. As always, the work was organised departing from the knowledge and personal experience of the women directly involved in the problem. Seven women, all of them foreigners and sex workers, participated in the workshop under the co-ordination of two legal counsellors and a cultural mediator. The first part of the work focused on the problems that Nigerian women have encountered in their contact and dealings with the police and carabinieri in the face of their status as foreigners and prostitutes. Those singled out were harassment; physical/verbal assault; pretence to free sexual favours; unlawful search of domicile without legal warrant; police break-ins into private abodes to check on the number of inhabitants without legal warrant; unlawful seizure of earnings and savings; destruction of condoms and personal effects; unlawful seizure of passports, money, gold and other objects of value. In the case of assault or harassment on the part of hooligans, the forces of public order take it out on the women who, without their first being treated at hospitals, are carted off to police headquarters and are peremptorily issued orders of expulsion.

We also singled out the ways - understandable, given the circumstances - in which the women react to the incivility of the forces of public order:

- non-collaboration on even the most banal of things;
- hiding passports or denial of passport possession for fearing of being expelled;
- harbouring ever-increasing distrust and, in consequence, more aggressive behaviour in confrontations with the forces of public order;
- fleeing whenever the forces of public order are sighted who, seemingly out of vengefulness, pursue and arrest them.

We also individuated general problems, singled out as follows, that they encounter in their daily lives as foreign women in Italy:

- When they expire, the sojourner permits issued to the women under the administrative sweep of the *Martelli* law, are not renewed. This non-renewal occurs either because the women do not know how to renew them or because they are held in check at police headquarters owing to the absence of a job contract or owing to the impossibility of the women to demonstrate their means of sustenance in Italy.
- Resorting to marriages with Italian citizens in cases where the women are in irregularity with regard to identity documents;
- Legal or bureaucratic entanglements connected with the norms for joining together one's family;
- Problems of official recognisance of the children born to women in irregularity with regard to identity documents;
- The difficulty of finding other alternatives by the women who might want to abandon prostitution.

Guide to the services

Whilst developing mini-interventions, past experience has taught us that if one divulges health care information which reaches its objective, automatically one receives demands aimed at satisfying needs. Within the ambit of immigrants, often clandestine, who, in consequence thereof, neither have easy access to health care services nor, at times, the awareness of their existence, the demand is very high.

Moreover, there exists a high demand which is focused on coping with emergency situations like an undesired pregnancy, or a persistent infection, but often there is awareness of having indulged in sexual behaviour at risk, resulting ultimately in demands for specific health care service examinations.

As in the past, we have tried to facilitate access to health care service establishments for part of the target not only in those places where the project was developed - considered target mobility on a grand scale - but also in whatsoever locale we learned about in which the target was present, even if only a transitory basis, so as to instil the habit of frequenting health care service establishments.

Being aware of the target's need from the start, in particular we turned to family medicine establishments, AIDS/STD screening centres, public hygiene offices and private social assistance establishments which normally accept illegal immigrants. In some cities we utilised social assistance and health care service establishments with which we had enjoyed past collaboration and, therefore, these establishments were already aware of the needs of our target. In other cases we sought out and reached new public and private establishments, propositioning them to become part of the network that we established. At other times we offered the collaboration of our cultural mediators during the hours individuated as being most adapted to our target. Moreover, target members were accompanied to service establishments by mediators or operators of our project.

The response from service establishments was at different levels of acceptance - in some cases, few fortunately, we faced a total shut-out which was manifested by vague promises of future contact after internal discussion, but contact and response never arrived notwithstanding our solicitations. The majority of the service establishments that we contacted and visited opened their doors to receive our target in the normal hours in which they are operate on behalf of the public; some others went beyond our expectations, demonstrating great interest in and willingness, to the extent possible, to adapt their operations to the needs and schedules of our target

The maximum of the responses came from the Venetian regional Local Socio-Health Unit #22 (Unità Socio-Sanitaria Locale #22**, USSL #22**) of Bussolengo which asked us to organise a training course for their operators from various sectors, which was aimed at inculcating awareness of the problems and the cultures of the target present within that territory, with the scope of improving reception and of eventually making ready a future territorial intervention

Recapitulating in order to facilitate the reading of this report, we indicate the service establishments which have collaborated, grouping them by city and by type.

VERONA

Family Planning (*Consultorio)*

At the first moment it did not seem to be an establishment which would be able to accept our target personnel without identity documents, save gynaecological service offered by CESAIM, a voluntary association. In this case we made contact with the Italian Association for Demographic Information (Associazione Italiana Educazione Demografica, AIED), whose operators, though unable to offer medical services gratis, did, however, offer gratuitous contraceptive consultations.

Later on we verified that some of the public family practice *consultori,* through regional funding, were actuating a project titled, Foreign Woman Welfare (*Benessere Donna Straniera*), and therefore we made contact with responsible officials of USSL #22 of Bussolengo. In collaboration with the social assistance sector, the socio-health co-ordination service for foreigners and the maternity/paediatric sector of this USSL, we held a training seminar for responsible officials and operators in October of 1995. TAMPEP staff of Mestre and Turin held four days of training on the following arguments:

■ **Women prostitutes and the utilisation of social/health services**
Learning about the work of prostitution and the practices which comport risks and damages.

■ **Foreign women prostitutes**
- Illegal status; ostracism and linguistic difficulties;
- Cultural aspects and their influence respective to certain ethnic groups;
- Aspects on health and natural bent for prevention;
- The target's state of awareness with regard to available socio-health care services.

■ **African and Albanian women prostitutes**
Analyses of the cultural aspects which influence the social, health and sexual comportment of the subjects in question;

On the basis of cognitive data deriving from previous mappings of the target, general knowledge will be broadened on the ethnic groups whose presence is preponderant within the territory.

■ **Field experience**

■ **TAMPEP experience in Italy and abroad**
Display of the data collected up till now in several cities and field experience with the target and socio-health care establishments.

■ **Information and prevention, strategies, methodologies and instrumentation for intervention**

■ **Use of cultural mediation for foreign women immigrant prostitutes in intervention strategies**
Facilitating contacts with socio-health care service establishments; discussion of the difficulties arising from unfulfilled expectations; satisfying immediate needs.

■ **The effect of target mobility and strategies for stimulating use of the services**

■ **Establishing conditions favourable to stimulate and to induce the target to become active on its own behalf to satisfy its socio-health needs**

The encounters have put into evidence not only the possibility of future collaboration with part of the public socio-health care services in this territory but also the difficulties in accepting this target by socio-health services and family medicine *consultori* which likewise participate in projects aimed at immigrants. The local public socio-health unit (Unità Socio-Sanitaria Locale #22, **ULSS # 22***)* which is responsible for the geographic area which lies between the Lake of Garda and the city of Verona, within the region of Venice, is situated at Bussolengo. This vast area of responsibility is one of the richest in Italy and, as a consequence, experiences a high incidence of prostitution.

After several other meetings between ULSS #22 authorities and the TAMPEP co-ordinator, it was decided to actuate an intervention for AIDS/STD prevention on a three-month trial basis from April to July 1996 through a collaborative effort between the Committee for the Civil Rights of Prostitutes and the Drug-Addiction Service (Servizio Tossicodipendenza *or* **SERT**), managed by ULSS #22. The SERT, located at Villafranca**,** has established a protocol of intervention with the Committee under the following purview:

The TAMPEP staff shall undertake to organise and provide a street équipe to effectuate contact with the target for the first phase of the work. The *équipe*, composed of operator, cultural mediator, and peer educator, shall go out once weekly on Mondays into the work zones of the prostitutes, to inform them of the existence of outreach services, and shall perform the usual work of disseminating information on AIDS/STD prevention, while distributing informative materials and preventive aids, under proven work methodology practised for the ISS-sponsored AIDS/STD prevention project and for TAMPEP projects throughout Europe. In addition, our cultural mediator shall be available on Tuesdays at the SERT dedicated to this project during outpatient service hours. At the end of this trial, we shall furnish information feedback useful for evaluating and eventual programming for a long-term intervention.

SERT Facility, Villafranca

- Outpatient medical services
- Service (day/hours): Tuesdays, from 14:00 to 16:00
- Anamnesis for the principal pathological vicissitudes of the past
- Medical examination
- Standard blood extraction to ascertain the presence of communicable pathologies (HIV, Hepatitis)
- Tuberculin reaction skin test
- Hepatitis B vaccination
- Anti-tetanospasmin vaccination
- Pharmacological prescription (as required) or free distribution of pharmaceutical products in cases of indigence.

Family Medicine (*Consultorio*), Villafranca

- Gynaecological anamnesis
- Gynaecological examination and PAP test

- Pregnancy test
- Contraceptive counselling
- Pharmacotherapy (if required)

AIDS/STD Screening Centre

As in the past, we were able to benefit from collaboration with Group C which offers a well-appreciated service. Its excellent reception in absolute anonymity of the target, which overcomes the problem of the eventual lack of personal identity documents, and its linguistic capability which very much puts the African women at ease, along with the good HIV counselling offered, make this service, and others within the same network, (see Mestre) a prized referral point which the target constantly frequents. It is to be underscored that the operators of this service often succeed in dealing with problems falling outside their bailiwick. Through their network of contacts, for example, they are able to set up arrangements for voluntary interruptions of pregnancy or other problems. Some of the women re-encountered at the distance of months have told us about their having been left pregnant but through information and advice gathered at Group C that they had been able to abort in a hospital. Besides, the examination for the presence of the pathologies of tuberculosis and hepatitis, nonetheless the vaccination for hepatitis B, are indubitably very useful services which are rendered.

Service window for immigrants / Cesaim

The CESAIM is a multifunctional *ambulatorio* for outpatients which offer gratuitous services for immigrants in irregularity. The CESAIM has not surfaced problems in accommodating our servicing requests to such an extent that we decided to send there those women who were asking for non specific general medical service. It goes said that dealing with a target of young age that generally the presence of pathologies is a small consideration with the exception of problems inherent to the sphere of sexuality and the work practised.

TURIN

Service window for immigrants / ISI

The Health Information for Immigrants (Informazione Salute Immigranti, **ISI**), a service offered by the Local Health Unit #1 (**USL #1**) facility, is managed by the Without Frontiers (Senza Frontiere) co-operative and is one of the service windows most active for the acceptance of those immigrants who would not have the right to health assistance. ISI's collaboration with TAMPEP began in 1993. For a long time the service window has been endowed with cultural and linguistic mediators and, with the collaboration of the Khantara co-operative, offers to its clientele accompaniment service to hospitals and diverse service establishments. Through the ISI one can virtually obtain access to services for just about any type of problem.

Among other services offered we must remember HIV/STD screening services and gynaecological service of Saint Ann's Hospital (Ospedale Sant'Anna) or Division B of Amedeo di Savoy Hospital (Divisione B dell'Ospedale Amedeo di Savoia) for infectious diseases and HIV/STD. The complete service network available through the ISI service

window has been in existence since 1993 when we first implemented the TAMPEP project at Turin and were able to indicate the ISI address to the target. It goes said, according to what the responsible operators refer, that the increase in the presence of Nigerian target has grown to nearly non sustainable levels. From what was a nearly insignificant presence in 1993, there has been a steadily upward increase which nearly arrives at the presence of 400 cases in 1995, partly the fruit of the indications disseminated in the territory by the TAMPEP street équipe operators. In addition to its window service USL #1 of Turin has collaborated with TAMPEP in workshops which are discussed in the chapter on qualification training.

GENOA

For immigrants the Red Cross outpatient *poliambulatorio* is the best functioning service facility for the succour of irregulars. The meeting with the operators was good and the service is capable of offering a complete gamut of general medical services. The collaboration of Saint Martin Hospital is relied on for HIV/STD diagnosis and testing, whereas matters of voluntary interruptions of pregnancy and gynaecology are addressed at Saint Pierdarrena Hospital. Till now the use of the *poliambulatorio* as referral point has been successful but, without doubt, given the great number of clientele, there should be and could come to be needed other service establishments which are just as good and equally accessible.

MILAN

AIDS/STD Centres

The Infectious Pathologies Ambulatory Centres (Centri Ambulatori Patologie Infettive, **API**) have been utilised within Milanese territory, comprising three centres which offer screening service for HIV/MTS. In addition, there is another service which we have used in the past, known by the acronym CAVE

Services for immigrants / NAGA

The NAGA, a volunteer association which offers medical services for immigrants in irregularity, works in particular in sheltering and caring for African women. We found some obstacles with regard to voluntary interruptions of pregnancy, perhaps for ideological motives.

The public family medicine *consultori* are well-frequented by women of target who come from South America but much less so by those of more recent immigration (East Europe and Albania). In our estimation, this usage pattern occurs because adequate broadcast of information about existent, available services is also lacking for those who might not be in documentary regularity. It is to be emphasised that Milan, notwithstanding its being a city which may have a notable number of immigrants, may be lacking in services and may not take account of the importance of cultural mediation as an adjutory factor in the contact and care of foreigners.

MESTRE

Group C

From the start of the project called City and Prostitution (Città e Prostituzione), as always, we began with the creation of a map of the service establishments. A one-day rendezvous was organised in order to meet with public socio-health and some private health service establishments and other base organisations present in the territory. Some service establishments enthusiastically joined the project as is the case with Group C (Gruppo C), a service establishment, belonging to Verona's network, which every morning from 8:00 to 13:00 hours offers HIV screening, STD and hepatitis haematology tests, vaccinations for hepatitis B, counselling, and even dermatologist consultation.

Besides the availability of all this, services have been expanded to also include Saturday mornings.

Family Practice

Others, as is the case with family practice *consultori* belonging to the Foreign Women Welfare (Benessere Donna Straniera) were obviously dedicated to foreigners, and therefore also at our target, one day of the week for two hours, but there was no positive response to our request to adopt a timetable more adequate to the needs of the target even though on an informal basis the availability of some service operators has proved to be excellent.

After some months of intervention the situation has changed much. The relations with the services used were consolidated and bit by bit we were able to improve the quality of reception and servicing hours. Some service establishments, even hospitals, offered a more ample gamut of services. TAMPEP cultural mediation, which at first was accepted with a certain disdain, has in short time become highly appreciated and requested of us even for cases extraneous to our target.

After a year, on balance, the work unfolded with the service establishments in this city is showily positive. We virtually have a timetable for the availability of medico-health services which cover the entire week from morning to evening (from 07:00 to 19:00 hours) for laboratory analyses and HIV/STD tests and everyday, mornings and afternoons, for family practice/gynaecology consulting services and so on.

Some amount of this good rapport is again owing to the informal relations which have been built up by the TAMPEP équipe and the operators of service establishments. Along with formal changes, however, there are indications that the possibility exists to get the service establishments to conform the services rendered in such a way that they may cope with service-seekers with peculiar problems and needs. We underline the problem of the illegal immigrant who often not even has a document of recognisance.

MODENA

At Modena before beginning the intervention of contact with the target a socio-health services network was built up. Because the commune, the province and the local health unit participated in the project, it was relatively easy to single out indispensable services.

We also made an accord to reduce to minimum the response time for analyses and, especially, to reduce the tortuous windings which the women face in those times that they wend their way in order to have medical check-ups and examinations at various and dispersed service points. This simplification allows the members of our target to turn twice weekly to the Foreigners' Centre of the commune of Modena where they find the very same operatives of the street unit with the woman cultural mediator who accompanies them to the desired medical centres. The users can withdraw all responses to haematology tests at the family medicine *consultorio* where they eventually find the mediator present to help out in counselling and in the explanation of eventual therapies.

Reflections on intervention

We can affirm that thanks to the information distributed among the target population that there has been an increase in use of the social/health services activities linked with our intervention by the target. This increase is more evident in some social/health services activities (as, for example, the ISI of Turin) than others due principally to two factors:

- Many of the Nigerian women contacted live at Turin (even though our intervention reached them on the trains and on the streets of Modena, Genoa, Milan, and so forth) and because of this it proved easier for them to use a social and health care services activity there.

- There at the service window at Turin, there have constantly been present cultural mediators who have facilitated establishing a rapport of trust between the operators and the customers.

This increased usage is confirmed by the work which was carried out contemporaneously in other cities. For example, in the city of Mestre, where the project *Città e Prostituzione* is being carried out and where the numerical present of Albanian and Nigerian women is similar, whereas the Albanians are residents of Mestre, the Nigerian women are commuters. In which case the Albanians who are directed to social and health care service activities through our indications and accompaniment service are more numerous than the Nigerians, also by grace of the fact that our Albanian cultural mediator is present there at Mestre more than the Nigerian one.

We have noted during the development of the intervention that there are many factors which weigh in heavily on the quality of life and work of the immigrant prostitutes:

- their condition of illegality as clandestine immigrants;
- the coercive nature of prostitution for those who are forced to undertake this work;
- the repression from the forces of public order;
- the social ostracism from even within their own communities;
- the violent pressure of the protectors; and
- in consequence of all the aforesaid, at the end, the lack of bargaining power with the clients who tend to take advantage of the weakness of these persons to obtain unsafe sexual performance or to gain economic advantage on the cost of sexual favours.

Many of the persons involved in prostitution have a clear perception of the risk to health that they run and are aware that they must exercise self-control through the constant use of the condom, but it is not enough to recommend the practice of safe sex through only the sporadic broadcast of information which, at most times, is given out through only small pamphlets. Awareness of the means of transmission of the diseases in question is sparse. The health care service activities where one can effectuate medical examinations are either non-existent or are neither known nor accessible to these persons. In substance,

the efficacy of an intervention is lost if there is not an adequate offer of social and health care services.

The attitude adopted by the institutions in confrontation with extra-community prostitutes must be re-seen in light of the fact that their existence is owing to the strong demand on the part of Italian citizens. If there were not such demand, the foreign sex workers would not exist in such great number, nonetheless would the sex-exploiter organisations, which are structuring an international network for the trafficking of prostitution, exist and prosper.

