

TAMPEP

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



3

TAMPEP

October 1996

September 1997

FINAL REPORT

Austria

Germany

Italy

Netherlands

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TAMPEP Project

Final Report

September 1997

Editor Licia Brussa

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PREFACE

LICIA BRUSSA

This report contains a description and analysis of all the activities of the TAMPEP project, from October 1996 until September 1997. The objective of the TAMPEP project is to develop models of health promotion for women and transvestites/transsexuals (man to woman) from Eastern Europe, Latin America, Africa and Southeast Asia who come to work in the prostitution industries of Western, Northern and Southern Europe.

The focal point is HIV/STD prevention, but in order to obtain a behavioural change it is necessary to address health in general as well as the overall social position and the working conditions of the migrant prostitutes.

TAMPEP started in 1993. The first phase was carried out until 1994, the second phase from 1995 to 1996. In October 1996 TAMPEP and EUROPAP united to synchronise their activities in order to benefit from their mutual network and interventions in the field of HIV/STD prevention in prostitution.

Each phase of the TAMPEP project has been described in a separate report, with a total of three reports published until now and numbered from 1 to 3, according to the year. For a complete overview of the project it is therefore advisable for the reader to get a complete bibliography. The TAMPEP project has also produced and published specific material like manuals and information material about prevention in the target's mother tongues. A list of the material produced by TAMPEP is published in this report.

A summary of the project presents the project as a whole, its activities and the relative analyses will be described in detail in the four parts dedicated to the four participating countries; the activities carried out in collaboration with EUROPAP will also be described as activities of each national team.

In this introduction I shall try to indicate the general factors contributing to the migrant prostitution phenomenon in Europe and give a clear picture of it; in so doing I shall also try to offer the reader some means of interpretation for a general understanding of our work and methodology.

In the last three years, TAMPEP national teams, consisting of cultural mediators, peer's educators and street operators of different nationalities, contacted more than 30.000 migrant prostitutes while carrying out their intense fieldwork in Italy, Austria, Germany and The Netherlands. More than 150.000 interactive contacts have resulted from this fieldwork. This continuous acquisition of empirical data has allowed us to draw a detailed and updated map of migration movements within the prostitution industry in Europe, and a map of the demographic composition of the different groups.

At the same time we were able to analyse and follow the sometimes radical changes occurring within the prostitution system in Europe as well as the consequences and chain reactions caused by “the internationalisation” of prostitution.

In the last few years and in the current one in particular, the political debate on prostitution and on the phenomenon of Traffic in Women has received a peculiar political attention within the European Parliament and the European Commission. The TAMPEP project partners have been particularly active within these international forums.

The tension existing among Community policies, definitions, the action program of the European Commission resolution and the national policies on prostitution and migrant prostitution was strongly felt this year. The following chapters contain a description of the numerous changes which occurred. Within this complex context of political answers and changes to the territory I shall try to sum up the experiences and data of the TAMPEP project.

Prostitution can no longer be considered a local or national phenomenon. It has become an international one, because of the composition of its population and the connections of its commercial organisations.

The internationalisation of prostitution can be defined as a phenomenon with a structural character which will continue to determine and map the future of the prostitution industry.

The number of new subjects entering prostitution is constantly increasing as well as the number of nationalities among prostitutes. During the first year of the TAMPEP project we have recorded the presence of 10/12 different nationalities within the four European participating countries. This year 25 different nationalities have been recorded though coming from the same geographical areas. The number of women coming from Central and Eastern Europe and the Balkans is gradually increasing. There are a growing number of new groups entering prostitution, in the sense of groups of sex workers from different countries of origin or groups with different socio-cultural characteristics. If four years ago, for example, the groups formed by Latin American sex workers came mostly from small villages and had a low education level, today's sex workers of the same group come from towns and cities, belong to the lower middle-class and have a higher education level than the Latin American prostitutes of the 80'.

This change in the sex workers socioeconomic origin is simply an indication of the gradual impoverishment of certain geographical areas, which also affects the lower middle-class in towns and cities, and women in particular.

This trend can be observed in all the different ethnic groups.

Another change is represented by the sex workers' increasing mobility among the various European countries. In one year, the majority of women contacted by our teams worked at least in two different European countries, with a maximum of four countries, and in different forms of prostitution. This mobility has not only an international character but a national one as well. On average our teams were able to constantly follow the groups for a period of three months. Sometimes this mobility can have a cyclic character; sometimes the destination can become more definitive. The different kinds of mobility are mainly determined by the length of the stay in the first country of arrival, by connections with the prostitution world and by internal networks of fellow-countrywomen or intermediaries.

A further change results from the enormous migration flows from Central and Eastern Europe towards Western Europe and from the internal migration flows from Eastern Europe towards Central Europe.

According to data collected by the police station of the Polish frontier town of Szczecin, in 1996 six million of people have crossed the border to Germany; it also appears that the majority of them were women. This information demonstrates the great mobility of people from Eastern to Western Europe. The Eastern European countries serve also as transit areas for other destinations. Central Europe and above all the countries associated with the European Union constitute the main entrance to EU countries for non-EU women who are going to work as sex workers.

The traditional forms of prostitution and the tradition of a prostitution system are no longer relevant in the face of the migration flows and the phenomenon of the internationalisation of prostitution.

Similarly, the concentration of non-EU prostitutes is no longer confined to Northern Europe, as it was in the past.

We notice that, independently from the prostitution systems in force, the concentration of migrant prostitutes in Southern European countries, and particularly in Italy, Greece and Turkey, is mainly determined by the geographical vicinity of certain countries and by the presence of an ethnic community already settled in the country.

It is no coincidence that the majority of prostitutes in Italy is of Nigerian and Albanian origin; it is actually quite easy for Albanian women to enter Italy while Nigerian women can count on a numerous Nigerian community. Similarly in Greece the majority of prostitutes is migrant and of Albanian and Polish origin (but there are also prostitutes from other Eastern European countries and from the Balkans). In Turkey - a country with a strict regulatory system characterised by a state control system over prostitution carried out by the police and public health services, where sex workers are registered and prostitution is tolerated with several regulations and administrative limitations - the offer of commercial sex takes place mainly outside controlled private brothels (in hotels) and the majority of prostitutes is of Russian, Ukrainian, Romanian and Bulgarian origin.

The attempt of the state to control unregistered prostitution is equally unsuccessful in Austria, where a regulatory system failed to stop clandestine and migrant prostitution from growing, as it failed in Turkey.

Also countries adopting a system with an abolitionist character (like Italy, for instance) where street prostitution is dominant, were unable to prevent sex workers of new forms of prostitution from finding a place in the streets or prostitution from reorganising itself within a free market of offer and demand - as it happened in all the other European countries - independently from the traditional system used by the state to control prostitution and the traditional forms of prostitution found in the country itself.

This does not mean that national laws on prostitution and immigration do not affect the social, working and health conditions of migrant women, and their position on the prostitution market. On the contrary, a repressive policy both on prostitution and on illegal immigration deeply undermines the prostitutes' chance to implement a strategy of self-protection and autonomy in performing their activities as sex workers; such a policy increases their risks of being exploited and of becoming subordinate to third persons, promotes social alienation and causes a lack of life alternatives. We have observed that, in

order to face the problems of the internationalisation of prostitution and its new forms, we need new prostitution policies and social definitions which must be drastically different from those implemented in the past.

The objective consists in normalising the prostitution market, accepting prostitution as a social phenomenon and the fact that the resources offered by the prostitution market inevitably represent an actual possibility of economic resources for a relevant part of the feminine foreign population, which is excluded from the inflexible official employment market of the countries of destination or which finds a legitimate possibility of earning money and an economic solution to its original condition. This realistic approach to the prostitution phenomenon does not imply the acceptance of crimes against physical well-being or an acceptance of forced prostitution or of sexual exploitation, which remain forms of violence against individuals, but it may be considered the right path to follow to pursue the objectives of normalisation of prostitution and of protection of human rights. It may even be seen as the path to follow to find a solution to all the emancipation processes from negative conditions, by allowing the weak subject to become strong, contrary to all paternalistic logic.

This philosophy or possible path is particularly important as far as health protection, HIV/STD prevention and risk-reducing strategies for migrant prostitutes are concerned. This is the path that we have always followed; the prostitution policies and public health policies should consider these guidelines to be fundamental because these two policies are actually closely connected to one another in their effects and consequences.

If possible forms of self-organisation and self-protection of the sex workers will be promoted with the aim to allow the emergence of strong collective subjects, it will also be possible to safeguard the health conditions of the subjects operating in this particular market and offer a more effective protection against the different forms of exploitation.

The practice of prostitution should therefore be considered within the logic of the damage reduction; both as far as the social aspects (discrimination, loss of civil rights, lack of life alternatives, loss of decisional autonomy) and the safeguard of health in general are concerned. In the fight against organised crime, traffic in women or conditions causing situations of exploitation or dependency for migrant prostitutes, a clear differentiation should be made between political measures - that should be necessarily strict and effective against exploiters or intermediaries - and policies for the protection of the migration processes and of the rights of the subjects, even in their decision or necessity to enter the European prostitution market. The exploitation prevention should not mean prostitution prevention as well, as prevention of health hazards should not legitimate discriminatory measures against migrant prostitutes by public health bodies. In this context we would like to underline once more the intolerability of the prostitutes' registration obligation in certain European countries and the obligation to undergo public health controls especially meant for prostitutes.

The evidence of the negative effects of a strict control system on the freedom of access to medical and diagnosis services for migrant prostitutes is clearly illustrated by the data presented in this report by TAMPEP/Germany.

The major change in the context of the internationalisation of prostitution is strongly marked by the infiltration in the European prostitution market structure of international criminal organisations that organise, manage, exploit and control the migrant women's itineraries, their entrance into the prostitution market and that subsequently exploit the

prostitution of sex workers coming from non-EU countries, and especially of women coming from Eastern European countries. These organisations are increasingly developing a structure of international collaborations among individual pimps and criminal groups and intermediaries in the countries of origin and in those of destination. All this has led to a gradual intensification of the criminalisation of the prostitution industry and to an increase in organised crime forms. Moreover, while some years ago the criminal organisations dealing with traffic in women and the exploitation of prostitution used to restrict themselves mainly to the importation of people in the various countries, at present they tend to control the prostitution infrastructure and increase the volume, not only as to the number of prostitutes but also as to the number of places of prostitution. A part of the revenues deriving from the exploitation of prostitution is invested in other criminal activities (drugs or arms) or in the real estate sector and in the prostitution industry (apartments, clubs and bars).

This development has been clearly monitored in a city like Hamburg, where in the last four years prostitution in apartments has increased enormously, also as a consequence of frequent police and administrative controls in areas where prostitution is more visible, like on the Reeperbahn, for instance. In a city where prostitution was traditionally concentrated in two areas, it has now spread all over the urban territory. Hamburg alone counts 650 addresses with apartments used for prostitution. It is difficult to give an estimation of the total number of apartments because in some buildings there are sometimes 20 apartments where prostitutes receive their clients, and sometimes only one. Moreover, the same apartment can be used by different prostitutes and the groups can differ in number. This new prostitution scenario in Hamburg is evidence of the change occurring in the forms of prostitution, from a traditional form - visible and concentrated in certain areas of the city - to a more invisible, flexible and widely spread one.

Prostitution in Europe is no longer a typically urban phenomenon. Beside an increase in organised forms of prostitution, we have also noticed an increase in prostitution, both in the streets and privately, in provincial towns, in small villages or in areas close to the borders.

A clear example of this territorial spreading is given by Italy.

At present, street prostitution is spread wherever there is an infrastructure of streets and traffic networks (highway junction, railways) and where there is a relevant tourist presence in certain seasons of the year (the Adriatic coast in the summer) with a strong increase of seasonal prostitutes. One of the characteristics of the street prostitution and mobility of the Nigerian women is that in one day they can travel by train, within a province, from one place to another and work at different times in the various towns and villages. In one day they are able to work in three or four places. There is therefore a remarkable distribution and spreading of places of prostitution. In the street-prostitution free market there is a strategy of market research that, notwithstanding the increasing number of prostitutes, somehow finds its balance between supply and demand because of the increasing distribution over the territory.

Because of the increasing supply of commercial sex, internal competition is rising, resulting in a decrease in the revenues and in the rates for sex services. This inflation mechanism is even stronger in prostitution structures concentrated in a specific area or with a limited number of workplaces or, as we shall read in the Dutch report, with a period of instability due to more repressive policies or policies aimed at disturbing the market. Where the groups of migrant prostitutes are able to control their rates and their working

codes, as a form of self-management and internal social control, also thanks to the territorial distribution, as it is the case in Italy for instance, price inflation is less strong and therefore the bargaining position of the prostitutes towards their clients more powerful.

However, when the competition and inflation mechanism shows a spiral of negative chain reactions, a continuous change of population occurs, women start looking for better jobs and working conditions and new groups enter the market. In the four countries where the TAMPEP project has been carried out only 10/20% of the sex workers interviewed this year stays in the same place for more than one year, 60 to 80% of the contacts in the field were new contacts.

This explains the importance of a continuous fieldwork and the necessity of a continuous repetition of the program's activities and, above all, the importance of simultaneous activities in the four countries participating in the project and of the transnational character of the project's methodology.

Another characteristic of migrant prostitution is the chain migration within networks of relatives or of friends or through the same intermediary. These internal networks are often transnational in Europe. This means that a Latin American, an African or a Eastern European woman has at least four or ten contacts and addresses of prostitutes in other countries. These internal relationship networks found in every group form both a big communication channel and a network of mobility and rotation within Western Europe and sometimes even outside Europe. We have met groups of Latin American women working in a prostitution circuit spread over three continents (South and North America, Asia and Europe) and who had worked as prostitutes in 10 different countries in the world. We have also met some Eastern European women with a five year experience in prostitution, who had worked in non-European countries. This gradual increase in both internal networks and in migration channels and work and travel routes, urge us to seriously take this mechanism into consideration when dealing with prevention, communication techniques and the diffusion of the preventive message. This year in particular, as described in the various national reports, the TAMPEP project has used our target's mobility in a positive way and has employed the European infrastructure of the project, and the contacts with the countries of origin of the prostitutes to link our own prevention work to an international network of service providers and basic projects.

In conclusion we can say that from this description of the changes occurring in prostitution and the trends to be observed when analysing the empirical data collected in these years, the prostitution phenomenon in Europe can be defined as an international, mobile, flexible sex network with transnational lines. Because of these characteristics one can equally conclude that the whole prostitution market is continually changing, as far as its subjects (the prostitutes) and its internal organisation are concerned.

This overview of the present reality of prostitution demonstrates the fundamental importance of the creation of a European network of projects and of basic, non-governmental and governmental organisations able to follow the dynamics, detect the changes, understand and intervene in these extremely complex realities. Only in order to answer the simple question of: who are at present the prostitutes in Europe, we need a network which is able to exchange data and information, above all about the extreme mobility of the groups and its relative effects, we should use and develop common methodologies, create a European network of service providers, ready to offer adequate

services, tools and personnel to guarantee the possibility of treatment and prevention to sex workers.

With this objective the TAMPEP project has collaborated this year with the EUROPAP network, working together in a European network for the creation of the *Hustling for Health* Manual, and for a closer collaboration and exchange of experiences and methodologies. The TAMPEP project, in close collaboration with the Local Co-ordinators of EUROPAP, has participated in meetings, exchanges, and bilateral visits of the network, has offered its technical collaboration and explained its own working methodology in all the EU countries. It has delivered preventive material, technical advice and assistance for the creation of preventive projects specifically aimed at sex workers in five Eastern European countries. Beside this program of exportation of our working method and materials, we have produced new products this year. A specific manual in 7 mother tongues for migrant peer's education, a teaching manual for cultural mediators, and street operators on prevention and working techniques with migrant sex workers and a legal agenda for migrant sex workers with basic information on national laws and the right to public health services in the four countries participating in the project. New information material has also been produced. Another characteristic of our work this year has been the necessity to take part and organise political forums on migrant prostitution and traffic in women and participate as experts in national and interdepartmental commissions, and in European conferences for the development of Community policies on this phenomenon.

A lot must still be done to make the EUROPAP/TAMPEP network an increasingly active network but, we believe that this year's achievement is of vital importance to the future.

TAMPEP 3

TAMPEP is a European project of research and action which was born with the scope of implementing and spreading new strategies and methodologies for AIDS/STD prevention work with migrant prostitutes in Europe.

The target groups are women and transvestites/transsexuals (man to woman) from Eastern Europe, Southeast Asia, Africa and Latin America.

From 1993 until now, some 30 000 prostitutes of 23 nationalities have been approached and contacted by TAMPEP workers.

The focus of TAMPEP on prostitutes from outside the EU, has given the Project varied means of developing materials and methods of intervention which might serve as a model for related projects in other countries.

TAMPEP started in 1993. The first and second phases were carried in three years thereafter. From 1996 onwards, the project implements a model of intervention for use throughout Europe.

TAMPEP – a European Project

Partners of TAMPEP are located in the Netherlands, Germany, Italy and Austria. They are a point of reference in four countries for migrant sex workers and they constitute a base community.

International work groups are composed of personnel from multiple disciplines which include amongst others the two TAMPEP-trained professional figures: the cultural mediator and the peer educator.

The work is carried out simultaneously in four countries as one overall project, which includes:

- production of materials and the unfolding of didactic and educational activities in commonality,
- the exchange of materials and results.

This allows us great efficiency and economy in implementation of the TAMPEP method on a European level. The common gathering of statistics allows us to become a European observatory of the variations and dynamics of the phenomenon of prostitution and migration.

We are a point of reference for prostitutes on the move across nations. We are capable of following these movements in several European countries, which allows us to use these channels of mobility of persons and groups as an internal means of information and application of the TAMPEP method for transnational peer education.

Main principles of TAMPEP's activity: research & action

The analysis of the statistical data and the evaluation of the findings and results are gathered from within a methodology of continuous evaluation. This allows us to redefine and to perfect programmes of intervention in the field in order to render them evermore adequate to:

- the reality of prostitution, which is in continual change, and
- to make precise analyses in the movements of the target groups

A continuous cycle of data collection, evaluation and implementation of the work dynamic for the practice of prevention is a method which can be implemented in other European countries. A fundamental characteristic of this methodology is the fact that it continually places risk factors into relationship with the possibility of promoting changes in behaviour of the subjects at risk.

This basic trait means that we tailor a programme of intervention so that it fits several cultural groups which have common elements of a risk as:

- coercive work conditions which do not permit the sex workers to refuse clients at risk
- the degree of control on the groups on the part of criminal organisations, or
- the influence of repressive practices of control on the part of certain organs of the police.

The continuous singling out of risk factors along with the effort to inform and to educate the target groups permits us:

- to increase the levels of awareness and consciousness of risk on the part of the target group, and
- to increase the resistance of the target groups towards accepting risk factors which are being singled out as barriers to the actual practices of prevention and health promotion.

General activities of TAMPEP

- Collection of informative statistics on the target groups in all geographic regions where the interventions are being developed.
- Intensive work in the field and on the street within the diverse circuits of prostitution, in order to gain complete information and to enable in-depth prevention activity.
- As part of these activities, interviews and discussions are conducted in order to:
 - determine the possibility of the target population to employ safe sex practices
 - influence behavioural patterns of the target groups, including owners of prostitution venues and other key persons within the milieu, such as: forces of public order, and, at times, the clients.
- Constant evaluation of the reality, situational changes and behavioural patterns among the target groups.
- Holding in consideration linguistic, cultural and educational differences, conducting of workshops with the target groups in order to evaluate their levels of knowledge and to develop together with them educational materials aimed at the target group population.
- Training courses for female peer educators of several nationalities and, equally, as a final objective, the production of educational and didactic materials.

- Implementation of the peer education method within field activity and integrating peer educators into project's work teams.
- Utilisation of cultural mediation as a fundamental part of the methodology of the intervention.
- Training and formation of cultural mediators and street workers operating within the social and health services sector.
- Offering a technical support and training to local authorities who are planning to start a prevention project aimed at migrant prostitutes.
- Bridging between the target groups and the providers of services with the help of linguistic/cultural mediation, in order to facilitate the access to the services of marginalised groups which are either unaware of the existence of these services or do not have any access to them.
- Construction of a socio-health care services network, formation of a European services address directory, and the establishment of formal relationships and contacts with these networked services through preferential lines of communication.
- Production of training modules for cultural mediators and streetworkers.

EUROPAP-TAMPEP activities

In October 1996, TAMPEP and EUROPAP reached an agreement to synchronise their programmes in order to benefit maximally from their mutual activities and experiences in the field of STD/AIDS prevention in prostitution.

The co-operation between the two projects is carried out in the following way:

EUROPAP supplies the **infrastructure** for the communication of methodology and material and a network of **service providers**.

TAMPEP continues to develop and implement intervention methodology, techniques and material in the four EU countries (the Netherlands, Germany, Italy and Austria), much like a **laboratory**, in order to maintain the quality standards. This is necessary as many of the aspects of prostitution change continuously: the prostitution market, the nationalities of the women, the policies of governments etc.

- TAMPEP continues to document and analyse, as an **observatory**, these developments which are factors which influence health and safety of the target group.
- A dimension of TAMPEP's activities is the further expansion of its function as a **centre of expertise** for training, consultation and advice for all service providers and policy makers (governmental and non governmental) in the EU (and to lesser extend outside the EU).

This way - by developing TAMPEP in a true European dimension - we are able to fully take into account the international character of migration prostitution.

Results of EUROPAP-TAMPEP co-operation

- Formation of a **Co-ordination Committee** which is formed by members of TAMPEP and EUROPAP and which supervises the activities of both projects and stimulates the co-operation between them.

- Formation of international working groups of experts from TAMPEP and EUROPAP. These expert groups are focussing on the following themes:
- development of a manual for HIV prevention for prostitutes
 - work with migrant prostitutes
 - work with male prostitutes
 - work with drug using prostitutes
 - work with transsexuals

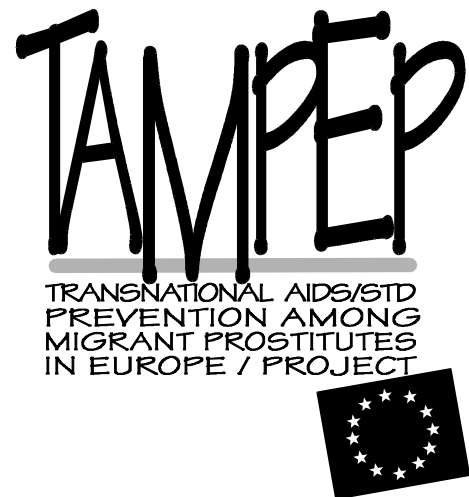
Two members of the TAMPEP team are *rapporteurs* of the working group **Migrant Prostitutes**.

Members of TAMPEP have been invited by their partners in EUROPAP in order to conduct training of their staff and share their expertise during courses and conferences. Some of EUROPAP members visited TAMPEP with the same purpose.

The aim of these workshops is to make EUROPAP's network acquainted with TAMPEP's method of intervention among migrant sex workers.

Materials developed by TAMPEP

TYPE	NAME	LANGUAGES
Leaflet	<ul style="list-style-type: none"> ■ AIDS & hepatitis B ■ Venereal diseases ■ Condoms & lubricants 	English, Spanish, Portuguese, Thai, Polish, Russian, Bulgarian, Check
Leaflet	<ul style="list-style-type: none"> ■ Pregnancy & contraception 	English, Spanish, Portuguese, Polish, Russian
Comic	<ul style="list-style-type: none"> ■ Augusta's Way 	English
Comic	<ul style="list-style-type: none"> ■ Dicas & Jeitinhos 	Portuguese
Comic	<ul style="list-style-type: none"> ■ Dichos & Diretes 	Spanish
Cassette	<ul style="list-style-type: none"> ■ AIDS prevention 	Polish, Check, Russian, Bini, Ibo, Pidgin-English, Akan, Portuguese
Leaflet	<i>For Transvestites and Transsexuals:</i> <ul style="list-style-type: none"> ■ Hormones, silicon, breast development, transformation-operation, electrolysis ■ Venereal diseases, AIDS & hepatitis B 	English, Spanish, Portuguese
Comic folder	<i>Augusta's Way series:</i> <ul style="list-style-type: none"> ■ Advice on security at work 	English
Leaflet	<ul style="list-style-type: none"> ■ Advice on security at work 	English, Spanish, Portuguese, Polish, Russian, Bulgarian
Comic folder	<i>Augusta's Way series:</i> <ul style="list-style-type: none"> ■ Sabrina, the peer educator 	English
Booklet	<ul style="list-style-type: none"> ■ AIDS & STD 	Serbian-Croatian, Albanian
Didactic material for peer educators	<ul style="list-style-type: none"> ■ Love and care for myself 	English
Book	<ul style="list-style-type: none"> ■ Manual for Peer Education 	English, Spanish, Russian, Polish, Albanian, Italian
Booklet	<ul style="list-style-type: none"> ■ Legal Agenda 	<i>Still in a draft condition</i>



NETHERLANDS

TAMPEP 3

FINAL REPORT

October 1996 – September 1997

Amsterdam, September 1997
Licia Brussa

Overview

HANKA MONGARD

A

According to rough estimations, there are about 30 000 persons working in prostitution in the Netherlands: 30% of them work in brothels, 30% in "windows", 30% in escort, massage parlours, cabarets, peep shows, private houses and some 10% on streets.

Prostitutes work either independently or in some form of relationship/dependency with a pimp or trafficker.

Official authorities estimate that 50 - 60% of all prostitutes originate from non-EU countries and are residing illegally in the Netherlands. TAMPEP estimates that in the three towns where TAMPEP conducts its outreach activities among prostitutes working in the windows, the number of migrant prostitutes is more like 80% - 90% of all prostitutes.

They mostly come from Latin America (Columbia, Dominican Republic), Africa (Ghana, Nigeria), and from Central and Eastern Europe (Ukraine, Russia, Poland, Czech Republic, Slovakia, Lithuania, countries of former Yugoslavia).

Migrant prostitutes mainly work in the windows, which constitutes a lower category of prostitution.

The make-up of this group changes constantly. This is due to the large mobility of sex workers who travel constantly between towns and countries looking for better working places. Also they are being moved by the pimps and traffickers.

In the past few years the prices for sex services have been going down as a result of an increasing number of (migrant) prostitutes who are competing with each other by offering lower prices and a wider range of "services".

1

Expected changes in the law concerning prostitution and its consequences for migrant sex workers

A proposed amendment

The past year has been marked by political debates on legislative changes about prostitution.

In order to enable the government to exercise better control and in order to regulate prostitution activities, the Dutch Ministry of Justice has been preparing a new law which will lead to the abolition of the general ban on brothels and to the legalisation of voluntary

prostitution. The exercise of commercial prostitution activities which involves violence, abuse or involvement of minors will however be subject to heavier penalties under this new law.

The bill has five main objectives:

- Control and regulation of commercial prostitution
- Strengthening the combat against involuntary prostitution
- Protection of minors from sexual abuse
- Improvement of the social, legal and humane situation of prostitutes
- Decriminalisation of the prostitution scene

The practical implication of this law will mean that the government will impose on local authorities the obligation of controlling all forms of prostitution and its commercial exploitation in their area of jurisdiction. The municipal authorities will have to formulate the conditions under which prostitution is permitted within their municipal boundaries. Only these establishments which respond to these conditions will obtain special licenses which will permit them to continue to exploit their business.

The conditions which municipals have to lay down would involve:

- nature and size of brothels (a brothel may not disrupt the residential climate and quality of life of the neighbourhood)
- hygienic conditions (minimum dimensions of the working area, running hot and cold water, presence of condoms, fire escape)
- position and status of prostitutes (protection of their physical and mental integrity, no under-age prostitutes, no prostitutes without a valid residence permit).

When looking closer at the proposition of the new law, there appear to be some contradictions:

The ban on "illegal prostitutes" (i.e. persons without a residence and work permit) is especially controversial and is therefore making little sense in this country where the majority of prostitutes originate from non-EU countries.

But worse, the exclusion of "illegals" contradicts with one of the main objectives of the new law which aims to decriminalise prostitution, to improve humane conditions of the prostitutes and to help to have their profession accepted as a normal occupation. This particular paragraph of the new law appears to be only applicable to prostitutes from EU countries. "Illegal" prostitutes will remain unprotected and will therefore be further criminalised and forced to live and work in inhumane conditions.

In some of the larger towns like Amsterdam, first steps are being taken in order to implement this (not yet legislated) law. The municipal authorities impose upon the owners of sex establishments the obligation of refusing to rent "windows" and any other working space (for example in clubs) to persons from outside the EU. If they are caught in doing so, they risk that their businesses will be closed.

In other towns with many "windows", such as in Alkmaar, some juridical constructions have been thought up which permit persons from countries which are associated with the EU, such as Poland, Czech Republic, Hungary, Slovakia, Bulgaria, Romania, Slovenia to establish themselves as self-employed workers in the Netherlands. To this purpose, the prostitutes are united in a "co-operation" into which all illegal sex workers may inscribe.

Some towns, such as The Hague and Groningen have not yet adapted their regulations and specific policy concerning migrant prostitutes to the upcoming new legislation. In anticipation of the new regulation, some of the owners of sex establishments have reached an agreement with the local police concerning the registration and duration of stay of migrant prostitutes.

Effects of these planned amendments on the situation of migrant prostitutes

The new law has not been yet legislated, but according to the observations of TAMPEP workers, the situation in the prostitution world has already become unstable and unpredictable. TAMPEP expects that the implementation of the new law will have far-reaching consequences on the well-being of prostitutes with an illegal status. It might also seriously impede TAMPEP's prevention work or the activities of any other outreach organisation.

One of the goals of the new law is to decriminalise prostitution and to combat trafficking in persons. Many (illegal) prostitutes are victims of trafficking and should therefore receive a special protection from the authorities. As unwanted aliens they are being chased away from their windows, clubs or streets and in order to find another working place, the sex workers have to look for help and protection from third persons. This leads them into a position of dependency and makes prostitutes an even more vulnerable group.

In pursue of safe working places (i.e. without police chasing after them), prostitutes move continuously from one place to another, from one country to another. During the short stay in one place, they do not have the opportunity to get to know in which way the health service is organised and how to get access to it. And chances are quite small that during their short stay in a given place, a local outreach worker would approach them and provide the necessary information.

It is quite naïve to expect that the moment the new law will be legislated, illegal prostitutes will leave the Netherlands. More likely they will go underground in order to avoid persecution by the authorities. It means that they will be inaccessible to help-organisations and to health promotion activities of outreach workers. It will have disastrous consequences for the health condition and well-being of these persons.

Another consequence of the proposed ban on (illegal) migrant prostitution is, that at present time, according to TAMPEP's observations, more and more prostitutes consent to working without a condom. This type of work pays considerably more. Prostitutes explained to TAMPEP's workers that the constant fear of being deported at any moment, urges a need to earn such "quick" money.

2 Activities of TAMPEP in the Netherlands

AN ON-GOING PROCESS OF RESEARCH AND INVESTIGATION

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 sex workers in every town as well as in the nationalities represented and their degree of mobility. In order to be able to adapt and develop the right activity for each different group of sex workers, TAMPEP conducts continuously research concerning:

- living and working conditions of sex workers
- their mobility
- the influence the different policies concerning migration and prostitution on sex workers' living and working conditions

FIELDWORK

Principles of field work according to TAMPEP

As in previous years the main principle of TAMPEP's activities has been regular and intensive field activities conducted by professional outreach workers/cultural mediators. Because of the marginalised situation, social isolation and great mobility of migrant sex workers, street work is of crucial importance in order to build up a trustful relationship between the members of the target group and service providers. It serves to have a better overview of each specific situation, to promote safe sex practices, carry out STD and HIV/AIDS prevention activities in an efficient way, influence behavioural changes, boost group cohesion and build up migrant sex workers self-confidence, self-efficacy and self-esteem.

TAMPEP's field work is conducted by experienced outreach workers who are at the same time cultural mediators.

A cultural mediator is a person belonging to the same ethnic group or nationality as the sex workers and she/he is therefore capable of recognising, understanding and appreciating the cultural and social mechanisms which are influencing their behaviour and choices. At the same time she/he is well familiar with the reality of the host country. She/he mediates and intervenes between two different cultures in order to facilitate communication and understanding between them.

Situation of migrant prostitutes in the cities where TAMPEP performs outreach work

TAMPEP's activities have been focussed simultaneously on the prostitution scenes of three different towns in Holland: Arnhem, The Hague and Alkmaar, where the sex workers from Latin America, from countries of Central and Eastern Europe and to some extent from Africa were the main target group.

In the period of September 1996 until October 1997, the cultural mediators of TAMPEP have approached some 1300 migrant prostitutes.

When comparing the current prostitution scenes with those of previous terms of TAMPEP, one can observe some characteristic trends:

- an increase of the number of prostitutes from Central and Eastern Europe (mainly from countries of the former Soviet Union)
- a drop of prices of sexual services
- a greater mobility of prostitutes who are moving constantly in pursue of better (safer from persecution) working places
- a greater tolerance to working more often without a condom

Description of each of the prostitution scenes

Arnhem

The window prostitution in Arnhem (a population of about 250 000) is concentrated at one site which consists of 5 - 6 streets.

Only the migrant sex workers who possess legal papers are allowed to practice window prostitution. A special police team makes frequent rounds to the windows and notes down personal details of the women involved: this makes it practically impossible for illegals to avoid being caught... and being deported.

At this moment there are about 220 windows which are hardly ever fully occupied. The degree of occupation depends largely upon the time of the year (around Christmas there are always less women).

The majority of the regular prostitutes are Latin Americans (normally over 50%), followed by Dutch nationals (about 40%) and by Africans (some 10%).

In spite of the continuous presence of police on the streets, there is a lot of criminality in Arnhem's prostitution neighbourhood which is mainly tied to drugs dealing. Therefore the safety of prostitutes leaves much to be desired. For example most of the windows are not equipped with an alarm installation.

The hygienic condition of the houses is mostly very poor; the presence of vermin is common.

Rents have remained constant and amount to about 600-700 guilders per week or 150 guilders per day.

Contrarily to the situation in other cities clients rates have remained reasonably stable (50 guilders per 15 minutes). It is probably due to the fact that all prostitutes are in the possession of legal papers which puts them in an autonomous position of independence. Most of them work for themselves, which means that they are free to decide about the working hours and the choice of their clients.

The Hague

In The Hague (a population of about 500 000) the prostitution is concentrated in three streets situated not too far apart.

About 95% of the prostitutes working on these streets have no residence or work permit. So far, the situation on the streets has been rather stable: the (illegal) sex workers are being tolerated to work and are not being prosecuted unless they are somehow involved in a criminal offence. Recently it has been rumoured that The Hague will implement new regulations in anticipation of the new law on prostitution. This causes that migrant prostitutes live in a constant fear of police controls and all illegal sex workers are afraid that they will be deported to their home countries. Some of the owners of windows took the initiative to arrange some sort of temporary "work permission" with the police, but everybody knows that this is only a short-lived solution. This fear of prosecution and the feeling of insecurity and tension leads to a situation where prostitutes loose control over their working and living conditions and it consequently erodes the level of the client rates.

On the streets Poeldijksestraat and Doubletstraat with about 520 working rooms, 75% of the women are Latin American, 15% African and the rest are of East European origin. In both streets the occupation of windows is rather stable, varying between 80% (January) and 100% (from April on).

There is lots of criminality on both streets. Although police surveillance have become more frequent (which results in a lesser prominence of junks and dealers), there still are many cases of theft, robbery, aggression, etc. where sex workers are involved. Most of them do not report these offences to the police out of fear that the police might expel them from the Netherlands.

The hygienic conditions of the working places are not very good and especially on the Poeldijksestraat many establishments are in a state of deterioration.

The rent amounts to 100 - 150 guilders per day or per shift.

The prices of the services of prostitutes have been going down steadily. They vary now between 25 - 35 guilders per 15 minutes. Of the African women it is reported that they ask as little as 10 guilders per sexual act.

The third prostitution street, the Geleenstraat with its 300 windows is populated predominantly (70%) by East European women. Here work also Dutch nationals and women from the countries of EU.

This street is considered as the "best street" in The Hague.

The hygienic conditions of the houses are quite satisfying. The prostitutes are mostly young and good-looking.

The rent varies between 125 - 175 guilders per shift.

The services of a prostitute cost about 50 guilders for 15 minutes.

Alkmaar

Alkmaar (population about 100 000) has one large prostitution street with 126 windows. 40% of them are occupied by women from Central and Eastern Europe, 20% by Latin American and the rest by African and Dutch.

Almost all (95%) of prostitutes working in Alkmaar are without a residence permit. 18 months ago the municipal authorities announced that they were going to implement a new policy concerning prostitution. The new regulations only permitted prostitutes with a legal status. As a consequence, all migrant prostitutes fled from Alkmaar leaving the owners of windows without tenants. In order to regulate the legal position of migrant prostitutes, Alkmaar's room owners took the initiative to forming a "co-operation" of self-employed prostitutes. Initially, only sex workers from countries associated with the EU were allowed to participate but later on this restrictive clause was dropped.

For the time being it appears to be adequate arrangement, even though the costs and trouble seem quite high for the individual (illegal) prostitute (i.e. lawyer-fees, etc.) and it might be too big of an investment for those who are planning to just stay for only a short time in Alkmaar.

Thus, after the initial panic when many women escaped to other towns or went back to their pimps (who found them safe working places elsewhere), the situation in Alkmaar is now stable.

The hygienic conditions in the working rooms in Alkmaar are quite good. Almost all rooms have been recently renovated and equipped with an alarm installation. The window owners maintain public order and take care that no violence or drugs dealings happen on the street.

The price of the room is 150 guilders per day, the prices of sexual services vary between 40 - 50 guilders for 15 minutes.

Access to health and social services in the three towns

With regard to its interventions in the Netherlands, TAMPEP 3 focussed - as in former years - on the same above mentioned three towns which possess already an existing network of medical and social services for (migrant) prostitutes.

The contemporary Dutch policy toward sexually transmitted diseases (including HIV-infection) has the three basic goals of Prevention, Contact tracing, and Cure and it is all based on the principles of Anonymity, Voluntarism and Economic feasibility.

Officially, the medical services for migrant prostitutes are organised in a similar way in each of the towns where TAMPEP is active. But in practice, every community has developed its own policy regarding the health care for prostitutes and more particularly so for illegals who find themselves in an especially unfavourable position as in most cases they do not have medical insurance.

In every town TAMPEP has developed a different manner of collaboration with the local medical and social services. The detailed account of this co-operation can be found in the chapter describing TAMPEP activities with its target groups.

Arnhem

Since 1995 the municipal health service (GGD) has been offering one hour of open consultation to the sex workers.

Once a week a physician and a social assistant are present in the small clinic situated nearby the windows. STD check-up is free of charge, for other tests such as pregnancy, HIV, cytology, the prostitutes have to pay. Hepatitis vaccinations can only be obtained at the central GGD clinic elsewhere in the town.

The municipal social worker usually conducts field work just prior to the GGD medical hour, but unfortunately she hardly speaks Spanish. In this work, knowledge of the Spanish language is of essential importance!

The Hague

The health and social service for prostitutes are well organised in The Hague. Sex workers working in the windows have a choice of several health clinics where they can undergo medical tests such as:

■ STD clinic run by the GGD (Municipal Health Service)

It is located in a hospital in the centre of the town. Every day, a dermatologist and a social worker hold a consultation hour. The consultation and the STD check-ups are free of charge; however the women are not supposed to make regular use of these services. After a first medical check-up they are expected to go to the health centre Nieuw Schilderswijk (see below) for a follow-up.

The clinic only offers medical care for STDs, for other (ea. gynaecological problems) the patients have to go to other departments of the hospital. These treatments do not belong to the standard package of services, so they have to be paid for.

The social worker of the clinic does not speak Spanish nor any East European language, but she is sometimes accompanied in her field work by a Latin American peer educator who was trained by the STD Foundation in Utrecht. These visits to the field are irregular.

■ The public Health Centre

The GGD collaborates closely with a public health centre (Gezondheid Centrum Nieuw Schilderswijk) situated not far from the prostitution streets. It is a multifunctional centre: family doctors, physiotherapist, social worker, dentist and other services are present.

Every day this clinic has a consultation hour especially for prostitutes. The prostitutes are treated anonymously and are charged a small amount fee for the consultation. The testing itself is free of charge; the medicines are sold at purchase price. The close collaboration with the STD clinic makes it possible for the women to obtain the test results the same or the next day. The sex workers can also make an appointment with a general practitioner or a dentist in the same clinic. If there is a need, the women can be sent to a specialist in the hospital, although they will be charged the full fee for the consultation.

There is a Spanish speaking physician permanently at the clinic.

■ A private physician

Apart from to the official health service, there is also a private gynaecologist who offers medical services to the prostitutes. This doctor has gained the confidence of many of sex workers. They pass on his address from one to another. Also the owners of the windows encourage the women to attend his consultation hour.

He has a private laboratory where he performs his STD and HIV tests.

The accuracy is being questioned regularly by some of his patients and by the members of health organisations. He has been accused of carelessness in performing STD and HIV tests as well as of making medical errors. Some people believe he jeopardises the health of his patients, but taking legal measures is difficult because conclusive evidence is hard to get.

■ The abortion clinic Preterm

Apart from performing abortions, this clinic offers other medical services to women and particularly to (non-insured) prostitutes. The clinic employs a Russian speaking gynaecologist. East European prostitutes who have gynaecological problems can make an appointment with this doctor and get a consultation free of charge.

■ The Prostitution Project Den Haag

The Prostitution Project is an independent help organisation for (ex) prostitutes.

A Spanish social worker keeps twice a week a consulting hour at the Gezondheid Centrum Nieuw Schilderswijk and she performs field work among Latin American prostitutes working on the streets of The Hague. Another social assistant collaborates with the TAMPEP's East European cultural mediator with whom she often conducts field work.

Alkmaar

Prostitutes working in the windows of Alkmaar have a possibility to attend a medical check-up every two weeks. This is done in the consulting room situated on the street where they work. The consulting hour is run by the GGD physician and a nurse. The consultation and the STD and HIV tests are free of charge, as well as the treatment of STDs. The consultation hour does not limit itself only to the tracing and treatment of STDs, but prostitutes with general health problems can attend this hour too. Prostitutes are also welcome at the general clinic of the GGD, after having arranged an appointment with the physician.

The owners of windows participate in the costs of this consultation hour, with annual donation to the local GGD.

3 **Peer education**

The third main principle of TAMPEP's activity (next to research and intensive field work) is conducting peer education courses. TAMPEP's outreach and intermediary work benefits enormously from the close collaboration with these trained peers.

Main principles of peer education

In the last ten years there has been growing recognition of the fact that the proper guidance of sex workers is a key element to the prevention of AIDS and STDs. A peer educator can play an important role by teaching and passing on relevant information to her/his colleagues also engaged in sex work.

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

TAMPEP's model of peer education is destined for NGO or any basic organisation whose activities are directed towards the representation of the interests of sex workers themselves. The proper functioning of these organisations can ensure that such objectives as "arousing self-esteem" and "establishing self-control" among prostitutes will be achieved.

Qualified peer educators are well-rounded professionals in the field of prevention who are capable of replacing the health professionals and who can intervene within health promotion and HIV/STD awareness programmes targeting a specific audience (migrant sex workers of the same nationality) within the context of the sex industry and the power relations which characterise this sector.

Peer educator's manual

During TAMPEP 3, several courses for peer educators were held in two Dutch towns. These courses were conducted with the help of a **Peer Educator's Manual** which was especially written for this purpose by the members of TAMPEP Netherlands.

The manual's basic contents are:

- Theoretical chapter containing: the description of the main principles and problems of peer education, practical advices regarding organisation, methodology and execution of the training for peer educators and a list of materials needed during the course.

- Description of the contents of the lessons and of teaching methods used.

- The texts of the lessons

- Annexes containing written materials needed during the course.

The two first parts are in English, the rest of the manual is written in Spanish, Polish and Russian and the test of these parts has been adapted to the specific ethnic and cultural backgrounds of these nationalities. Adaptations in other languages (Albanian, Pidgin-English, and Italian) are being produced by Italian project partners.

Peer educator's courses for Latin American and Central and East European prostitutes

During the TAMPEP 3 four parallel courses were conducted in The Hague and Alkmaar for TAMPEP's target groups.

The amount of time spent on the preparation (research and location and selection of the trainees) and the execution of the courses was all together about three months.

Forty women participated in the training.

The training was divided in four teaching sessions of 1 to 1 ½ hour. During the fifth session the public lesson was given by one of the trainees; this last session ended festively with the presentation of diplomas.

The teaching sessions comprised:

- Anatomy and physiology

- Sexually Transmitted Diseases

- HIV/AIDS

- Other frequent health complaints

- Security at work

The courses were organised and led by the TAMPEP's cultural mediators for Latin American and East European prostitutes.

The lessons were given by medical doctors who had the same ethnic background as the trainees (for Latin Americans: a Bolivian doctor; for East Europeans: a Russian doctor).

The lessons had a lecture-style structure. The trainees were encouraged to participate actively in the lessons and asked to prepare some topics beforehand and to share their experiences with the other women.

Guest speakers such as a physician from the local clinic, an employee of the Contraception Counselling Centre, a social worker of a local social project, a trained peer educator were invited to the course in order to share their experiences and to answer questions of the trainees.

4

Central and East European sex workers

HANKA MONGARD

The target group

Compared to the last year the make up of the group of East European prostitutes remained more or less the same. Ukrainians are the most numerous, followed by Russians, Polish, Czechs, Lithuanians, Latvians and Slovaks. Bulgarians are new in the windows.

In the town of Alkmaar the majority of sex workers consist of Ukrainians and Russians. There is also a small group of Bulgarians and Czech.

In The Hague, one finds Ukrainian, Russian, Lithuanian and Latvian women and there is also a permanent group of about 30 Polish women.

Most of the women are between 19 and 25 years old. They are well-educated; many of them have had a professional higher education and used to work in their country in their profession before they set off to West. Some of them are students or persons with a university degree. They usually come from big towns. Many of them are single mothers whose children are being brought up by grandmothers during their absence. The women come from all levels of society. Many of them (about 70%) used to work in prostitution before, usually in Germany.

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 a 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 in prostitution.

Generally speaking, most of the East-European prostitutes work, one way or another, for a pimp, madam or for members of an internationally operating gang. Such dependency from pimps and traffickers is especially prominent within the category of women who have never been here before. After one or two visits to the West these women usually work independently and are self-employed.

Their dependency 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 the women 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 for ever to this man.

- many women are introduced into prostitution by girlfriends who are actually working as sex workers. They are obliged to share their earnings with the "madam" as long as they work together at the same place or town.

Fieldwork

In the period of September 1996 until October 1997 some 600 prostitutes working in the "windows" in Alkmaar and The Hague have been approached by the TAMPEP's East European cultural mediator.

Once a week the sex workers in the windows of both towns are being called upon with especial focus on health matters and assistance to victims of trafficking.

Contrarily to Latin American sex workers, East European women prefer to be approached individually (not in a group) and this requires a much more time consuming and intensive style of outreach work.

About one third of the prostitutes were acquaintances of previous years and of previous peer educator's courses. The contacts with these women are of great value because they usually inform the outreach worker about the appearance of newcomers in the windows and about the situation in the street. Also topics like the quality of services provided by official authorities are discussed with them.

Another one third consisted also of newcomers who have become "regulars" in the windows and with whom the outreach worker could establish a more or less regular relationship with repetitious discussions on health and related matters.

Unfortunately, a major part of the women is very mobile and "volatile" out of fear of prosecution from the police and is changing their working places all the time. This situation really implies that a first meeting between the outreach worker and a newly arrived sex worker must have a very high "educational level" in order to transfer TAMPEP's informational messages on safe sex practices, AIDS/STD, birth control, condoms, lubricants, personal hygiene, self-protection techniques, etc as much as possible at the very first instance. Otherwise one risks that the women is already gone without having received the full information package.

Some of the main activities of the field work are:

- spreading information about STD/AIDS prevention, contraception, hygiene, self-protection techniques and auxiliary materials and products
- informing the women about the consulting hour of the public clinic Nieuw Schilderswijk in The Hague and of the GGD post on Alkmaar's prostitution street and encouraging them to make use of it
- informing the women about the abortion clinic *Preterm* and about the *Prostitution Project*
- mediating between service providers and the prostitutes
- evaluating the presented information and the services offered, jointly with the women concerned
- testing materials
- selecting trainees for the peer educator's course
- organising peer education courses
- monitoring the activities of peer educators
- helping the victims of trafficking
- administrating and reporting on all these activities

Among these above mentioned activities, three topics required special attention of the TAMPEP cultural mediator:

Contraception

The Central and East European prostitutes are very reluctant in using oral contraceptives. Back in their home countries they were brought up in the conviction that hormonal contraceptives worsen your health: they cause obesity and they might cause cancer. This makes it difficult for the TAMPEP worker to convince the women about the need to using other contraceptive methods than just a (sometimes unreliable) condom. The women usually oppose strongly to the use of an oral contraceptive, saying that they would prefer to count on their good luck. Many of them recognise that they already have had several abortions in their home countries but they consider this fact as quite normal.

In such a situation there is only one way for the outreach worker to convince these women: point at the financial consequences of an abortion i.e. hospital-and doctor fees, no earnings due to sick-leave (unemployment for at least two weeks, rent of a temporary other residence in this period, etc.).

In spite of the efforts of TAMPEP's East European cultural mediator, there still is quite a high incidence of abortions among the clients of TAMPEP in Alkmaar and The Hague.

This provokes another serious danger factor when these women do not take enough convalescence time until returning to their jobs which obviously increases their risks of catching contagious diseases.

The need to use condoms in their private lives

Most of the prostitutes confess that they do not use condoms when having sex with their boy-friends. It is their way of separating their professional (sex) life, with a condom and their private (sex) life, without a condom. This behaviour is a major factor in the relatively high incidence of STDs and pregnancies among sex workers. Their boy-friends are usually former clients of the prostitutes or persons who belong to the "milieu" of the prostitution street. However, it is difficult to convince them that a condom has to be used all the time, also in their private life. For them, the condom is a "tool" which is inextricable bound up with their prostitution profession.

Help to victims of trafficking

Ninety percent of the women from Central and Eastern Europe are - some way or the other - in the power of pimps, madams or traffickers. Many women accept it without much protest, but some of them want to change the situation. This means that the TAMPEP worker is regularly asked for advice on how to be liberated from the power of pimps. In most cases the women do not consider the possibility of turning to the police or going home.

In such a case, the TAMPEP worker's standard procedure is to advise the women to try to get complete control over her work situation. The use of condoms is 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 is being considered as one of TAMPEP's first goals when performing field work among prostitutes. When making the women more assertive and helping them to get more self-esteem, the TAMPEP worker is able to convince them that they are capable of opposing the pimp and that they are able to decide about the course of their lives. TAMPEP has reported of many women who have set themselves free from the power of pimps (often with the help of a TAMPEP worker) and who continued their work in prostitution. Their working conditions have drastically improved and they appear

to be completely different persons who take better care of themselves. This leads to the conclusion that AIDS prevention should be primarily directed to improving work conditions of the women concerned.

Co-operation between TAMPEP and service providers

Most of the women have a large need to receiving information concerning health matters. They are young, inexperienced and scared that they could get ill through this type of work. They are very eager to attend one of the consulting hours of a local clinic as soon as the TAMPEP worker tells them about such a possibility. Alkmaar and The Hague lack any other form of outreach work (for East Europeans) other than the one of TAMPEP. Information about medical services is often passed on from one woman to the other or they have it from peer educators trained last year by TAMPEP.

In every town TAMPEP co-operates more or less closely with the local medical and social work institutes.

In **The Hague** the women are advised to go to the Health Centre Nieuw Schilderswijk for a medical check-up. The TAMPEP worker has frequent contacts with the doctors involved. Two of the doctors attended TAMPEP's peer educators courses for East European and Latin American prostitutes and presented themselves to the trainees. The women had an opportunity to ask about the way the consulting hour and about the possibilities of medical care at the centre.

The TAMPEP worker usually refers women with gynaecological problems to a Russian speaking gynaecologist who works in the abortion clinic "Preterm". It is a good address for East European prostitutes for they do not need to pay the (high) fees of the official hospital and they can communicate in their mother tongue.

Once a month the TAMPEP worker conducts field work together with a social worker of the prostitution project *Prostitutie Projekt*, a social help organisation for prostitutes. TAMPEP worker introduces her to the prostitutes, the principles of her work are explained and her visit card is handed over. This way the social worker makes acquaintance with this group of women who until now had been beyond her reach due to language problems. During this reporting period, the TAMPEP's worker intermediated some 30 East European prostitutes to the *Prostitutie Projekt*. The tasks varied from assistance in the procedure of pressing charges against their pimps to helping in starting an "afkick" programme and relation problems.

Joint programmes with the local health authorities of **Alkmaar** were this year on a rather low level. The TAMPEP worker informed the prostitutes about the opportunity of a medical check-up and encouraged them to make use of it. At the same time, prostitutes were informed about the way the Dutch physicians work and they were given instructions concerning the way they should explain their problems to the doctor. Sometimes - in the case of a complicated medical problem - the TAMPEP worker telephoned the nurse from the consulting hour in order to explain the problem beforehand.

In Alkmaar the TAMPEP worker maintains close contacts with the window owners: cases of trafficking are being reported (of course with full consent of the woman involved) and solutions are being sought. Usually the window owners take their own radical measures to

deal with traffickers, such as threatening them with expulsion from the street or threatening them with the police. Several times the TAMPEP worker has been asked to participate in meetings between the owners, the lawyer and the members of the co-operation. The window owners report regularly to the TAMPEP worker about the situation on the street and if there is a need they call in her help.