Considerations on the absence of social programs in support of women in trouble

If something is moving up and down the slope of the mountain representing AIDS information and prevention, and projects aimed at prostitutes are being carried out in nearly all European countries, the same thing cannot be said for however much which regards social policies. In fact, programs to assist social re-insertion do not exist for prostitutes. Among the various requests made during our interventions, one of the most pressing regarded the possibility of abandoning the world of prostitution. Given the very lack of purposeful planning, enormous difficulties for our operators are hidden behind this simple request. In fact the requests cover the gamut from regularity within our country (i.e., exiting from clandestinity) to the search for work and decent housing - one of the things most difficult to obtain for prostitutes, including Italians, of any given nationality. Many of the women contacted by us arrived in our country with a job in sight. A job would permit improving the quality of life for both them and their children. Unfortunately, they find themselves practising prostitution even against their wills. For this motive projects should be developed for social and job insertion in parallel with projects of prevention of STDs. To this end, all the following would prove useful:

- language courses for fluency and survival in the language of the host country;
- institution of a solidarity network among adherent volunteer families for emergency shelter and primary aid;
- reuniting families when children have been left behind in the home country;
- recognisance of eventual titles of study and professional specialisation inasmuch as many women are already qualified and prepared to enter into the world of work.

Besides, it is important to sensitise the embassies of the countries of origin to facilitate the issuance of identity documents because, very often, the women are without documentation, along with promotion of an anti-racist campaign since, by now, the level of intolerance is unacceptable. The ever-lower age of the subject and the high exploitation which revolves about these women ought to render more responsible all the countries which intend to actuate campaigns of prevention for prostitutes in order that they may not become considered merely as possible vectors of diseases and therefore exclusively a public health problem, but rather as women with their proper dignity and individuality.

Qualification training

Qualification Training Seminar

Lido of Venice, Morosini Centre

10/12 November 1995

At the end of the operative phase of the project a second moment of deliberation in seminar was conceived in order to respond to some of the following needs which had emerged in the preceding months:

- to maintain contact between the operators fulfilling various roles in the research project;
- to facilitate interaction among the various and different establishments which had contributed to the realisation of the project;
- to respond to information and qualification training requests arriving from public service and private social assistance and voluntary associations with regard to research on HIV/STD prevention within either local (city/regional/national) or transnational ambits.

Reading and rumination on these information and qualification training requests, together with the store of experience acquired, brought about the structuring of a second seminar which saw the participation of:

- *senior* operators: those operators who had been active from the start of the project;
- *junior* operators: those operators who had become closely involved in the activities during the execution of the project and either had proffered further participation or had expressed interest in collaboration;
- *observer* operators: those operators who were not actively involved in HIV/STD prevention aimed at immigrant prostitutes but were interested in qualification training which might lay down the foundation for future planning and programming.

With the prospect of standing before a group of participants of heterogeneous backgrounds, the choice was that of proposing interventions of variegated outlook and reach, presented by reporters capable of offering content of such quality that it would prove useful for the prosecution of either the research project activity or the activity of projects in network. In particular, we wish to underscore the importance of the presence of three persons, from among the many reporters, who enabled us to focus on relevant and significant points concerning the project:

Doctor Jade Canè, EU representative, who was able to clarify the context of norms and programming predisposed by the EU for the period comprising 1996 to the year 2000. The input he furnished defined the parameters necessary for transnational project planning for HIV/AID interventions in several areas and on several matters;

Doctor Licia Brussa, representative of the *Mr. A. de Graaf Stichting Foundation* of Amsterdam, who, in her quality as transnational TAMPEP co-ordinator, interpreted, through a series of considerations inferred from the aforesaid research project – what

would be the planning guidelines indicated by the EU for the actual practice and operation of the activities for which it is responsible;

Doctor Memo Boci of the Institute of Public Health of Albania, responsible at national level for the co-ordination of activities concerning HIV/AIDS, whose participation allowed us to acquire a store of information and outlook - important from the standpoints of either quality or quantity - necessary for a more adequate and efficacious intervention with one of the destined target groups of the research project, namely, Albanian women prostitutes. Whether through content or interpersonal rapport the experience with Doctor Boci surely enriched the seminar.

Methodology

The methodology formulated the need to carry out seminar tasks in enlarged work groups - presentation of the seminar's participants, reports, and activities realised by the project and exchange among the various entities participating in the seminar - and in small work groups - exchange between homogeneous entities, analysis of arguments/specific problematical issues, and reflections on future proposals. Logically, all small work groups opted for synthesis of the reports, with open discussion in plenary session, so as to provide to the group at large with whatever emerged of significance.

Emerging from the seminar was the dual role of the participants as active and passive participants. In the passive role the participants were treated as pupils who were constantly solicited to think of themselves as *indispensable resources* for the realisation of the qualification training course-work. The active role played by the course-workers, as founts of know-how, allowed the integration of two different kinds of know-how, both indispensable - professional know-how and empirical know-how.

This hand-in-hand complementary pool of know-how was, in our opinion, the linchpin of both the seminar and the entire project. Envisioning the participants as founts of indispensable resources allowed the vivacious exchange of specific professional know-how - essential to delineate the picture frame within which the activities are brought to realisation and empirical know-how derived from first-hand experience - just as much essential in order to see and to understand what is taking place within the picture frame. The exchange, comparison, and integration of functions have favoured clarification of what, at first, was surely not easy to understand and to put into practice, namely, the necessity of moving forward on the road of complementary know-how.

At Venice, as was done for the first seminar, we proposed shared residential accommodation to facilitate the participants' getting acquainted with one another, utilising *free* time as further time for encounters.

Syntheses of proposed individual and group work reports realised during the seminar are successively included in the present report. Both the course program and the list of participants indicate the complexity of the arguments confronted and the heterogeneity of the human resources which permitted the realisation of the training course.

At the end of the seminar valuations emerged which had been formulated by either participants or conductors:

■ The store of complementary know-how and interaction among the operators is fundamental in order to broaden the specific subject matters of work;

■ The store of complementary know-how and interaction among the operators is fundamental to acquire methodologies of approach and consolidated intervention in order to allow departure from the *pilot project* phase of operations;

■ It is important to create and to maintain a network of collaboration among diverse projects and social and health care services so that both project and socio-health care service staff may respond to the needs and problems posed by the target population of singular interventions.

Political and cultural background of Albanian and Nigerian women

During the seminar held at Lido of Venice our knowledge was deepened on the political and cultural context of two of the countries of provenance of the women with whom we have worked. Dr. Boci of the Albanian Institute of Health and Dr. Aghatise, a Nigerian lawyer, illustrated for us the economic, health, and cultural situations found in each of their countries.

In Albania the epidemiological situation regarding AIDS was able to be monitored only after 1992 when, with the radical change in the political situation, obtaining the intervention of the World Health Organisation (WHO) was enabled. The first case of AIDS was diagnosed in 1993 and, at the end of 1995, 20 cases total were known about.

The phenomenon of outward flow of Nigerians abroad regards roughly one million souls, mostly youths under 30 years of age, with 70% of the total men. There is strong concern on the part of the authorities on those who might return home diseased from AIDS inasmuch health infrastructure for their care is lacking.

On Albania

Doctor Boci in his report says:

„*In our country one could not speak of prostitution and homosexuality as phenomena which were present or were widespread phenomena because they were forbidden; whoever practised either of them was sentenced to a term of imprisonment from 4 to 7 years. In the schools there was a lot of attention paid, even in textbooks, to not making mention of sexual education because it was immoral, and in the mass media (radio, television, the press) sexual problems were not dealt with.*“

This revelation allows us to understand how the Albanian woman’s total lack of knowledge about sexual matters, the genitalia and fertility management result in her recurrently resorting to abortion with astounding frequency, while often resorting to homespun, desperate, unconventional, dangerous methods of abortion.

Doctor Boci goes on to say:

„*Prostitution was attributable to only a social rank considered so lowly that is was completely denigrated and ostracised, as was the case with gypsies. All this was done in the name of morality and often in the name of the law. I wish to underscore this because sexual assignations with more than one partner have existed in Albania from even before.*

Prostitution in the context of the Albanian society of today has its peculiarities; certain things resist change by dint of habits or custom. Prostitution in Albania is almost invisible and it is a phenomenon for which exact information does not exist. However, indirect information, arriving from various channels, bring to light that prostitution practised by Albanians in other states is evident, has a daily presence, and even has changed the social rank of those who practice it.

The root causes are economic reasons, like unemployment, poverty, and the desire for a better life. Those who emigrate and prostitute themselves belong to several categories:

■ *Women who have emigrated illegally in order to work in various sectors of production and those unable to succeed in this decide on prostituting themselves.*

■ *Groups of women who emigrate just to be able to practice prostitution.*

■ *Women who are kidnapped by groups of young men who exploit them and coerce them into prostitution.*

■ *Women who emigrate for family reunification and who, unable to succeed in this, prefer to prostitute themselves.*

■ *Women to whom a promise of matrimony has been made with either foreigners or with Albanian émigrés.*"

As one can see the chain of events may be somewhat diverse, but the underlying motives have not changed - poverty and the exploitation of *female resources* - are the principal motives, typical of that found in all male-dominated cultures.

Doctor Boci continues by saying:

„*Prostitution at home is not organised, there are no laws which defend its rights or sanctions it. The women are not aware of any right on their bodies put at service for others. It is true that obligatory tests for HIV are non-existent and the same thing is true that nothing is being done to confront prostitution. In Albania there are no professionals because prostitution is practised within houses or on the streets; lately an increase in venereal diseases has come to pass. After 50 years the first cases of syphilis have come to pass. We consider the prostitutes a group at risk, yet we know nothing about them. We ignore the geographic spread of the phenomenon, cultural level, age, the state of health, especially with regard to HIV and sexually transmitted diseases, family structure, the conditions of life, their pleas for medical, juridical and social assistance, their degree of knowledge with regard to the risk of HIV/AIDS and sexually transmitted diseases, and so on.*

It is indispensable:

■ *that relevant statistics come into general awareness so as to be able to intervene in a more efficacious manner and to emanate ad hoc laws;*

■ *that we prepare 2 or 3 persons who are then able to work in that direction with their groups;*

■ *that informative messages for the prevention of HIV/AIDS/STD be intensified*

■ *that the prostitutes must have the right to medical aid and assistance;*

■ *that there be greater interest on the part of women's associations to help the prostitute to return to the normality of family life; and*

■ *finally, that an appeal be made to neighbouring countries not to ostracise them totally just because they are émigrés, but to take them under consideration just like any other social rank, taking into account their eventual professional qualifications, cultural values and economic plight.*"

In his intervention the reporter has laid down just requests before the society in which the *usufruct of the services* of Albanian women takes place and also brings into the light the influence that Border States, like Italy, have on the comportment and the model of life which he proposes - a responsibility which we should be well aware of.

On Nigeria

Dr. Eshoe Aghatise reports:

„*The phenomenon of prostitute emigration from Nigeria to Italia started in 1985; however, it has been since 1988 that the outward flow became regular. In Nigeria it was in 1986 when AIDS first became talk. The first news of death from AIDS was in 1990. For a long period, even after the first deaths, the disease was considered as a concern of the West. Whatsoever information policy is lacking. The use of the preservative is infrequent, and its use is not directly tied to the disease. Laboratories of analysis are very sparse. Statistics are lacking respective to the persons who have contracted the infection. The persons diseased with AIDS cannot make use of public infrastructure which exists in dearth. (Doctors and nurses emigrate to the Arab countries.) The only help that can come is from traditional medicine and from very costly private clinics.*"

The reference to traditional medicine which is made by the reporter is worthy of note on our part. In all the time of our work experience with Nigerian women, we have always had to confront alien beliefs and convictions deriving from the traditions of different Nigerian tribal and ethnic groups, like Ibo, Bimi, Edo, and so on. African traditional medicine and its medicaments have never been totally abandoned, and, in contrast, Western medicine is perceived and is resorted to more as a status symbol of achievement rather than as a efficacious remedy for cure. In addition, the persons in question do not grasp the concept of preventive medicine.

Dr. Aghatise goes on to say:

„*Prostitution in the North of the country is accepted and is widespread whereas in the South it exists on a small scale. The Nigerian prostitutes in Italy in prevalence come from the South. In Nigeria under British law (book law) prostitution is an offence punishable by up to three years of confinement. In the South the phenomenon is spread about hotels frequented by Westerners. Initially, it had been the economic crisis which provoked Nigerian emigration. Today, those leaving have a clear enough idea of the future which awaits them.*
After the emigration flux of women, today the men are in arrival (brothers, fiancées). With their men, Nigerian prostitutes do not use the preservative."

As Dr. Aghatise says, today, many Nigerian women, owing to the re-entry of many emigrants who have spread the news, leave their countries well aware that in Europe they will take up prostitution. The problem, rather, as it has emerged from the interviews that we have conducted, is unawareness of the actual living and working conditions - which certainly do not reach the height of their expectations held at the time of departure - to which they will be subjected.

Doctor Aghatise continues by saying:

„*It is difficult to discover the real motives which induce Nigerian women to emigrate. They are certainly not sold by their families. Then, there are too many platitudes about this. The real cause is, and remains, the grave economic crisis which reigns in the country. The choice of country in which to emigrate and of city in which to live is decided by the presence in loco of persons who are known.*"

Social intercourse within the group of appurtenance is of grand importance, and, in fact, we have noted that in Italy Turin is the city where they try to live because the Nigerian community there is the most populous and a network of social intercourse and family ties, to the extent possible, has been reconstituted on foreign soil. There is fairly good social intercourse and exchange of friendship among the Nigerian women, which is noted in the conversations that we have held with them, which is in direct contrast to the Albanian who generally stand on their own.

Methodology for empirical data collection

Given the sparse availability of reference statistics on the migrant prostitute population, the collection of empirical data was determined by the need to have a base of cognitive data on the target. In each city where the project was developed each street unit systematically gathered exact statistics on the population contacted - the total number of and the frequency of contacts, nationality, sex, drug dependency either eventually identified or openly declared, and the zones, or streets, where the population was encountered. This systematic data collection during the period of inquest and at the end of the year of the project and the ultimate systematic elaboration of these data can be defined as a continuous mapping of the target of reference in the zones of intervention.

In this way it was possible to introduce into the intervention per se a knowledge base necessary to organise and to orient the street work and, in addition, to analyse the radical changes in target population nationality and work zones and to determine the degree of relevancy with regard to the presence of drug-dependent targets and either male or female or transsexual prostitution.

The mutual collection of these statistics everywhere the intervention was unfolded and the periodic appearance of these statistics among the various work équipes also allowed having available common indicators respective to phenomena such as target mobility and to fathom the possible causes for numerical or situational changes in the population's work zones.

From this data-collection effort indicators also emerge on group concentrations, by nationality, which are more relevant and permanent in certain regions than in others. This series of statistics was elaborated in tables for specific cities and were regrouped as an overall datum with respect to the total number of contacts **(2,735)** in all the areas of intervention, with specification of the total percentage for each nationality. The total number of contacts, subdivided by nationality, and the specific number in population in each city demonstrates the overall distribution by nationality.

The second series of empirical statistics was collected by means of a data-collection questionnaire on a stochastic sample of **379** prostitutes of the target who were contacted. This sample is representative of the total population for however much regards nationality of origin and geographical distribution in the area of intervention. We struck up conversation with this sample group of 379 migrant prostitutes by means of a common data-collection questionnaire. The data-collection/interview questionnaire was managed by various street operatives, and the conversations were conducted in the mother tongues of the prostitutes through the translation of women cultural mediators who were members of the mobile street unit équipes. The place where a conversation took place was dependent upon the existing infrastructure in each project area - it could have been at the administrative seat, directly on the street or within a mobile unit (camper). The data

collection worksheet was composed of closed questions, was able to be codified for computerised aggregation and elaboration of the data collected.

Reducing the possibility for in-depth, qualitative interviews was the requisite for using the questionnaire to record individual statistics and interview notes findings in a computer programmable format, e.g., the set of questions regarding the interviewed person's opinion with regard to use, frequency, and satisfaction with socio-health services and the reporting of client behaviour, or habits, at risk. Notwithstanding these limitations, it was equally possible to collect and to elaborate empirical data which give valid indications, even in regard to personal habits and behaviour of the sample target group within its sphere of work and activity in prostitution.

These data offer a first empirical profile of the target. Above all, they are a valid instrument for the verification of the indicators of validation established when the project was drawn up. The data collection/interview worksheet also was revealed to be a work instrument needed by the street équipe operators to enable the possibility of calling up and breaking the data down for individual zones of the city, determining work schedules, nationality, target population permanence, and for planning the intervention. Moreover, the empirical data, whether demographic whether behavioural, have permitted us to introduce these indicators and a greater knowledge of the target into the strategies of intervention and work method. Swinging to and fro between research and intervention conducted within a unique cycle of data collection and preventive activity in the territory, along with evaluation of the results and perfecting the intervention, has permitted the street unit to achieve greater specification in quality and in the effects of street intervention.

In addition, between research and action, the street unit has been allowed professional growth for its streets operatives, women cultural mediators and peer educators who, in each city, make up the interdisciplinary work équipes. In consideration of the need to applying innovative methodologies on the terrain of prevention while having to deal with the internationalisation of the prostitutes, along with the new reality and dynamics which are embedded within these fundamental statistics - an extremely mobile and international population which has entered, with little experience, only relatively recently into prostitution, thereby causing the continuous presence of new subjects. This model of intervention, even in its organisation of the work and in its composition of the various *professional figures*, could constitute a valid example for national application.

Just to be able to reach, inform, guide and accompany the new *figures* of prostitution to available socio-health services the need for the continued presence of street operatives, cultural mediators and peer educators, indeed, still remains valid.