Conclusions concerning the health care for migrant prostitutes

Looking from the perspective of TAMPEP's experiences so far, one can conclude that there are four conditions which have to be fulfilled for a successful AIDS/STD prevention for migrant prostitutes:

- adequate diagnostic and curative services in the prostitution zone
- physicians and specialists who speak the languages of the target groups and are acquainted with the prostitution scene
- social help to the prostitutes
- adequate cultural mediation towards the group of migrant prostitutes

Results of the peer education courses

There were four courses for East European prostitutes in The Hague and in Alkmaar in the past two years. Most of the participants of the first year course are already gone, but some of the women who attended this year's course are still working.

They certainly play a big role in the programme of TAMPEP AIDS/STD prevention activities.

Their role included among others:

- contacting newcomers in prostitution and teaching them the proper use of a condom as well as spreading information about some principles of the profession, about AIDS/STD prevention and about the possibility of attending a consulting hour in the given town
- spreading the address of the local clinic and in some cases guiding the newcomers personally to the clinic.
- spreading information on TAMPEP and handing out the folders of TAMPEP. Usually the TAMPEP worker is being informed about the newcomers on the street and about the general situation on the street.
- helping prostitutes who have psychological problems which are caused by their uncertain situation as an illegal citizen.

5

Latin American sex workers

MIEK DE JONG

Latin American female sex workers have the longest history in the Netherlands. Networks have been developing, adapting, expanding and consolidating for over twenty years. Even today women from the Dominican Republic and Colombia, the oldest group, make up the great majority in shop window prostitution. Brazilian women make up the largest group of sex workers from other Latin American countries.

Nowadays sex workers have many different nationalities as the result of chain migration.

Part of the Dominican and Colombian women, who came to the Netherlands first and who are now between 45 and 65 years old, still lives and works in the Netherlands. The women who followed, who are now between 30 and 45 years old, have created their own network, in which they are self employed. Through them a large group of younger women, usually related, are also drawn along into this network of their own.

Parallel to or entwined with this network are the networks the women wind up in through mediation; this often concerns younger women.

The length of their stay varies considerably, although we can see a noticeable increase in mobility among mostly the younger women, in particular when compared to last year.

The situation in countries of origin and with it the reason for coming here, that is economic necessity, has not changed.

What we see, however, especially amongst the somewhat older Colombian women, is a shift in what is being felt as economic necessity. Not only being able to support their own children and relatives, but also, for instance, being able to pay for the college education of the children is mentioned as a necessity for having a future.

The position of Latin American sex workers

Anticipating the repeal of the Brothel Act (which banned all houses of pleasure) it has become impossible for all Latin American sex workers without a work or residence permit to work in shop window prostitution in Amsterdam this year. Because of this nearly all Latin American women in shop window prostitution left and uneasiness, insecurity and along with this vulnerability has become a fact in other cities as well. In The Hague some police raids were made: seven Colombian women were deported and rumours about forthcoming police actions have daily been spreading ever since.

At the same time those who act as intermediaries for the women to come to the Netherlands have adjusted their strategy in response to the changed situation. It is the women who pay the even higher price for the narrowed roads, roads that lead to workplaces that cannot be inspected.

Although the new legislation consolidates the position of sex workers from the European Union, the opposite is true for Latin American sex workers. Their reason for coming here

has not changed; they will keep coming here, as long as the economic necessity remains. Information campaigns in the Latin American countries, however important they may be, will not be able to prevent women, forced by their situation, from taking risks. The current Dutch policy of chasing the women from place to place and the way Latin American women come to the Netherlands are two important factors determining the dependency of the Latin American sex workers in 1997. Both factors are without any question inextricably intertwined.

Taking the way Latin American women get into shop window prostitution as a starting point, we can distinguish between three groups of women:

■ Part of the Latin American women are/is still lured to the Netherlands under false pretences.

Even though the majority knows what kind of work is waiting for them, work conditions and (im) possibilities are for the greater part unknown. Depending on the network they move in, the women end up in various clubs within Europe (a lot of exchange with Germany) or within the Netherlands.

Working under invisible conditions, the number of women that find themselves in these distressing circumstances „sentenced by guilt“ as it are called in Columbia is hard to estimate. They often end up in shop window prostitution only after a period in the clubs, in the hope of making a living for themselves. It is in the shop window prostitution that TAMPEP gets in touch with them. As a result of current policy, however, they will have to keep on working invisibly in a situation with an extremely high degree of dependency.

On arrival in the Netherlands the false expectation that a reasonable sum of money can be earned within a few months is turned into a deep fear of being deported before having paid off the debt they have incurred. The dealer profits from that fear, well fed by current policy. TAMPEP noticed how the still unpaid costs of mediation (starting at about 4000 dollars) are collected by extortion. The extortion is usually not reported out of fear of retaliation, both here and in the country of origin. Dealers in the Netherlands and in the country of origin are in close touch with each other through the network of trade in women, built up over many years. Being sent back to your own country before having paid back the incurred debt is dangerous; debtors know where to find you or your family anywhere and know no mercy. In a country like Columbia for instance, where legal protection of victims of the trade in women takes no priority whatsoever yet, bringing charges against a trader in women can possibly mean signing your own death sentence. Bringing charges in the Netherlands gives one the right to the use of welfare facilities and a temporary residence permit; however, one is not allowed to work, the threat of debt remains and the law offers no solution for this.

■ A large number of Latin American women without a work or residence permit in shop window prostitution comes to the Netherlands on their own.

Some come here for the first time through family or friends, conscious or not of the present situation. Others often have experienced the deception of mediation in the past and now come here for the second, third (or more) time, after having bought themselves out of the "prison of guilt".

By now they know the channels, both in the Netherlands as in other European countries, and they keep in close contact with each other. Consequently many of them have worked in another country of the European Union first, of which Germany is mentioned most.

Last year this group of self employed women still found themselves in a position with a relatively low degree of dependency in those cities where prostitution was accepted (but

not really legal). They became increasingly familiar with the opportunities offered by the Dutch system. They even made occasional use of the Dutch legal system in order to find protection from crime.

However, the fight for their own independence has been undone by the extreme hunt for illegal women in this country this year.

TAMPEP noticed how some women literally escaped into marriage, the only possibility for a legal stay combined with work. The purpose of coming here, that is to earn money on a temporary basis for the family, often does not coincide with the partner's purpose of the marriage. The odds are that they end up in a situation of complete dependency once again.

Many women also get mixed up in a procedure to apply for a residence permit in the hope of stalling for time. This goes hand in hand with great uncertainty, insecurity and all kinds of costs. A gap in the market for fraudulent intermediaries, who claim to know the legal mechanisms and who, at steep prices, promise to procure documents, which are not available.

■ A number of Latin American sex workers live in The Netherlands legally.

Some of them became victims of the trade in women years ago. Since then they have continued working (sometimes for more than twenty years), their residence permit mostly based on a broken marriage. They can work independently, after many years of dependence.

Women who have not been married that long usually still have a residence permit based on a marriage. Only after three years they can get a personal residence permit under certain conditions. Until this period the (im)possibility of working and the conditions under which to do so partly depend on the partner. Getting a divorce before this time means loss of the residence permit, barring a few exceptions.

Mobility

Compared to last year, we can see that mobility resulting from current policy has increased significantly.

Women go to clubs from shop window prostitution and visa versa, from one city to another and from the Netherlands to Germany or other countries or they disappear into invisible circuits. Especially amongst women who are in the Netherlands for the first time, who have the greatest fear of being deported, we find the highest mobility. On the other hand, women who have been in the Netherlands longer often postpone their return, because they fear that the Netherlands will not be accessible to them in the future.

Women who go to Alkmaar from The Hague and start the procedure to apply for a residence permit cannot return to Alkmaar, if they start working somewhere else. In this way their mobility is reduced.

At the same time fear of the police leads to a reduction in mobility within their daily environment. Even greater use is now being made of intermediaries for daily activities, such as buying food, sending letters, making telephone calls etc., causing an increase in the degree of dependency.

Sex workers with a legal residence permit mostly choose their place of work in a different district from the one they live in. Sometimes they stay at the same place of work for years, with a few months' break once or twice a year for a visit to their country of origin. The choice of their place(s) of work is determined, among other things, by the rate and the safety of the working environment, which means that they move away from a city like The Hague, where the rate is extremely low and every opportunity for crime exists.

State of health and use of health services

As already mentioned the conditions for a healthy work situation in a city like the Hague have significantly deteriorated as the result of current policy. Health becomes less important. Latin American peers, who received their training in the previous TAMPEP period, helplessly admit the drop in the use of condoms on the street. High mobility does not change group cohesion for the better; social control becomes less. The need to get to know the local health services becomes less, thus increasing self medication, so typical of Latin American culture.

Women continue working, in spite of illness or menstruation. They postpone seeking necessary medical treatment until the last moment in order to be able to keep on working until a return to their own country becomes unavoidable.

In the case of a relationship between a customer and a sex worker, the sex worker tends to submit to the "partner's" wish of doing it without a condom sooner, because the relationship might offer a way out of illegality.

The combination of an uncertain situation and a high pressure of work is the cause of various psychosomatic complaints.

The majority of the women are familiar with the location of the health services, but what they have to offer is not quite clear yet. Most women feel no need whatsoever to make use of them on a regular basis for a check up. Lack of symptoms is still often given as a reason for this. Safe sex is another reason why they do not see the need of regular check ups. Safe sex can be interpreted in different ways; in this way there is still a lot of misunderstanding regarding the risks of oral sex.

On the whole, women go to see a doctor if self medication does not offer a solution. A visit to a doctor is often disappointing, if some form of radical treatment is not started immediately. The women feel restricted in their freedom; the dependence on the doctor's decision causes irritation. After a disappointing experience it becomes even more difficult to visit a doctor the next time. There is an even higher barrier to seeing a specialist, apart from the expense. In their home country, on the other hand, it is no problem to have a hysterectomy at one's own request and at low cost.

Fieldwork with Latin American women

Fieldwork with Latin American women was carried out by the TAMPEP cultural mediator in Arnhem, Alkmaar and The Hague. A total number of approximately 700 women were approached. Due to the mobility of the women, the program consisted of a continuous repetition of activities. Contacts were made with recently arrived women and were renewed with women who had just returned. Existing contacts were maintained. There was a continuous evaluation process in order to guarantee adaptation to the changing situation in the different cities. The nature of the contacts depends on the time of arrival and on the kind of information the woman already has at her disposal. There were many single contacts because of a premature departure to a place of work elsewhere. With the newly arrived women the most important things are getting acquainted, finding out what

information they already have, supplying them with basic information about AIDS and Sexually Transmitted Diseases and answering any questions they might have; with women who are familiar the contact is of an evaluating kind (the use of the information given, the use of health services etc.).

This year, however, the emphasis has been on finding new students for peer education and supporting the 20 peers who attended the peer education course in the last TAMPEP year. With their help the continuously changing situation is analysed. They report the circumstances that limit safe sex and the arrival of new women. They play an important role in the relationship based on trust between TAMPEP and the other women. During group education they verify the information given by TAMPEP or provide information themselves. They make the health services more accessible and point out the bottlenecks that obstruct accessibility. Through TAMPEP supplementary information is given, material is handed out and the fieldwork activities are evaluated. The first thing that is being done at every field visit is contacting the peers; in this way a clear picture of the situation emerges and contacting the other women becomes easier.

In July 1997 six peers were still active in the field out of the 20 students, two of which in Arnhem and 4 in The Hague. Of the other students from The Hague some have gone abroad (Italy, Spain, and Germany), 4 went back to their countries of birth for a while and one woman stopped working. Of the students from Arnhem two women quit, one woman is working in Germany and one in Groningen. In this way the message of prevention is carried out elsewhere.

In the meantime the group of peers still present in the field is being reinforced by the new group of students, who have attended the course this year.

The fieldwork existed of:

- A continuous analysis of the changing situation
- Exchanging experiences with the peers in the field and supporting them
- Group information with regards to the prevention of AIDS, Sexually Transmitted Diseases and birth control. In this use is also made of the knowledge the women already possess, who were contacted in the previous TAMPEP period
- Supplying information as far as the health services are concerned. The women who already know the way are often asked for assistance in this.
- Information to individuals
- Referral to: health services, social work, legal assistance, abortion clinics
- Finding new students
- Strengthening group cohesion
- Empowerment within a vulnerable position
- Checking material

Teamwork

The TAMPEP activities are carried out in accordance with the local health services. In The Hague this means close co-operation with the Health Centre, the Prostitution Project and the abortion clinic (mentioned above).

Through the fieldwork the health centre is made more accessible. In the case of complaints TAMPEP functions as an intermediate to ensure that there is no loss of trust in the health

services. During the course peers met the physician involved in an informal manner. This increases their confidence and that of many other women.

With the *Prostitution Project* there is a structural exchange of information and signals from the field are reported. Women in the field are referred elsewhere if necessary.

For finding their way to the abortion clinic the women no longer have to depend on a third party. TAMPEP immediately refers them to the clinic's Spanish-speaking employee, so that appointments can be made by the women themselves.

Club managers are contacted occasionally in order to get a clear picture about the situation and their activities. In this way misunderstandings and uncertainty, which will often lead a life of their own among the women, thus creating anxiety, are taken away by the right kind of information.

In Arnhem there is close co-operation with the GGD (Municipal Health Service) clinic. TAMPEP is present during clinic hours and acts as an intermediate. An intercultural activity, too, was organised in co-operation with the GGD for sex workers in shop window prostitution, at which Latin American women formed the largest group. The efforts of a Latin American peer played a large role in this.

In Alkmaar co-operation with the GGD was reinforced.

Especially the participation of the GGD employees in the peer education course made supply and demand on both sides (women GGD) quite clear.

Results of the fieldwork

We can see how women have been able to withstand the influential external factors together, factors that so deeply affect the controllability of the situation. The function of the peer in the field has proved to be of great significance; she provides a stable factor others can lean on and remains steadfast in her message of prevention, in spite of the fact that the situation has deteriorated for her too. Support and confirmation by TAMPEP is essential in this. The fact that thousands of condoms have been ordered this year may serve as proof of the fact that the use of condoms certainly has not dropped to a minimum, in spite of the situation. The orders were placed directly with the manufacturer by the sex workers themselves.

As an independent source of information TAMPEP was able to correct false information, thereby preventing panic situations. It was also able to prevent women from being deceived by third parties, who try to take advantage of the unstable situation.

The steady presence of the health care network combined with the fieldwork of TAMPEP and the work of the peers has increased the structural use of the health care services. The way they function and their (im)possibilities have become clearer. Even newly arrived women find their way towards the health care centre or the GGD more easily.

6

Exchange visits between EUROPAP and TAMPEP/Netherlands

TAMPEP/Netherlands & Germany with EUROPAP/Denmark

Copenhagen, April 18 and 19, 1997

■ Subject and purpose of the meeting: Transfer of TAMPEP'S knowledge and experience on the work of cultural mediators, at the occasion of the meeting of project workers from prostitution projects in the Nordic countries (Denmark, Finland, Sweden and Norway).

TAMPEP's participants: Hanka Mongard (East European cultural mediator) and Prapairat Mix (Thai cultural mediator, TAMPEP/Germany)

Participants: about 20 persons

For detailed description see: Report Germany

TAMPEP/Netherlands & Germany with Swedish project workers

Amsterdam, June 15 to 17, 1997

■ Purpose of the meeting: Exchange visit of three Swedish social workers with TAMPEP/Netherlands

TAMPEP's participants: Licia Brussa (general co-ordinator), Miek de Jong (Latin American cultural mediator), Iskra Koch (Bulgarian cultural mediator, TAMPEP/ Germany)

For detailed description of the visit see: Report Germany

TAMPEP/Netherlands with EUROPAP/Finland

Helsinki, Tallinn (Estonia), June 28 to 30, 1997

■ Purpose of the meeting: Visit to the prostitute counselling centre *Pro-Tukipiste* and to *Seastar Project* in Tallinn, Estonia

TAMPEP's participant: Hanka Mongard (East European cultural mediator)

■ Results of the Finnish meeting:

In Finland there exist only two organisations which work with prostitutes: *Pro-Tukipiste* and *Seastar* (UMBRELLA). Both programmes are focussed on the principles of outreach work. The target group of *Pro-Tukipiste* consists of prostitutes working on the streets of Helsinki and in sex clubs (including East European sex workers). The target group of *Seastar* is formed by Russian and Estonian prostitutes working in Helsinki and in Tallinn (Estonia). Both projects are relatively inexperienced with outreach work with these target groups and needed advice and guidelines from TAMPEP's cultural mediator who has a broad experience with working with East European prostitutes.

■ Activities during the Finnish meeting:

- Presentation:

TAMPEP methodology: starting up a project aimed at migrant prostitutes

Ways to evaluate project

Main principles of outreach work

The use of volunteers in outreach work

The practice of outreach work

The role and training of cultural mediators

- Visit to an AIDS centre in Tallinn and to a drop-in centre for prostitutes

- Workshop for volunteers working with prostitutes

- Outreach work in a sex bar in Helsinki together with the Estonian cultural mediator

- Meeting with Kimmo Saares, office manager of Diacones Institution Social Section
- Interview on the Finnish Radio

TAMPEP/Netherlands with EUROPAP/Denmark

Amsterdam, September 1 - 2, 1997

■ Purpose of the meeting: Exchange of experience between members of EUROPAP/Denmark with TAMPEP/Netherlands and EUROPAP/Netherlands.

TAMPEP's participants: Licia Brussa (general co-ordinator), Hanka Mongard (East European cultural mediator), Miek de Jong (Latin American cultural mediator)

■ Goals of the meeting:

The two members of EUROPAP/Denmark who are professional social workers and who perform outreach work among Danish and foreign prostitutes in Arhus and Odense came to study the Dutch situation and methods of outreach work with migrant prostitutes. For this purpose they attended meetings (among others) with Thérèse van der Helm (GG & GD, Amsterdam), Jan Visser (Mr A. de Graaf Stichting) and members of TAMPEP/Netherlands.

These two Danish social workers accompanied TAMPEP's cultural mediator Hanka Mongard for one night to the prostitution street in Alkmaar during her outreach work with East European sex workers.

7 International activities of TAMPEP/Netherlands

■ In October 1996 a TAMPEP's member was invited by the **UNAIDS** to Geneva, Switzerland, in order to discuss the possibilities of TAMPEP's involvement in starting AIDS prevention projects in some former communistic countries. As a result of this meeting, TAMPEP has been requested to prepare an activity work plan about this issue.

■ **Mobility in Southern-Eastern Europe and HIV/AIDS**, workshop in Thessaloniki, Greece, October 16-18, 1996. The TAMPEP worker, Hanka Mongard was a *rapporteur* of the working group *Development of international co-operation between health promotion projects*.

■ **3rd National Conference Sexuality and Health in a Multi-ethnic Society**, Gothenburg, Sweden, November 21-22, 1996. TAMPEP's co-ordinator, Licia Brussa, lead a workshop about TAMPEP's methodology.

■ In December 1996 TAMPEP was asked to be a partner of an AIDS prevention project in Riga (Latvia) called *Semmes*. The same request came from the project *Bliss without risk* from Prague (Czech Republic) and from project *Tada* from Szczecin (Poland). TAMPEP accepted these invitations and henceforth TAMPEP will support these projects with its expertise and its technical means.

■ **3rd International AIDS Conference One World-One Hope**, Warsaw, Poland, December 1996. TAMPEP's worker, Hanka Mongard presented the paper *Prostitution in an international context*.

■ **LEFÖ Seminar *Trafficking in Women***, Vienna, Austria, March 1997. TAMPEP's worker, Hanka Mongard presented the paper *East European women working in the Netherlands*.

■ **Education day for a group of street workers from Italy**, Amsterdam, the Netherlands, March 1997. A group of street workers from the project *On the Road* visited Amsterdam and attended a training course provided by TAMPEP team members. The emphasis was put on TAMPEP's methodology of outreach work with migrant prostitutes.

■ **TAMPEP, co-organisier of NOTRAF**. *The European NGO Conference on Trafficking in Women*, held in Noordwijkerhout, the Netherlands on April 5-6 was jointly organised by the Foundation against Trafficking in Women, Mr A. de Graaf Stichting and TAMPEP. A central theme of the conference was the issue of international trafficking of women and one of the conference's main goals was to formulate and propose action plans and strategies.

■ **Seminar Mobility and HIV/AIDS: The problem of Cross-Border Infection**, Amsterdam, the Netherlands, April 21, 1997. At this seminar organised by EPPNA/ European Public Policy Network in HIV and AIDS, Licia Brussa, TAMPEP's co-ordinator presented the paper *Some Reflections on Migrant Sex Work in Europe*.

■ **3rd International Conference on Home and Community Care for Persons Living with HIV/AIDS**, Amsterdam, the Netherlands, May 12-24, 1997.

■ **Streetworkers training in Poland**, Warsaw, June 1997

TAMPEP's worker, Hanka Mongard provided training to a group of (future) street workers who will work in 5 main towns in Poland.

The training sessions organised by the TAMPEP worker consisted of:

- Lectures:
- Legislation on prostitution in Western Europe
 - Working with trafficked women
 - Peer education
 - Health care for prostitutes in Western Europe
- Workshops:
- Demonstration of condoms, lubricants and other products used in prostitution
 - Case study
 - Streetwork as a job and mission
 - The pimp
 - Role play

■ **Programme Trusted Persons** by *La Strada*, Warsaw, Poland, June 1997. TAMPEP's Polish cultural mediator, Hanka Mongard was invited to assist and participate in a training called **Trusted Persons** which was organised by *La Strada*, an organisation preventing trafficking in women in Poland. TAMPEP's worker gave lectures describing the prostitution situation in the Netherlands. The emphasis was put on the working and living conditions of East European prostitutes.

■ Invitation for TAMPEP's worker from the **UNAIDS** to facilitate FSWs communication workshop in Chernovtsy, Ukraine, October 1997.

The team

The Dutch TAMPEP 3 - team had a regular complement during the entire duration of the project. The team held weekly meetings in order to analyse the changing situations and to plan the practical intervention in each cultural area.

Backgrounds and experience of the team reflects each of the cultural and ethnic target groups:

Co-ordinator:	Licia Brussa , Italian
East European cultural mediator:	Hanka Mongard , Polish
Latin American cultural mediator:	Miek de Jong , Dutch/Colombian
Peer educator:	Dominique , Polish
Physician:	Olga Gorbacheva , Russian
Secretary:	Marieke van Doorninck , Dutch

Acknowledgements

Staff and Board of the Mr. A. de Graaf Foundation

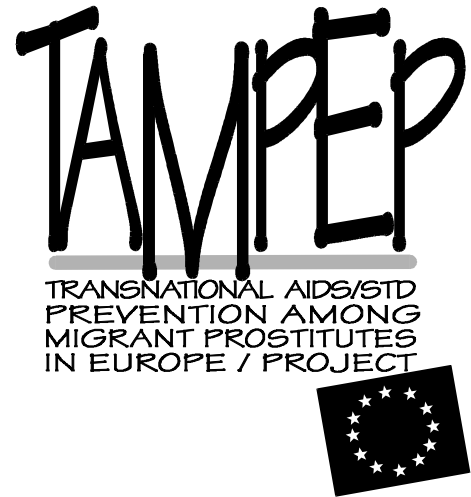
The director of the Foundation, Hans Scholtes and the supervisor, Jan Visser for their interest and support of TAMPEP.

Medical staff of public STD clinics in Alkmaar, The Hague and Arnhem.

Members of the Prostitution Project in the Hague

Peer educators who enthusiastically followed our peer educator's course, all sex workers and volunteer's who participated in the activities of TAMPEP.

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GERMANY

TAMPEP 3

FINAL REPORT

October 1996 – September 1997

Hamburg, September 1997
Veonica Munk

Overview

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ermany has in the last five years become one of the main migratory destinations in Europe. Officially, almost 10% of its population is composed of migrants. However, if those living and working irregularly in the country were added, that percentage would increase enormously.

This is a reality. But not a reality that is politically recognised acknowledged or considered. Migration laws have become more and more limiting and restrictive, and all sorts of social support for those living on the limits of society have become harder to get. Repressive is the main word to describe recent German measures to deal with foreigners on its soil.

Although Germany is still considered a welfare paradise for those coming from abroad, its economic situation has worsened in the last 3 years. Unemployment is one of the main problems. The new government saving-programmes have hit the Germans quite hard themselves, as they are used to a very high level of state welfare benefits.

The deteriorating economic situation has led to a large number of other social problems in addition to unemployment. But for the migrant the main problems are racism and discrimination, now on the increase, making the already severe problems of exploitation and isolation worse.

The non-acceptance of the migration phenomenon inside Germany - the country is already a multicultural society - and the increase of those repressive political, immigration and economic policies, demonstrate the existence of one very clear objective: there is no intention whatsoever to integrate the migrant population into society.

The situation is even worse when one analyses the sex industry. The German scene is composed nowadays of, at least, 50% migrant sex workers. This percentage can be seen among female, male and transvestite sex workers. Only in the case of drug addicts who work as prostitutes is the number of Germans still higher than that of migrants.

The increase of migrants in the German sex industry, mainly those coming from Eastern European countries, has been observed since 1990. As a result of political changes that have happened in that region of the world and increasingly worsening economies, about 60% of migrant sex workers in Germany today come from Poland, Russia, The Ukraine, The Czech Republic, Bulgaria, Rumania, Hungary, Latvia, Estonia, and so on.

Because of its still privileged economic position among other European countries, Germany is currently the main destination for most migrant sex workers. Not only is it the starting point for Eastern European sex workers, but also for those coming from other continents. Germany is also, together with France, the main country of transit for those moving around the different EU countries.

The fact that more than 50% of the sex workers here are migrants is not a phenomenon particular to Germany, but to the whole of Europe. However, the main causes for this phenomenon in Germany are:

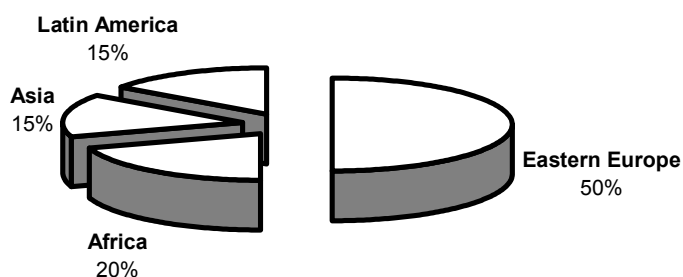
- the need for and the wish of women to earn more money than they could in the so called (former) *second* and *third world countries*,
- the *eldorado* image that specially Germany has abroad,
- market behaviour, i.e., the demand for variety and novelties inside the sex market and the existing money to feed that demand,
- the proximity of Germany to Eastern European countries and,
- the well known and traditional network of and for Latin American and Asian women, mainly those coming from Thailand, wishing to work in the German sex industry.

The market of supply and demand is then fulfilled. This is the starting point for the analysis about the living and working conditions and general situation of migrant sex workers in Germany.

The situation

According to the experience of TAMPEP members and data from different health care services, prostitutes' organisations and the police, there are between 200,000 and 400,000 women currently working in Germany in the sex industry. This amount is calculated for a period of one year and includes part-time and full-time workers.