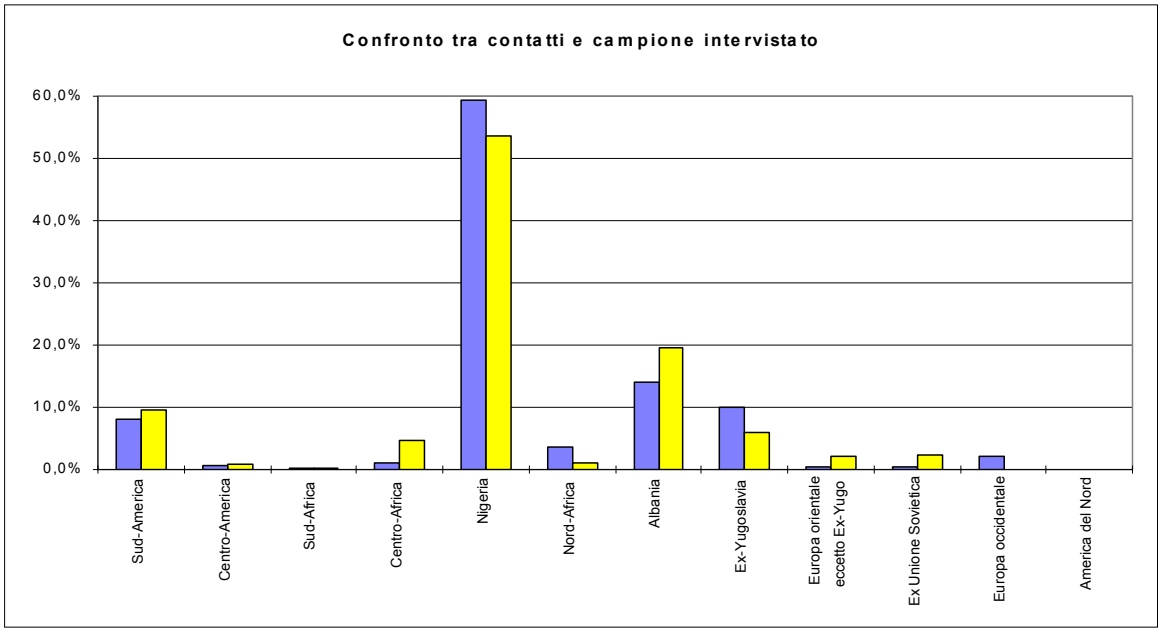
In addition to the statistics derived from the data-collection/interview questionnaires, we, of course, realised a certain number of in-depth qualitative interviews with either Albanian or Nigerian women, 50 in all, in order to gain fuller knowledge about the target.

PRELIMINARY ANALYSIS OF THE QUESTIONNAIRES

This sounding of the relevant target group of respondents was taken in cities which lie in the North of Italy where the intervention was unfolded. The percentages indicated are in relation to the total number of contacts and respondents.

Contacts made and the target sample group interviewed

Nationality/ Geographic area	Contacts by area of provenance		Sample target group interviewed	
		%		%
South America	222	8.1	35	9.5
Central America	15	0.5	3	0.8
South Africa	6	0.2	1	0.3
Central Africa	32	1.2	17	4.6
Nigeria	1.623	59.3	197	53.5
North Africa	98	3.6	4	1.1
Albania	385	14.1	72	19.6
Ex-Yugoslavia	273	10.0	22	6.0
East Europe less ex-Yugoslavia	14	0.5	8	2.2
Ex-Soviet Union	10	0.4	9	2.4
West Europe	56	2.0	0	0.0
North America	1	0.0	0	0.0
Missing			11	
Total	**2.735**		**379**	

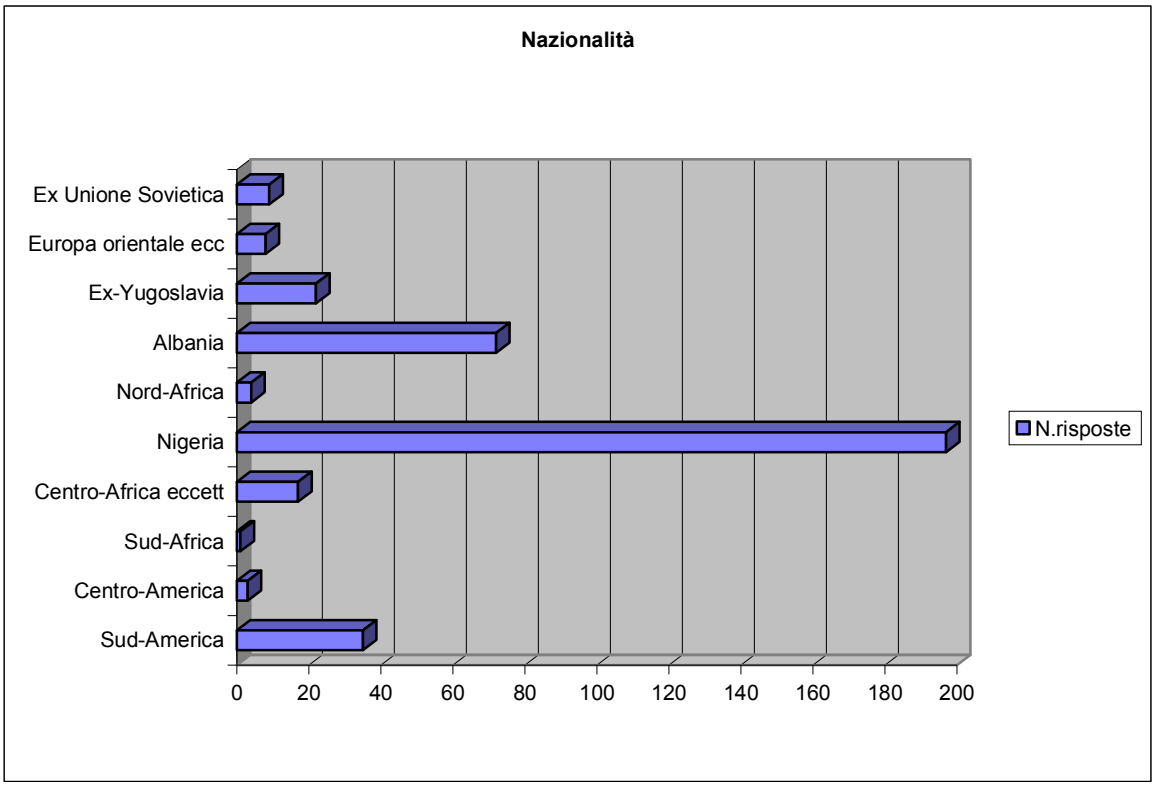


Nationality aggregated by area

	# responses	%
South America	35.0	9.5
Central America	3.0	0.8
South Africa	1.0	0.3
Central Africa less Nigeria	17.0	4.6
Nigeria	197.0	53.5
North Africa	4.0	1.1
Albania	72.0	19.6
Ex-Yugoslavia	22.0	6.0
W. Europe less Yugoslavia	8.0	2.2
Ex-Soviet Union	9.0	2.4
Total	**379.0**	**100.0**
Valid cases	368	
Missing cases	11	

We have the following distribution for nationality of provenance. We have taken steps to re-codify these data in order to improve legibility and the data are indicated for only the more populous nationality groups.

Nationality



Sex

	Frequency	%	Valid %	Cumulated %
Women	357	94.2	94.2	94.2
Transsexual	19	0.5	0.5	99.2
Transvestite	3	0.8	0.8	100
Total	**379**	**100**	**100**	
Valid cases	379			
Missing cases	0			

Nearly all the persons interviewed were women, with the exception of a small percentage (5%) who were transsexuals. Most of the women interviewed come from Nigeria, (53.5% of the sample group). In second place are the Albanians (19.6%), followed by the South American (9.5%) and the women from the ex-Yugoslavia and Central Africa. The presence of women from other regions was not relevant within our sample group.

Declared ages

	Frequency	%	Valid %	Cumulated %
16 - 17	1.0	0.03	0.03	0..3
18 - 20	104.0	27.4	31.7	32.0
21 - 24	126.0	33.2	38.4	70.4
25 - 30	85.0	22.4	25.9	96.3
31 plus	12.0	3.2	3.7	100.0
Missing	51.0	13.5		
Total	**379.0**	**100.0**	**100.0**	

With regard to ages it was decided to reveal either the declared or apparent ages of the women. The necessity for revealing the apparent age stems from the fact that often younger women, especially if they are adolescents, tend to raise their ages in order to appear older.

In 25% of the cases the interviewer noted an age different than that declared in 97 of 379 cases. There can be a link between the nationality of the subject and the difference between declared and apparent ages. The cases in which there was a difference between apparent and declared ages were analysed by ethnic group and it was revealed that 8 out of 22 women interviewed who were from the ex-Yugoslavia declared an age different than that apparent. The Albanians declared a different age in 15 out of 72 instances. Another example, even though the percentage be inconsequential, (15 out of 197 cases) is that of the Nigerians. These statistics, however, are mutually exclusive inasmuch as the ex-Yugoslavs and Albanians, mostly the women who are adolescents, wishing to add on a few years, declare an age superior to that which is apparent, whereas the Nigerian women who are older than 24 declare an age, on average, lower than that apparent, wishing to throw off a few years.

Marital status

	Frequency	%	Valid %	Cumulated %
Divorced	15	4.0	4.2	4.2
Nubile	318	83.9	88.1	92.2
Married	28	7.4	7.8	100.0
Missing	9	18.0	4.7	
Total	**379**	**100**	**100**	
Valid cases	361			
Missing cases	18			

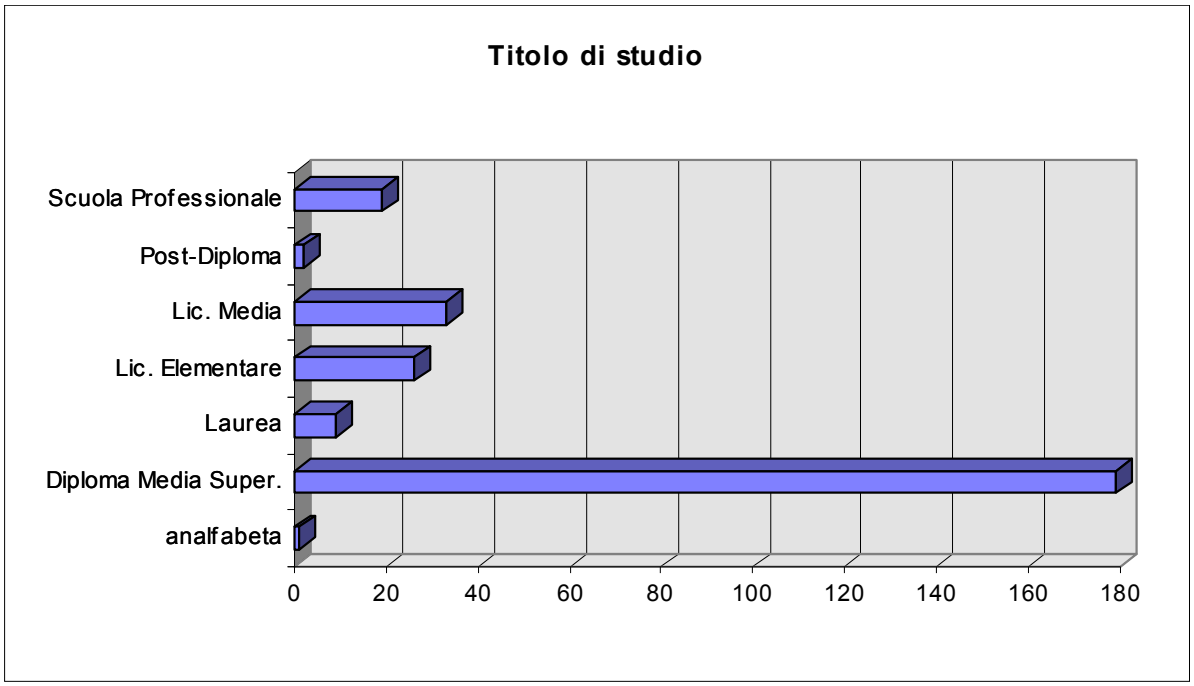
Do you have children?

	Frequency	%	Valid %	Cumulated %
No	311	82.1	82.1	82.1
Yes	68	17.9	17.9	100.0
Total	**379**	**100**	**100**	
Valid cases	379			
Missing cases	0			

Education level

	Frequency	%	Valid %	Cumulated %
illiterate	1	0.03	0.04	0.04
Diploma Middle/High School	179	47.2	66.5	66.9
University Graduate	9	2.4	3.3	70.3
Elementary School	26	6.9	9.7	79.9
Lower Middle School	33	8.7	12.3	92.2
Post-Diploma	2	0.5	0.07	92.9
Professional Schooling	19	5.0	7.1	100
Missing	110	29.0		
Total	**379**	**100**	**100**	
Valid cases	269			
Missing cases	110			

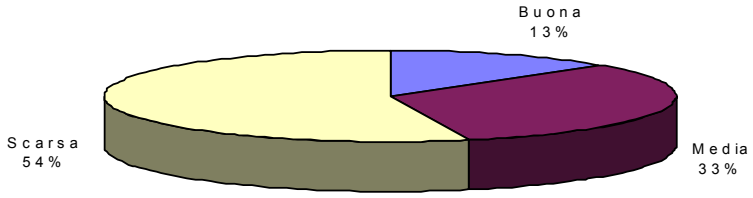
We wish to point out that during the contacts with the target subjects we at times noted some persons had difficulty reading the booklets, which causes us to suppose that perhaps the datum on illiteracy could be underestimated. Rather what is not surprising is the datum on diplomas - many of the women affirm that they have attended college, but among the titles of study which can be attained at college in Nigerian schools, there also can be that which can be comparable to our lower middle school diploma.



Language capability in Italian

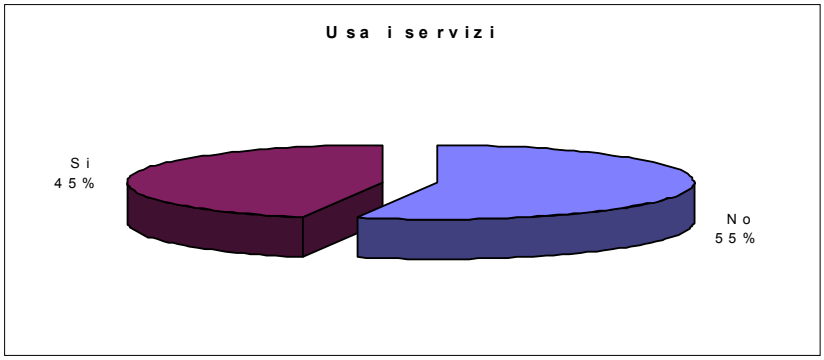
	Frequency	%	Valid %	Cumulated %
Good	48	12.7	13	13
Medium	120	31.7	32.6	45.7
Sparse	200	52.8	54.3	100.0
Missing	11	2.9		
Total	379	100	100	
Valid cases	368			
Missing cases	11			

Language capability In Italian



Do you use available socio-health services?

	Frequency	%	Valid %	Cumulated %
No	157	41.4	54.9	54.9
Yes	129	34.0	45.1	100.0
Missing	93	24.5		
Total	**379**	**100**	**100**	
Valid cases	286			
Missing cases	93			



Type of services utilised

	Responses	% of responses	% of cases
Gynaecology public sector	9	4.3	6.6
Gynaecology private sector	23	11.1	16.8
Gynaecology private-social	2	1.0	1.5
STD public sector	29	14.0	21.2
STD private sector	17	8.2	12.4
Family medicine public sector	15	7.2	10.9
Family medicine private sector	3	1.4	2.2
Family medicine private-social	3	1.4	2.2
Hospital	68	32.9	49.6
Emergency room	21	10.1	15.3
Territorial services	7	3.4	5.1
Service window for immigrants	7	3.4	5.1
Outpatient medical specialist	3	1.4	2.2
Total responses	**207**	**100**	**151.1**
Valid cases	127		
Missing cases	242		

The overall datum on the use of socio-health service may be considered a positive change. Resulting from our intervention to disseminate information on the services, there has been a stimulus to use the services. If the percentages for those who were directed to emergency rooms and to hospitals are summed, we arrive at 43%, which shows that the percentage of persons, who use the services normally, outside of emergency situation, is very little.

Personal opinions of the target sample on the services

	Frequency	%	Valid %	Cumulated %
Good	56	14.8	70.0	70.0
Mediocre	12	3.2	15.0	85.0
Optimum	7	1.8	8.7	93.7
Very bad	1	0.03	1.3	95.0
Adequate	4	1.1	5.0	100.0
Missing	299	78.9		
Total	**379**	**100**	**100**	
Valid cases	80			
Missing cases	299			

Only a small part of women gave an evaluation on the quality of the services; some of them limited themselves by saying that in their country the quality of services was worse.

Have you always had health services rendered?

	Frequency	%	Valid %	Cumulated %
Not always	8	2.1	11.3	11.3
Always	63	16.6	88.7	100
Missing	308	81.3		
Total	**379**	**100**	**100**	
Valid cases	71			
Missing cases	308			

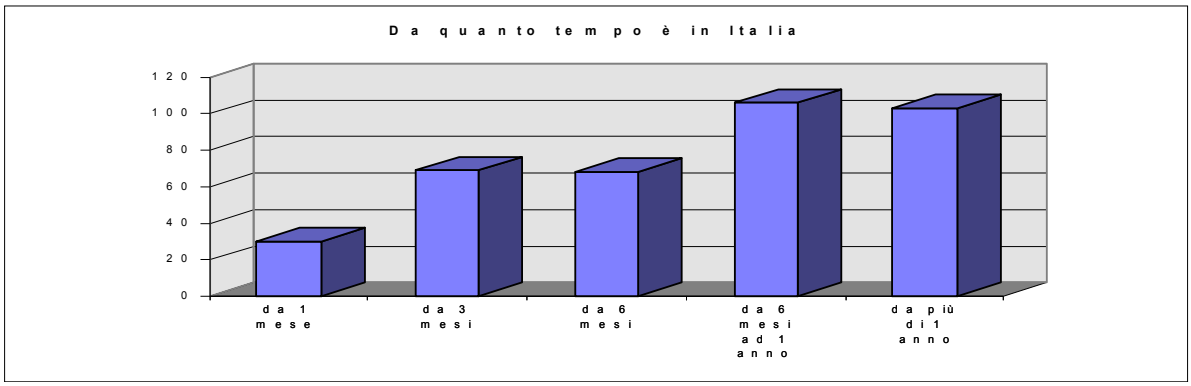
A cross-checked analysis of the responses concerning the use of the services during the time of permanence in Italy reveals that 91.7% of those who have never used the services are among those who have been in Italy less than 1 month, but only 22.4% of those who have never used the services are among those who have been in Italy for more than a year.