Depending on the town and area (border or not), the percentage of migrant sex workers involved in prostitution is somewhere between 60 to 70 per cent. This amount is usually divided as follows:



The precarious nature of migrant sex workers' lives in Germany is something that has been getting worse in recent years due to the already mentioned present political and migration policies, which push those women into even more dependency, more difficult circumstances and more compromised situations. They are vulnerable people, living on a knife-edge of anxious insecurity, open to easy exploitation and at the mercy of both pressures to do things they may not want to do and fear of the consequences if they do not do them. Some examples:

- Women are deported before having the opportunity of denouncing any pimps.

- They are stopped any time of the day or night and asked for documents. The result is a matter of the policeman's subjective judgement. If he thinks that the woman is dressed or is acting like a prostitute, he will take her passport away, only returning it to her at the Foreign Office on presentation of a return air ticket.

During raids, which are currently on the increase, women are simply accused of being engaged in prostitution only on the grounds that they are carrying condoms in their bags.

Because of competition, apartment owners ask more than the already exorbitant rents (from DM 100 to DM 200 a day), and bar and club owners are able to pay less and demand more services.

Even though, on the one hand, everything is being done to reduce the number of migrant sex workers in the country, the German sex industry, on the other, is experiencing a boom. The profit this business generates is enormous both for those directly and indirectly involved in it, including the State, which earns its share through taxes paid by bars, clubs, etc.

This ambiguous situation serves all sides:

The state, through the immigration agreements on the European level,

The establishment, because through the restrictive immigration policy in force, they placate the masses of unemployed Germans,

The moral conscience of the nation, because society preserves social customs and habits by saving "*those poor trafficked women, victims of such dreadful men*", as the media likes to describe migrant sex workers,

The sex industry, by not reducing the profits of those involved directly or indirectly in it,

The sex market, by tending to all its wishes and demands.

The ambiguous situation also serves, of course, the women who come to Germany to work in the sex industry. It opens up to them the possibility of earning money in apartments, bars, clubs, brothels, and on streets and roads. However, the majority do not know about the difficult social and labour conditions which they are going to face.

Estimates provided by the Secretary of the Interior of Hamburg suggest that the publishers of two local daily newspapers (*Morgen Post* and *Bild Zeitung*) earn about DM 2.2 million every month on advertisements put in mainly by migrant sex workers. Those adverts cost three times more per line than any other adverts.

The above mentioned example serves to demonstrate once more the moral double-standard operating in German society vis-a-vis prostitution as well as the means of exploitation. Sex workers are tolerated but not recognised, and this contradictory situation encourages financial exploitation and dependency, as the sex workers depend on those adverts to get work.

The example mentioned is taken from an open letter written in June 1997 by an action of several representatives of Hamburg citizenry - SPD (Social Democratic Party), CDU (Christian Democratic Union) and GAL (Green Alternative Group) - to prohibit those adverts because of the publishers' abusive profits. Again, the point was not to denounce the exploitative situation against migrant sex workers, but to put an end to their work opportunities and, as they say, to prevent trafficking.

Living and working conditions

"The situation is very bad. Men ask more and more for unprotected sex. They even argue that AIDS is not a problem anymore since medicine has been found that cures it." (a migrant sex worker during a workshop about safer sex)

Apart from the fact that their numbers increased last year and are likely to go on increasing, the general situation of migrant sex workers in Germany remained the same, if a little worse, for the reasons given above.

Work places - Migrant sex workers look more and more for the so called *hidden* places to work. In Hamburg, for instance, there was a clear increase in the number of women working in apartments. (See ahead: research on migrant sex worker adverts in the *Morgen Post* and co-operation project *TAMPEP-Zentrale Beratungsstelle/Hamburg*). In relation to street prostitution, it is not the main activity among migrant sex workers because of the bigger risks of police controls. Sometimes, street prostitution is linked to an *area protector*, a different sort of pimping relationship. The *area protector* earns a rent for a certain portion of the street, over a certain period of hours. He does not receive any part of the woman's earnings. The eastern borders of Germany, however, maintain their intensive road prostitution mainly with Eastern European women.

Health care - Their access to health care services remained, in general, the same too. With the ever cited excuse on the side of health care providers about retrenchment policies, very little progress was made. Again, the refusal to recognise the situation of migrants in general and the need for special tools, ways and initiatives to work with them in particular, shows that official institutions are not willing to take steps towards integration. (See ahead: research on health service providers in Germany). This non-integration policy also affects the employment of cultural mediators inside the health care services. Cultural mediators, as understood by TAMPEP, are only employed in Hamburg. A few other services use occasional interpreters.

HIV/AIDS - In spite of the work done by TAMPEP in the last four years, one of the biggest problems we were confronted with during TAMPEP 3 (1996-1997), was the increase of HIV positive and AIDS cases among Latin American transvestites, mainly in Hamburg. In Germany, non-insured people can get anonymous and free HIV tests, but they cannot get any kind of treatment nor have preventative therapy. Reacting against this helpless situation, in which several migrants died, TAMPEP-Hamburg organised the first group in town willing to support these people. This group was composed of doctors, social workers and representatives of various groups dealing with HIV prevention in prostitution. (See ahead: Networking).

Mobility - This is one of the consequences of the overall situation of migrant sex workers and it remained a very clear characteristic of the group. Nevertheless, some new ways were found to overcome the need to move about constantly. Among Russians, for instance, there is a new method being used by certain pimps. They take the women's passports to Russia and get new residence visas, without the women having to undergo the trip back home. Their profits are thus bigger, since the women do not have to stop working in order to have their papers fixed, and they keep the women dependent on them by keeping control of the women's proper documents.

Racism and discrimination

Besides having to cope with being isolated and marginalised, as well as with having insecure and unstable working conditions, migrant sex workers have to deal with racism and discrimination. They suffer racist comments and discriminatory attitudes, because they are migrants and/or sex workers.

Racism takes different forms. It starts with the law in force which, apart from limiting or hindering dignified living and working conditions, makes women easy victims of racist behaviour. It is the law itself which is responsible for migrant sex workers getting into dependent and exploitative situations.

Acts of racism and discrimination can happen on the street, in shops, can come from civil servants, clients, doctors, social workers, and so on, but they can also come from sex workers themselves, including the indigenous (German) sex workers. Competition is a fact in every profession and the sex industry is no exception. Among free migrant sex workers, competition is usually at its hottest where places of work are concerned. Among sex workers who are attached to pimps, competition is a matter of how much pressure each pimp puts on each of the women. Usually, among migrant sex workers of the same nationality, there is a lot of solidarity, even if the market is not going well.

In recent years German sex workers have developed intensely discriminatory and racist behaviour towards migrant prostitutes, because there are so many migrant sex workers now working here. They avoid any contact with them, they complain that migrants usually work without condoms, bring prices down and do not have a professional attitude. Even though their accusations are partly true, what German sex workers do not understand or do not want to understand are the conditions in which migrants work or have to work. It is evident, though, that German prostitutes are totally disinterested in such realities. The fact is that they have no intention whatsoever of contacting migrant sex workers and initiating them into the professional ways of local prostitution. What German sex workers also do not want to accept is the fact that the sex market itself cries out for these migrants and that it is, therefore, no use trying to avoid or reject them.

This racist, disinterested behaviour was also displayed by the German Prostitutes Movement (*Hurenbewegung*). So, TAMPEP-Germany, together with EUROPAP-Germany, tried to arrange a meeting of representatives of the Prostitutes Movement in May to discuss the matter. Unfortunately, that meeting did not take place, because it was advertised at short notice and, apparently, because the issue was not of great interest to those invited to attend.

In June the 22nd German Prostitutes Congress took place in Bremen, the first of the two annual German congresses. TAMPEP tried to participate and to offer a workshop on the issue of *Migrant Sex Workers in Germany*. However, the participation of TAMPEP was refused on the grounds that internal matters would be discussed which did not include the issue of *migrant sex workers*. TAMPEP wrote an open letter to the Congress, denouncing this discriminatory behaviour. Apparently, the letter was analysed briefly, but there were no concrete proposals forthcoming. In July, we got an official letter from the NGO which organised the Congress, on behalf of the Congress participants, in which they declared their solidarity with and support of migrant sex worker issues in general. Nevertheless, they pointed out the political nature of those Congresses, which left us with the impression that the German Prostitutes Movement thinks that TAMPEP and the problems of migrant sex workers are matters for the social services.

After that occurrence, TAMPEP decided to establish a network of organisations working with migrant sex workers in Germany. A first meeting was held in July 1997 in Frankfurt/Main, with representatives of TAMPEP-Hamburg, AGISRA-Frankfurt/Main and BELLADONNA-Frankfurt/Oder, and a second one was held in August.

The network is called *Arbeitsgruppe Migrantinnen-Prostituierte* (working group migrant prostitutes). It is composed of migrant women and does the following things: represents migrant sex workers in Germany at a political level, advocates their rights, recommends changes in the law, supports migrant sex workers when they self-organise, acts as a reference point for those working with and for migrant sex workers in Germany, including the German Prostitutes Movement, facilitates meetings to exchange experience, offers training for cultural mediators and peer educators.

Attempts to change prostitution law

Meanwhile, attempts were made by two political parties - in November 1996, by the BÜNDNIS 90/DIE GRÜNEN (Green Party), and in June 1997, by the SPD (Social Democratic Party) - to develop a draft law concerning new regulations for prostitutes. The draft takes into consideration the recognition of prostitution as a job and includes: the right to social benefits (unemployment benefit and pension), medical insurance, and legal redress for any kind of discriminatory action against sex workers only because they are sex workers, and so on.

Again, there is no mention whatsoever about the issue of *migrant sex workers*. No references about any kind of solutions or proposals to improve their situation, about their rights and/or needs. Migrant sex workers were simply ignored.

Unfortunately, there is a real situation and an unreal one. The reality shows us that those groups who feel politically responsible for the situation of migrant sex workers, who have the right to speak on their behalf and who want to act to bring about changes related to their rights and their living and working conditions, are pushed aside and refused any opportunity to do so. The statistics show that, although Germany is recognised as a popular migrant destination, it seems to be more comfortable for those in power here to ignore the problems migrants encounter, avoid any kind of social and/or political confrontation on their behalf and adopt repressive measures.

1 Eastern European sex workers

The Eastern European sex workers currently in Germany have mostly come from Russia, The Ukraine, Poland, The Czech Republic, Bulgaria, and from parts of former Yugoslavia. However, there are more and more newcomers in the sex industry who come from countries such as Moldavia, Mongolia, Kazakhstan, Tajikistan and Albania.

A large proportion of the women stay in Germany for a certain period in order to work, but others are only passing through, setting their sights on other Western European countries, some even going as far as North Africa, the United Arab Emirates, the United States of America or Asia.

While it used to be the case in the past few years that there were far more women from Eastern Europe in the lower paying jobs than women from other countries, (i.e. working on the street, on motorways, in the "Turkish" brothels, in trailers and in brothels on the periphery of large cities), nowadays a lot of these women, in large part from the GUS

States (former Soviet Union), work in apartments and exclusive escort agencies. This shift from low to higher paid jobs can partly be explained by market demand as well as the fact that Eastern European women have become more established over the past few years within the sex industry itself.

In Hamburg

It is the norm for two women, not necessarily of the same nationality, to work in one apartment. This both contributes to their isolation and forces them to be very flexible, not only in language terms, in seeking clients. As far as we can tell, only very little communication ever takes place between these women and they hardly ever discuss their professional experience with one another.

Several cases of “*Family Prostitution*” have come to light in Hamburg. The young women working in these situations are mostly Turkish speaking women from Bulgaria or the former Yugoslavian states and they have served, in the main, Turkish men for quite a long time, before being handed on by them to friends and relatives. Condoms and other forms of contraception are very often not used, as the actual sex acts involved are largely seen as being acts between intimate family members. As a rule, these women do not see themselves as being involved in the sex industry. Neither do they make any use of the opportunities offered by health institutions and counselling centres. In addition, they are almost totally cut off from other opportunities to work.

The work centring on teaching women how to avoid disease, infection and pregnancy came up against the following problems:

- Although there are programmes in many Eastern European countries explaining the facts about AIDS and AIDS education in schools, and although there are prostitute counselling services now available in Poland, The Czech Republic and Hungary, Eastern European women remain very ill-informed on matters concerning sexually transmitted diseases and AIDS.
- Very few women know how to use condoms properly or the basics of hygiene as should be practised when working as a prostitute.
- Little care is taken to avoid pregnancy. Many Eastern European women have already undergone several abortions before they arrive here, as they are put off by the contradictory information on contraception disseminated in their home-countries and have no truck with the Eastern European version of “the pill”, which has gruesome side-effects on them.
- There are lots of cases of misapplication of medication, especially of antibiotics. This is partly because in their home countries people tend to try to treat themselves when they are ill. To put a stop to this we have increased emphasis on this problem during our educational sessions.
- Although some women do make use of the available counselling opportunities on AIDS and STD, things like AIDS tests and vaccination against Hepatitis B are rarely asked for, because many simply do not take the dangers of a possible infection seriously.

Many of the women we sought out knew about the medical services available to them in Hamburg or they had made use of them after receiving information on them. Many regularly visited the Counselling Centre for Sexually Transmitted Diseases as well as the Family Planning Office.

Some women however, mostly polish, preferred to go to private doctors, as they believe that the doctors will take more care in treating them, because they are being paid. Women

from countries bordering Germany often prefer to go to see their doctors in their home countries.

Recently, alcoholism and drug consumption are very serious problems amongst Eastern European women. In many cases their pimps are also their pushers.

2 Latin American sex workers

The Latin American female sex-workers in Hamburg mostly come from the Dominican Republic, Colombia and Ecuador, but some come from Venezuela, Brazil and Cuba. The most recent newcomers were almost all from Colombia and Ecuador and had come either directly from Latin America or via some other neighbouring European countries. This trend has affected other sex-worker groups. The group of transsexuals and transvestites, which two years ago was largely composed of Peruvians, has changed considerably in its make-up since the introduction of a visa requirement for Peruvian citizens entering Germany. Their numbers have been reduced in favour of Colombian and Ecuadorian transsexuals and transvestites, who do not need a visa to enter Germany.

Many of these people know of TAMPEP already, mostly those who were in the Netherlands before they came here. Some transsexuals, transvestites and women only stayed here a short while. Realising that the work situation was not very good here, they left Germany and went on to Italy.

This year we were confronted with a new situation, as some transsexual and transvestite sex-workers became seriously ill with full-blown AIDS as a result of being infected with the HIV virus. In addition, the number of transsexual and transvestite sex-workers who tested positive also rose. Because of these sex-workers irregular personal circumstances they have very little opportunity of receiving proper medical attention.

The number of police raids and spot checks on sex workers also increased this year. The raids and checks were mostly made during working hours in bars or apartments and many sex workers were arrested. The women, transsexuals and transvestites were held in custody in a detention prison, the former in communal cells, and the latter in solitary cells. Since June of this year all transsexuals and transvestites arrested have been sent not to the detention prison, but directly to the Male Deportation Prison where there are no solitary cells. Several of these people waiting to be deported are in large communal cells. For transsexuals and transvestites this is a terrible situation, as they are thus exposed to all sorts of dangers including acts of violence and brutality.

Various tests are made on the detainees, including an HIV test. The detainees are made aware of the nature of the test through interpreters and are asked for their consent for the test to be carried out, but not always.

German lessons at the „Kaffee Klappe“

The „Kaffee Klappe“ is a facility organised by the *Diakonisches Werk für Prostituierte und Aussteigerinnen* in Hamburg (Diaconate Chapter for Prostitutes and Women Wishing To Get Out Of Prostitution in Hamburg).

We have been teaching German there one weekday afternoon a week since 1993. This place has become an institution to which the Latin American sex-workers can turn for advice. It is situated in the quarter where they work and is therefore easy to get to. They come not only to learn German, but also to get information. The weekly sessions, held throughout the year, last two hours.

The subject matter taught is always the same, as the turnover in sex-workers is constant. It covers the language necessary in the work-place and includes the sort of dialogues that the sex-workers have with clients in bars, apartments and on the street. „*Your little dictionary*“ helps out with words and sentences which are important when working in the sex-industry and we also teach numbers and telling the time.

Workshops

In the past very few women, transsexuals or transvestites (TS/TV) turned up to the advertised workshops. As a result we held impromptu conversations on safer sex during or after the language sessions at the request of the sex-workers themselves. They told us about their problems at work. Most had problems with their clients, because more and more clients asked for unprotected sexual intercourse. At the request of sex-workers taking part in the sessions, we covered the following areas:

- Risks involved in having oral sex without a condom from the point of view of TS/TV to man, man to TS/TV, man to woman, woman to man;
- Types of condom and lubricant;
- Working while having your period;
- Correct use of condoms.

HIV Infection and AIDS

HIV infection and AIDS were of central concern to some transsexuals, transvestites and women. At their request we held individual counselling sessions or sessions in small groups.

The following aspects were covered:

- attitudes towards HIV positive people and those suffering from AIDS
- the incubation period before the illness shows itself
- treatment possibilities and protection from infection

The main emphasis of these counselling sessions was put on making it clear to those affected that they were not facing imminent death. It was felt important not to give them a lecture on how the disease develops and their prognosis, but to concentrate on their immediate problems and to discuss them thoroughly.

The conversations about safer sex and the advice given on same during these counselling sessions were very important. It was not all just about protecting others, but also about protecting themselves against additional infections. We made it clear that being infected by more HIV viruses could exacerbate the course the illness was running.

In later conversations we covered the subject of living with an HIV positive person or an AIDS patient, as well as the rules for a healthy diet: eat a variety of foods, eat plenty of wholemeal products, lots of vegetables, potatoes and fruit, drink a lot, be moderate with alcohol, have lots of small meals.

The use of silicon

These workshops were used to explain that it is possible to have changes to one's body made cheaply with silicon, but that the possible subsequent injuries can be very serious and the possible subsequent costs can be enormous.

Some dangers and side-effects of having silicon-fluid injections to both hips include inflammation of the veins, inflammation of the lymph vessels, infections etc.

The consequences are grave, as injuries sustained as a result of such inflammation can only be treated effectively, if at all, by awkward and costly operations. Such surgery is virtually inconceivable for people in the sort of situation that transsexuals and transvestites are in.

Experience

It was important for us at TAMPEP to realise that though it has become quite normal for us to talk about prostitutes and prostitution, the sex workers themselves, women and transsexuals/transvestites alike, do not think of themselves in those terms. For example, they do not feel themselves targeted, when workshops for prostitutes are promoted amongst them or when they are addressed in their capacity as prostitutes. They do not wish to be identified with this occupation. It is for this reason that our advertised workshops did not draw many respondents. On the other hand, they asked their questions quite spontaneously during the German language lessons, which led to the impromptu workshops.

A new situation came about whereby some women and transsexuals/transvestites, who already knew us, came with their partners mostly after the German lessons to talk about how to protect themselves from AIDS and sexually transmitted diseases. As they did not speak the language, it was difficult for them to explain to their partners the dangers of sex without condoms.

3 Thai sex workers

Germany is still one of the main European destinations for many Thai women who want to migrate for labour and/or marriage reasons. Other main destinations include some of the Scandinavian countries (mainly Denmark) and the United Kingdom.

Women coming from Thailand continue to be the largest group amongst Southeast Asian women to work in the German sex industry, even if the situation is not as favourable as it once was. In the last two years it has become more and more difficult for Thai women to get an artist visa or even a tourist visa, so they depend on friends or relatives who already live in Germany to get an invitation for them and afterwards a job. Even though this long established network among Thai people living in Germany is essentially an informal structure, most Thai women wishing to migrate here will depend socially and financially on it for a certain period of time.

The situation in Hamburg reflects immigration policy very well. In the last twelve months there were very few new Thai women with artist visas who had come to work in the clubs or cabarets specifically for Thai women and transsexuals on the Reeperbahn, and this left the Thai scene very empty. Women used to come through special agencies which arranged

visas, job contracts and work permits. Therefore, most of the Thai women who currently work in clubs and apartments are women who are married to German men and have no problems with their legal status.

That legal status gives them security to work for a while in apartments in Hamburg as well as in Berlin and/or Frankfurt/Main. Nevertheless, Thai sex workers face the same problems as any other migrant sex workers - bad working conditions, discrimination, racism and isolation – so they prefer to work indoors. Those who do not have official legal status prefer to work in bars and apartments for security reasons.

And a new twist to the situation is now evident. Whereas before clients used to offer more money, if the women were willing to have unprotected sex, nowadays it is the women who have to offer to have unprotected sex in order to win clients at all amidst the harsh competition.

In Hamburg, Thai sex workers are usually between 30 and 50 years old, and rarely have pimps. They form a quite closed group, with great solidarity among them. They usually do not share the same room but the flats are rented on to other Thai women when they move to other towns or go on holiday. They advertise their services through adverts in the daily newspapers and very often, reacting to market demands, they pretend to be from other Asian countries such as Japan, Malaysia, Vietnam, Korea, etc.

Contact with the Thai sex workers during the project period was made through:
regular streetwork and workshops on AIDS/STD and safer sex practices in apartments,
and
the work developed at *Amnesty for Women* specially for Thai women, i.e., counselling, social assistance, literacy and German language courses.

4 Research on health care service providers

As part of TAMPEP/Germany's activities in 1997, we did research on health care services available to migrant sex workers. The research, partly supported by EUROPAP-Germany, targeted official health care institutions and clinics throughout the country which provide AIDS/STD, gynaecological and/or general health care services.

Information was collated by means of a three page questionnaire which was sent to 155 different health care services in Germany. The questionnaires were sent out in February 1997 and the analysis of the forthcoming responses done in May of the same year.

Because there are more than two thousand public health care services in the country, a selection was made on the basis of the following criteria:

- cities with more than 200 thousand inhabitants,
- those cities which we knew or expected to have migrants in the sex industry, and
- cities in or near the border areas.

We know that in most German states there is a compulsory medical examination for those working in prostitution, and that most migrant sex workers are here illegally (have illegal

status and no valid health insurance). The research had different aims and was designed to determine:

- the amount of migrant sex workers that use and have access to the services,
- what sort of health care services are offered, i.e., which tests, examinations and treatments are available for sex workers,
- which of those services non-insured migrant sex workers are entitled to,
- which of those services offer anonymous and free services,
- which institutions already employ cultural mediators or at least interpreters,
- what kind of information materials (AIDS/STD prevention, safer-sex practices, contraception methods, birth and abortion possibilities) are available for migrant sex workers, and was also designed
- to collect addresses, opening hours and foreign language communication possibilities inside the different health care services.

The research also had different purposes:

- to provide a better overview of the services offered by official health care services in the main towns where migrant sex workers are active in Germany,
- to produce a leaflet (see attached) with the most important practical information concerning the availability of health care services to the target group and the health care providers inside Germany,
- to raise awareness among health care providers of the need for a specialised service for migrant sex workers, taking into consideration the variety in language, cultural background, educational level, values on medical care, medical staff, preventative work and other important topics related to work with migrant sex workers, and
- to introduce TAMPEP and its methodology to those health care services who still did not know about the project in the country.

To find better means of comparison and facilitate the analysis of the different policies carried out by the health care services in Germany and the care they offer migrant sex workers, we divided the country into three main regions: north, middle and south.

We got responses from 24.5% of those questioned, i.e., we received 38 answers. From this amount:

- 30 questionnaires were completely filled in,
- four health services declared that there were no migrants among the sex workers who used their services: Andernach, Aschaffenburg, Crimmitschau (middle) and Passau (south), and
- four others, from the middle region, dispensed with the questionnaire and sent us letters: Torgau (being a small town, they do not have sex workers); Bad-Neuenahr-Ahrweiler (the service is closed at the moment); Heppenheim (for 10 years now they have not done STD examinations); Mainz (they did not know of the project, so they were reluctant to answer the questionnaire).

The 30 filled in questionnaires became the corpus of this research. Because the distribution of the results was quite balanced, we got a reasonable representative overview of the services offered in the country.

The 30 Health Care Services which answered the questionnaire

NORTH	Bremen
	Berlin
	Hamburg
	Hannover
	Lübeck
	Rostock
	Schwerin
CENTRE	Altenburg
	Bayreuth
	Breunschweig
	Chemnitz
	Duisburg
	Erfurt
	Frankfurt-Main
	Gera
	Jena
	Köln
	Magdeburg
	Marl
	Münster
SOUTH	Bamberg
	Böblingen
	Freiburg
	Heidelberg
	Ingolstadt
	Ludwigshafen
	München
	Neu-Ulm
	Saarbrücken
	Saarluis

Percentage of migrant sex workers using these 30 health care services:

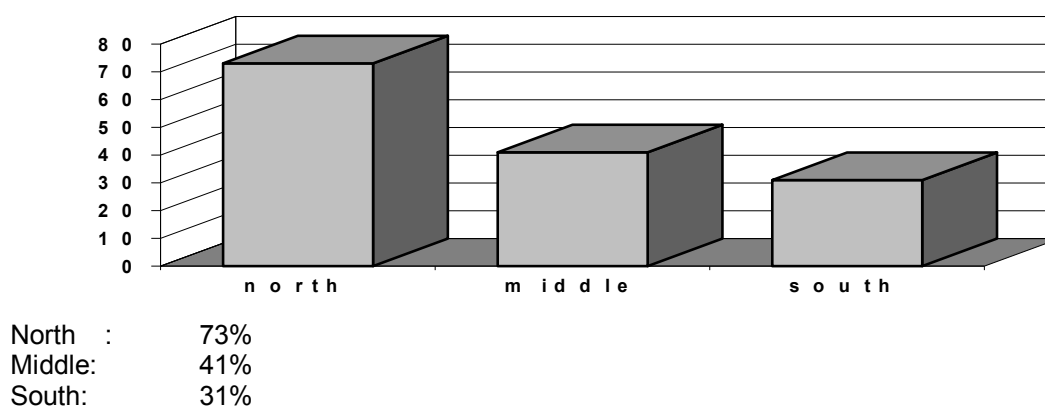
46.5%

This figure shows approximately the proportion of migrant prostitutes attending health care services in Germany today, and one might consider it a fairly reasonable percentage, but when one considers the actual number of migrant sex workers active overall in this country, (and that number is exceedingly high), one realises that an awful lot of women are not using health services at all. The reason for this is that in most of the 16 German States, sex workers are obliged to undergo regular medical examinations for HIV and STD to be able to work. Although this regulation is not affected by their legal status in the country, sex workers have to give their full names and addresses.

This policy has very clear consequences concerning preventative work, health care and work practices among migrant sex workers living here illegally:

- migrant sex workers avoid using those services, because they are afraid of being reported to the authorities as illegal immigrants. Therefore, they have almost no access to any sort of health care service, which increases the likelihood of their administering medication or worse to themselves, as well as the risk of transmitting disease, and they get no treatments that would avoid greater problems in the future, and
- socially, they are pushed even more into isolated, marginalised and exploitative situations by having no access to any kind of information about health and/or social support possibilities.