The analysis on the use of the services by nationality opens for discovery that it is the South Americans who have used the services more (72.7%), followed by the Albanians (61%) and the ex-Yugoslavians (53.3% yes) and Central Africans (42.9% yes) and lastly the Nigerians (37.4% yes).

How long have you been in Italy?

	Frequency	%	Valid %	Cumulated %
1 month	30	7.9	8	8.0
3 months	69	18.2	18.4	26.3
6 months	68	17.9	18.1	44.4
6 months to 1 year	106	28.0	28.2	72.6
More than 1 year	103	27.2	27.4	100
Missing	3	0.8		
Total	**379**	**100**	**100**	

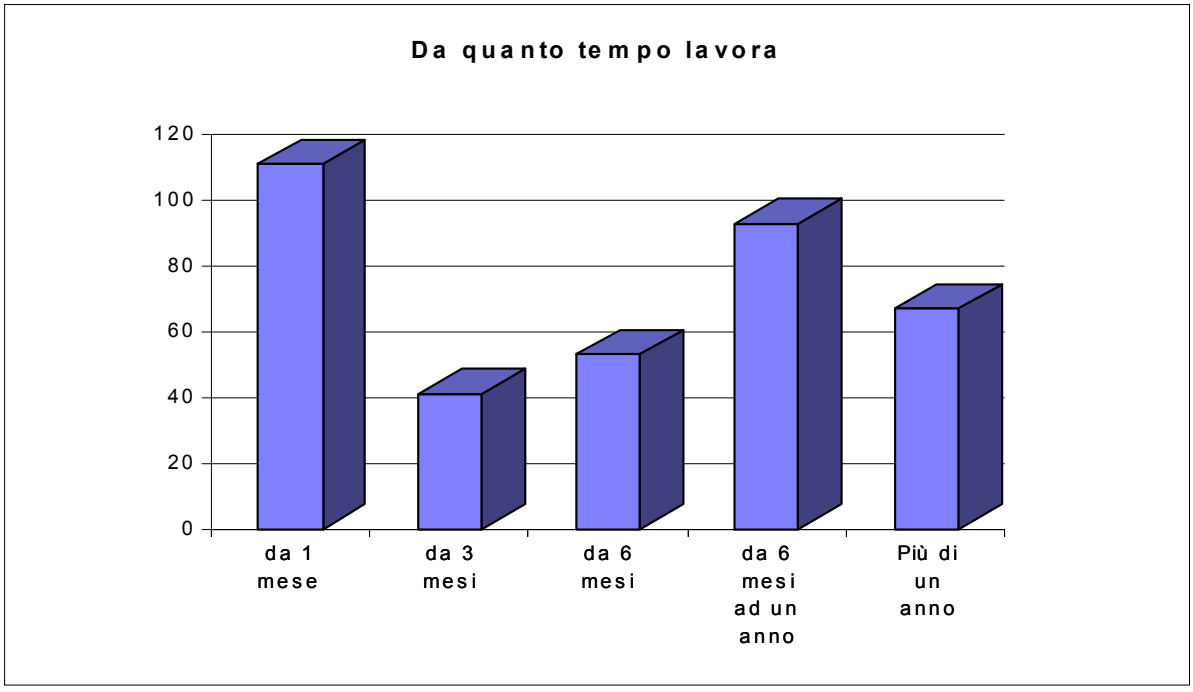
■ The period of permanence in Italy turns out to be very low when considered that 44% declare that they have been in Italy for only 6 months or less. Only 27.4% declare that they have been in Italy for more than one year.



How long have you been working?

	Frequency	%	Valid %	Cumulated %
1 month	111	29.3	30.4	30.4
3 months	41	10.8	11.2	41.6
6 months	53	14.0	14.5	56.2
From 6 months to a year	93	24.5	25.5	81.6
More than a year	67	17.7	18.4	100
Missing	14	3.7		
Total	**379**	**100**	**100**	
Valid cases	365			
Missing cases	14			

Comparing the time of permanence in Italy with the time spent in the activity of prostitution, a discrepancy in time is noted which makes one believe that the women might not have started to work as prostitutes immediately after their arrivals. In some cases this supposition could be true, but we know that there is a tendency to relate that one has only recently taken up prostitution out of shame.



Are you drug dependent?

	Frequency	%	Valid %	Cumulated %
No	351	92.6	99.2	99.2
Yes	3	0.8	0.8	100.0
Missing	25	6.6		
Total	**379**	**100**	**100**	
Valid cases	354			
Missing cases	25			

Practically absent is the phenomenon of drug-dependence among foreign prostitutes; however, that is not to exclude that there can be use of psychotropic, not involving intravenous injection, among some groups, but there is occasional use of heroin among the Latin American transsexuals and North Africans. For some of the Nigerian women we have noted a certain consumption of alcohol.

Where is your workplace?

	responses	% of responses	% of cases
Other	31	5.6	8.4
Apartment	7	1.3	1.9
Automobile	354	64.0	95.9
Hotel	161	29.1	43.6
Total responses	**553**	**100**	**149.9**
Valid cases	369		
Missing cases	10		

Tariff

For the following table 1000 Italian lire = United States $0.6. or 60 cents.
Therefore, 10.000 lire (10 mila) = United States $6.00
20 mila = $12.00, and so on.

	Frequency	%	Valid %	Cumulative %
10 to 30 mila	157	41.4	53.8	53.8
31 to 50 mila	107	28.2	36.6	90.4
51 to 100 mila	25	6.6	8.6	99.0
100 mila plus	3	0.8	1	100
Missing	87	23.0		
Total	**379**	**100**	**100**	
Valid cases	292			
Missing cases	87			

The average tariff for a sexual encounter is around £10,000 with extremes which run from 10 to 100 thousand lire. However, the greater part of the persons interviewed carry out sexual encounters at a price which comprises the range from 10 to 30 thousand lire (almost 54%). If one then adjoins the part of the persons interviewed who have tariffs from 31 to 51 thousand lire, one observes that more than 90% of the target sample responded. On a very small part (only 3) carry out sexual encounters at a tariff superior to 100 thousand lire. For that which regards the use of the preservative we have rather 98% who respond that they always do.

The percentage of clients who don't want the preservative

	Frequency	%	Valid %	Cumulated %
0 - 9	488	12.7	12.7	12.7
10 - 25	733	19.3	19.3	31.9
26 - 49	611	16.1	16.1	48
50 - 74	1688	44.3	44.3	92.3
75 - 100	299	7.7	7.7	100
Total	**3799**	**100**	**100**	
Valid cases	3799			
Missing cases	00			

■ Overall the percentage of clients who do not want the preservative arrives at 43% (almost one of every two clients). Moreover, only 12% of the persons interviewed respond that the frequency with which they are requested to engage in unsafe sex is low enough, with less than 10% of their clients requesting it. However, for more than half of the sample group (52%), more than one out of every two clients asks for unsafe safe. After having analysed the percentage of request for unsafe sex by nationality, length of time in Italy and age, it was revealed that the only datum significant is the *low* percentage of requests for unsafe sex which reaches those persons in the sample group who come from Nigeria (33%). For all the other nationalities we arrive at an overall percentage which exceeds 40%.

Only 38% of the sample group responded to the question to specify the amount of money which is offered for unsafe safe. The overall average tariff for the sample is 42 thousand lire. The average amount which is offered for unsafe sex is around 124 thousand lire. From the responses we have an offer which is nearly triple the amount just to avoid the use of protection during the sexual encounter.

The average number of clients on a weekly basis equals 26.2 clients whereas the average number of preservative used up on a weekly basis equals 16.3. These averages result for around 40% of the target group who have from one to 10 clients weekly, with lowering percentages. The overall number of clients is strongly conditioned by the length of stay in Italy. Those who have been in Italy for less than a month affirm that they have little more than 6 clients weekly, those from 6 to 11 months say 30, but those who have been here for more than a year on average have 19.7 clients according to our findings. This finding would stand to indicate that the number of clients grows in conjunction with the length of time which has been spent in Italy. These are significant statistics which indicate the professional growth is owing to experience.

The number of clients on a weekly basis

	Frequency	%.	Valid %	Cumulative %
1 - 10	84	22.2	39.6	39.6
11 - 20	43	11.3	20.3	59.9
21 - 30	15	4.0	7.1	67.0
31 - 40	14	3.7	6.6	73.6
41 - 50	22	5.8	10.4	84.0
51 - 70	26	6.9	12.3	96.2
71 and over	8	2.1	3.8	100.0
Missing	167	44.1		
Total	**379**	**100**	**100**	
Valid cases	212			
Missing cases	167			

Despite that 98% of the women contacted say that they always use the condom, there is a discrepancy between the number of clients encountered by the week and the number of condoms used.

This finding is able to be justified partly not only by the fact that for some sexual services rendered the condom is not used, e.g., for non-intermissive satisfaction, but also by the fact that because the target has a precise awareness of the risk there is a desire to furnish responses which satisfy our expectations. It is being pointed out that that the women have always been shown to have condoms on their persons.

The term other is intended to indicate the acquisition of condoms on the street from unauthorised sellers, which constitutes what could be defined as a *parallel* market in which products with ministerial authorisation are sold at a more or less economic price, or even the acquisition through mail orders. Anyway it does not emerge from the analysis of the statistics that there is a greater amount of breakage for these condoms than there is for those for sale in traditional outlets.

Number of preservatives used in a week

Valid cases	197
Valid cases missing	182
Average number	16

Where do you acquire preservatives?

	Frequency	%	Valid %	Cumulated %
Other	135	35.6	39.7	39.7
Automatic distributor	7	1.8	2.1	41.8
Pharmacy	130	34.3	38.2	80.0
Shop	68	17.9	20	100
Missing	39	10.3		
Total	**379**	**100**	**100**	
Valid cases	340			
Missing cases	39			

The number of preservatives broken within the last 6 months

	Frequency	%	Valid %	Cumulated %
0	251	66.2	66.4	66.4
1	52	13.7	13.8	80.2
2	33	8.7	8.7	88.9
3	20	5.3	5.3	94.2
4	4	1.1	1.1	95.2
5	5	1.3	1.3	96.6
6 - 10	13	3.4	3.4	100
Missing	1	0.3		
Total	**379**	**100**	**100**	
Valid cases	378			
Missing cases	1			

The analysis conducted on the target group which has experienced condom breakage from 1 to 6 times during the last six months indicates that 13 of the women interviewed with breakage at such a high rate, over 12 were from Albania, the other was from Nigeria. The datum for the women who come from Albania reveals that only 37.5% have never experienced condom breakage within the past 6 months. The women who come from the ex-Yugoslavia have a percentage of non-breakage within the past 6 months of 59.1%. The Nigerians follow with 70.4%.

Nationality respective to the number of preservatives broken within the last 6 months

	Number of preservatives broken							
	0	**1**	**2**	**3**	**4**	**5**	**6-10**	
Nationality/ Geographic area								**Total**
South America	33		2					**35**
%	94.3		5.7					**9.5**
Central America	3							**3**
%	100							**0.8**
South Africa	1							**1**
%	100							**0.3**
Central Africa less Nigeria	16	1						**17**
%	94.1	5.9						**4.6**
Nigeria	138	25	19	8	3	2	1	**196**
%	70.4	12.8	9.7	4.1	1.5	1	0.5	**53.4**
North Africa	4							**4**
%	100							**1.1**
Albania	27	16	6	8	1	2	12	**72**
%	37.5	22.2	8.3	11.1	1.4	2.8	16.7	**19.6**
Ex-Yugoslavia	13	6	2			1		**22**
%	59.1	27.3	9.1			4.5		**6**
West Europe	8							**8**
%	100							**2.2**
Ex-Soviet Union	2	1	2	4				**9**
%	22.2	11.1	22.2	44.4				**2.5**
Total	**245**	**49**	**31**	**20**	**4**	**5**	**13**	**367**
%	**66.8**	**13.4**	**8.4**	**5.4**	**1.1**	**1.4**	**3.5**	**100**
Missing cases	12							

For the interpretation of this table it should be taken into consideration that the total number of used preservatives grows in direct proportion to the time of the work period inasmuch as there is an increase in the average number of clients.

Only 38% of the persons interviewed offered a response to the question on how much money is offered for unsafe sex. The average tariff of this target group is L42.000 ($25.20 at L1000 equal to $0.6). The average higher tariff offered by clients for unsafe sex is around L124.000. From these responses we see that the clients normally **triple the going tariff in order to have unprotected sexual relations.**

One infers that the economic advantage for those who accept sexual relations at risk has a determining weight.

To the question relative to continuance of work during the menses, 88 responded yes, 217 responded no, and 74 offered no response.

Do you use lubricants?

	Frequency	%	Valid %	Cumulated %
No	146	38.5	42.2	42.2
Yes	200	52.8	57.8	100
Missing	33	8.7		
Total	**379**	**100**	**100**	
Valid cases	346			
Missing cases	33			

The street unit operators in their notes brought into evidence that general acquaintance with lubricants is poor and often saliva or, worse yet, medicinal and antimycotic creams are used.

Do you have problems of health owing to your work?

	Frequency	%	Valid %	Cumulated %
No	221	58.3	84.0	84.0
Yes	42	11.1	16.0	100
Missing	116	30.6		
Total	**379**	**100**	**100**	
Valid cases	263			
Missing cases	116			

Most of the targets do not associate pathologies owing to the cold or stress or psychosomatic disturbances with their work.

Have you had an abortion?

	Frequency	%	Valid %	Cumulated %
No answer	333	87.9	87.9	87.9
Yes	46	12.1	12.1	100
Total	**379**	**100**	**100**	
Valid cases	379			
Missing cases	0			

The overwhelming majority of the target sample was reluctant to give a positive response to this question, probably out of intimidation, because abortion is held up as being socially deplorable. Among those who did respond positively to the question were the Albanians (1 out of 4), followed by the Nigerians (1 out of 10). We consider that probably the 12% of the respondents who did affirm that they had had abortions is a minimum threshold. At Mestre where a intervention of accompaniment is ongoing, the percentage of abortion is much more relevant and tends to cast serious doubt on the results of this sounding.

Information requests

	responses	% of responses	% of cases
Where to take the HIV test	34	5.6	11.5
About AIDS	166	27.4	56.1
Legal/administrative matters	71	11.7	24.0
Where to receive medical care	142	23.5	48.0
Where to take diagnostic tests	89	14.7	30.1
On contraceptive methods	19	3.1	6.4
On lubricants and intimate hygiene	84	13.9	28.4
Total responses	**605**	**100**	**204.4**
Valid cases	296		
Missing cases	83		

Considered that the information requests registered by the operators signify an ultimate interest on the part of the target group, the statistics in the above table demonstrate this trend.

Cities frequented

	responses	% of responses	% of cases
Asti	4	0.9	1.4
Bari	6	1.3	2.0
Bologna	15	3.3	5.1
Brescia	6	1.3	2.0
Florence	10	2.2	3.4
Genoa	36	8.0	12.2
Livorno	4	0.9	1.4
Mestre	6	1.3	2.0
Milan	25	5.5	8.5
Modena	36	8.0	12.2
Naples	8	1.8	2.7
Padua	1	0.2	0.3
Palermo	1	0.2	0.3
Parma	2	0.4	0.7
Piacenza	3	0.7	1.0
Perugia	2	0.4	0.7
Pisa	1	0.2	0.3
Reggio Emilia	3	0.7	1.0
Rimini	3	0.7	1.0
Rome	13	2.9	4.4
S.Benedetto T.	14	3.1	4.8
Turin	194	43.0	66.0
Treviso	1	0.2	0.3
Trieste	1	0.2	0.3
Udine	1	0.2	0.3
Verona	52	11.5	17.7
Vicenza	2	0.4	0.7
Emilia Romagna	1	0.2	0.3
Total responses	**451**	**100**	**153.4**
Valid cases	294		
Missing cases	85		

Cities frequented respective to the place in which the interview was conducted

City frequented	Genoa	Milan	Modena	Torino	Veneza	Verona	Total
Asti	0	0	0	4	0	0	**4**
%	0	0	0	2.7	0	0	**1.4**
Bari	0	0	0	0	0	6	**6**
%	0	0	0	0	0	12.8	**2.0**
Bologna	0	0	7	3	0	5.0	**15**
%	0	0	20	2.0	0	10.6	**5.1**
Brescia	0	0	1	3	0	2	**6**
%	0	0	2.9	2.0	0	4.3	**2.0**
Florence	6	0	0	2	0	2	**10**
%	21.4	0	0	1.4	0	4.3	**3.4**
Genoa	28	0	1	3	0	4	**36**
%	100	0	2.9	2.0	0	8.5	**12.2**
Livorno	0	0	0	2	0	2	**4**
%	0	0	0	1.4	0	4.3	**1.4**
Mestre	0	0	0	0	6	0	**6**
%	0	0	0	0	60.0	0	**2.0**
Milan	4	0	5	11	0	5	**25**
%	14.3	0	14.3	7.5	0	10.6	**8.5**
Modena	0	0	34	2	0	0	**36**
%	0	0	97.1	1.4	0	0	**12.2**
Naples	0	0	0	4	2	2	**8**
%	0	0	0	2.7	20.0	4.3	**2.7**
Padua	0	0	0	1	0	0	**1**
%	0	0	0	0.7	0	0	**0.03**
Palermo	0	0	1	0	0	0	**1**
%	0	0	2.9	0.0	0	0	**0.03**
Parma	0	0	1	1	0	0	**2**
%	0	0	2.9	0.7	0	0	**0.07**
Piscenza	0	0	0	3	0	0	**3**
%	0	0	0	2.0	0	0	**1.0**
Perugia	1	0	0	1	0	0	**2**
%	3.6	0	0	0.7	0	0	**0.07**
Pisa	0	0	0	1	0	0	**1**
%	0	0	0	0.7	0	0	**0.03**
Regio Emilia	0	0	2	1	0	0	**3**
%	0	0	5.7	0.7	0	0	**1.0**
Rimini	0	0	0	0	0	3	**3**
%	0	0	0	0	0	6.4	**1.0**
Rome	1	0	0	3	0	9	**13**
%	3.6	0	0	2.0	0	19.1	**4.4**
S.Bened. T.	0	0	0	3	0	11	**14**
%	0	0	0	2.0	0	23.4	**4.8**

Torino	9	27	0	145	5	8	**194**
%	32.1	100	0	98.6	50.0	17.0	**66.0**
Treviso	0	0	1		0	0	**1**
%	0	0	2.9	0	0	0	**0.03**
Trieste	0	0	0	0	0	1	**1**
%	0	0	0	0	0	2.1	**0.03**
Udine	1	0	0	0	0	0	**1**
%	3.6	0	0	0	0	0	**0.03**
Verona	0	0	0	2	5	45	**52**
%	0	0	0	1.4	50	95.7	**17.7**
Vicenza	0	0	0	0	0	2	**2**
%	0	0	0	0	0	4.3	**0.07**
E. Romagna	1	0	0	0	0	0	**1**
%	3.6	0	0	0	0	0	**0.03**
Total	**28**	**27**	**35**	**147**	**10**	**47**	**294**
%	**9.5**	**9.2**	**11.9**	**50**	**3.4**	**16.0**	**100**

Evaluation and proposals

We took steps to define the intermediate and final objectives of the action, the destined target and geographic areas of intervention, the human and physical resources available for collaboration with and implementation of the activity, and the local effort which could be realisable, while determining when, why, and where change, innovation, and expansion would be necessary.

Knowing that the place of privilege for the realisation of the intervention would be the street, we selected capable protagonists on the basis of their specific experience and competency and their capacity for establishing meaningful relations with the destined target who were singled out to carry out a professional role. These figures, once they had become members of the local équipes, were then considered as fundamental human resources.

Meetings were also useful for singling out and structuring the overall methodology of the intervention. On the basis of all this, we laid down a logical approach in order to get close to the target. Hearing out others signifies that they are qualified for our respect and that they merit response to their proper needs.

Listening and responding to these needs of a target always on the move, within and across regions and nations, resulted in conscious effort to build up a network for multipolar projects and meant carrying out contact and collaboration with socio-health services to promote and to bring about accessibility, with the ultimate purpose of building up a service network which would be linked with the multipolar project network.

Given that the activation of HIV/STD-prevention interventions is only something of recent history, expanding the horizon of intervention does not simply mean adding another address to a list of available socio-health services in either the public or private sectors. Implementation implies an effort, neither brief nor simple, of contact with new structures and of sensitising the services and the operation therein.

In our opinion, the growing number of requests which have come from the services for collaboration and training, prevalently from the public sector, is a litmus test which stands as an indicator of the project's steady advance forward and of the interest aroused by activity unfolded which is credible, structured and well-reasoned. The collaboration with service facilities which are spread out over different areas of northern Italy, along with target mobility, has evidenced more than ever the necessity of realising and consolidating a services network which is accessible.

At this point we deem it opportune that some considerations or proposals for the pursuance of the project should come after our attempt at project appraisal and evaluation. In this sense the project should be stretched out for a pre-defined length of time: 2 years? 4 years? Indeed, it is very difficult to conserve well-prepared professional staff if continuance of the work cannot be guaranteed, which is most true for the women cultural mediators whose preparation requires long and hard work. Work development till now is a good point of departure but, given the peculiarity of the target, we need to continue on an adequate basis. We therefore must maintain a *laboratory* for the continued study of the

phenomenon of immigrant prostitution and must make our response adequate to the variance of the target's requests and needs.

Why this?

If we want to be prepared to intervene on the terrain of the field, which is more and more requested by various social sectors throughout the nation, we cannot prescient from an adequate methodological model to the reality and plight of the target which is confronted in the field.

The opportunity should not be wasted to maintain the TAMPEP project as a tried and proven research/intervention paragon whose acquired methodology and experience could be adopted and implemented to the advantage of other projects or other socio-health service activities in both the public and private sectors. As far as TAMPEP's unique set of specifics is concerned, we must not allow that the TAMPEP project become a project with all its positive results transformed into *faits accomplis*.

The items to hold in consideration for the future regard the prime movers, the locales, the services, and the modality of intervention. The future must surely continue down the road of integration of those persons already in action. To increase the amount and level of collaboration is one of the primary objectives for the future. New moments of meeting, reflection, and training are useful instruments for maintaining the integration already enacted and for allowing a new reality to draw near the project.

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TAMPEP

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

NETHERLANDS

TAMPEP 2

FINAL REPORT

June 1995 – June 1996

Amsterdam, June 1996
Licia Brussa

Introduction

During June, July and August the new team was built and new members, now also including peer educators, were trained. The target groups consist of African, East European women and Latin American women and transsexuals. The regions of activities are the cities of Alkmaar, Arnhem, The Hague and Amsterdam (transsexuals).

These regions are representative of prostitution in the Netherlands and here the TAMPEP team can co-operate with local Municipal Health Services who provide screening facilities in drop-in centres in the vicinity of the work places.

In this way we have the infrastructure to develop intervention models where prevention, training of peer educators and screening/health check-ups are integrated. The concept of prevention is extended from purely medical to psycho-social. This means that working and living circumstances of the prostitutes are integrated into the prevention methodology. Combined with the medical care these result in a comprehensive approach to the target groups. An important aspect of the activities is to stimulate the cohesion between the various nationalities, to identify their different and common interests and to stimulate their communication.

A new element in the work is a pilot intervention with Latin American peer educators. Other important activities were a peer education programme for East European women and an international seminar on transsexualism in Amsterdam street prostitution.

A methodological extension of the task of the cultural mediator is a systematic approach of brothel owners/managers/pimps to address the issue of the interests of the women; the cultural mediators will discuss with them their possibilities and responsibilities with regard to the health and safe sex in their business.

Other intermediaries, like private doctors who examine women in prostitution businesses and policemen, are also approached by the cultural mediators.

The team

TAMPEP 2 in the Netherlands had a regular team for the whole duration of the project. The team held weekly meetings in order to be able to analyse the changing situations and to plan the practical interventions in each different cultural area.

The team was formed according to each cultural and ethnic target group:

Coordinator:	Licia Brussa, Italian
East Europeans:	Hanka Mongard, Polish
Latin Americans:	Miek de Jong, Dutch/Colombian
	Oriana Ossa, Chilean/Italian
Africans:	Rucca Alawa, Ghanian
Peer educator:	Dominique, Polish

Physician:	Olga Gorbacheva, Russian
Secretary:	Marieke van Doorninck, Dutch
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Latin American sex workers

MIEK DE JONG

In each of the three cities in which the project works with the Latin American target group the situation is different. In Den Haag the majority of women work without a legal permit for residence, in Alkmaar they find themselves in a legalization process for which the end result is still uncertain, while in Arnhem all women have legal status.

The services offered by and the access to the health services also differ between the cities.

These and other differences demand an adaptation of the TAMPEP programme by situation, as is seen in the description given by city.

ARNHEM

Situation

Shop window prostitution in Arnhem is concentrated in one neighbourhood. At this moment there are about 220 windows (2 establishments have been closed this year), which are never fully occupied and the occupation largely depends on the time of the year.

The majority of women are Latin American (sometimes over 50%), Dutch women also form a large group (about 40%), a minority is made up of African women (about 10%).

Police checks on legality of residence are still extremely tough; one does not stand a chance without valid documents. Police action against criminality in which for example, the dealing of drugs plays an important part has increased under pressure from neighbourhood residents. Even though the situation is relatively quiet, safety leaves much to be desired. An attempt to kill a German in April'96 led to the installation of an alarm system in only one establishment, all others work without an alarm system.

Hygienic conditions of the houses are bad; the presence of vermin is common.

Rents have remained constant and are about f600 to f700 a week or f150 a day. Also the client prices have been reasonably stable in Arnhem, in contrast with other cities.

Analysis

The majority of the Latin American women consist of Dominicans, followed by Columbians. As for other Latin American countries only a few individuals are found (Brazil, Uruguay).

The median age of the women is high (about 35-40) with ages ranging from 20 to 60.

Most of them have been in the Netherlands for over 2 years, some even for over 10 years. Their residence permit is mostly based on a (broken) marriage.

Even though all women stay here legally, not all of them are insured, the costs of private insurance are perceived as too high (over f240,- a month).

Most women live elsewhere and reside at their workplace in Arnhem for 2 to 5 days. The reason is that they do not want to work in the city where they living. Of the women who do live in Arnhem, only a few sleep at their workplace.

During the months of December, January and February there are days in which fewer than 15 women are at work, whereas during other months up to 50 Latin American women may be working at the same time.

There are also women who come to work for only a certain period in order to earn some extra income.

In spite of the hard core of (elder) women, the population frequently changes and is not the same on any given day.

The legality of residence enables the women to decide when they do not want to work, for instance, when there are fewer customers or when they are ill; after all these women do not sleep at their workplace in contrast to many illegal women. We also observe that the women can refuse customers, which enhances safety.

Because all the women in Arnhem are legal, they are confronted less with the tensions concerning their residence status and related matters. Only now can the women work independently, often after many years of dependence. The struggle against their imperious partners together with the threat of losing their permit of residence is behind them.

For some women the use of cocaine is a factor which keeps them in an extremely dependent situation. In their work the temptation to use cocaine is very great, customers offer up to f1000,- to use it together. (See TAMPEP Final Report, August 94, pp 34-35.)

The Health Care Services

Since May 1995 the GGD offers one hour of open consultation in the neighbourhood. Once weekly a doctor and a social assistant are present. It is possible to get a STD check-up free of charge and, if desired, anonymously or under a pseudonym. After a week test results are given at the consultation hour. Other tests (pregnancy, HIV) have to be paid. Cytology tests still cannot be done at the GGD and hepatitis vaccination is only done at the GGD polyclinic elsewhere in town.

The social assistant does field work, mostly before the consultation hour and sometimes at other hours; however, she does not yet speak much Spanish.

From June 1995 to December 1995 two Columbian peers, educated by the STD foundation, also worked in the field (twice weekly 4 hours). The objective of their work was to increase access during the consultation hour and to give out information in Spanish. There was little possibility for the peers to influence the work method of the GGD in a way which would better suit the necessities of the L.A. women, but the peers also did not feel it as their duty.

A practice with Spanish speaking family doctors is not present in the near surroundings where the women stay.

Use of the Health Care Services

Although it is now easier to have STD check-up and treatment, the L.A. women make little use of the open consultation hour. For this the women give different reasons. Most women indicate that they come to Arnhem to work and that for STD check-up they visit their doctor in their place of residence or make use of the GGD there. Some women never work on the same day as the consultation hour, so they cannot visit it.

Characteristic for Arnhem is that the women have more work-experience, they know each other well and the self-help medication tradition and lack of faith in the Dutch health care system are deeply rooted. There is frequent exchange of negative experiences with the Dutch health care system and a consensus that a better system exists in their home countries. The fact that nearly everyone returns for at least 2 months per year to their home country and that they use the health services there contributes to the persistence of these ideas. It is not without reason that in Arnhem it is so difficult to change this vision.

An important difference between the two health systems is that in their home country the patient decides which treatment must be done, any health service (medicine or treatment) can be bought, it is simpler to find the way to the specialist, and not much is required to get an operation. In contrast, the Dutch system is not at all accessible, each treatment, research, medicine and the way to the specialist goes via the narrow entry of their own family doctor (also see Den Haag).

Precisely, for the women in Arnhem this is a major obstacle. When they fall ill they must go to their own family doctor, but the doctor is far away from their place of residence. A family doctor in Arnhem, with a limited number of patients, unfamiliar with the language and (work) background is not accommodating for new patients who have a family doctor elsewhere. In general, when women who do not live in Arnhem fall ill, the can only be helped in the hospital for an emergency, but then there must be an urgent need. “You have to be almost dead here before they are prepared to help” is a complaint that is frequently heard.

The family doctor in the place of residence is not always familiar with the work background, which means that research is not concentrated on STD. The absence of a general practicioner during the consultation hour is one of the reasons why little use is made of the consultation hour. Because of their practical experience and the medicines which they annually bring from their home country, most known STD complaints are solved with this means of self-help medication, so a visit to a GGD doctor is not a first priority. Particularly, unknown complaints are not a reason for a doctor’s visit, only a few women see the necessity to have a regular STD check-up, with or without symptoms.

The women deem the system as inadequate, but they are not aware of the reasons. Obviously a cultural mediator can have a clear task in tackling this problem. There must be more clarity about the possibilities and limitations of the present health service capability, both in their place of residence as in Arnhem.

Activities

Period: October 1995 - May 1996

■ Fieldwork

In this period a cultural mediator from TAMPEP was present weekly. The activities were adapted to the existing GGD supply and approved by the persons involved.

All women were visited at least once, on the average 3 to 5 times and in special cases more frequently (see also the course). Sometimes these visits were on an individual basis, but mostly groups of 2 to 3 women were visited, depending on the objective and the situation. In total about 100 women were approached.

TAMPEP was usually present at the weekly GGD consultation hour, but also on other days and other hours, as a result of the different schedules and working days of the women.

Due to the mobility of the women, the programme consisted of a continuous repetition of activities, contacts were made with recently arrived women, contacts were renewed with women who had just returned and existing contacts were maintained. A continuous evaluation process took place, to guarantee adaptation to the changing situation.

From October till December TAMPEP worked together with the 2 peers, who were employed by the GGD. After this period, besides TAMPEP, only the social assistant of the GGD was active in the field of STD/AIDS prevention.

Contents of the field activities:

- (Re)introduction of TAMPEP

- Evaluation of the need for a TAMPEP programme

- STD/AIDS prevention by means of information/demonstrations

- Use of condoms and lubricants, personal hygiene, contraception, information about STD and AIDS (see also Manual, TAMPEP 1994, pp 26-40)

- Strengthening group cohesiveness

- Informing the women about the services offered by the health care system, with the aim of increasing accessibility

- Analysis of the hurdles which obstruct access to the services

- Mediate between the women and the GGD

- Evaluate the interest, position, motivation and possibilities of the women who can/want to participate in a course for peer educators

- Take surveys with potential participants for the course, with the aim of revealing their level of knowledge so that the contents of the course can be attuned to their knowledge level.

■ Special activity

Informal TAMPEP meeting in collaboration with the GGD peer educators.

Objectives of this activity:

- To inform the women informally way about the activities of TAMPEP
- To demonstrate the materials developed by TAMPEP and to listen to criticism
- Exchange ideas in order to fill in the TAMPEP programme
- Make the women confident with the GGD location as a first step to multifunctional use of the location

■ Results

All 20 women invited reacted positively, for there were no more women working at that time of the year in November. Unfortunately, 5 women reported they could not come on the day of the meeting (at the end of November), because of a temporary return to their home country.

At the meeting itself 13 Latin American women were present; six women indicated that they had never visited the establishment before. During a Sunday meal the TAMPEP materials were approved. The further fulfilment of the programme did not succeed sufficiently.

■ Course "Prevention and hygiene"

Objective, contents and methods: see Den Haag

Differences with Den Haag:

The composition of the group in Arnhem differs with the group in Den Haag. Of the 7 participants, 6 were Dominicans and 1 was Columbian.

The surveys, which were filled in by the participants before the course, showed that the women strongly hold on to the knowledge and beliefs they have acquired during their years of experiences. For instance, to the question: „How do you react when a condom brakes?", they still considered a vaginal rinse and the use of self-administered antibiotics to be sufficient, this reaction despite the extensive information given out during the field work. Changing these common beliefs is the first aim of the course. Particularly in groups, where there is a lot of exchange of information, it is possible to correct erroneous common beliefs.

The aim of the course must be seen as the first try to give extra basic information, a first step towards peer education.

Difficulties during the preparation:

During the formation of a motivated group in Arnhem the following problems were encountered:

- To choose a day for a meeting was difficult, as the women work on different days, and only those who live in Arnhem could come on all days.
- Because the women came to Arnhem specifically to work, they needed an extra stimulus to follow a course in their working time.

- After March most of the women had returned to Holland; time was required to select participants for a course and, at the same time, there were many changes within the women's group.

DEN HAAG

Situation

Of the three streets in which shop window prostitution in Den Haag is concentrated, two are occupied mainly by Latin American women, while in the third street there are none or only a few Latin American (L.A.) women. Of these three streets which are not situated far from each other, the Poeldijkstraat with about 500 working places has the largest number of windows. About 80% of the women in this street are of LA origin, ± 15% African and ±5% Dutch, East European and others.

The Doubletstraat has about 200 windows. The ratio between the nationalities is about the same as in the Poeldijk.

In both streets the occupation is rather stable, varying between 80% (January) till sometimes 100% (April).

The vast majority of the women do not have a residence permit. Den Haag has a policy of tolerance: these women will not be persecuted unless there is a criminal cause. However, the women can never be certain of this policy, thus they work under permanent tension. An increase in criminality could mean a possible change in the police tolerance, even though the women are not to blame.