Attendance of migrant sex workers in each region



The table above shows very clearly the influence of forced medical examinations on attendance of migrant sex workers at health care clinics. In the north region, for instance, where in most cities there is no such obligation and the examinations are anonymous, the number of migrant sex workers attending the health services is much higher.

This phenomenon will be examined in a more detailed manner in the following tables.

NORTH

City	% of migrants	Home continents
Bremen	70	Asia, Africa, Eastern Europe
Schwerin	70	Africa, Eastern Europe
Lübeck*	50	Asia, Africa, Eastern Europe, Latin America
Hannover	60	Asia, Africa, Eastern Europe, Latin America
Rostock	80	Asia, Africa, Eastern Europe, Latin America
Hamburg	90	Asia, Eastern Europe, Latin America
Berlin	90	Asia, Eastern Europe, Latin America

* Compulsory medical exams

Eastern Europe: 30%
Africa: 27%
Asia: 24%
Latin America: 20%

MIDDLE

City	% of migrants	Home continents
Erfurt*	85	Asia, Africa, Eastern Europe, Latin America
Magdeburg*	32	Asia, Africa, Eastern Europe, Latin America
Chemnitz*	17	Asia, Africa, Eastern Europe, Latin America
Bayreuth*	20	Africa, Eastern Europe
Gera*	1	Asia, Eastern Europe
Altenburg*	90	Asia, Africa, Eastern Europe
Jena*		Africa, Eastern Europe
Braunschweig*	10	Asia, Africa, Eastern Europe, Latin America
Duisburg	10	Asia, Africa, Eastern Europe, Latin America
Frankfurt/Main	90	Asia, Africa, Eastern Europe, Latin America
Köln	50	Asia, Africa, Eastern Europe, Latin America
Münster*	20	Asia, Africa, Eastern Europe, Latin America
Marl*	70	Asia, Africa, Eastern Europe, Latin America

* Compulsory medical exams

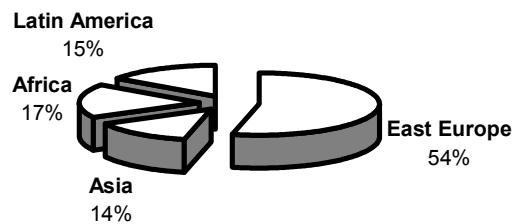
Eastern Europe: 29%
Africa: 27%
Asia: 24%
Latin America: 20%

SOUTH

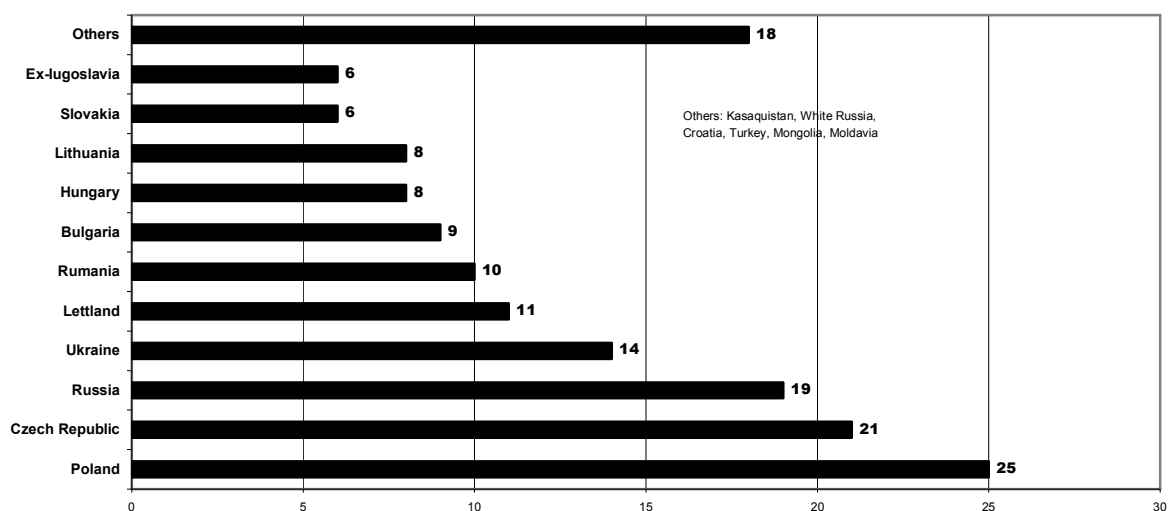
City	% of migrants	Home continents
Saarbrücken*	50	Asia, Africa, Eastern Europe, Latin America
Freiburg*	40	Asia, Africa, Eastern Europe, Latin America
Ludwigshafen*	50	Asia, Africa, Eastern Europe, Latin America
Ingolstadt*		Africa, Eastern Europe
Böblingen*		Asia, Africa, Eastern Europe, Latin America
Bamberg*	1	Asia, Africa, Eastern Europe
Heidelberg*	10	Asia, Africa, Eastern Europe, Latin America
München*	5	Asia, Africa, Eastern Europe, Latin America
Neu-Ulm*	5	Asia, Africa, Eastern Europe
Saarlouis*	90	Asia, Eastern Europe
* Compulsory medical exams		

Eastern Europe: 30%
Africa 26%
Asia: 26%
Latin America: 18%

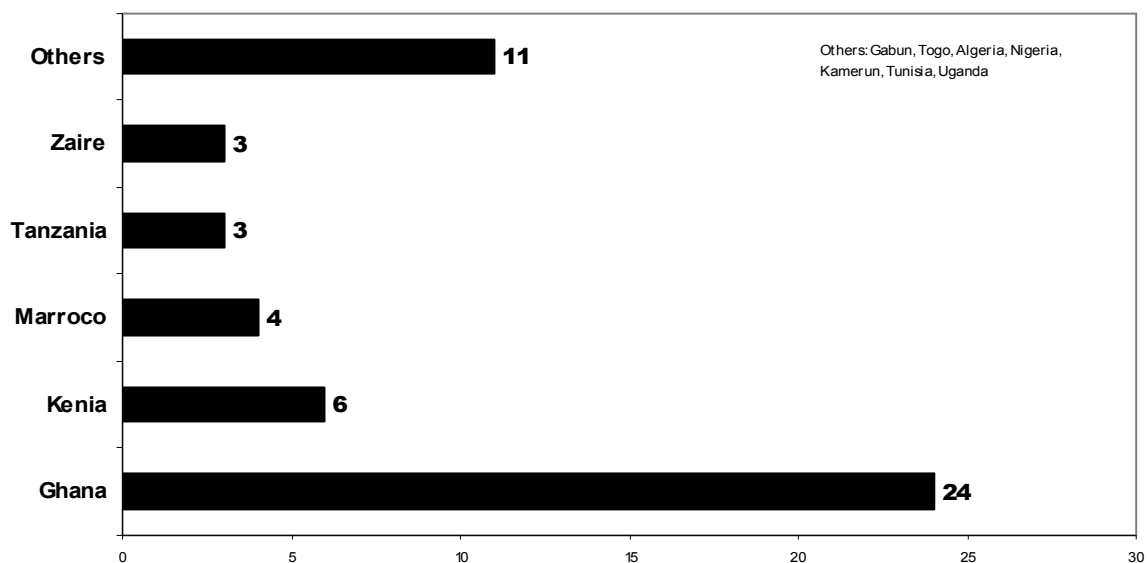
How many times the four home continents of migrant sex workers were mentioned



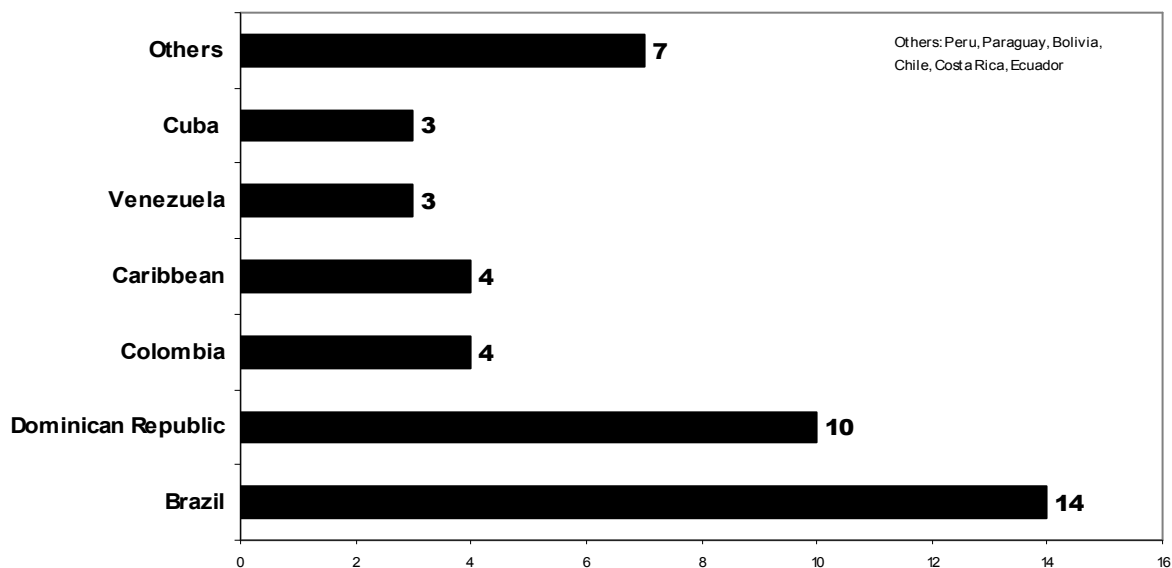
Eastern European countries referred to 18 countries in 158 references



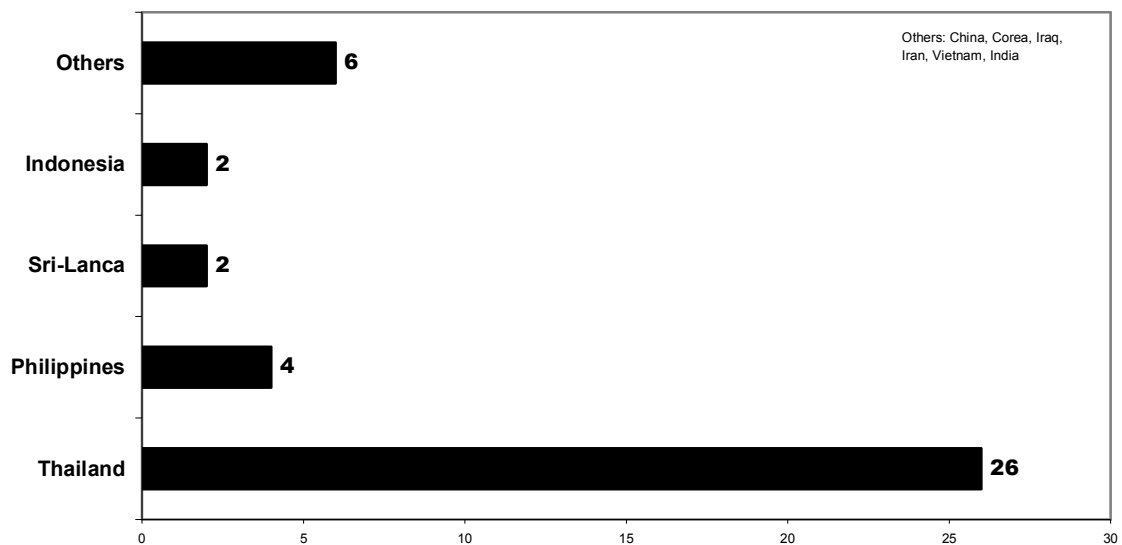
African countries referred to 12 countries in 51 references



Latin American countries referred to 12 countries in 45 references



Asian countries referred to 10 countries in 40 references



Some other remarks about the research

- About 80% of the migrant sex workers that attend the health care services are women.
- About 10% are men, mainly from Eastern Europe (Rumania, Hungary)
- About 10% are transvestites/transsexuals, mainly from Asia (Thailand) and Latin America (Brazil, Peru, Ecuador, Colombia and Venezuela)
- Only about 40% of the health care services (12 out of 30) use streetwork as a means of contacting sex workers.
- Although migrant sex workers usually work in the so called *hidden* places, such as private apartments and rooms, country-houses, bars, clubs and through advertisements, they also do street and road prostitution. They look for those *hidden* places as a consequence of their illegal status and uncertain social situation, which push them even more into isolation and marginalisation.
- Distribution of nationalities: an interesting phenomenon can be observed amongst some national groups which are clearly concentrated in certain areas of the country or certain towns. This is due to the already existing network of contacts and the social structure of that specific group, built up by those who are already established in the country. This existing structure facilitates and supports the newcomers, offering them an easier start in their new living and working situation. Two good examples of this phenomenon are the African women, established mainly in the middle of the country, and the Ecuadorians, concentrated in the city of Hamburg.
- TAMPEP information materials are regularly used by 8 health care services in the following towns: Bremen, Lübeck, Köln, Gera, Hamburg, Kreis Euskirchen, Anklam and Wuppertal.

5 Research on the MOPO

The Hamburger *MorgenPost*, or *MoPo*, as it is known, is one of Hamburg's daily newspapers which carry advertisements placed by male, female and transvestite/transsexual sex workers. Those adverts offer services in apartments, hotels and over the phone, both for single people and couples. Although there is also the *BildZeitung*, which carries the same type of adverts, we concentrated on the *MoPo* for our research for two reasons: first, because it is the one we consult the most when looking for addresses for our outreach work, and second, because *BildZeitung* publishes fewer daily adverts than the *MoPo*.

The research was carried out over a period of six months (February to June 1997). The results were taken from 12 editions: the first and the third Friday's editions of each month, because that is the day on which the adverts appear in greater quantity.

Nevertheless, a very important change happened during the period the research was done: the disappearance of any mention of nationality in the adverts, due to pressure on the *MoPo* from a multi-party parliamentary initiative in Hamburg, which argued that mentioning nationality "facilitates trafficking in women". This change came into effect from the last editions of the research, so the results concerning nationalities come from only 11 editions. This change will have some consequences.

For migrant sex workers it will mean:

- no racist discrimination anymore related to nationality, as for example: "*cheap, fat Russian woman*" (*Billige, Günstige, dicke Russin*, *MoPo*, April and May 1997),
- fewer possibilities of specific police controls, but
- migrant sex workers lose the opportunity to respond to market interests, i.e., the demand for exotic women or women with exotic features or ways.

For German sex workers:

- no apparent competition anymore.

For outreach workers:

- even more hidden working situations, making it difficult to reach the target. At the same time, outreach workers will always have to be prepared to make contact with all nationalities, i.e., at least have information materials in all possible languages.

Before coming to the results, some important points have to be considered:

The numbers involved cannot in any form be seen as absolute. They are only estimates.

The item concerning *nationalities* must be interpreted with care because:

- migrant sex workers use *nationality* as a means of attraction, i.e., they can market themselves as being a certain nationality today and a different one tomorrow.
- *nationality* also means an answer to the market's demands and not necessarily the sex worker's country of origin.
- the same goes for the names given in the adverts: they can change every week, even if the women remain the same, or the women can pretend to be of a certain nationality by using a name considered typical for that national group: Olga for Russia, Helena for Poland, Carmen for Spain, and so on.

- and not using *nationality* is a consequence of racist discrimination. An example of this is the fact that no African woman says she is from a specific African country. She describes herself as: coloured, chocolate teeny, coffee brown, black lady, and so on.
 - very few advertise themselves as Germans (about 3 in each edition)
- All the results are an average of the 12 editions mentioned.

Advertisements

900 ads/day – total	650 / MoPo	250 / BildZeitung
560 ads/day – Hamburg	410 / MoPo	150 / BildZeitung

64% of the daily advertisements are in Hamburg

* To have a better overview of the amount of adverts that appear in Hamburg's daily newspapers, we considered *MoPo* and the *BildZeitung*.

This daily amount represents adverts for Hamburg itself, and for Schleswig-Holstein, Lower Saxony, Bremen, Lübeck, Itzehoe, Pinneberg and Eutin.

Migrants

24% of the sex workers advertised themselves as Non-Germans

* This includes women from other EU countries, Eastern Europe, Africa, Asia and Latin America.

Women

345 women, on average, per edition

Transvestites/Transsexuals

16 transvestites/transsexuals, on average, per edition

Men

24 men, on average, per edition

Couples

4 couples, on average, per edition

Apartments/rooms for rent

10 apartments/rooms, on average, for rent per edition

Telephone-sex

9 adverts offering telephone-sex, on average, per edition

Declared Eastern European origin

47 women, on average, per edition

13.5% per edition

Poland	Russia	The Czech Republic	Others
49%	36%	7%	8%

* Others: Hungary, The Ukraine, Slovakia, Latvia, Estonia, Lithuania

* The fact that the majority of Eastern European women advertise themselves as being Polish could have various reasons: market demand or simply because Poland is next door and Polish people do not need a visa for Germany, permitting the women to circulate easily.

* Again, the increasing number of so called "Russians" could also be explained by market demand.

Declared Asian origin

27 women and transvestites/transsexuals, on average, per edition

7.8% per edition

Thailand	Undefined (Asian)	Japan	Others
40%	23%	19%	18%

*Others: Indonesia, The Philippines, Malaysia, India, Iran, Singapore, China, Korea, Burma

* Although many of them advertised themselves simply as Asians, Japanese or others, the majority of those women come from Thailand.

Declared Latin American origin

8 women and transvestites/transsexuals, on average, per edition

2.1% per edition

Brazil	Caribbean	Others
48%	34%	18%

* Caribbean: Jamaica, Martinique

* Others: "India", Honduras, Cuba, Mexico

* Although they advertised themselves as Caribbean or of other origin, (without considering the Brazilians), the majority of the female sex workers working in apartments in Hamburg come from the Dominican Republic, but one also finds women and transvestites/transsexuals from Ecuador, Peru, Colombia and Venezuela.

Declared African origin

3 women, on average, per edition

0.75% per edition

Egypt	Coffee Brown	Coloured	Chocolate teeny	Others
23%	21%	21%	14%	21%

* Others: Mulatta, Tunisia, Morocco

* Of course, these sorts of definitions do not mean that those women are really African. They may well be Latin American. The fact that they are presented in this way is just to facilitate the research data and also to point out the racism that exists towards black people.

Declared European origin

10 women, on average, per edition

2.4% per edition

Turkey	Spain	Denmark	Italy	Others
41%	16%	12%	9%	22%

* Others: France, Austria, Finland, Sweden, Portugal, Israel, Norway, Greece

Declared German origin

3 women, on average, per edition

0.75% per edition

Did not declare any nationality

76.8%, on average, per edition

Remarks and observations

The increase of adverts during spring (second half of April and May), compared to winter and summer.

Friday is a peak day for advertisements in Hamburg: an average of 415. On the other week days the average goes down to 350.

There is a great repetition of adverts and names during a period of 2 months. This does not mean that the women are the same during that time. Those adverts are put in by the pimps or intermediaries of the sex workers. Intermediaries are not necessarily their pimps. They can be the person who rents the apartment/room, a friend, a boy-friend or the husband.

It also became clear that several apartments/rooms belong to the same person or group of people, because the voice on the answering-machine was the same in five different apartments/rooms.

Sometimes two sex workers - two women or, one woman and one transsexual, or one woman and one man - use the same advert.

Ages vary from teenager to 45/50 years old.

Even if apartments and rooms are offered in the newspaper it does not mean that everyone can rent such a place. Because of migrant sex workers' irregular status, they depend on others to rent the flat or room and put the advert in the newspaper every week, apart from probably ending up paying twice or more for the rent.

6 Co-operation project TAMPEP- Zentrale Beratungsstelle Hamburg

TAMPEP 3 received financial support once again from the *BAGS/Behörde für Arbeit, Gesundheit und Soziales* (Hamburg Department for Work, Health and Social Issues), to develop a six month project in Hamburg in tandem with the *Zentrale Beratungsstelle für sexuell übertragbare Krankheiten/ ZB* (AIDS & STD medical centre for sex workers in Hamburg).

What the project gives us: a better overview of the situation of migrant sex workers (Eastern European and Latin American) who live and work in apartments in Hamburg and an opportunity to observe the structural changes that happened in the last twelve months in this specific area.

What the project can aim at: the development of more specific methods of teaching prostitutes how to protect themselves from AIDS/STD infection, methods of intervening more effectively in the most needed areas.

The amount of migrants on the prostitution scene in Hamburg not only increased during the last year, but changed a lot in its make-up. We observed, for instance:

- an increase of migrant sex workers working inside apartments.

- an increase of African women (mainly from Ghana) working in apartments, a fact that is quite new in Hamburg. Although African women (as seen in the research with health care providers) are the second biggest national group in Germany, they were almost invisible in Hamburg,

- an increase of the migrant clientele of the ZB: more than 90% of their clients are migrants. From this amount, 60% are women from Eastern Europe, 30% from Latin America and 10% from Asia.

The project was divided into two stages.

First stage: overview of the geographical areas in which the apartments are located, six months research on the daily newspaper's advertisements offering sex work (quantity of adverts, type of adverts, gender of advertisers, nationalities, etc.), intensive streetwork done by the cultural mediators of TAMPEP and the social workers or doctors of the ZB.

Second stage: training of peer educators.

Overview of the location of apartments in Hamburg

HAMBURG

- **Inhabitants:** 1.8 million
- **Sex workers:** between 6,000/8,000 a year, including both part-time and full-time workers
- **Migrant sex workers:** about 60% of that amount
 - 50% Eastern European
 - 20% Latin American
 - 20% Asian
 - 10% African

To live and work in apartments

Apartments or rooms for sex workers to work and live in are spread out all over Hamburg. They are used by migrants and Europeans, by female, male and transvestite/transsexual sex workers.

Apartments are found in the most upmarket quarters of town as well as in the poorest areas. They are composed of small rooms (two or more rooms) in residential buildings, or whole houses with various rooms. Even if they have just one room, they have a small kitchen and a bath. The condition in which these rooms are maintained varies a lot: on the one hand, one can find some very clean and well illuminated ones and on the other hand, one finds old and rotten places, with no light or ventilation.

Prices vary: they go from DM 100 to DM 200 a day. In very few of them, it includes the maintenance of the place (daily or weekly cleaning), but in the majority of them maintenance is the responsibility of the tenant.

Because of those very high prices, the majority of the migrant women live and work in the same place. Most of them share the apartment or room with others, i.e., very seldom does one find one woman alone, but most probably there are two or, depending on the size of the place, even three or four women.

Because the majority of migrant women are illegal residents in the country, they do not leave the flat, but tend to stay indoors most of the time. They are prepared to work for about 12 to 14 hours a day. They do not leave the flat in case they miss out on a chance to work and because they are afraid of any police control. As a consequence of this isolation they are even more marginalised: they do not know the town in which they live and they do not know the possibilities they have in terms of social and medical support.

Apart from the daily rent, sex workers have to pay for the advertisements, food, condoms, lubricants and hygienic products.

The adverts cost from DM 300 to DM 400 from Monday to Friday. It depends on the number of lines wished. Usually, they do not put the address on the advert, but just a telephone number. One rings and an answering-machine with a female voice tells us what kind of service is offered, where to find her, during which hours.

Outreach work in apartments

The project was therefore aimed at those working in apartments for two reasons:

Isolation: because of the isolated situation in which these women and transvestites/transsexuals live and work, outreach work is the only means of contacting them.

Fluctuation: because of their mobility, outreach work has to be done in a constant and regular form.

The project had the following structure:

- Four teams: two for Eastern European women and two for Latin American women. Each team comprised one cultural mediator from TAMPEP and one social worker or medical doctor (gynaecologist) from the ZB.
- The areas to be visited were divided up amongst the specific teams for each target group. Visits were made every second week, with an average of 4 hours for each outreach session, during which an average of four apartments were visited.
- Addresses were usually taken out of the *MorgenPost (MoPo)*, although after a while sex workers themselves sent us to other places known to them. The *MoPo*'s adverts were first separated by "nationality", and then phoned up to get the addresses.
- During streetwork sessions leaflets, condoms and lubricants were distributed. Spontaneous workshops were done about safer sex practices, HIV/AIDS, STD, pregnancy and contraception, and legal status.

There are, on average, two women in each apartment, but we also found some with three to four sex workers. Because most of them stay in the apartment almost the whole day, this sort of outreach work is very fruitful. Women are more available to talk to, to share experience with colleagues and the outreach workers, but mainly they are interested in the information offered and want to take advantage of having specialised people (medical doctors and social workers) in their own environment.

Most of the time one finds women of the same nationality together in one apartment, but one can also find Russians with Brazilians, Germans with women from the Dominican Republic.

Doing outreach work with a cultural mediator and one of the medical doctors of the ZB was very successful:

- medical issues and questions could be dealt with immediately with the doctor,
- the sex workers felt much more at ease as they were in their own surroundings,
- they got to know the doctor who they would meet later at the health clinic, encouraging them to go and giving them confidence. In those cases where the women had already met the doctor, they were glad to receive her in their "house" and confer with her about work as well as medical issues.

7 Cultural mediators inside the ZB

In 1997 the *Zentrale Beratungsstelle für sexuell übertragbare Krankheiten-Hamburg (ZB)* underwent an important change in its concept, mainly concerning the role of the so called *interpreter*. This change came about as a consequence of the fact that for the last 2 years 93% of their clientele have been migrants.

GERMANS	MIGRANTS*		
	Female	Male	Transvestites & Transsexuals
7%	78%	5%	10%

* **93% migrants:** about 60% Eastern European, 30% Latin American and 10% Thai sex workers

The new concept was developed both by the medical staff and by the social workers, with the goal of developing a new methodology and new strategies for a health care service mainly for migrant sex workers. In doing so, they intend to offer a better service which caters to an extremely mobile and hidden clientele, with very different social, cultural and educational backgrounds.

Because of this change, the role of the cultural mediator, as understood by TAMPEP, became crucially important for the realisation of the new concept. The *interpreter*, a robotic instrument relaying the message mechanically to the women, was considered insufficient to deal with the new reality, because they were never given any room to take the women's cultural background into consideration when discussing matters requiring sensitivity. This is the idea behind the TAMPEP concept of cultural mediation, finally accepted and introduced as an integral part of the new concept of both health care services in Hamburg (ZB/St. Pauli and ZB/St. Georg).

That fact is not only important because TAMPEP methodology was officially adopted by a governmental health care service, but more so because the ZB/Hamburg is seen as the model institution in Germany where matters of health care services for sex workers are concerned.

The ZB has five cultural mediators: one Thai, one Bulgarian, one Russian, one Brazilian and one for Spanish speaking Latin Americans. In the new concept, the role of cultural mediators was conceived for their work inside as well as outside the service.

Inside the ZB

Cultural mediators will work both for and with the medical staff and for and with the social workers. They will be considered as an integral part of the staff, taking part in meetings to discuss the best strategies to be adopted for each different cultural target group.

Outside the ZB

Because migrant sex workers are highly mobile and go about their work in hidden places, one of the important changes was the increase of regular and constant outreach work to reach the target group on a wider scale. Streetwork will be done by cultural mediators together with doctors and/or social workers in bars, clubs, apartments, and on the street.

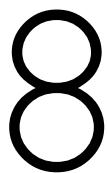
Mutual training

To accomplish a more professional way of working, the new concept foresaw mutual training in 10 sections for all involved: medical doctors, social workers and cultural mediators. The training was realised the following way:

The cultural mediators told the ZB staff about different questions relating to culture, religion, social background, educational level, sexuality and prostitution, issues that have to be taken into consideration when working with a multicultural population, especially with migrant sex workers.

The ZB medical staff told the cultural mediators about anatomy, HIV/AIDS, STD, pregnancy and contraception, hygiene and safer sex.

The social worker staff told the cultural mediators about ways of managing difficult emotional situations and how to negotiate with the different official institutions.



Training of cultural mediators

In 1997 a method for the training of cultural mediators was systematised. The training was aimed at migrant women wishing to develop activities in the field of AIDS/STD preventative work amongst migrant sex workers inside health care services or inside NGOs dealing with a migrant population.

The training was offered to health care service providers and NGOs through a leaflet created specially for the purpose. It presented TAMPEP, the concept of cultural mediation and the development of the training (see leaflet attached). The training had an individual structure and lasted one week. The trainee defrayed only the costs of travel and subsistence.

Depending on the nationality of the trainee, responsibility of the training was given to the corresponding TAMPEP cultural mediator, i.e., Eastern European, Latin American or Thai co-worker. The specific parts about legal rights and health care were given by TAMPEP legal and medical experts.

The training was divided into a theoretical and a practical part.

The theory

The meaning of cultural mediation and how cultural mediation is put into effect by TAMPEP.

Reasons and consequences of female labour migration nowadays.

Prostitution: the work, the taboos, how sexuality is handled.

The living and working conditions of migrant sex workers: their legal and social situation, their access to medical and social services.

Basic knowledge about HIV/AIDS and the different STDs, safer sex practices, pregnancy and contraception.

Basic knowledge about the legal and social rights of migrant sex workers.

The role of a cultural mediator inside a health service: disease prevention/health promotion work for migrant sex workers.

The role of a cultural mediator in relation to the target group: to strengthen and support sex workers' self-esteem as women, as migrants and as sex workers, so that they can change their behaviour and improve their negotiating strategies.

In practice

Preparation for outreach work: collecting addresses, putting materials together for streetwork

Intensive outreach work in the different prostitution areas: bars, clubs, apartments, on the street.

Preparation and holding of workshops about AIDS/STD prevention, safer sex practices, pregnancy and contraception.

Determining the meaning of and working on the development of specific information material aimed at migrant sex workers.

Visits to the health care centre for sex workers in Hamburg (ZB), meeting one of the doctors and a social worker.

Analysing the reality of the sex industry in which each trainee will work and how to adapt the TAMPEP model to it.

Evaluating the training course.

In March 1997 we had the opportunity to train a Polish cultural mediator, co-worker at TAMPEP/Austria, who was to be responsible for the work we do with Eastern European sex workers. The training was carried out as described above and led by our member Iskra Koch, a Bulgarian cultural mediator in TAMPEP/Germany.

By the end of TAMPEP's period, other training courses were planned with members of different NGOs in Germany: Belladonna/Frankfurt/Oder, Project Jiskra/Frankfurt/Main, Solwodi/Mainz and a Brazilian group in Köln (Cologne).

9 TAMPEP Seminar for health care providers

Migrants in prostitution: health prevention and welfare

Berlin-Wannsee

March 3rd to 5th, 1997

The seminar was a repetition of the one done in April 1996 in Marienheide. It had the support of the *Akademie für Öffentliches Gesundheitswesen in Düsseldorf* (which organised the one in Marienheide) and the *Akademie für Gesundheits- und Sozialberufe/Berlin*.

There were 32 participants in total. Although the target group were employees (social workers and medical doctors) of health care services in Germany (mainly those of the new German states (East Germany)), there were two representatives of NGOs which already work with migrant sex workers.

The participants came from health care providers in: Aachen, Berlin (nine different establishments), Duisburg, Gütersloh, Hameln, Hannover, Köln, Neubrandenburg, Oberhausen and Potsdam. The NGOs were: Belladonna (Frankfurt/Oder) and Nitribitt (Bremen).

The seminar had the following objectives: to present the methodology and experiences of TAMPEP in the field of AIDS/STD prevention among migrant prostitutes; to point out the necessity of using different and specific kinds of tools and ways when working with migrant sex workers in view of their different cultural background values; and to underline the important role of cultural mediators inside health care services, likewise the role of peer education and, finally, the necessity to develop specific information materials.

The theoretical part of the seminar included: objectives of the TAMPEP project, reasons and consequences of female migration, prostitution, the living and working conditions of migrant sex workers in Germany and in Europe, the cultural background of women coming from Eastern Europe, Latin America and Thailand, the work with transvestites and transsexuals, and the consequences of immigration law on migrant sex workers' legal status and work situation.

The practical part was carried out by means of three workshops: how to do prevention work for and with migrant sex workers, the role of the official institutions, and how to deal with practical issues (medical, social and legal matters).

Apart from strengthening contact with Belladonna, a project on the Polish border, as well as with the Ethno-Medizinisches Zentrum Hannover, the only multi-ethnic centre in Germany, the most interesting result from this seminar was the confrontation between social workers of a certain health care service and their *translators* (a woman from Poland, a woman from Thailand and a woman from Spain). Through the discussions about the role of cultural mediators, mainly inside health care services, it became very clear to the *translators* that they were only translating language and not mediating cultural values and that they were not considered an integral part of the team. This confrontation gave them the strength to demand and win for themselves different working conditions.

10 The Legal Agenda

The living and working conditions of most migrant sex workers on the European scene can be characterised by violence, various kinds of dependency, isolation, lack of legal protection, lack of medical care and treatment and other grim circumstances. Many of these migrant women do not just stay in one European country but migrate within Europe and work in different ones. Each time they change country, their legal situation changes as well.

One of the main problems faced is that many migrant sex workers are totally uninformed and/or have no access to any kind of information concerning their legal situation in their new country of residence. Thus they depend on information from third parties - their pimps or colleagues - who have already stayed longer in that specific country. It is easy for them (and in their interests) to spread false information and keep the migrant sex workers dependent upon them.

So TAMPEP-Germany came up with the idea of a *Legal Agenda for Migrant Sex Workers*. The work was carried out by the legal adviser of the project and was aimed primarily at the four TAMPEP countries: Austria, Germany, Italy and The Netherlands.

However, the *Legal Agenda* is presented here in draft form. Please, do not cite and reprint from this version. If you want to work with the material of the *Agenda*, please, ask for the complete and updated version from the TAMPEP office in Hamburg.

Aims

To inform migrant sex workers of the rights they are entitled to, as well as to point out the legal limitations of their situation.

The *Legal Agenda* is designed to be carried around by the women, just like a guide-book, whenever they move round and across Europe.

The *Legal Agenda* is a booklet with practical information about the different legal residency, work and health care possibilities while in the above named European countries. At the same time, the *Legal Agenda* includes contact addresses of support organisations and projects in these specific countries.

Our intention is to counter the deliberate spreading of false information by those who profit from the migrant sex workers' situation. This deliberate misinformation increases the dependency of migrant sex workers on third parties and makes exploitation even easier.

The *Legal Agenda* can contribute to the promotion of independence amongst migrants working in the European sex industry and teach them of ways of establishing a more self determined life for themselves.

The language used in the *Legal Agenda* is simple and direct, for easy understanding of legal and other matters. The visual presentation will support the text in such a way as to point out the main issues in an attractive but simple manner.

The *Agenda* is to be published in bulk and distributed internationally through outreach work done by TAMPEP and/or any other institution dealing with migrant sex workers in and outside the European Union.

Format: DIN A6 (105mm X 150mm)

Content: the *Legal Agenda* takes the form of an address and telephone book.

The information text is followed by an alphabetical index to make the *Legal Agenda* part of women's personal belongings.

Languages foreseen: German, English, French, Spanish, Portuguese, Thai, Russian, Polish, Bulgarian, Albanian, Rumanian, Croatian and Czech.

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Introduction

How the Legal Agenda works

The *Legal Agenda* will tell you all about the rights due to you, as well as the legal limitations of your situation, when working in the sex industry in Germany, Italy, The Netherlands or Austria..

The *Legal Agenda* is divided up into the following sections:

General remarks, your job as a sex worker, your health, your residency status, particular visas, you and the police, transsexuals, tips and counselling centres.

There are two ways of using the *Legal Agenda*:

The One: There is a text whose contents are valid for all countries. And next to it you will find the exceptions in the individual countries, if any. You should read both text and exception sections together.

The Other: There is a special (separate) text for each country. You can get all the information you need on the country you are in through reading that section.

General remarks about the countries

GERMANY

Germany is a Federal Republic and consequently legal regulations vary to a certain extent according to the state you are in. The way the police implement legal regulations changes from time to time. That is why the experiences of individuals may differ a lot. Very likely, you will get different information depending on who you talk to,

but there are some rights you are entitled to, wherever you work in Germany.

AUSTRIA

Austria is a Federal Republic as well. Each state can regulate prostitution on their own terms. So the legal regulations about prostitution differ very much from State to State. But there are legal regulations especially for alien residents which are the

same all over Austria.

ITALY

In Italy the Law on Immigration is less rigid than in other European countries. Right now the government is preparing a new framework law about prostitution. Therefore from time to time new parliamentary circulars and more rarely amnesty decrees are applied which allow illegal immigrants to get legal immigration

status. The rules for expulsion are also less severe than in other countries. The police has especially large discretionary powers with regard to immigration laws.

THE

NETHERLANDS

In The Netherlands the law on aliens is the same in the whole country, but in practice the way those laws are implemented by the police can vary a lot from town to town. So the information you get from your colleagues or compatriots may not be reliable.

Your work as a sex worker

Valid for all countries	Exceptions
<p>■ In all four countries prostitution itself is not forbidden. But as a migrant sex worker you have to be careful about the law on aliens, as it may be difficult or impossible to get a work permit as a prostitute.</p>	<p>AUSTRIA In general prostitution is not only legal, but even accepted as a profession.</p>
<p>■ In all four countries prostitution is not allowed anywhere. However, there might be specific areas where prostitution is tolerated or where it is explicitly allowed (such as in brothels).</p>	<p>ITALY Exploiting prostitution or organising and practising prostitution is prohibited in enclosed places. For this reason it is more tolerated on the street. Obscene acts in a public place as well as sexual relations with minors (less than 18) are punishable.</p>
<p>■ Even though prostitution is forbidden in certain places, the police might tolerate the fact that you work there. But this toleration policy can change.</p>	
<p>■ In all four countries in general prostitutes do not have to be registered.</p>	<p>GERMANY & AUSTRIA In some areas especially in the south of Germany and the west of Austria you have to register and an obligatory health control system for prostitutes exists. You can ask at one of the organisations on the list for specific information.</p> <p>AUSTRIA Even though there is a duty to register, many migrant sex workers only get registered as bar-ladies or casual sex workers or they decide to work secretly.</p>

Your health

Valid for all countries!

When you are sick, you can go to any doctor. In any of the four countries you will get medical treatment, but if you do not have valid health insurance, you will probably have to pay for the consultation and the treatment.

The health care system works for anybody, even for non-insured people. It is just a matter of paying for the health care services you get.

WORKING WITHOUT HEALTH INSURANCE

Valid for all countries

■ When you do not have health insurance and you do not have money to pay for medical help and/or treatment, ask one of the organisations on the list where to find help. In all four countries it is difficult to get financial help for people without health insurance so that they can pay for specialist consultations, stays in hospitals or special treatment.

Exceptions

THE NETHERLANDS

When you are so sick that your life is in danger; you are entitled to medical help and treatment free of charge for emergency reasons.

Italy, Austria

■ There are places or institutions in each of the four countries where you can get health care free and anonymously, without being asked for identification documents. But this may differ from region to region.

ITALY

In some regions special health services for basic medical care are now available for illegal immigrants.

■ In some regions there are specialised medical services for sexually transmitted diseases (STD). At these places you can get the diagnosis and the cure for these infectious STD-diseases and very often there is counselling about contraception as well. The services also offer the possibility for an AIDS/HIV test.

GERMANY & AUSTRIA

In some areas there are obligatory health controls for prostitutes (See above under your work as sex worker).

HEALTH INSURANCE THROUGH A WORK CONTRACT

Valid for all countries

■ As a dependent worker with residency and work permits you are entitled to use the public health system like any other citizen of that country. For outward appearances some sex workers are employed as other kinds of dependent workers, for example as waitresses.

Exceptions

ITALY

Self-employed workers pay a health tax which is proportional to their income and gives them the same rights as dependent workers.

PRIVATE HEALTH INSURANCE FOR SEX WORKERS

GERMANY

No matter if you have legal or illegal residency status, you can subscribe to private insurance as a sex worker. You do not even need to be a registered resident. The insurance costs 10,- DM per day and can be taken out to a maximum period of 90 days. Private health insurance **does not** cover the costs for abortion, medical treatment for AIDS/HIV diseases or drug addiction, but it gives you normal health cover in all 15 countries of the European Union as well as in Switzerland and the Scandinavian countries.

ITALY

There is no insurance which is especially for sex workers. Illegal immigrants cannot subscribe to normal insurance policies like other citizens.

AUSTRIA

There is no special insurance for sex workers, but you can take out the ordinary kind of health insurance like all other citizens, if you can prove you have a proper place to live.

THE NETHERLANDS

You can take out private health insurance even as an illegal and unregistered immigrant for a period of up to 6 months. The insurance costs 4 guilders per day with a personal contribution of 150 guilders. Expenses for diseases which have been contracted before taking out the insurance policy, for example AIDS/HIV, will not be paid or refunded.

ABORTION

Valid for all countries

■ In general abortion is allowed up to the 12th week of pregnancy in all four countries. There are specialised clinics and doctors for gynaecological matters and abortions. Your residency status is only relevant for the question of payment. If you are not insured, an abortion costs between about DM 400 (local anaesthetics) to DM 800 (general anaesthetic) or the equivalent in another currency.
If you have any questions you can go to one of the organisations listed.

Exceptions

ITALY

Abortion is only legal when you have it done in a public hospital. If you have to pay or not varies from hospital to hospital. You may be asked for your residency papers by the hospital authorities, not by the police, to be able to ask for reimbursement of the costs from the embassy of your country.

Austria, Netherlands

Living in a foreign country

General remarks on foreigners' rights

GERMANY

You must apply for a visa, the permission to reside in a given country, at a German consulate or Embassy before leaving your home country for Germany.

Needing a Visa

- A visa has a time limit.
 - The reason why you are going to Germany is written in the visa.
 - as a tourist, as an artist or as a wife/future wife wishing to be reunited with your husband/future husband
 - After you arrive in Germany, you cannot change the reason for your visit in your visa. To change the reason, you have to go back to your home country. In some cases and some countries, you have to wait for three months before you can return to Germany.
- Exceptions
- If you marry a German citizen or a foreigner with legal residency status, you can apply for a visa after the event without having to leave Germany first.
 - If you come from one of the following countries, you can enter Germany without a visa; instead you get a stamp in your passport at the border: Argentina, Brazil, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Kenya, Colombia, Malaysia, Mexico, Paraguay, Poland, The Czech Republic, Uruguay, Venezuela.
-

THE NETHERLANDS

- If you want to stay in The Netherlands for a long time, you must have already got permission for temporary residency before going to The Netherlands, so that you can apply for a residency permit with the same purpose once you are there.
- If you come from a country outside the European Union, whose citizens do not need a visa to enter the EU, you will get a stamp in your passport when entering The Netherlands which guarantees you three months legal residency.
- If you wish to be allowed to reside in The Netherlands, you need a valid form of identification, a return air-ticket and/or enough money, when you arrive at Schiphol airport.
- Many citizens of other countries need visas to enter The Netherlands. You must apply for the visa while you are still in your home country. The visa has a time limit and is tied to the reason you give for wanting to go there. This reason cannot later be changed after entering The Netherlands, except if you get married to a Dutch citizen or foreigner with legal residency status.

ITALY

- The law in Italy concerning immigration is less rigid than in other EU countries. New framework regulations are being drawn up in parliament this summer. This should mean that in future, from time to time, parliament will allow certain illegal immigrants to be granted legal residency status through some sort of Act of Amnesty or other parliamentary bills.
- You can get legal residency status:
if you go as a student; if you want to be reunited with family members or a spouse; if you go as a tourist; if you have regular work to go to; or if you are going to Italy for religious or political reasons. However, to get a legal and official (not secret or unregistered) job, you have to have the right work permit and residency permit.

Exceptions valid for all countries

- Minors (people under 18) have special protection from the Law, and special rules apply to them.

AUSTRIA

- If you have entered Austria legally, you can get permission to stay longer, if you have managed to get permission to work or to be employed or are a dependent of an Austrian citizen or of a foreigner with legal residency status.

Entering Austria Legally

- To enter Austria legally, all foreigners need a visa. You must apply for the visa from an Austrian Embassy or consulate in your home country before going to Austria.
Austria has agreements with some countries, whereby their citizens do not need a visa to enter Austria: That means people from those countries can enter Austria and stay for a certain period without having a visa in their passport. Citizens of the following countries can stay for 3 months: Poland, Croatia, Slovenia, Bolivia, Argentina, Brazil, Chile, Ecuador, El Salvador, Costa Rica, Guatemala, Colombia, Mexico, Panama, Paraguay, Uruguay, Venezuela, 30 days: The Czech Republic, Hungary, Slovakia

General remarks on the employment of foreigners

- Foreign women, who have never worked in Austria, can apply for permission to work, but they rarely get it. This is because permission to work is only really given when there is a shortage of workers on the market. In addition, there is a maximal quota of women who are allowed by law to work in Austria. This means that most of the applications for permission to work made recently by migrants have been refused, because the quota has already been filled.
- If, however, you have already worked legally for a certain period, the situation is different. If you have worked a total of twelve months out of the last fourteen months, you can get a work permit. This allows you to do any sort of job in that federal state of The Austrian Republic. If you have worked a total of five years in the last eight years, you can get a General Work Permit. This allows you to do any sort of job anywhere in Austria.
- It is relatively easy to get permission to work as an artist, (dancer, see "Artist Visa" below)

TOURIST VISA

Valid for all countries

- Tourist visas are normally only valid for 3 months and can be extended (except in Austria) in certain circumstances by another 3 months wherever you are.

ATTENTION!

As a tourist, you are not allowed to work!

Exceptions

THE NETHERLANDS

The time limit of your tourist visa will often be set to the return date of your return air ticket. A tourist visa does not guarantee that you will be allowed to enter the country. If immigration officials suspect that you want to stay longer, you will not be allowed to enter.

ITALY

The time limit of tourist visas is different depending on which Embassy or consulate you get it from. Some give you 1 to 3 months and in exceptional cases give you 6 months.

GERMANY & THE NETHERLANDS

(And from 1.4.98 Austria)

A valid visa or stamp on your passport allowing you to enter the country are valid for all countries in the Schengener treaty: Belgium, The Netherlands, Luxembourg, Germany, France, Spain, Portugal

AUSTRIA: A tourist visa is called "Reisevisum" in Austrian German.

If you come from a country whose citizens do not need a visa to enter the EU:

- you only get a stamp in your passport and at some places on the border not even a stamp!
- you can stay in the country as a tourist and (apart from Austria) can apply for an extension to your visa without leaving the country.
- The stamp allowing you to enter the country is legally not the same as a visa. It just shows the date you entered the country.

ARTIST VISA

Valid for all countries

- You can get a residency permit as an artist, eg. as a dancer in a bar. The visa normally has a time limit and is only valid if you work as an artist and not as a prostitute.

WARNING!

Often you have to pay a lot of money to the person who got you the artist visa. That person often asks you for more money later for things like legalising your papers, for accommodation or your ticket.

Exceptions

GERMANY & AUSTRIA

With an artist visa you get permission to stay in the country and a work permit to work in some artistic job. Your employer's name will be written on your visa. You will only be able to work as an artist and for that employer. If you wish to change your place of work, go to a counselling centre.

ITALY

The visa has a time limit based on the length of your job contract and can be extended to cover a new contract. If you have questions, go to the Employment Office for Entertainment Industry Workers in Milan.

Most of these demands for money are illegal and punishable. You can protect yourself against them by going to the police or by going to a counselling centre before turning to the police.
(See “Victims of Crime”)

THE NETHERLANDS

With an artist visa you can work for at least three months without having a job contract. You can sometimes extend this visa when the three months are over.

AUSTRIA

You can get permission as an artist to stay in the country if you live entirely from money earned through working as an artist. You can then work as a self-employed person, so long as you get your own health insurance etc. (See „Health Insurance“ above) In that case you are not allowed to do any other kind of job, including working as a prostitute.

MARRIAGE VISA

Valid for all countries

If you want to marry a citizen of the country to which you have migrated, or a foreigner living legally in that country, you should apply for a marriage visa from an embassy or consulate of that country in your own home country. This visa is normally valid for three months and can be extended by another three months.

Exceptions

Austria, Netherlands, Italy

RESIDENCY AS A WIFE

Valid for all countries

As the wife of a citizen of the country to which you have migrated you get a residency permit with a time limit.

Exceptions

THE NETHERLANDS

You must prove that you have an income (not under a certain level) and a place to live (house, flat etc).

■ The same is true if you are the wife of a foreigner with legal status in that country. However, the most you can get in this situation is the same legal residency status as your husband.

Austria, Netherlands, Italy

■ For a certain period your right to stay in the country depends on whether you are living with your husband in a real marriage situation.

■ To get a separate right for yourself as a wife to stay in the country, you must fulfil other requirements in all other countries of the EU. These requirements are different in different countries and they can change sometimes, too. If you have any questions, go to a counselling centre.

GERMANY

Before you can get your own right of residency, you must have lived with your husband in the same home for at least four years before leaving him or prove that your husband physically abused you.

ITALY

After six months of marriage in Italy you can apply for Italian citizenship.

THE NETHERLANDS

Before you can get your own right of residency, you must have lived with your husband for at least three years and at least one of the three years in The Netherlands.

If you leave your husband because he beats or

physically mistreats you, it is possible to get your own right of residency more easily.

AUSTRIA

You can only get your own right of residency after leaving your husband, if you can prove that you have lived with him for at least four years, that you can earn your own income and that you have a suitable place to live.

■ If your marriage is not a real, genuine one, and if the authorities find out, your right of residency can be threatened and you can be deported (sent back to your home country).

■ If you have lived illegally in the country, it will not affect your right to receive a right of residency as the wife of a citizen of that country or a foreigner with legal status.

■ However, it is not easy to get married, because, for example, the authorities study your papers very carefully in cases of illegal residency, including your passport which you have to present for inspection in order to make formal application for marriage, and because it is often very difficult to get hold of the necessary documents.

ITALY

Before the authorities grant (give) you your right of residency after your wedding, you have to go back to your home country, wait for the right of residency to be granted you and sent to you there and then come back to the country to live with your husband.

DISPENSATION

Valid for all countries

There is another possibility. You can apply for a dispensation, if you are going to be deported. A dispensation means that you cannot be deported to your home country for a certain period and will be allowed to stay (tolerated) in that country.

You can get a dispensation if you:

- are a witness in a court case (trial)
(See below)
- are threatened with torture or the death penalty in your home country, or if there are humanitarian (very rare) or political reasons why you cannot return to your home country.

Exceptions

AUSTRIA

„Durchsetzungsaufschub“ is the word for dispensation in Austria.

Italy, Netherlands

APPLYING FOR ASYLUM

Valid for all countries

■ Political asylum is only ever granted in special cases, where applicants have suffered political persecution or human rights violations.
(See also „Transsexuals“)

Exceptions

Austria

■ When you apply for political asylum, you can stay in the country until the authorities have decided your case. The decision is sometimes made within a few days or weeks. If unsuccessful, you will be deported, because you have more or less no chance of getting recognition as a political asylum seeker.

Austria, Netherlands, Italy

...and with the police

RAIDS

GERMANY

■ The police can come and inspect your place of work. During such raids the police can ask to see your passport and check your right of residency. Sometimes they search your home and the people working there, too. In order to check your papers the police can take you back to the police station.

THE NETHERLANDS

■ On The Street

You must always carry some sort of identification with you when out in public in case the police want to check your papers. If you cannot show them some identification, you will be arrested.

■ At Home

The police do not have the right to come into your home and search it if they do not have a proper search warrant. Often, though, you cannot prevent them from coming in, once you have opened the door to them. If this happens, try to contact your lawyer.

■ At Work

The police are allowed to enter any public building (including a brothel) without a search warrant.

ITALY

■ If you cannot show the police some identification when asked, they have the right to take you back to the police station and hold you in custody for a maximum of 48 hours without giving you a reason for doing so.

■ If taken back to the police station, the police can take a photo of you and register you on their files.

■ On no account give false information about yourself, because in Italy this is a serious offence (crime).

AUSTRIA

Valid for all countries

■ It is quite possible that you have already committed an offence (crime), eg. by living or working in the country illegally, or being involved in a false marriage, or not having a passport, or not paying your taxes

■ The police often start with the offences you have already committed, but they must also do something about the offences committed against you or that you have seen.

ATTENTION

■ The police do not have the right to demand money from you. That is an abuse of power.

■ The police are not allowed to do anything they like with you. If you have problems with them, get help from your lawyer. It is best to learn your lawyer's phone number off by heart.

**If the police take you to the police station and keep you there,
you have the following rights:**

Valid for all countries!

You can ask for an interpreter for your language.

You do not have to say anything until your lawyer comes.

After arriving at the police station, you can make one phone call

You do not have to say anything which could hurt you.

You do not have to say anything which could hurt your husband, future husband or near relatives, eg. your mother or sister.

You can turn to a counselling centre, which can help you in this situation.

If you are the victim of some offence, eg. trafficking in women, you could have special rights. You can ask the police about them.

As a victim of an offence

Valid for all countries!

■ The Law is there to protect victims of crime. You have a right to be protected by the Law, even if you are in the country illegally.

■ There are lots of different ways, in which pimps and traffickers in women actually commit crime when they exploit women. Here are a few examples: trafficking in human beings, pimping, encouraging prostitution, physical injury, coercion (forcing you to do things), fraud (cheating), theft (stealing). These pimps and traffickers often have to spend several years in gaol (prison).

■ If you are the victim of a crime or have seen a crime committed, you can go to the police and press charges against the criminal. To take your pimp or trafficker to court, the police not only need your help, but depend on you for your support. You then have the same rights as when you yourself are accused of committing an offence by the police. (See above)

■ There are special rights for the victims in cases of trafficking in women. All these rights, however, are very different depending on what country, federal state or region you are in.

TIP!

**If you are in this situation, get advice and support from a counselling centre or lawyer,
If the police are keeping you at the police station, ask about your rights.**

Examples of special rights for victims of crime

Especially trafficking

■ If you are the victim of trafficking, but are too frightened to press charges against the trafficker, there are rules which allow you a period of time to think about pressing charges, (in The Netherlands you get up to 3 months, in some federal states in Germany you get up to six weeks) For this period you get the right to stay in the country or a dispensation to do so. (See above)

■ If you are a witness to a crime, there are rules which allow you a special right to stay in the country or at least a dispensation to do so, so that you do not have to go back to your home country while the trial is on. Unfortunately, it is very difficult for victims of trafficking to get the right to stay in the country themselves, when the trial has finished. You usually have to leave

the country afterwards, unless you already have the right to reside there on some other grounds.