The Poeldijkstraat is particularly unsafe. Although the number of police has increased and the junkies and the dealers are less evident, there are many cases of aggression and theft to which the police do not act. The uncertain situation of the women is often abused; men mislead the women by pretending to be policemen in order to obtain money and documents.

Criminals who are caught are often set free again the next day, which prevents the women from accusing them. Also the fear of contact with foreign policemen restrains them from confiding in the police, thus they do not easily file a complaint.

The hygiene of the establishments depends on their owners. Particularly the establishments in the Poeldijk are in a state of deterioration. The amenities also differ.

The rent is between f100 and f150 a day, Sunday is free. Some women work in turns, dividing the costs of the rent.

The price for customers is not fixed and is lower than that, for instance, in Arnhem. This is partly a result of the instable situation of the women.

Of the African women it is reported that they sometimes work for F15, while for the same job f25 to f35 is asked by the Latin American women.

Sex-club

Near the Doubletstraat a club is located, in which 30 Columbian women in the age group of 20 and 30 years work. They all come from the Valle de Cauca, a province of Colombia which is well known to the Dutch club owner. One contact there arranges the

selection, the woman receive a considerable amount of money ($ 4000) to arrange the journey.

According to the club owner the women are fully aware of their future working conditions in Holland. The women stay in the club for 3 months. Their earnings are shared.

The women hardly leave the club, a fear of the police is imposed by the club owner, and they also do not know their way around outside the club.

The club has only Turkish and Moroccan customers. The women are not allowed to use a condom. The owner is of the opinion that the use of condoms does not contribute to the prevention of AIDS because AIDS is not transmissible by vaginal contact. To prevent Sexual Transmitted Diseases, STD, the women are told to rinse the vagina with vinegar and *betadine*.

Weekly, a medical doctor who supports this STD prevention method but is widely known for several other unofficial (medical) practices, check-up the women for STD.

Shop window prostitution

In the Poeldijk the majority of the Latin American are Columbians followed by Dominicans. Brazilian women, together with a few other nationalities, form a minority. In the Doubletstraat the reverse is seen, Dominican women dominate in number, followed by the Columbians. The principal reason why the women work here is to earn money to maintain their children and their relatives in their home countries.

Many come to Holland on their free will, often they have a relative who has already lived in Holland for some time. Others first arrive at a club, and then work in a shop window because of disappointing economic results.

Particularly Dominican women are lured to Holland with false expectations. They pay a great amount of money to those who let them come here under false pretences. Once confronted with the real situation, they are forced to continue the work, because of their debts to relatives. Although they do not work for a pimp, they find themselves in a very dependent situation. Especially at first they depend on others for every step they make. Because they are new, they do not know their way around, and to get information and help, they depend on people in the street who can easily abuse them.

The degree of dependency is thus determined by the way in which the women have come to Den Haag and the time of residence.

The period that the women work in Den Haag differs a lot, some women have just arrived in Holland, others stay in Holland for 3 months and then go to Germany or Italy, and again others will stay as long as the situation (missing their children, family, health, tensions about their residence, work etc) enables them to earn money. As soon as the economic situation allows they return temporarily or for good to their home country. The average period of residence is about a year, but one week or more than three years is also possible.

Some women are in Holland for the first time, others for the third time or more.

January and February are the months when many changes occur; especially many Dominican women leave for or return from their home country.

The few women that have a legal residence permit do not live in these streets; they have their own accommodation elsewhere in town. A number of women without a legal permit live with their family or (new) friend/partner. However, the majority of the

women live at the workplace itself and they do not have another apartment, which means that they can not give up their shop window for a couple of days, and thus are forced to keep paying the high rent.

The more rigid policy that the police of Amsterdam brought into practice this year has also influenced Den Haag. During the raids in Amsterdam, of which especially Latin American women were the victims, also in Den Haag extra tension prevailed. The obscurity and the lack of information make life uncertain. Some women even admit that they nowadays work without a condom just to earn a little extra.

The Health Care Services

In Den Haag collaboration exists between the GGD (Municipal Health Service) and health care centre situated in the neighbourhood, both implement STD control and treatment.

The health care centre provides social services together with the Prostitution Project.

■ STD-polyclinic GGD

A STD polyclinic of the GGD is incorporated in the nearest hospital. Daily there are 2 consultation hours with one dermatologist and one social assistant. Often, but not always a Spanish-speaking doctor is present.

A STD check-up is free of charge. However, it is not intended that the women make frequent use of these services. After a first medical check-up, they are expected to go to the health care centre for regular control. However, in practice the women regularly return to the polyclinic.

The polyclinic is only for STD check-ups and treatment; for gynaecological treatment the women have to go to the hospital. These treatments do not belong to the help services, so they must be paid. The social assistant does not speak Spanish, but sometimes does field work with a Latin American peer educator. They visit the field on an irregular basis.

■ The Health Care Centre

The Health Care Centre is located at walking distance from both streets. It is a multifunctional centre: doctor, physiotherapist, social worker, dentist, and other services are present. They also organise information activities and Sunday meetings.

Daily there is an open consultation hour specially aimed at sex workers. This consultation hour is intended for general complaints and also for STD check-up. There is always a Spanish-speaking doctor present. Without health insurance the consultancy costs f35,- Tissue, blood and urine examinations are done free of charge. The close collaboration with the STD polyclinic makes it possible for the women to obtain the results the same or the next day, depending on the type of research.

At a certain time each week a Spanish-speaking social worker is present at the consultation hour. She is linked to the Prostitution Project. This enables patients to be directed by the doctor to the social worker and vice versa.

■ Prostitution Project Den Haag

The Prostitution Project is an independent project to help former prostitutes. The Latin American women can go with their questions and their problems to a Spanish-speaking social worker, the same person who has the open consultation hour in the health care centre. From the project field work is done regularly.

■ Private Doctor

Besides the mentioned services, it is important to mention the existence of a private doctor. He is the same doctor who works as the club doctor in the earlier mentioned club.

He is a general practitioner and has the status of a specialist (gynaecologist). He takes sufficient time for each consultancy which costs f50. It is also possible to have a STD check-up for which he has a private laboratory. This doctor has gained the confidence of a large number of women. In several organisations, as well as in some women, profound doubts have arisen about his medical treatment. The exactness of the laboratory results is questioned. The results of HIV tests and blood samples on syphilis are unreliable. Although the doctor forms a danger to the health care system, proof is difficult to obtain.

Use of the Health Care Services

The way in which women make use of the possibilities offered by the health services varies considerably. The access to information, the degree of independence of the woman, motivation and experience are factors that influence its use.

When women have just arrived, the main access to **information** is the experience of their colleagues, and also for the women who have lived here longer it remains a important information source besides their own experience.

The awareness of the existence of the health care centre and the STD polyclinics varies: a number of women know both services, others know one of the two and others only know how to find a private doctor. The location of the centre is known to most of the women, partly due to the activities on Sundays. In general, awareness of the existing possibilities is lacking.

Information about the existence of the health care centre and the STD polyclinics can be obtained from the fieldwork of the GGD. However, this information alone is not sufficient for the women to make use of the services, generally another factor must be present, for instance a colleague who knows the organisation, admits being confident with it and preferably accompanies her. There must also be an urgent cause to visit the clinic.

Especially young Dominican women, who have still little contact with their longer-residing colleagues and who do not have family are totally **dependent** on the "*muchachos*" (boys) of the street. Because these intermediaries know their way around and know both languages, they will arrange a visit to a doctor or hospital often for a considerable amount of money. The woman herself is at the mercy of the experience of the intermediary, resulting in dependency because of her not knowing her way around on her own.

The background of the **motivation** to make regular use of the health services is an important factor. This motivation depends meanwhile on the level of knowledge of the women; generally speaking, it is lower among Dominican women than among Columbian.

For instance, the persistent idea that there is no STD disease without symptoms contributes to the fact that they do not feel a regular STD check-up is necessary.

Safe sex is also given as a reason for the lack of motivation for control. What is understood by safe sex often varies, for instance, fellatio without a condom is often seen as safe sex.

Also experience in self help medication plays an important role; as long as STD symptoms can be cured with their own medicines, there is no incentive to visit a doctor. Only unknown or persistent complaints lead to a medical visit. Furthermore, the women often say that they have recently been checked in their home country or that they will do so when they return.

Also the experience of the women with the Dutch health system appears to have a great influence on their motivation to visit it a next time. Often the first consultation does not fulfil their expectations, because it is very different from that in their own country.

In spite of the fact that the STD clinic is free of charge, the preference is towards the health care centre. A reason they give is that in the STD clinic "only watch between your legs and you cannot come to them with other complaints".

They also complain that at the health care centre there is only one general practitioner and no specialist. The fact that there is not a direct route to the specialist is seen as a failure of the system. The opinion of the doctor is decisive in getting an examination or access to a specialist; it is not enough if only the patient wants it.

In their home country medical care is directly accessible, providing one pays. When the patient pays himself, the doctor does not have to report to a insurance company, so the doctor can unlimitedly prescribe medicines, research or treatment. Thus Latin American women are more used to broader and more direct services in which they have more to say in the matter.

It is felt as negative that the health care centre does not automatically take a smear test at the patient's request. Also a HIV test (because of other motives) is only done as an exception. Medicines are also not prescribed so easily.

Doubts about the (absence of) treatment by the family doctor, together with the absence of the opinion of a specialist (as there is no access to it), causes fear.

To become ill in Holland not only means deprivation of an income but also of a place to sleep when your workplace is your living space. The fear to be immediately operated in Holland, when necessarily, is great. The costs would not be payable without health insurance. A medical treatment which is not directly effective is not applicable in the situation in which most of the women are found. Especially in their profession a rapid recuperation has priority. Waiting to see if the treatment succeeds, taking a rest or going to physiotherapist are hardly options for them. Often they take it for granted that fast treatment is bad for their future health.

In this collision of systems lays source for a private doctor as described before. A doctor who takes the time and gives attention and also claims to be a specialist (gynaecologist), has his own laboratory and without any restriction prescribes a lot of medicines can easily gain the confidence of the women and overcome their doubts. So not without reason many women make use of his services.

Because of the negative experiences women from the club have had with this doctor, women who later started work in shop window prostitution their confidence dropped. Also the presence of TAMPEP had an effect.

Activities

Period: October 1995 - May 1996

■ Field work

Content and method in the field work are in principle the same as in Arnhem. Only field work that differs with Arnhem will be mentioned here.

The field work of TAMPEP was done in accordance with the collaboration model, as it exists in Den Haag, between the GGD, the health care centre and the Prostitution Project.

The number of women in Den Haag is much bigger than in Arnhem, to reach all the women systematically in this period were impossible. We reached about 250 women and of those a minimum (at least) of 100 women assisted more than once in meetings, in total there have been 800 contacts.

The most important source of information for the majority of the women who still are in a state of dependency are the women themselves, as mentioned before. That is why in the field work it is important to use group dynamics in the exchange of information. When groups are formed to discuss TAMPEP themes, within the group the necessity of prevention is reaffirmed and in some cases it comes to a mutual appointment to go to the health care centre together. Especially the input that comes from TAMPEP to motivate the interchange of information and to take care that the information is correct works effectively.

The difference with the situation in Arnhem is that women in Arnhem are less dependent on their colleagues and their conduct is more fixed, which means that a longer group process is necessary to implement changes.

The many differences and also the continuously changing situations of the women and thereby their priorities demands a constant adaptation of the programme.

As a result of the field work we see an increased motivation to prevention, the dependence (caused by limited information) is lowered, and women can more easily find the way to the organisations. The use of the health care centre is increased, while the faith in the unreliable private doctor is reduced.

There exists now more clarity about the functioning of the health system, which means that expectations will be changed. Also the will to express themselves about their own health, although sporadic, seems to be increased.

ALKMAAR

Situation

The living and working conditions mentioned in the TAMPEP´s Final Report of 1994, on page 53 and 54, are basically the same. A new factor of great influence to the situation is the more rigid policy towards the women without legal residence.

In the beginning of this year a large number of the 60 windows (concentrated in one street) were empty. Not more than 15 were occupied. The reason was the threat of announced raids by the police as a result of the more rigid policy.

In response to this policy, the proprietors, together with a lawyer, implemented an experimental legalisation process. In the beginning of February the police organised a raid in the street and arrested three women. At present, the women who, with the aid of a lawyer, have applied for a common residence permit are not being further prosecuted. At the same time as the police threats, the street was also confronted with two subsequent murders. Both the disturbing situation and the low number of women and consequent lack of social control amongst the women have contributed to this unsafe situation (see also under description of the situation in Alkmaar for the East European women).

Analysis

At the beginning of this year, there was a lot of fear and uncertainty as a result of the (threatening) police activities and the two murders.

Therefore, in January there were very few Latin American women, but from February onwards, they gradually returned. They all have Columbian or Dominican nationality. Most women resided illegally in Alkmaar. For them, the only chance to remain working in Alkmaar is by requesting the common residence permit. The consequences of such a request are unpredictable for (unclear to) everyone. Information is only obtained sporadically through the lawyer, since the proprietors do not speak Spanish. Although the fear for the police has become less, the uncertainty about the new situation remains. New, complicated rules and obligations related to taxes and medical insurance are imposed on the women, while also the costs for the lawyer increase. At the same time, the women are bound to stay in Alkmaar during the process.

The Health Care Services

Consultation hours for STD check-up and treatment are organised once fortnightly by the GGD and in the presence of a Spanish speaking doctor. The GGD is only involved in field work as far as announcing the consultation hour is concerned.

Use of the Health Care Services

During the chaotic circumstances at the beginning of this year, the women paid little attention to their health. During the field work of TAMPEP it appeared that many women were unaware of the existence and time of the consultation hour of the GGD.

Activities

■ Field work

Due to lack of time, field work has only taken place in the period between December 1995 and March 1996. This period proved to be very unstable, making the field work extra important. During the field work all Latin American women were visited. Between 5 and 15 women were visited 1 to 4 times (total 50 contacts). Despite the

limitations caused by the unstable situation, TAMPEP field work could still be partially realised. (For information about the field work see Arnhem).

Because of the chaotic situation, the women had insufficient access to clear and useful information. For this reason, a large number of questions on medical and juridical issues had accumulated, and therefore they experienced the field work as positive.

Peer educators course: Prevention and Hygiene

Goal

The aim is to carry out the training of key figures from within the target group in order to effectuate AIDS/STD prevention and control. The dynamics and cohesion of the group are very important in this process.

Preparations in the field

■ Selection of the women

After a period of three months of field work, in which contact was made with more than 100 women, a small group had been selected as the participants of the course. The position the women had within the community was a very important criterion for selection. This position depended on whether they were trusted by the other women, on power relations within the community and on relations with window brothel owners and pimps.

Responsibility and social and communicative skills were seen as important qualifications.

It was also required that the women had some basic knowledge and, if not, they had to be prepared to acquire some of this before the start of the training. They had the opportunity to do this during the visits of the field workers.

The members of the target group were found in two prostitution streets. On every street another nationality dominated. For the selection of the women this was taken into account.

As a result of this, a group of 13 women was selected, 3 women from the Dominican Republic and 10 from Columbia.

■ Questionnaire

Before the start of the course all the trainees were requested to answer a questionnaire. This gave the opportunity to measure the basic knowledge and to define what the women wanted to learn. The content of the course was drawn up based upon this data. A positive side-effect of conducting this questionnaire was that the way the women handled the forms gave the field worker an indication of the women's interest and responsibility. As some of the women lost their questionnaire, others showed interest by treating and answering the forms with great care.

■ **Participation of the women in preparation**

The women were actively involved with the preparations of the course. For example, together with the women a mime play, a lesson and a game were rehearsed.

Methodology of the course

The course consisted of 3 sessions, 2 of them lasted 1 hour (usually it lasted longer then expected), and the other one lasted 2 hours. They were held once a week. The course was concluded by a public lesson performed by one of the trainees, an official presentation of the certificates and a party.

The point of time was determined by the women. The lessons were conducted by the TAMPEP team member, a physician from the public health centre, a peer educator (trained by the STD Foundation) and by some of the trainees.

During the sessions there was always also an opportunity for the exchange of experiences and questions. This way the knowledge of the women became known and it gave the teacher the opportunity to correct where needed. Every session was concluded with an anonymous evaluation form on which the trainees could also note their comment. This way the content of every next session could be modified according to the needs of the women.

At the end of the course the first questionnaire was presented again to the women. This gave the opportunity to the TAMPEP team to compare the level of knowledge of the trainees before and after the course.

■ **Content**

Anatomy and physiology (1 hour)

- By performing a mime play, the menstruation cycles was rendered. The play contained: ovulation, conception, hormonal changes, and development of the foetus, menopause and contraception.

- One of the trainees performed a demonstration of the use of a sponge.

- The anatomy of the female sexual organs was demonstrated by a slideshow.

STDs and AIDS

- The symptoms, the ways in which infection occurs and prevention of STDs and AIDS were treated.

- The difference between a virus and a bacterium was explained as well as the use of antibiotics.

- While playing a STD/AIDS game the women could ask and answer each other's questions.

- The physician of the health centre talked about what the centre has to offer and how it functions and answered a large number of questions.

Care for yourself

- *Body*

One of the trainees gave a lesson about venereal diseases, abortion, HIV test and womb problems with the assistance of a poster which was developed by TAMPEP. The lesson was prepared together with the peer educator. Afterwards, everything that had been discussed was summarised.

- *Methods to improve safe work*

An experienced expert talked about the ways of dealing with a client, assertively in the job (for example in regard to condom use), handling conflicts and self-defence.

Results

The women from the two different streets didn't know each other, neither was there very much contact between the two nationalities. During the training they formed a solid group in which prejudices could disappear and understanding for each other could grow. For example, the women in one street used to accuse the women from the other street of not using condoms, but since they do the training together these kinds of reproaches don't occur anymore.

There is a significant higher level of knowledge. A continuation, however, is necessary to keep up to this level and to broaden the knowledge.

The resistance for visiting the health care centre that the women of this group had has disappeared, which makes it also less frightening for their colleagues who did not attend the training.

The women are much more aware of the fact that they themselves and especially as a group can exert influence on their own situation and position. They also are aware that they can have a say in the supply of health care.

The women were very enthusiastic about the course and have transferred their enthusiasm to colleagues in the street. Already several women have been informed whether and when a new course will start.

It is necessary to start the new course for these other women within the next 6 months because of the great mobility of the women.

Video - During the festivities of the last session the trainees composed a special public lesson for invitees in which they gave a summary of everything that had been taught in the course. This meeting has been videotaped.

South American Transsexuals

KATRIN SCHIFFER

Early in 1995 an official streetwalking zone was established in Amsterdam. In this zone the prostitutes could work the streets without the police constantly chasing them. The streetwalking zone also offers the prostitutes a safe setting to serve their clients.

In the area of this zone there is a so called Living Room Project (HAJ). This is a provision easily accessible for the prostitutes where there basic needs are provided for. During working hours they can take a rest anonymously and relax and refresh themselves; eat or drink something, take a shower, talk to one of the members of the team and buy condoms. Twice a week they can visit a doctor, have a VD-test or speak to a social worker. These provisions are all non-committal, i.e., there is no obligation to do any of this when visiting the living room.

The establishment of an official streetwalking zone has made streetwalking more attractive for a larger group of prostitutes. Earlier, streetwalkers were mainly female drug addicts.

The Amsterdam policy of chase and abatement caused many prostitutes to choose to work behind a window in the red light district or in a club. Illegally residing foreign prostitutes feared being caught during a raid or a control action and being evicted consequently. For about the last ten months this situation has changed. Since then the number of South American women and transsexuals has increased considerably.

Yet another development within the Amsterdam prostitution policy has reinforced all this. Since January 1st, 1996 the municipality has taken a tentative first step towards systematically issuing provisional licences to sex establishments. Since then these establishments have to apply for a provisional licence allowing them to remain in business, pending an official change of the penal law. In order to obtain such a provisional license they have to meet certain requirements in the sphere of safety and hygiene. And also employers in this line of business are forbidden to engage illegally residing foreign prostitutes. A consequence of this policy is that the position of the migrant-prostitutes has become more insecure and unsafe. The mobility and the vulnerability of this group have only increased as a result of these developments.

It were mainly the South American prostitutes, finding themselves in this position, that chose to work in the streetwalking zone. At this moment it appears to be a safe place for them. The police do not, up till now, inquire into the residence permits of these prostitutes. How this policy will develop cannot be predicted at this moment.

The Living Room Project found itself confronted with new problems because of the arrival of South American women and the transsexuals. Up till then the aid offered was mainly focused on the needs of the drug-addicted women. It had to be adapted to the needs of this new group. All the more difficult as it was not clear in what way assistance could be offered.

In August 1995 the Living Room Project asked TAMPEP to help them to chart the specific problems of this group. Since then TAMPEP has carried through a number of activities in conjunction with the Living Room Project:

First workshop in the Living Room Project

At this first meeting in September a Brazilian member of the TAMPEP project from Hamburg (Germany) was present. This workshop mainly dealt with charting the needs of the group. Apart from this, instruction on safe sex was given. A lot of questions were asked about the consequences of the use of hormones and silicones. Knowledge in this area was scanty.

The workshop offered a good opportunity to discover the nature of the mutual feelings existing within the group. The fact that also South-American women were interested in the TAMPEP information shows that there is a considerable amount of solidarity among them.

Spanish flyer

During the first meeting it became clear that little was known about the nature of the medical aid given the living room. To meet with this need for information, TAMPEP developed a Spanish flyer in which the medical services offered are listed.

The medical help offered and the demand for it

After the first workshop in the Living Room Project it was clear that we had next to no knowledge of the demand for help from the South American transsexuals. Neither did we know whether the supply in this area met the specific demand of this group. Therefore TAMPEP charted both supply and demand. This was summarised in a brief account. On the demand side it mainly dealt with the medical knowledge, needs and experiences of the South American transsexuals. The inventory of the supply of medical care centres around the three institutions offering it: the VD-polyclinic, the Prostitution and Passing Traveller's Project (PPP) of the Municipal Health Service (GG & GD) and the Gender polyclinic of the "Vrije Universiteit" or Free University of Amsterdam. The demand for medical care was focused upon. For some time now the PPP and the VD-polyclinic have arranged the medical consultation hours in the Living Room Project. The Gender polyclinic of the Free University is the only clinic in the Netherlands that treats Dutch transsexuals and that does transsexual surgery.

Second workshop in the Living Room Project

In April 1996 a second TAMPEP-workshop was held in the living room. Some experts from Hamburg (TAMPEP) and Paris (PASST) were invited for this occasion. One of the Brazilian guests was a transsexual herself; as a physician she had been involved in a

project for South American transsexuals working as prostitutes. This background made her the most suitable person to answer the questions of the transsexuals present at the workshop. During the second meeting attention was mainly focused on professional techniques and the safety of the streetwalking zone. Those present (about 25 persons attended this meeting) discussed different ways to negotiate with a client. Paramount were ways to deal with questions about the price and ways to have safe sex. Special attention was paid to Hepatitis B as it became clear that the majority of those present had but scanty knowledge on the subject. The risks of self- administered injections of silicones and the taking of hormones were highlighted too. Information was given about "safe" ways of gender transformation within the world of regular medicine and the necessity of medical supervision and support. This triggered a lengthy discussion on the definition of transsexuality. A large part of the group had little need for gender transforming surgery. But then the taking of hormones and the injection of silicones do change the body considerably, which often causes medical and mental problems.

Free TAMPEP material issued

During the workshops of the Living Room Project TAMPEP flyers were issued. They covered the subjects HIV and VD and the risks of self administered injections and the taking of hormones. The flyers are available in the living room too, they are free for every visitor.

Workshops for professional social workers and self-help organisations

Within the echelon of social workers little is known about the specific problems of South American transsexual prostitutes. For this reason TAMPEP and the Living Room Project joined hands in organizing a workshop for professional workers in April 1996. About 45 people, all involved in some way with this group, were invited for this afternoon which provided preliminary information.

The purpose of the meeting was giving information about the background and circumstances of the South American transsexual prostitutes. This meeting was also an excellent opportunity for the representatives of several organisations to mingle and meet. This may facilitate and even stimulate the development of a network amongst the institutions in future. Speakers were members of the TAMPEP team in Germany and of the PASST from Paris. Their expertise and year-long experience in this particular field furthered the knowledge of those present, which is, of course, necessary to tackle these problems in the future.

During the panel discussion a number of subjects were brought up: possible changing mentality within the group (rivalry, loyalty), municipal and national policy, illegality and the possibilities to obtain residence permits, the use of hormones and silicone, clients, and strategies to introduce effective prevention.

Discussions were lively; this could be a sound basis for a better cooperation and a deeper understanding of the problems of South American transsexuals.

Conclusion

TAMPEP concludes that further contact with this group is essential. The Living Room Project offers a number of possibilities and is therefore a good basis for a more extensive prevention programme. In this way signals and developments can be acknowledged and passed on in an earlier stage.

Further developments depend on the possibilities of cooperation with medical organisations. Collaboration between the Municipal Health Services, TAMPEP and the Living Room Project could be advantageous. In this way help and the need for it could be attuned to each other in a more effective way. This requires a regular contact with the group of South-American transsexuals. To achieve this, the Living Room Project could organise new workshops. Mutual arrangements are necessary here. To be able to offer help in an efficient and effective way, the possibilities for networking should be extended.

Politics too will decide on the future of a possible network of social work. Any repressive policy will make it more difficult to approach the group of South American transsexuals. At the moment the streetwalking zone and the Living Room Project are safe places for them to go. For how long it can't be predicted. However, whatever happens TAMPEP will continue to offer information and guidance.

Central and East European women

HANKA MONGARD

In the period from June 1995 until June 1996 some 300 prostitutes working in the window brothels in Alkmaar and the Hague had been approached by the TAMPEP team worker.

The target group consisted of women from Ukraine, Russia, Lithuania, Latvia, Poland, Czech Republic, Slovakia and former Yugoslavia.

Most of the women are between 20 and 25. They are well-educated; many of them have had professional higher education and used to work in their country in their profession before they set off to the West. Some of them are students or persons with a university degree. They usually come from big cities. Many of them are single mothers whose children are being brought up by grandparents during the absence of their mothers. The women come from all levels of society. In most cases they do not speak any foreign language.

The women's motives to go into prostitution are almost always economic. For most of them this is the only way to improve their standard of living and to be able to taste life in the West.

Their way of arrival in the West is varied. Some of them came on their own initiative, some of them heard about a good job from their girl-friend, many of them were recruited by professional recruiters in their country, in most cases being aware, but sometimes unaware that they would be working as a prostitute.

Generally speaking most of the East-European women work, one way or the other, for a pimp or for members of an internationally operating gang.

Their dependence on a pimp or trafficker varies according to their circumstances or background:

- if women happen to be recruited by a professional recruiter in their home country (irrespective of whether it concerns prostitution work or another job outside prostitution), they usually find themselves being sold from one trafficker to another without having any influence on their situation and their way of life.

- some of them come on their own initiative to work in the West. They try to stay independent, but it often happens that, when facing a serious problem, for example deportation, they have to call on the help of a pimp and this way they bind themselves for a long time or forever to this man.

- many women are introduced into prostitution by girlfriends who are actually working as sex workers. These prostitutes used to work for a pimp and, after having freed themselves from his power, went back to their country and brought new colleagues.

The new women are obliged to share their earnings with the "madame" as long as they work together at the same place. Sometimes the "madame" uses the same methods of intimidation which were used against her when she herself worked for the pimp.

■ the women from the former Soviet Union happen to be in the most precarious situation. Because it is very complicated to get a visa (which all Western countries require) they sell themselves already in Russia or Ukraine to an internationally operating gang which arranges everything for them. They travel under supervision, are taken over at the borders by other members of the gang and upon their arrival they are welcomed by Dutch, German or Yugoslavian gang members. They are likely never to be able to free themselves from their "bosses" as they call them.

A comparison of the target groups of TAMPEP 1 and 2

If you compare the make-up of the present target group with the one of two years ago, you notice some major changes.

The first change concerns the nationalities of the women. At the time of TAMPEP 1 (1993/1994) Polish women constituted the largest group, while during TAMPEP 2 (1995/1996), the women originating from republics of the former Soviet Union, especially from Ukraine, started dominating the target group.

This phenomenon might be due to a growing poverty in the former SU, where more and more women seek an opportunity to work abroad. These women are recruited by members of international gangs which specialise in trafficking in women. These criminal groups, which are well-organized, form a powerful network covering many countries. They cooperate closely between countries, and the members of the gang have different tasks such as recruiting of the women, organising the passage to Holland and taking care of the women at their destination country.

This expansion of multinational gangs has led to the gradual disappearance of individually operating traffickers, usually Polish men.

The Polish women normally used to work for single pimps, who operated independently or in small groups. They are now being pushed aside by powerful gangs from the former SU.

Another change in the make-up of the group concerns the level of professionalism of the women.

The target group of TAMPEP 1 consisted of women who were novices in prostitution, while most of the clients of TAMPEP 2 have already worked elsewhere in prostitution (but usually not in their home country) before they came in touch with the streetworkers of TAMPEP.

Why are East European women so often victims of trafficking in women

Most of them still believe in the myth of the rich West. Everybody knows somebody who made "lots of money" in the West. However, the chances of legal migration to a wealthy area such as one of the countries of the EU are very small. So if the woman wants to work in the West, she has to find an illegal way to get there. This illegal immigration makes people very vulnerable to exploitation by a go-between.

So it is not only the poverty in their home country, but also the policy of countries of the EU that makes this kind of trafficking possible.

The women are brought up in a traditional patriarchal society where the man is the dominant factor. At the same time, communism has given women the opportunity and access to a higher education. In fact, in Poland for example, there are more women with a tertiary education than men. So, if the financial need arises, they often take the initiative to look for new chances, but due to the poor economic state of their home countries, many of the more ambitious women leave for the West and consequently end up in the sex-business because prostitutes are always in high demand everywhere. At the same time, the women stay psychologically dependent upon men, because their emancipation is not a result of a long process of gaining independence and becoming self-assertive but actually restricts itself only to the professional field. This is why Polish, Ukrainian and Russian women are almost always in the power of pimps (in most cases their own countrymen) and why they so often depend upon others to the extent that they become victims of trafficking or other forms of exploitation by these men.

Another reason why the East European women are so often victims of trafficking is their total naiveté and blindness. It seems that these persons did not have much opportunity to develop any self-defence mechanism. The housing shortage forces many youngsters to stay with their parents, thus blocking the way to independence. This way they lead overprotected lives and may not be able to experience the harsh facts of their culture.

For many women coming from the republics of the former Soviet Union, the fact that they have to share their earnings with the traffickers is completely acceptable. In the conversations with the TAMPEP worker, they emphasize their happiness about having a job in the West. The fact that they have to pay so much money to the traffickers is considered as completely normal. Very often they cannot even imagine that their situation could be different. Prostitution is for them inseparably involved with the pimps.

Prostitutes and the police

Most of the East-European prostitutes have no work permit, which means that they work illegally in the Netherlands. In many Dutch towns, for example the Hague, their professional activities are tolerated, but in Alkmaar a new law has been introduced recently (January 1996) by the municipal authorities which forbids all illegal women to work in prostitution. In order to carry out this law, the police organise regular raids on the window brothels and all women who are caught working and staying illegally are arrested and deported to their home countries.

The members of the TAMPEP team have noticed that very often this repressive policy leads to situations in which the prostitutes are forced to ask pimps for help in finding a safe place to work, where there are no police controls, which means that they bind themselves (again) to the souteneurs.

Field work of TAMPEP

Since September 1993 until the present day, the TAMPEP worker has been visiting the street with window brothels in Alkmaar once a week. The field work was also performed (voluntarily) during the eight months which separated TAMPEP 1 and TAMPEP 2.

Since September 1995, the TAMPEP worker paid weekly visits to the window brothels in The Hague. During these visits the TAMPEP worker was frequently accompanied by a Polish peer educator. This woman is a former prostitute who, after having accomplished training in health matters, was able to pass this information to the prostitutes.

The field work was concentrated on two main subjects:

- health matters: AIDS/STD prevention, contraception
- help to the victims of trafficking

■ Health matters

Every new prostitute was approached by the TAMPEP worker with the messages about safe sex techniques, STD prevention and about contraception.

The visit of the TAMPEP worker to window brothels always involved demonstration of the proper way to use a condom.

The women often reported that the condoms break. In such a situation the member of TAMPEP tried to figure out, together with the woman, what the reason for this may be. One of the reasons might be lack of skill on the part of the woman; another could be the poor quality of condoms. In such a case good brands were recommended and samples of some of these were distributed.

One of the characteristic signs of East and Central European sex workers is the fact they are very reluctant in using oral contraceptives during their work. Back in their countries they were brought up in the conviction that the hormonal contraceptives are bad for their bodies: they would make them fat and might cause cancer. In such a case it was very difficult for the TAMPEP worker to convince the women (specially the ones who originated from the former SU) about the need to use other contraceptive methods than just a (sometimes unreliable) condom. The women usually opposed strongly the use of oral contraceptives, saying that they prefer to count on good luck. Most of them admitted that they already have had several abortions in their home countries and they considered this fact as quite normal. A consequence of such an attitude was a high incidence of abortion among the clients of TAMPEP in Alkmaar and in The Hague.

■ Help to the victims of trafficking in women

Ninety-five percent of the women from Central and Eastern Europe are to a certain extent in the power of pimps or traffickers. Many women accept this situation without any

protest, but there are also some women who want to change this situation. That means that often TAMPEP worker was asked for advice on how to get rid of the pimp.

The women rarely asked for a real "rescue operation", such as intervention by the police or direct help from other organizations like the (Dutch) *Foundation against Trafficking in Women*. In most cases they just wanted advice on how to free themselves from the power of a pimp or how to arrange their situation so that they would be able to get some of their earnings from him.

When the TAMPEP worker was faced with a case of exploitation by a pimp, she tried to help the woman to define her options, that is to say, what were the choices in her particular situation?

In most cases the women did not even consider the possibility of returning home. They came to the West to earn money; they could not go home with empty hands.

The most important advice from the side of the TAMPEP worker concerned achieving control over the work situation. The use of condoms was one of the first priorities in such a situation. If the woman consequently refuses to work without a condom, she has a good chance to obtain control over her body and subsequently she will regain respect for her body which might eventually lead to improving her work situation.

This empowerment of the women was considered as one of the most important goals of the field work performed among the prostitutes. While making the women more assertive and helping them to obtain more self-esteem, the TAMPEP worker tried to convince the women that they are capable of opposing the pimp and that they are able to decide about the course of their lives.

There were various cases of women who have set themselves free from the power of pimps (in most cases with the help of a TAMPEP worker) and who continued their work in prostitution. Their working conditions have drastically improved and they appeared to be completely different persons.

This leads to the conclusion that AIDS prevention should be primarily directed to improving work conditions of the women concerned.

Often the TAMPEP worker was confronted with a case of such exploitation of the women by the pimp that direct action against the pimp was required. Of course, the intervention was carried out only with the full consent of the woman involved.

In Alkmaar the TAMPEP worker could count on the cooperation of the owners of the window brothels who have their own tricks to deal with the traffickers, such as threatening them with expulsion from the street or threatening them with the police.

In The Hague, the TAMPEP worker collaborated closely with the *Prostitutie Projekt* (Prostitution Project), which is a help-organisation for the prostitutes.