■ There are rules which allow you to get temporary accommodation and social benefit (money from the Government to help you pay for everyday things)

■ There is a special Female Witness Protection Programme to help you if you are being threatened, and a Female Witness Counselling Programme which gives you support while the trial is on and afterwards, too, when you build a new life for yourself.

■ There are special Repatriation Support Projects which help women who have to go back to their home country or get in touch with support organisations in their home countries.

■ There are rules which allow you to get advice from a lawyer or even a support organisation while the trial is on, and also be represented by them. And usually you do not have to pay for their services (legal advice and representation)

IMPORTANT

Find out at a counselling centre, through your lawyer or from the police, what rights you have, in the place where you live, as a victim of an offence or of trafficking in women.

Transsexuals

GENERAL REMARKS

Valid for all countries

■ If you come from a country where transsexuals are persecuted, you can apply for asylum or possibly get the right to stay (reside) in the country on humanitarian grounds

Exceptions

Austria, Netherlands, Italy

■ If you have any questions, go to one of the counselling centres where they can put you in contact with people who can advise you on legal, medical or psychological matters for transsexuals

SEX CHANGES

GERMANY

The legal requirements which need to be fulfilled before a sex change operation and the consequences of that operation are based on the Law in your home country, unless you are a displaced person (with no home country), a refugee or you have a recognized right of asylum.

ITALY

A sex change operation is not allowed until the immigrant in question has lived at least ten years in Italy.

NETHERLANDS

AUSTRIA

TIPS

Valid for all countries!

Do not let anyone except the police take your passport away from you.

If you have to give your passport up, ask for a photocopy of it. You can say that the reason you want a photocopy is because you need some identification in case the police ask for it during a raid.

Do not rely on information from your colleagues or your boss/ friend/ pimp.
It can be wrong.

If you are in difficulties or have questions, go to a counselling centre.

Do not believe people who promise to get you the right of residency in exchange for money. Applying for it is cheap and you are never guaranteed a positive answer.

Learn your lawyer's telephone number off by heart.

Do not sign any documents that you do not understand or that you think have not been translated correctly.

Counselling Centres

The following counselling centres offer you free and anonymous help in several languages regardless of whether you are living legally or illegally in the country.

GERMANY

ITALY

AUSTRIA

NETHERLANDS

11

Exchange visits EUROPAP-TAMPEP

TAMPEP/Germany & the Netherlands → EUROPAP/Denmark

Copenhagen, April 18th and 19th, 1997

Meeting of project workers from prostitution projects in the Nordic countries (Denmark, Finland, Sweden and Norway)

Prapairot Mix (Thai cultural mediator, TAMPEP/Germany) and Hanka Mongard (Polish cultural mediator, TAMPEP/The Netherlands)

Number of participants: about 20

Background

The Nordic project workers meet once a year to share their experience. At their last meeting in June 1996, a working group was established to elaborate a common strategy towards transnational prostitution.

In Denmark 20%-25% of all female sex workers are of foreign origin, mostly from Africa and Asia. Copenhagen has an especially high proportion of Thai women. In April 1997 EUROPAP/Denmark started a pilot project for AIDS/STD prevention work and safer sex practices for that target group. There are no other projects for migrant prostitutes in Denmark.

In Finland, especially in Helsinki, there are many Eastern European sex workers. EUROPAP/Finland employs an Estonian social worker as a cultural mediator for that target group and works closely with a twin-project in Tallinn. No other projects in Finland deal with migrant prostitutes.

There are very few migrant prostitutes in Norway and Sweden. And there are no specific projects for migrant prostitutes in these countries.

Presentation

- A general outline on results of TAMPEP methodology in the work with migrant prostitutes and the role of cultural mediators as key persons in that specific work.
- Thai sex workers in Hamburg/Germany: living and working conditions, main problems, routes of entry into Germany, important points to be considered concerning the differences in their cultural background.
- Eastern European sex workers in Amsterdam/The Netherlands: same issues as for Thai sex workers.

Results

Discussions about how to adapt TAMPEP methodology to the Nordic scene: how to contact sex workers if the project has no cultural mediator or if it has no budget to employ one.

It was agreed that the Thai sociologist who works as a cultural mediator for the Danish project would come to Hamburg (see report ahead) to broaden the exchange of experience and to build up a network between projects aimed at Thai sex workers in Denmark and Germany.

TAMPEP/Germany & the Netherlands → Swedish project workers

Amsterdam, June 15th to 17th, 1997

Exchange visit from Swedish project workers to TAMPEP/The Netherlands.

Licia Brussa (general co-ordinator of the TAMPEP project), Miek de Jong (Latin American cultural mediator, TAMPEP/The Netherlands) and Iskra Koch (Bulgarian cultural mediator, TAMPEP/Germany)

Number of participants: 3 (all social workers)

Background

Sweden has very little experience in the work of AIDS and STD prevention specifically aimed at migrant sex workers, because the number of migrant prostitutes in that country is still very low. However, that number is increasing, the newcomers being largely from Eastern Europe.

Presentation

- TAMPEP aims and methodology; the project's activities developed in The Netherlands
- The role and training of cultural mediators and peer educators
- The living and working conditions of Eastern European sex workers in Germany
- Apeldoorn: visit to the exposition *Four centuries of Prostitution in The Netherlands*, organised by the Historical Museum of Apeldoorn.
- The Hague: visit to the *Prostitution Project Foundation* and the GGD, the local health service for STD. Streetwork in the prostitution area with the Latin American cultural mediator of TAMPEP/The Netherlands
- Amsterdam: visit to the GGD, the local health service for STD (EUROPAP/ The Netherlands)

Results

Exchanged experience and examined the possibilities of and conditions for adapting TAMPEP to the Swedish situation.

TAMPEP/Germany → EUROPAP/Portugal

Lisbon, June 23rd and 24th, 1997

Centro de Saúde da Lapa and *Drop-in do Intendente*

Veronica Munk (TAMPEP/Germany co-ordinator, Brazilian cultural mediator)

Number of participants: 15

Background

Lisbon has several street prostitution areas amongst which *Intendente* and *Bairro Alto* are the poorest. Sex workers active in the *Intendente* are mainly Portuguese, but there are also some women from Nigeria and Ghana. The ages of those working in this area range from 18 to 82. Although you also find young women on the streets and inside the bars, the majority are middle aged women (over 40) in quite bad physical condition. This area is considered the final station for those working in prostitution. Young drug-addicted female sex workers also work in this area. The turnover of clients is round the clock and the majority of them are from the ex-Portuguese colonies in Africa. Women go with their clients to nearby hotels.

Although there are also some women from Africa (Nigeria, Ghana and the ex-Portuguese colonies) and Brazil, most of the sex workers in the other prostitution areas of Lisbon are Portuguese.

The *Drop-in do Intendente*, also called *Camisinha* (the Brazilian word for condoms), is the only place where these women can get social, psychological and medical assistance specific to sex work issues. It is also a meeting point for them, a place for them to discuss and exchange thoughts on their working and living situation, their problems, but also their gains. The sex workers themselves made a kind of catechism of commandments to govern their behaviour inside this space, a sign of self-esteem for themselves and their space.

Presentation

- Visit to the *Centro de Saúde da Lapa*, one of Lisbon's general health care centres, the only one with a specialised STD department (EUROPAP/Portugal)
- Streetwork in the *Intendente* area.
- Presentation of TAMPEP and the specific situation in Germany, for the co-workers of the *Drop-in* and the *Centro de Saúde da Lapa* (social workers, medical doctors, psychologists and a sociologist).

- Presentation of the work of the *Drop-in* and the activities of the new Mobile Unit. This unit is made up of some of the *Drop-in* staff and goes to 3 different areas of street prostitution in Lisbon three times a week.

Results

The participation and experience of psychologists inside services for sex workers was one of the most interesting points observed.

It is indeed quite difficult to imagine a psychological service for migrant sex workers in Germany or any other central EU country, where the amount of migrant sex workers is very high. Nevertheless, it would be extremely useful in helping women with the common difficult migration experiences they have and the conditions in which the majority of them live and work in the host country.

The major problems for such a service are migrant sex workers' extreme mobility and the difficulties resulting from the fact that it is a population made up of people of completely different cultural and linguistic backgrounds. Services would have to have at their disposal professional psychologists who speak at least 10 different languages.

Therefore the Portuguese experience is a model to be monitored and contemplated, because some principles could be utilised even in very different realities.

The psychological service offered by the *Drop-in do Intendente* is divided into two different services:

Psycho-social work: a daily service, where the treatment consists of support-therapy (immediate intervention, or the so called crisis intervention). The aim is to find ways to overcome acute problems (depression, violence, family, pimps, illnesses, drugs, etc) and to strengthen women's self-esteem. Most of the time, the psychologists work together with the social workers for better results. Psychologists and social workers also act as mediators in conflicts between colleagues, pimps, lovers and/or husbands. They are the ones who do regular streetwork and who have contact to all of those directly or indirectly involved in the sex industry scene of the *Intendente* area.

Long-term therapy: once a week a service is offered which is linked to the medical consultation held one day a week. The psychologists working on those days are responsible for the HIV/AIDS pre-and-post test counselling. Because they do not have daily contact to the sex workers, they are able to do short and long term therapy.

TAMPEP/Germany → PASTT/Paris

Paris, August 7th and 8th 1997

Meeting at *PASTT/Prévention, Action, Santé, Travesti, Transsexuels*, to exchange experience related to the specific work of AIDS/STD prevention among migrant transvestite and transsexual sex workers.

Lana Kamsteeg (expert on transsexuality issues, TAMPEP/Germany)

Participants:

Background

PASTT is a project established to disseminate information, partly through streetwork, on preventing AIDS and STD infection amongst transvestites and transsexuals (migrants and non-migrants alike), who work as prostitutes in Paris. In their office they offer counselling on legal rights, medical care and other matters which are the concern of transgender sex-workers.

The PASTT team comprises 12 women and transsexuals from European, Latin American and Asian countries. Some work on a volunteer basis, some get paid. The team consists of

a doctor and social workers. Two are exclusively responsible for streetwork. A female lawyer has been employed to be available for consultation in the case of vital legal questions. And PASTT offers financial help with hotel or other accommodation for victims of client violence.

PASTT receives considerable financial support from the Ministry of Health and is housed in rooms in the French AIDS Federation.

PASTT 's work mostly takes place on the street. The main areas are *the Bois de Boulogne* and *Clichy*. PASTT has a camping bus (mobile unit) at its disposal which is furnished with a place to boil water for coffee, two sets of seats and a toilet.

PASTT goes to the two areas twice a week between 8pm and 2am. Condoms and lubricants are distributed to those who give their particulars to the PASTT members on duty: a pseudonym, nationality, date of birth and gender (woman, transvestite or transsexual). In the camping bus it is possible to conduct a short conversation over a drink.

The *Bois de Boulogne* is a park on the outskirts of the city which has no buildings or built-up areas on its perimeter. The 150 or so transsexuals and transvestites come (in descending magnitude) from Latin America (approximately 35%), France and other European countries, the Maghreb States (Algeria, Morocco, Tunisia, Libya) and Asia. (e.g. Tahiti). The clients are served in the bushes or in their own cars.

Clichy lies in the city and borders on the amusement quarter *Pigalle*. The sex-workers who work there have all come from the Maghreb States in a second influx of migrants. They are on average between 19 and 23 years old. The clients are also served in their cars here or in rooms in hotels nearby.

Presentation

- During meetings with co-workers of the PASST project, a presentation and exchange of experience on TAMPEP-Germany's work with migrant transvestites and transsexuals was conducted with their French counterparts.
- A presentation on Outreach's work in the *Bois de Boulogne* and in *Clichy* was given.

Results

- One of the positive results of the work was a greater focus on a group that has been largely neglected up to now and with it better care and counselling.
- Besides transvestites and transsexuals, there is another group called transformists in France. Transformists live as men during the day and as women at night, or whenever they work. In Paris they are mostly from the Maghreb States, in Hamburg many are from Latin America.

TAMPEP/Germany → EUROPAP/United Kingdom

London, September 22nd and 23rd 1997

Praed Street Project (PSP), Jefferiss Wing Clinic, St. Mary's Hospital: TAMPEP and the work with migrant sex workers

Prapairot Mix (Thai cultural mediator, TAMPEP/Germany) and Veronica Munk (Brazilian cultural mediator, TAMPEP/Germany co-ordinator)

Participants: about 20

Background

"In the last 2 years we have noticed an increasing number of new patients attending the PSP from Thailand, South America and Eastern Europe. It is the fundamental aim of the PSP to develop a Sexual Health and Support Service that is both accurate and sensitive to different clients' needs. We are broadly aware that

access to sex health services is inevitably compromised by migrant status and the complexities surrounding these groups, in addition to intrinsic barriers caused by an inadequate understanding of different cultures.” Jane Ayres, PSP project co-ordinator.

Presentation

- Migration, its backgrounds and implications for women who work as prostitutes both as individuals and the effect it may have on their sexual practice.
- The impact of migrant status and everything inherent in that, i.e. effect of language on women's sex work practice and the impact of culture on:
 - sexual practice
 - interaction with professionals
 - cultural background and sexual practice of each specific group: Thai, South American and Eastern European women
- Improve insight into each group to be able to offer migrant sex workers a more attractive, sensitive and appropriate service.
- Practical intervention (workshops) that health care service providers can use in their work setting.
- Participants: those who work with female sex workers in a variety of settings: healthcare workers, nurses, drop-in workers, project workers, outreach workers, drugs workers and counsellors.

Results

The visit happened after the final editing of the final report.

EUROPAP/Denmark  **TAMPEP/Germany**

Hamburg, April 28th to May 4th 1997

Migration issues: Thai sex workers in Denmark and Germany

Patoommat Manion, sociologist, Thai cultural mediator at the EUROPAP/Ficus project in Copenhagen

Objectives

- To build a network between project/services for Thai sex workers in Copenhagen and Hamburg
- To learn from the experience of TAMPEP with Thai sex workers
- To get in touch with the network of Thai women in Germany

Activities

- Data collection by interviews with TAMPEP co-workers (Prapairat Mix and Veronica Munk) and a social worker from the Medical Counselling Centre for Sex Workers in Hamburg (ZB).
- Hamburg: Outreach work amongst Thai sex workers in several flats where women work and a visit to the red light district (Reeperbahn).
- Marburg: participation at the THARA meeting (THARA is a self-help group for Thai women living in Germany).

EUROPAP/United Kingdom → TAMPEP/Germany

Hamburg, May 27th to 30th 1997

Seek experience through discussion and outreach work with cultural mediators on site.

Target group: Thai sex workers

Jane Ayres, project co-ordinator, Praed Street Project, Jefferiss Wing Clinic, St. Mary's Hospital, London

Objectives

- To develop an appropriate sexual health service that responds to the specific needs of Thai, South American and Eastern European women working in the London sex industry.

Activities

- Meet and work alongside Prapairat Mix (Thai cultural mediator) with her existing Thai contacts in apartments where women work. Visit the red light district.
- Visit the medical centre (ZB) that most closely mirrors the Praed Street Project's service.
- Discuss migration and gain an initial understanding of this as a concept.

EUROPAP/Portugal → TAMPEP/Germany

Hamburg, July 20th to 23rd 1997

Living and working conditions of migrant sex workers in Germany

Co-workers of the *Drop-in do Intendente* in Lisbon: Alexandra Pereira (sociologist) and Isabel Xavier (social worker)

Objectives

- Compare two very different realities and look for possibilities of utilising the other's experience.

Activities

- Visit the red light district of St. Pauli (Reeperbahn) and St. Georg
- Outreach work in apartments
- Visit to and meeting with a doctor and a social worker from the health care centre (ZB)
- Visit to and meeting with a social worker from a counselling centre for drug-addicted female sex workers (Café Sperrgebiet)
- Discussion on methodologies and strategies to support migrant sex workers and do AIDS/STD prevention work

12 Networking

Support for non-insured HIV/AIDS patients

During the last two years, we were confronted in Hamburg more and more with women and transsexuals/transvestites who had contracted the HIV virus or who were already

suffering with AIDS. Their illegal status and their lack of health insurance made it difficult for them to get a doctor to visit them, never mind to get proper adequate treatment.

For this reason an informal meeting was arranged by TAMPEP already in June this year where we discussed medical care for migrant sex-workers living here illegally who were HIV positive or who were suffering from AIDS with a view to establishing a network.

Some initial ideas on establishing a network were exchanged and we endeavoured to reach more people than before and over a wider area.

At the same time several foundations were approached in writing for funds to finance the work of the network. The money received would go to pay for requisite medical treatment and the means of preventing infection.

Initially only women and transsexuals/transvestites working in prostitution were targeted. Then we observed that other organisations who deal with, amongst others, male migrant sex-workers were being confronted with these same problems, e.g. Male Prostitute Organisations and Drug Counselling Centres.

Therefore these organisations were included in the network. And they were invited to the meeting held on 10th September, which had the presence of 15 persons and which analysed the different possible ways to practically support that specific target group. The network decided to meet every two months to follow the situation's development.

Other network members include doctors from the central counselling centres and from various hospitals, general practices, AIDS organisations, AIDS casualty doctors, drug counselling centres, prostitute organisations, an AIDS-pastor and asylum counselling centres.

National networking

■ ORGANISATIONS

Berlin

Akam, support for migrants living with HIV and AIDS.

Frankfurt/Main

- Agisra, NGO for migrant women. Workshop about AIDS/STD prevention.

Frankfurt/Oder

- Belladonna, support and AIDS/STD prevention for migrant sex workers in the border area between Germany and Poland. Exchange of experience and materials.

Hamburg

- Café Sperrgebiet, support and AIDS prevention for drug addicted prostitutes (girls and women up to 26 years old). The project sought advice, because they started to have cases of Latin American sex workers involved with drug addiction.

- Basis Projekt, support and AIDS prevention for male prostitutes. Almost 50% of their clients come from Eastern Europe, mainly Poland. The project wanted information about cultural backgrounds.

Hannover

- Ethnomedizinischeszentrum, multicultural medical centre. They train cultural mediators for medical services in general.

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■ MEETINGS & CONFERENCES

Berlin

- Transgender seminar organised by *Sonntags Club Berlin* (Lesbisch, Schwul, Bi- und Transsexuelle Beratungsstelle) in September 1996.

Bochum

- 21st National Congress of Prostitutes, organised by Madonna in November 1996
- Seminar: *Health care for migrants* (TAMPEP reported), organised by the University of Bochum, in February 1997

Frankfurt/Main

- German NGOs meeting about trafficking in women, organised by Agisra/Frankfurt in November 1996.
- Meeting: *Eastern European sex workers in Germany* (TAMPEP reported), organised by YWCA and Evangelischen Frauenarbeit in Deutschland, in December 1996.

Göttingen

- National meeting: *Women & AIDS*, organised by AIDS-Hilfe Deutschland in February 1997

Hamburg

- HAKA/Hamburger ArbeitsKreis AIDS, organised by the AIDS-Hilfe Hamburg, in October and December 1996, February, March, April, June and August 1997.
- Hamburg working group *Women & AIDS* (Hamburger Arbeitskreis Frauen & AIDS), organised by the AIDS-Hilfe Hamburg in April, June and August 1997
- Romero Days: *Latin American sex workers in Germany* (TAMPEP facilitated a workshop), organised by the protestant church, in March 1997
- Seminar: *Eastern Europeans in Hamburg*, (TAMPEP reported), organised by the Büro des Ausländerbeauftragten des Senats von Hamburg, in May 1997.
- UNESCO's CONFITEA, 5th International Conference on Adult Education, TAMPEP presentation at the workshop *Working with Migrants*, in July 1997

Kiel

- Meeting: *Eastern European sex workers in Germany* (TAMPEP reported), organised by Women's Initiative Kiel, in April 1997.

Lübeck

- Meeting: *Violence against women: emergency services for violated women and girls*, organised by different German NGOs for migrant women, in March 1997

Mainz

- Meeting: *Return Programmes for Migrant Women*, organised by Solwodi/Mainz, in September 1996

Neumünster

- Meeting: *Trafficking in Women from Eastern Europe*, organised by different NGOs for migrant women, in January 1997

Rendsburg

- Meeting: *The work with Eastern European women* (TAMPEP reported) organised by Centre for Migrant Women in Rendsburg, in September 1996

Rostock

Annual meeting of the German STD Society (Jahrestagung der Deutschen STD Gesellschaft), in October 1996

International networking

■ ORGANISATIONS

Brazil, *Davida*, Rio de Janeiro

Brazil, project *Chame*, Salvador da Bahia

Bulgaria, project *Nadja*, Sofia

Cuba, student group/cultural exchange programme Cuba-Germany

Germany, *European Playwork Association* (European and Latin American network for youth training)

Nicaragua, student group/cultural exchange programme Nicaragua-Germany

Poland, project *La Strada*, Warsaw

Rumania, Project *Aras*, Piatra Niamt

Russia, Centre for Gender Issues, St. Petersburg

The Ukraine, Centre for Women's Studies, Kiev

■ MEETINGS & CONFERENCES

The Czech Republic, Prague, seminar *Human and Women's Rights*, organised by Profem/La Strada (September)

Belgium and Luxembourg, EUROPAP-TAMPEP meetings (November, March, June)

The Netherlands, NOTRAF meetings (February, April)

The Netherlands, Amsterdam, workshop for transvestite/transsexual peer educators (March)

Thailand, Bangkok, workshop about female migration to Germany (March)

Media

■ TV

- *Offener Kanal Hamburg*: 20' report about TAMPEP and the situation of migrant sex workers in Germany, in December 1996
- *N3/Hamburg*: Eastern European women in Hamburg, in March 1997.
- *Panorama/ARD*: trafficking in women, in March 1997

■ RADIO

- *Offener Kanal/Hamburg*: AIDS prevention for migrant sex workers, in September 1996
- *Radio Bandeirantes, Rio de Janeiro*: the situation of Brazilian sex workers in Germany, in February 1997
- *Bayrischen Rundfunk*, the situation of Eastern European sex workers, in March 1997
- *Deutsche Welle, Bulgarian Dept*, the situation of Bulgarian sex workers in Germany, in March 1997.
- *Radio Hamburg*, about the European Ministerial Conference on Trafficking in Women in the Netherlands, in April 1997
- *NDR2/ Hamburg*, about the European Ministerial Conference about Trafficking in Women in the Netherlands, in April 1997.

■ NEWSPAPERS & MAGAZINES

- *TAZ-Hamburg*: report about the situation of Eastern European sex workers, in April 1997
- *TAZ-Berlin*: report about the situation of Eastern European sex workers, in May 1997
- *DHIVA, Women & AIDS network newsletter*: the project TAMPEP, in March 1997
- *Jornal de Pernambuco*, Recife, The situation of Brazilian sex workers in Germany, in February 1997
- Freelance journalist (Simon Bebbington) researching about trafficking in women in Europe, for a London newspaper (*The Guardian*, *The Times* or *The Telegraph*) in July 1997

■ PUBLICATIONS ABOUT TAMPEP

The situation of migrant sex workers in Hamburg, *Antje Mansbrügge*

- Germanwatch Regionalgruppe Hamburg

Local Handel – Global Denken, Zukunftsfähige City? Hamburg und die Agenda 21, Konkret Literatur Verlag, Hamburg 1996

- IZA, Zeitung für Migration und soziale Arbeit

Institut für Sozialarbeit und Sozialpädagogik, Frankfurt/Main 1997-07-27

- Amnesty for Women, 10 Jährige Jubiläum Broschüre, Hamburg 1996

- Hamburger Frauenzeitung, Nr. 50, 1996

The TAMPEP project for migrant sex workers, *Antje Mansbrügge*

- Eine Welt Netzwerk Hamburg e.V.

Rio-Hamburg und zurück, Beiträge zur lokalen Nord-Süd Agenda

Konkret Literatur Verlag, Hamburg 1997

13 Outlook

The latest measures undertaken by the German government in relation to migration in general and (migrant) prostitution in particular are based on the belief that repression will stop an unwanted migration influx and put an end to the systematic trafficking in women. Unfortunately, these measures will not only serve to make women's living and working conditions worse, but also they will make migrant sex workers more and more dependent on third persons. This prevents those women from developing any kind of self-determination and self-esteem.

This situation will discourage migrant women from undergoing health care programmes, in particular those aimed for HIV/AIDS and STD prevention. Women living in such conditions of fear and insecurity will be even more difficult to reach through outreach work, as they will tend to hide themselves away more and more and live in the shadows. At the same time, migrant sex workers will have more difficulty in finding and using the existent health care services.

Therefore, we should consider the following points for future work:

Intensify awareness among policy makers about the political and social consequences of their measures.

Intensify awareness among health care providers about the risks of spreading all sorts of diseases among migrant sex workers and clients as a consequence of those repressive policies.

Find out about and start immediate programmes to support non-insured persons, mainly because of two facts that have been observed during the last twelve months as a consequence of the implementation of these measures:

- the increase of STD, HIV positive and AIDS patients among migrant sex workers, mainly among Latin American transvestite and transsexual sex workers,
- the increase of migrant sex workers addicted to drugs, mainly among Eastern European female sex workers.

The team

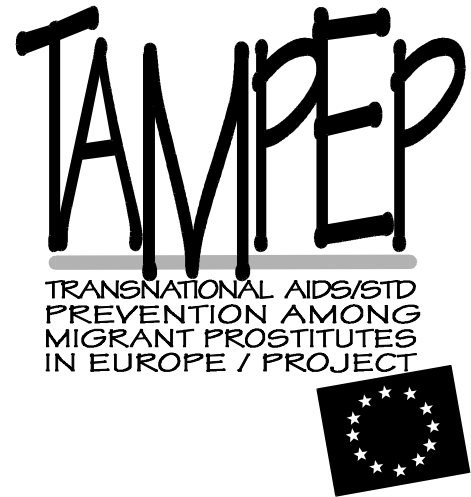
TAMPEP 3 in Germany had a regular team for the whole duration of the project. The team held weekly meetings to discuss and plan the different practical intervention work, and a monthly meeting to discuss content and the strategies to be developed by the project.

Co-ordinator:	Veronica Munk , Brazilian
Latin America:	Carmen Valdivia , cultural mediator, Peruvian
Eastern Europe:	Iskra Koch , cultural mediator, Bulgarian
Asia:	Prapairat Mix , cultural mediator, Thai
Transsexuals:	Lana Kamsteeg , German
Medical adviser:	Dr. Anke Kleinemeier , gynaecologist, German
Legal adviser:	Ulrike Mentz , lawyer, German
Finances:	Antje Mansbrügge , German

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AUSTRIA

TAMPEP 3

FINAL REPORT

October 1996 – September 1997

Vienna, June 1996

Maria Cristina Boidi

OVERVIEW

The report we are presenting here as part of TAMPEP 3 at European level, at Austrian level actually refers to the second phase of TAMPEP, as LEFÖ started to be part of TAMPEP almost one year later than other countries.