When the cases of drastic exploitation by a pimp were noted by the TAMPEP worker, she would get in touch (again with the full consent of the prostitute involved) with a contact person from the *Prostitutie Project*. The workers of the *Prostitutie Projekt* would then take over the woman and would try to find the solution to her problem.

In one case, the police, warned by *Prostitutie Projekt*, started research against a pimp, who had been known to the TAMPEP worker as a notorious traffficker of women from Lithuania.

Peer educators course

The peer educator's course took place in Alkmaar and in The Hague.

The preparations for the course started at the beginning of February 1996.

In **Alkmaar** at this time there were about 30 women of East European origin working as prostitutes. Some 15 women (Russian and Ukrainian) were selected for their qualifications as a peer educator (leader of a group, interest in health matters, good basic knowledge) and approached by the TAMPEP streetworker. Twelve women expressed their interest in the training course.

In **The Hague** it was very difficult to assemble a stable group who would be able to attend the course regularly. This is due to the enormous mobility of the women who belong to the target group and to the fact that most of the women stay in the power of the pimps and cannot decide for themselves about their movements.

Finally, a group of six women was selected (four Ukrainian and two Polish), but only three women were able to attend the course regularly and finish it with success.

Before the start of the course, the basic (medical) knowledge of the candidates was tested with the help of a questionnaire.

The course was led by a Russian physician who lives in the Netherlands.

There were three sessions in form of lectures, (once a week about 1,5 hours) which treated the following general subjects:

- anatomy of the female body with special attention to the female reproductive organs
- pregnancy and abortion
- AIDS and STD
- healthy nutrition

Other subjects touched during the course:

- negotiation skills with clients presented by the TAMPEP team worker.
- presentation of the medical consultation hour on the street in Alkmaar and in the Health Centre in the Hague made by the physician who runs the consulation hour

The materials used during the course were slides, plastic make-ups of female organs, posters and brochures.

Evaluation of the course

In the first instance it was difficult for the TAMPEP worker to convince the prostitutes about the need of following the course on hygiene and prevention.

These women do not identify themselves as prostitutes. Most of them have a professional education and used to work in their home countries, so it is difficult for them to accept the fact that they are now prostitutes. They consider their work as temporary and do not want to go deeper into prostitution matters. Many of them refuse to believe that the more professional they become, the safer their work is. Most of them are afraid that if they become more professional, they will never be able to leave prostitution.

The first session in Alkmaar was attended by all participants, but it was immediately evident that the women did not feel comfortable in such a big group. They were shy and afraid to participate actively in the training. Only after the group had been

divided into two smaller sections did the women turn out to show great interest in the course.

ALKMAAR

The target group

Alkmaar has 120 window brothels, of which about 40% are occupied by women from the Ukraine and Russia.

There were hardly any Polish women working in Alkmaar this year.

There is also a small group of Czech women who have been working there for years. The individual women usually alternate a three-month period as a prostitute with home leave.

Hardly without exception Ukrainian and Russian women work for traffickers and pimps.

Most of them have an arrangement with the pimp that they pay him 150 guilders per day during three months. After having fulfilled this obligation, they are supposed to be free and be allowed to work for themselves.

There are also many prostitutes who work for a colleague who recruited them in her home country and who is obliged to share their earnings as long as they work in Alkmaar.

Most of the women stay for a period of 5 - 6 months, although there are a few women who have been working in Alkmaar already for 3 years.

Health service

The women working in the window brothels of Alkmaar have a possibility to attend a medical check-up every two weeks. This is done in a consulting room in their street. In principle they are very eager to visit the doctor after they hear about this opportunity from the TAMPEP streetworker.

During TAMPEP 1 the women were accompanied to the doctor by the TAMPEP worker who was facilitating communication between the patient and the physician (who does not speak any East European language). The presence of the TAMPEP member on the street and during the consulting hour led to such a high attendance of the consulting hour that the GGD (Public Health Service) was compelled to prolong the consultation hours.

During TAMPEP 2 the streetworker, however, could not always attend the consultation hour for reasons beyond the control of TAMPEP. The women were just informed about the opportunity for medical check-up and encouraged to make use of it. At the same time, every prostitute was extensively informed about the way the Dutch physicians work and given instructions concerning the way she should explain her problems to the doctor.

Unfortunately, in spite of these active pre-consultations performed by the TAMPEP streetworker, the GGD noted a large recession of attendance at the consultation hour by East European women.

THE HAGUE

The target group

In this town prostitution is exercised on three streets with window brothels.

On Poeldijkstraat and Doubletstraat (some 500 window brothels) work mainly Latin American (80% of all prostitutes) and African (15%) prostitutes. Here there are very few East European women, about 5%. The hygienic conditions of the houses are very poor, the rent for the room is rather low (100 gld per day) and the services of the prostitute are quite cheap (25 - 35 gld per 15 minutes).

The third street, the Geleenstraat with its 300 window brothels is populated mostly (70%) by East European women.

The street is considered as the "best street". Here work also some Dutch prostitutes.

On this street the hygienic conditions of the houses are quite satisfying, the rent varies between 125 - 150 gld, the services of the prostitutes cost about 50 gld for 15 minutes.

It is very difficult to describe which nationality prevails among the East European prostitutes on this street. This fact is due to the great mobility of the women belonging to the target group.

The women are sold by international traffickers to local pimps and then resold to other pimps in other towns.

At the end of 1995 the largest group of the women was formed by the Ukrainian, while some months later a new large group of women appeared: the Lithuanians and, quite recently, the Hungarians.

The supply of women varies according to which trafficking network has chosen the Hague as its operating area, and which group has contacts with the local pimps.

Health service

Official services

The health service for prostitutes is well-organised in the Hague (see report concerning the Latin American prostitutes in the Hague).

The East European prostitutes are encouraged by the TAMPEP worker to attend the General Health Centre situated in the neighbourhood of the prostitution streets.

This public clinic has a consultation hour every day especially for the prostitutes. The prostitutes are treated anonymously and obliged to pay a small amount of money for the consultation.

The general practitioners who run the hour have been trained in tracing and treating STD.

According to these physicians, 80 % of the complaints of the prostitutes are of general, usually psychosomatic nature.

If there is a need, the women can be sent to a specialist in the hospital, although they have to pay the full fee for the consultation.

During the field work, the women who were approached were informed about the way the Centre works, about the costs and the conditions. The TAMPEP worker did not

accompany the women to the clinic; in case of need, the doctors called the interpreter's telephone who translated the complaints of the women.

According to the reports of the physicians, since the beginning of TAMPEP activities in the Hague, the attendance at the consulting hour grew so drastically, that they are now obliged to prolong the surgery hour for the prostitutes.

Private physician

Next to the official health service, there is also a private gynaecologist who delivers services to the prostitutes.

He has a private laboratory where he makes tests to trace STD and AIDS.

His popularity among East European women is due to the fact that before TAMPEP started its activities in the Hague, these prostitutes remained practically beyond the reach of local street workers and were not informed where they could go for medical examination. Thus the prostitutes passed his address on to one another and advised each other to use his services. Also the owners of the windows encouraged the women to attend his consultation hour.

Another reason for his popularity is the lack of confidence in public health service among the East European prostitutes. In their home countries only private doctors are considered reliable.

During the field work, the TAMPEP worker recorded many complaints concerning the way this particular physician works. They came from the side of the prostitutes and also from some official authorities.

The physician is accused of carelessness in performing STD and AIDS tests and of many errors of general medical nature. The TAMPEP worker tried to collect some records of these mistakes, but it proved to be a very difficult task.

International activities in countries of East Europe

■ International conference "AIDS i my"

Podebrady, Czech Republic, November 25 - 27, 1994

The TAMPEP team worker for East European prostitutes presented a paper: "Health care of prostitutes abroad - rights and reality". The lecture describes the way the public health service for prostitutes is organized in the Netherlands and in Hamburg, Germany and why, due to all sorts of factors, the East European prostitutes make so little use of it.

■ Prevention of HIV/AIDS in the Czech Republic. Prostitutes Peer

Education Project

Prague, 21 November - 3 December 1994

TAMPEP team worker for the East European prostitutes was hired by the WHO, Regional office for Europe to conduct training for streetworkers in Prague, Czech Republic. The training was organized by the prostitute organization "Bliss without Risk", led by Dr.

Malinova. The group of trainees was formed by students, policemen, high school teachers, social workers and streetworkers operating in the area of the Czech-German border.

Training sessions organized by the TAMPEP team worker:

Lectures:
- Health care of prostitutes abroad: rights and reality
- Charter of prostitutes rights and legislation abroad
- Experiences with trafficked women working in the Netherlands and Germany

Workshops:
- Demonstration of condoms, lubricants and other products used in prostitution
- Case study: *The story of Dorota, a Polish prostitute in the Netherlands*
- Streetwork as a job and mission
- The pimp
- Role play

■ Conference "Grenzüberschreitende STD und HIV/AIDS- Prävention für die Zielgruppen Freier, Prostituierte und Drogenabhängige am Beispiel der Grenze von Schwedt bis Forst"

Frankfurt/Oder, Germany, February 8, 1994

The conference's goal was to start collaboration between German and Polish authorities in the field of STD/AIDS prevention among prostitutes working in the German-Polish border area. The TAMPEP worker was invited as an adviser and an expert on these problems.

■ In May 1995 the TAMPEP worker was asked by Dr. J. Hallauer, Regional Coordinator of Global Programme on AIDS of the WHO to comment on the Polish National Programme on AIDS. At this time Poland was busy preparing the National Programme on AIDS which had to be approved by the WHO.

■ In October 1995 in Warsaw, the TAMPEP team worker had a first meeting with Polish organizations: *Social AIDS Committee, La Strada* and *Monar*, about setting up of AIDS prevention project for prostitutes in Poland. The draft of the future project was prepared and the cooperation of the TAMPEP was requested by the Social AIDS Committee. It was decided that the TAMPEP worker would train future streetworkers to operate in Szczecin, Warsaw and Zielona Gora.

■ II International AIDS Conference "Shared Rights - Shared *Responsiblities",*

Warsaw, 30 November - 1 December 1995.

The TAMPEP worker presented the paper: "The modification of high risk behaviour" in which the methodology of TAMPEP was described.

■ In January 1996 the TAMPEP worker was invited to Brussels, Belgium to present results of her work to the (local) social workers who were undergoing training sessions on streetwork with prostitutes.

■ Training of streetworkers

Szczecin, Poland, May 13 - 17 1996

The TAMPEP team member was officially invited by the Provincial Sanitary - Epidemiological Station of Szczecin to conduct series of training sessions of future streetworkers to operate in Szczecin and surrounding areas.

Training sessions conducted by the TAMPEP team member:

Lectures:
- Prostitution in the Netherlands
- Legislation concerning prostitution in some countries of the EU
- Health care of prostitutes in the Netherlands and in Germany
- Experiences with the victims of trafficking working in the Netherlands and in Germany
- The main rules concerning the recruitment of peer educators among prostitutes

Workshops:
- Condom demonstration. Presentation of the products used in prostitution
- Case study: *Dorota, a Polish prostitute working in the Netherlands*
- Streetwork contact: job or mission. Main rules concerning the work of a streetworker
- The pimp
- Role play

■ The Polish meeting of experts - International Seminar on Trafficking in Women in Central and Eastern Europe

Warsaw, May 24 - 26 1996

This 3 day international conference was organized by *La Strada/Program Prevention of Traffic in Women in Central and Eastern Europe* based in Warsaw with its partners in the Netherlands (Foundation against Trafficking in Women) and in the Czech Republic (proFem - Central European Consulting Centre for Women's Projects).

The TAMPEP team member presented a lecture: "Situation of the Women originating from Central and Eastern Europe Working as Prostitutes in the EU Countries".

Coming activities

■ Workshop on East-West Mobility, Prostitution and HIV/AIDS

Szczecin, Poland, June 26 - 28 1996

The TAMPEP team member will have two presentations at this seminar:

Lecture:
- Service provision to illegal sex workers

Workshop:
- Female prostitution: addressing sex workers from a different cultural setting with HIV/AIDS prevention information

■ September/October 1996: there will be training sessions of future streetworkers operating in Warsaw and Szczecin conducted by a TAMPEP team member.

African women

RUCCA ALAWA

The target group consists of women from Ghana and Nigeria. They were approached in the window brothels in Arnhem, Alkmaar and The Hague.

Most of the women who are working in Arnhem are Ghanaian and have legal status. In the Netherlands there has been a large community of Ghanaian people since the 1980's. The women are brought over by their families, husbands or boyfriends. They do not explicitly come to work as a prostitute - they would take any job that is available - but most of the times prostitution is the only option for them.

The Nigerian woman work in Alkmaar and in The Hague and do not have legal status. The women are very mobile and travel in small groups throughout Europe. (See introduction by Dr. Brussa). They want not work far away from the community in order not to be recognized by someone they know. Most of the women have developed a kind of a network, exchanging rooms with girlfriends and keeping their belongings there. This network also includes female pimps (madams) of the same nationality who help the women in finding a place to work and in return demand a part of their earnings.

Comparison of the target group of TAMPEP 1 and TAMPEP 2

The target group of TAMPEP I consisted mostly of Ghanaian women while the target group of TAMPEP II is formed mostly by Nigerian women.

This group of women characterizes itself by great mobility. The women continuously travel from one country to the other. During the activities of TAMPEP II there was a large concentration of Nigerian women in the Netherlands who used to work in Italy, but were forced to leave the country due to police actions.

African sex workers and health care

The health care in Alkmaar, The Hague and Arnhem is very well-organized (See the chapter concerning the Latin American women). The African women, however, do not make much use of it. There are several, different reasons for this:

- Many women are afraid to attend a public health clinic because they fear that their personal data will be registered and used.
- Many women do not trust Dutch doctors.
- Some Ghanaian women, thanks to their legal status, would rather go to a family doctor.

■ Other women prefer to attend the private physician who is open for consultation in the town where they work. They pass along the addresses of these doctors.

One of the priorities of the TAMPEP project is to inform, advise and encourage the prostitutes to use the health services provided by Dutch medical authorities.

Field work

TAMPEP field work among African women is concentrated on health matters such as AIDS/STD prevention, safe sex techniques, use of lubricants and other products, personal hygiene and contraception.

The knowledge of STDs among African women is very low. Most of them are not afraid of contracting STD as they consider these kinds of diseases not so harmful. Their attention and fear is mostly directed towards AIDS which the consider as an 'evil disease'.

The field worker noticed that many of the women were not familiar with condoms; therefore, every approached woman was demonstrated proper use of condoms. The women often reported that the condom broke. In such a situation the members of TAMPEP tried to figure out, together with the women, what the reasons for this could be. One of the reasons might be lack of skill on the part of the women; another might be the poor quality of condoms. In such a case, good brands were recommended and some samples were distributed.

The women were also not aware of the fact that condoms break by use of wrong lubricants such as Vaseline, baby oil or saliva.

As far as personal hygiene is concerned, the African women have a habit of washing the inside of the vagina at least twice a day. Some of them even use ammonia for vaginal douche. Because of the danger of infections and the destruction of the vagina, the TAMPEP worker strongly advised against wrongful custom and recommended the use of a proper vaginal douche (lactacyd intiem).

Most of the African prostitutes do not use oral contraceptives; they consider the condom as safe enough. They also believe that through the sexual contacts made in prostitution they cannot become pregnant. One of the goals of the TAMPEP worker was to convince the women about the need of using oral contraceptives.

African women demand a very direct and pragmatic support and solutions to their problems. The field worker has to be aware of this phenomenon and has to able to go into direct action. Because of this attitude, social contacts between the field worker and the prostitutes remain superficial in most of the cases.

International contacts

■ *AIDS & Mobility*: Third European Meeting on Ethnic Minorities, Migrants & HIV/AIDS, Driebergen, The Netherlands, 20/24 September 1995. Members of TAMPEP facilitated two workshops.

■ *Aids & Mobility*: Presentation of TAMPEP at the international meeting *East-West mobility: Prostitution and HIV/AIDS*, Stettin, Poland, 26/28 June 1996.

■ XI International AIDS conference, 7/12 July, 1996, Vancouver, presentation of TAMPEP in the framework of *Europe against AIDS*, DG/V.

■ ELAINE (network of European cities on ethnic minorities): seminar *Local authorities policies on ethnic minority women*, Sheffield, 27/28 September 1995.

■ Coordination meeting Europap - TAMPEP, Amsterdam, August 16, 1995.

■ *Border Issues: Conference on prostitutes and clients*, in Germany and Czech Republic, December 8, 1994, report.

■ WHO temporary advisory: *Peer Education Project*, Prague, November 21/ December 3, 1994.

■ Polish AIDS Committee: consultative meeting, Warsaw, October 17/18, 1995.

TAMPEP/Italy

■ Seminar in Pordenone, August 1995

■ Seminar in Venice, November 10 - 12, 1995

At these seminars representatives of the Ministry of Health of Slovenia and Albania were present.

■ International TAMPEP seminar in Turin, 13/15 June 1996, for all team members and invited guests, inclusive from the mother countries of the target groups.

■ TAMPEP/Netherland, workshop for *Service d'Acceuil et de Formation*, Brussels, January 8,1996.

■ Presentation of TAMPEP at the international meeting Women's politic in Eastern Europe, Poland, May 24/26, 1996.

■ TAMPEP participation in the *International Seminar on Trafficking of Women*, organised by the European Parliament, Vienna, 10/11 June, 1996.

■ West Africa meeting on AIDS and Prostitution: Lome, Togo, November 6/11, 1995. TAMPEP corresponded with the general coordinator. Also bilateral contacts with Senegal, Ghana and Nigeria.

■ Brazil: three local NGO's use TAMPEP material.

■ Russia: correspondence with Aesop and AIDS Infoshare Russia.

■ Ecuador: consultation with the coordinator on women's issues of WHO Latin America. Contact with the organisation of prostitutes.

■ Lithuania: an article on TAMPEP in the national AIDS magazine.