We tried to pay attention to our own process and, at the same time, respond to the dynamics of TAMPEP Europe. In other words, we wanted to keep to our rhythm of work and also incorporate the contributions and proposals of our European partners. We went forward in the process of TAMPEP, but we did not disregard the necessary stages that the methodology itself requires.

The new co-operation with EUROPAP has opened our horizon to understand the situation of prostitution in Europe better and to know other forms and criteria of work. It also gave us the possibility to work together and systematise information and perspectives.

The systematic contact with sex workers in bars and clubs, in workshops and German courses made our work more dynamic and reconfirmed our basic principle, that the starting point of our work is the migrant woman as a subject.

From this *basic perspective* we have not separated in our prevention work the health aspect from other aspects of life of migrant women, and also because we know how all these other aspects influence on a *healthy work*.

Our intense work in night-clubs in and outside Vienna and Oberösterreich allowed us to include in our methodology broader information, together with the deeper information we get in the courses. And it allowed us to offer a space to the most interested and active women to play a role as protagonists.

The intentions for the future we described in TAMPEP 2 (*see TAMPEP 2 page 171*) were initiated, continued and/or concretised.

Of all these proposals we defined the following as priority during TAMPEP 3:

- the constitution of a multicultural team
- the systematic work in night clubs
- the systematisation of our field work investigations
- the beginning of a structured work with sex workers from Eastern Europe
- a closer contact to public health authorities and to the Ministry of Health
- the sensibilisation of authorities about the marginalisation of migrant sex workers and
- the importance of AIDS and STD prevention

1

The situation of prostitution in Austria

The characteristics and the dynamics of prostitution in Austria have changed significantly over the last year. The tendencies we mentioned in TAMPEP 2 (*see page 149*), referring to the increasing number of migrant sex workers and non-registered sex workers, are still the same. (An example is Linz, where the number of registered sex workers went down from 80 in 1995 to 65 in 1996.)

While the number of Latin American sex workers, mainly Dominican, is staying more or less the same, the number of Eastern European sex workers has increased a lot. Dominican women, the same as many Hungarian and some Asian women, are belonging to earlier migration waves and have been living for several years now in Austria. The youngest women and those who have only been here for a short time are coming from Eastern Europe. Although, this does not mean that migration from Latin America has stopped at all.

We can affirm, that the sex business and especially the business with migrant sex workers in Austria, has grown and become more organised, compared to the years before. Simply by looking through the advertisements, we can see how the offer of migrant women, mostly from the Czech, Slovak Republic, Poland and Romania, has grown. This observation we did not only make in larger towns, but also in small towns (*see TAMPEP 2*). For example: In Wels a town with 20 night clubs 70 Dominicans are working - not counting all the other nationalities. And in Steyr a town with 5 night clubs 25 Dominicans are working.

Besides the traditional prostitution of Austrian women in the streets and bars of Gürtel and Prater in Vienna, migrants work mainly in bars and clubs of the same zones or in the neighbourhood areas. A lot of migrant women in larger towns work in private houses and massage saloons, too.

The **structures of dependency and marginalisation** (*see TAMPEP 2, page 151*) complement each other, leaving migrant sex workers in the "out" of our society, without any social benefits, and using them where it is convenient.

A lecture of migration laws (which include sex workers only as far as to be deported) and at the same time the fact that migrant prostitution and the demand for it is growing shows us this big contradiction and double message, that causes damage to and only to migrant sex workers.

The **legal structures** stay the same repressive and exclusive as we described in TAMPEP 2.

■ It is impossible for a migrant, who comes to Austria and wants to work in the sex business, to get a residence permit. First because of the restricted number (quote) that is allowed to come to work, and then because of the prejudice against sex workers, who are not considered as workers.

■ In the case of those, who already have a residence permit and solicit the renewal of it as a sex worker, they would have to register at the police, health office and tax department. And if they manage to pass all these controls, it is still not sure that the municipality gives them the extension.

Any way, those who decide to solicit an extension of their residence permit on their own and/or have had a "legal" status before, are a small minority.

At January 1, 1998 the new migration law will become valid in Austria. It will be even more selective and restrictive for migrants, like in all other EU countries.

There is only one paragraph which can be considered a little progress; it determines that victims of trafficking can be given a special temporary residence permit during court processes.

Migrant sex workers have no possibility to get a legal staying permit; they are mentioned among the persons who have to be deported.

The new migration law will consolidate the marginalisation of migrant sex workers and stress their unprotected status even more:

- concerning their residence permit
- concerning their work independence
- concerning their relationships with pimps and owners
- concerning the health system

Simultaneously we cannot deny that the situation of migrant sex workers is more present in the media and in the opinion of the Austrian government (*see chapter 2, Lobby*).

In 1996 the Ministry of Women's Affairs supported the edition of our report *"Trafficking in Women - a reflection of an unjust world"* and also published another investigation on prostitution *"Social Security for Sex Workers"*.

The Ministry of Health-department of prevention co-financed the TAMPEP project in Austria, taking into account the social insecurity of sex workers.

The Secretary of Health of the municipality of Vienna promoted a working group to work out basic measures for female prostitution in Vienna.

On the other hand the work of LEFÖ/TAMPEP in the Interministerial Commission during the last two years and the contacts with migration police has not given the expected results concerning deportations and raids.

The possibility for a more fluent dialogue with some sectors of the Ministry of Internal Affairs and the police has not changed the criminalization of migrant sex workers at all.

There might be a possibility, in a near future, of a more tolerant climate, more chances for health prevention projects, but still without a legal or social security. The problems of illegality and insecurity will remain without solution.

2

Political contacts and networking

POLITICAL CONTACTS

The "Interministerial Commission"

This commission (working group) on *Trafficking in Women*, which is composed by representatives of different Austrian ministries and police departments, as well as NGOs, started its work in 1995 and was reformed in 1996.

Four sub-working groups on different topics were created: *Migration Laws*, *Health Politics*, *Security and Police Enforcement* and *Victim Protection*.

LEFÖ/TAMPEP as NGO expert is being represented in each working group as well as in the co ordination body. The working group *Victim Protection* is being co-ordinated by LEFÖ.

Our collaboration in the Interministerial Commission offers not only a good opportunity to lobby for a better legal position for migrant women, migrant sex workers and especially victims of trafficking, but it also allows us to inform and raise awareness about the situation of migrant sex workers in general.

As a first result of the working group *Migration Laws* there was achieved a modification of the new migration law to be valid from January 1998: The Article 10. Parag.4 opens the possibility to give a temporary residence permit to victims of trafficking. (Victims of trafficking are defined by the Austrian Penal Code Art. 217, i.e. trafficking for prostitution). This gives us a basis on which we can propose further measures to protect victims of trafficking. It does not, however, change anything in the legal status of migrant sex workers. This has to be subject of further lobbying and negotiating.

A very important work of sensitisation was done by our representative in the *health politics* working group, which has come together five times this year. We could expose broadly the situation and needs of migrant sex workers, as well as our proposals, which can be resumed in the following 5 points:

- the compulsory registration of migrant sex workers at the police has to be abolished in order to allow them to use official health care services without fear

- more non-official, private and confidential health care services have to be created and supported, in order to enable the women to have confidential and anonymous medical checks

- a strong emphasis has to be laid on prevention work rather than control, in order to raise body awareness and improve the health of migrant sex workers

- recognition of prostitution as an income generating activity (also in the case of migrant sex workers, which means residence permits on the ground of this economic activity)

- legalisation of the residence status of migrant sex workers to free them from dependency structures

Of course there are a lot of very contradictory positions in this working group, which is composed mainly by official representatives. The legal migrant status for migrant sex workers seems one of the most discussed and contradictory topics, as well as the

registration obligation and its consequences on the living and working conditions of the sex workers.

The Interministerial Working group is an important forum to speak about and create publicity about the needs and demands of migrant sex workers from their own point of view. The representatives of the government authorities are informed and hopefully more sensitive about the topic.

See also TAMPEP, Final Report 2, June 95/June 96

Ministry of Health/Department II D

We are having a systematic exchange of information with the Austrian Ministry of Health. There is quite much interest and openness for our proposals of health prevention with TAMPEP methodology. This department is financing 40% of the TAMPEP project in Austria and there are good chances to be able to receive this financing also in 1998, as far as the budget will not be cut down significantly.

Contacts with political parties

We had several information meetings with parliament deputies of the parties SPÖ, *Grüner Klub*, *Liberale Forum*, in which we informed them about the living and working conditions of migrant sex workers, as well as the necessary measures to be taken. Our main contact is to women deputies, who are being interested in our activities and proposals.

See also TAMPEP, Final Report 2, June 95/June 96

Evaluation of our contacts with governmental authorities

We have to mention - in spite of all difficulties that are coming up in our co-operation with official authorities - that there is a very positive result: The presence and the situation of migrant sex workers has become a topic in many governmental dependencies over the last two years, especially in the Ministry of Women's Affairs, parts of the Ministry of Internal Affairs, Ministry of Health, Migration and Police Authorities, municipality of Vienna and other inside the republic.

An important factor for the increase of awareness within authorities is the increase of migrant prostitution itself, but also our participation and presence in various forums, in the Interministerial Commission, the publication of our report, the seminars we organised and our permanent contacts with police and health authorities.

Some official representatives' see the problems as something that has to be abolished others see them as something that has to be resolved. We would evaluate that official awareness has increased on the existence, but not on the magnitude of the problems.

One big obstacle (also to some official representatives) is the Austrian migration law, which makes the solution of some problems impossible. The second obstacle is the Austrian health system, which allows access to health services only to those persons who are members of the social security system.

The replacement of ministers (Women's Affairs and Internal Affairs) at the end of 1996 was another difficulty for our political work with these governmental dependencies, because we had to start to lobby and explain things from the beginning.

The relationship to other governmental dependencies is rather with single persons, who are interested in the problem and offering help.

A frequent and close contact we have been able to establish also to the public health offices, e.g. to the health office in Vienna (where sex workers have to make their weekly controls), with which we have been working together in several working groups and exchanged experiences and opinions.

We have also been successful in contacting health offices in the interior of Austria, as we describe in the following chapter.

CREATION OF NETWORKS

Public Health Offices

MA 15 - Health Office Vienna

As we mentioned in our last report, we have been offering to MA 15 our cultural mediation in different languages, recently also in Polish, Russian, Slovakian and Czech. The TAMPEP information materials are being put at disposition to sex workers who visit this office, now also the Czech, Romanian and Hungarian versions.

We are trying to keep a constant contact with MA 15 and inform the sex workers we meet in our streetwork about the possibility to get free medical check-ups at MA 15.

We were able to bring the Central Assessment Office for STV in Hamburg and the sex workers project Madonna e.V. from Bochum in touch with MA 15. Representatives of the aforementioned organisations had a meeting with the director of MA 15 Dr. Mayerhofer.

Health Office Linz, Oberösterreich

The cultural mediator in Linz visits once a week the local health office, distributes TAMPEP materials there, and gives assessment to the sex workers. The group of sex workers who are having their examinations in this office is relatively small, only 65 sex workers, Austrian and migrants, are registered in Linz. The woman who directs the office has been sensitised for the problems of migrant sex workers and has shown much disposition to collaborate with TAMPEP.

Health offices in other federal states

In Austria there are several small towns which are, for different reasons, centres of prostitution and where there are a lot of bars. We have tried to establish contacts with the health offices in these towns, among others Wels, Steyr and Wiener Neustadt.

In **Wels - Oberösterreich** we had 2 meetings with a doctor who offers medical check-ups for sex workers. We are trying to convince him to use our methodology. Although he does not want to have a closer link with women's organisations, he enables us to come in contact with the sex workers he attends.

Steyr - Oberösterreich is a town with 5 night-clubs. There we are also trying to offer our cultural mediation to the local health office. So far, we had 2 interviews with collaborators of this office.

Since July we pay monthly visits to the local health office of **Wiener Neustadt - Niederösterreich**, which is a small town half an hour from Vienna. There we give assessment to migrant sex workers in their language.

We also have intensified our **letter campaign**, by which we inform Health Offices in the federal states Niederösterreich, Oberösterreich, Steiermark, Burgenland and Kärnten about our work. In these letters we offer TAMPEP leaflets and information materials in the different languages, as well as a personal visit to inform about TAMPEP methodology and the possibility of our cultural mediation. So far, 6 health offices have responded to our letters and expressed their interest in cultural mediation and collaboration with LEFÖ/TAMPEP.

Medical care network

In the Austrian health system there is no possibility for free medical check-ups, at least you are registered in the health insurance. Otherwise you must pay for all exams. In Vienna there is only one hospital, the hospital of the Brothers of Charity, where you can get a free medical treatment as migrant without insurance. Unfortunately, this hospital is very small and has no gynaecological department.

Therefore it was important to continue our last year's efforts to build up a **network of free or economic medical treatment** possibilities. This network has been built up since last year, as we informed in our last report, and it is being extended continuously.

In **Vienna** we can count on the following institutions right now: the "Clinic for Pregnancy Assistance", the Day's Clinic MAIRO, the STD Clinic, the Feminist Health Centre TROTULA, 2 practical physicians and 3 gynaecologists. With all these places we are having agreements on economic medical treatment and check-ups. So far they are all Spanish speaking, but we are looking for doctors who speak eastern European languages also.

We are also speaking systematically with the Univ. Prof. Mrs. Beate Wimmer-Puchinger, director of the Ludwig Boltzmann Institute for Health Psychology of the Gynaecological Clinic Semmelweis to establish more collaboration with this institution. So far we could not obtain concrete results.

In **Linz** the TAMPEP mediator has established a regular contact and exchange of information with the Centre of Women's Health, where a woman gynaecologist is working and where they offer workshops on health prevention. They are offering to attend 2 women for free per moth.

Another institution with which the TAMPEP mediator in Linz is collaborating with "BILY- Sex Advisory Centre". The doctor who works in this office is offering to give one free medical check-up per moth, the women being accompanied by us. This is a very small office and cannot offer more help. In cases of pregnancy, there is a possibility to get "the pill afterwards" there.

NGO Network

"AIDS-Hilfe" Vienna and Linz

With "AIDS-Hilfe" (AIDS Help) Vienna and Linz we are being in contact and exchanging information regularly. As they are dedicated to the problem of AIDS, but not working on the topics of prostitution and migration, we decided to plan in information campaign in Vienna together, by which we will inform the public about the situation of HIV positive

female and male sex workers, who do not have the right of free medical treatment in Austria. We are also planning to elaborate proposals for a reform of the Austrian AIDS Law, in order to facilitate a better medical treatment of HIV positive migrants, as well as their right to stay in the country. Our contacts with AIDS-Hilfe shall put political pressure on the responsible persons and bring our proposals forward.

AIDS-Hilfe knows our TAMPEP methodology and also supports our mediator in Linz with gratis condoms.

Streetwork Co-ordination

Since January 1997 there are monthly co-ordination meetings between LEFÖ/TAMPEP and two other NGOs which are doing streetwork in Vienna, the *Association of Social Projects of Vienna* working with drug addict's prostitution, and *Schlußstrich*, a project for Austrian sex workers.

These meetings are mainly for the purpose of exchange of experience, exchange of important information and co-ordination. In case one of us meets sex workers from the target group of the other organisation, we inform them of the other services they can use.

The project *Schlußstrich*

In 1996 LEFÖ/TAMPEP started to have a closer relationship and collaboration with this project, formed by 4 social workers in Vienna. We had several meetings and also invited them to our workshops, where we explained our work and methodology. Their principal field of work is with Austrian sex workers. We both have been discussing the problem of racism. Our intention is to raise consciousness about the situation of migrant sex workers, to combat racism against them and to create more solidarity among Austrian and migrant sex workers.

We also took part in a panel discussion organised by our colleagues from *Schlußstrich* in a Cafe in the District 2 of Vienna, where we could expose our experiences with migrant sex workers and also our TAMPEP approach.

A Support Office for Sex Workers in Vienna

LEFÖ/TAMPEP has been invited, together with *Schlußstrich* and *Association of Social Projects of Vienna*, to participate in the design and elaboration of a concept for the creation of a support office for female sex workers in Vienna. This project is the initiative of the municipality of Vienna. Their idea is to create a mobile service centre in form of a bus, run by the different NGOs and the official health office.

It is the first time in Vienna that NGOs that are working in this field are invited to participate in an initiative of this kind and meeting to discuss and design the concept. So far we did not come to conclusions, because there are very different opinions on the project and the form of organisation it should have. Anyway, we think it is a big progress, that it is spoken about a project of this type, which also strengthens the collaboration in the field of health prevention among Austrian, migrant and drug addict sex workers.

What we have worked out so far are a list of basic principles or objectives: it has to be a project which offers anonymous, free of charge and not obligatory medical examinations, promotion of health consciousness, assessment and counselling, a sort of "protected area" for sex workers, a possible bridge to MA 15 - STD ambulance. The bus should not become a control instrument or extended arm of the police.

Although we are not so happy with a bus, because the majority of sex workers in Vienna do not work in the streets, we are temporarily offering our methodology and resources for a common work. We have to see, during a pilot phase, if this project will serve migrant sex workers or not. There is no final result till now, discussions are still going on.

Links with Austrian NGOs

As a part of our networking activities we have to mention also our constant contacts with other NGOs in Austria, with which we share certain activities or support each other in our work.

We are in contact with the following NGOs and initiatives working with migrants:

Association of Turkish Women
Peregrina / International Aid for Migrant Women
Association of African Women
Lucia / Assessment for Women in Prison
Advisory Centre for Immigrants Vienna
Centre of Social and Legal Advisory for Migrant Women, Vienna
Danaida / Advisory Centre for Migrant Women, Graz
Zebra / Advisory Centre for Migrants, Graz
Belladonna / Advisory Centre for Women, Klagenfurt
Advisory Centre for Migrants, Linz
Frauensolidarität, Vienna
Women's Support Center, Hollabrunn
Working Group **Women against Violence**
Austrian Women's Shelters
Violence Prevention Centre, Graz
Catholic Women's Movement
Evangelic Women in Austria
Caritas, Vienna and Linz
SOS Mitmensch, Vienna and Linz
Airport Social Service, Vienna

International links with NGOs in Europe

We have been putting some energy in getting more contacts and closer **relationship with NGOs in the CEE countries**. This is especially useful to give women who are deported to these countries contact addresses, where they find help. Actually a lot of women from CEE, mainly from the Czech Republic, Slovakia, Hungary, Romania and Russia, are being deported.

We have contacts with *La Strada* in Warsaw and Prague. We got in touch with two institutions in Romania, *Asociata Romana Anti SIDA*, and *UNDP/WID*, when two Romanian women were deported.

Our contacts to NGOs in Western Europe, which we have had for several years, are still very important. These are to:

Agisra, Frankfurt/Main and Köln, Germany
Ban Ying, Berlin, Germany
FIZ / Fraueninformationszentrum, Stuttgart, Germany
STV, Holland
Belladonna, Frankfurt/Oder, Germany
Association of Dominican Women, Madrid, Spain
Aqui Nosotras / Network of Latin American Women in Europe

Payoke, **Antwerp, Belgium**
Phoenix, **Hannover, Germany**
Kassandra, Nürnberg, Germany
FIZ, Zürich, Switzerland
Caritas, Switzerland

The contact with organisations of women and migrants in Europe has opened the possibility to us to raise awareness about the situation of migrant prostitutes as one aspect of female labour migration nowadays. It was, and is, a good opportunity to visualise migrant prostitutes in this racist and marginalising society.

The relationship with European organisations that are working on the topics of migration, prostitution and trafficking gives us a wider understanding of the situation in Europe and facilitates co-ordinated and adequate action responding the new political development.

And, last not least, co-ordinating with organisations of migrant prostitutes in the countries of origin has allowed us to address the root causes, magnitude and development of the migration flow more precisely, and to exchange experiences and health prevention methods.

(See also Chapter 5 "International Contacts")

FUTURE STRATEGIES

■ It is absolute priority for LEFÖ/TAMPEP to intensify contacts to the Ministry of Internal Affairs and Migration Authorities and to get more influence on Migration Politics, fundamentally with the aim to avoid criminalization and expulsion of women. There have to be created alternatives to include migrant sex workers and not exclude them.

■ The main difficulty is the repressive nature of Austrian migration laws, as we mentioned before, as well as the present one, as the one, which becomes valid on January 1, 1998.

■ We will continue our publicity and media activities, meetings, seminars and congresses, raising the problems of migrant prostitutes as a matter of society and not of a single group and making visible their social and legal discrimination.

■ Another important task will be to find a closer collaboration with the Ministry of Health and Social Affairs on prevention and organise information campaigns in order to bring the TAMPEP methodology to know in other sanitary institutions and in more parts of Austria. We have to bring up the problem of women who have no social security and the necessity to find an answer to it. We have to find measures together how to protect and treat HIV positive persons without health insurance. (Which means to reform the Federal AIDS-Law).

■ We plan to continue and extend our contacts with health offices in the interior of the country, fundamentally in those towns where a large number of migrant sex workers are working. We have to meet with and inform the responsible people, introduce the TAMPEP methodology, TAMPEP information materials and explain cultural mediation. (This will be after our letter campaign).

■ We will try to explore new working methods together with other streetworking NGOs and Viennese health authorities, continuing the low-profile support centre - project in spite of the mentioned difficulties.

■ We, finally, will promote to come to conclusions in the Interministerial Commission after 2 years of work, and to really consider the unprotected legal situation of migrant sex workers.

3 **Streetwork**

The number of our streetwork team grew with two new cultural mediators from Poland for the area of Vienna, and one permanent cultural mediator in Linz.

The same as last year, the women went on contacting us for legal and medical assistance, as well personally as by phone. As many of them are working outside Vienna and cannot travel easily because of their working hours, they contact us by phone and ask their questions or ask for help in emergency situations.

Also, we continued our workshops for Latin American sex workers in Vienna and Oberösterreich. (See Chapter 4).

From September to December 1996 we decided to have first a phase of investigation, in which we made observations and gathered information on the different zones of prostitution, bars and brothels, where migrant sex workers are working, to be able to start, based on this systematisation, and an intense phase of streetwork afterwards.

We can divide Vienna in 4 areas of streetwork:

- the Gürtel and its neighbourhood streets (Felberstraße, Neubaugürtel)
- the Prater/ district no. 2 (Novaragasse, Zirkusgasse etc.)
- district no. 1 (historical centre of the town)
- the Prater/ district no.2 (park zone)

We organised 3 streetwork-teams:

- two Latin American mediators
- two Polish mediators
- one Latin American and one Czech mediator

This division of labour allows us to be flexible depending on the necessities (e.g. bars with more Polish sex workers, bars with more Dominican sex workers)

From January to September our mediators generally visited these zones twice a week.

In Vienna there are about 250 bars, brothels and night clubs, out of which our team visited 86 places, where the majority of sex workers are migrants. In 20 % of these night clubs we were denied the access, even after trying to visit them two or three times. In the other 80 % of them we managed to get access and to establish first contacts and a certain basis for future work. A 30 % of them we have already visited three times.

From January to September we contacted around 300 women, with 60 of them we had already had contacts before.

Our experience during the streetwork shows us that the number of Dominican women stays more or less the same, also of Eastern European women (mainly Czech, Romanian and Polish), while the number of Brazilian, African, Asian and Jamaican women went down.

New perspectives opened by the fieldwork

Continuous and systematic visits to the bars opened new possibilities for TAMPEP:

- we got contact with women who do not assist our workshops
- we contacted women from Poland, Czech Republic, Romania, Hungary and Slovak Republic
- we contacted women from Africa and Asia
- we experienced the limits and obstacles put by bar owners and pimps
- we got a different relationship with women we already knew

The possibility to get in direct contact with sex workers on their workplace made it much easier to come to the point of prevention and hygiene at work. Our demonstration materials and information leaflets made communication and participation easy.

We worked in some cases with a larger group, in others with a small group of women of the same culture. In some opportunities the Austrian sex workers also joined in the discussion and wanted to hear the information and see the products. In these cases we speak German.

Frequently migrant women are more interested in the "contact with outside", in the possibility to speak with someone, than in the information on health. Only few women were distant to the "persons from outside the business", most of them are pleased to get to know women who are not in the business.

As we were informed a large number of migrant sex workers does not go to the weekly medical checks that are offered by the public health office MA15. Some of them because they are afraid of the public authorities, others because they receive visits from gynaecologists in the bar where they work, others because they are brought by bar owners to gynaecologists. Some women from the nearby countries, like Poland, told us, that they go to the gynaecologist in their home countries when they travel home (several times a year).

Soon after the first contact with the women, they start speaking about health problems in general, not only those related to their job. It is important to understand health from an integrated approach. Public health offices and also private doctors treat the patient, and especially sex workers only as physical body, reduced to sexual organs, and only see the problem of STDs.

The contacts to the women in the bars are depending very much on their nationality:

Dominican and other Latin American women are easy to contact, they often know LEFÖ/TAMPEP and the mediators and have some reference of our work. There is a basis of confidence and identification.

Women from Eastern and Middle Europe are more distant and manifested not to need cultural mediation, because they know German very well. But they accepted information leaflets in their language and showed themselves interested in the products

we are demonstrating. After the second or third visit it is getting easier to come in touch with them. With Hungarian and Romanian women we could only communicate in German, what made cultural mediation somehow inefficient.

The few African and Asian women we met joined in when we gave information in German and were very interested in the English leaflets. The same Jamaican women.

In the zone of work called "Prater - Park Zone" we made an investigation during two months, visiting different streets at different hours and different days. There were no migrant sex workers at all. We had information before, that the buses with which the women come from the nearby borders are leaving them in this zone. Later Austrian sex workers informed us that there have not arrived migrant women for some time, because of the strong controls of the police in this area.

The team of mediators of Vienna continued fieldwork in Ybbs and Steyr (*see also Chapter 4, Workshops*). The times we travelled to Ybbs and Steyr to hold workshops, we also used the time to visit the local health offices and come in touch with the women who assisted there, mainly with the intention to spread the voice to Eastern European women.

The positive response of some public health offices in the interior of the republic to our information campaign, allowed us to open a new field of work. (*see Chapter 2, Networking*) We started with two communities, Wiener Neustadt and St. Pölten. This work is done by one Latin American and one Polish mediator. In both offices there is the possibility to speak with the women in a separate room after their medical control. So far we could contact 22 women, most of them from Eastern Europe, mainly Hungary, some Latin American.

The response of the women was diverse: some of them were angry, because they thought it would be another additional obligation, others felt strange to meet women from "outside the business", but accepted the information materials anyway. And another group was curious and entered in conversation with the mediators, they also attended to our following visits.

Oberösterreich

In Oberösterreich there are the following zones of streetwork:

- Linz
- Traun
- Wels
- Braunau

In **Linz** there are approximately 32 night clubs and bars, of which 13 are registered as brothels. From the 32 places 9 were visited by our mediator, half of them twice. 55 women were contacted. 15 of them knew TAMPEP already or had been attending to the German courses of MAIZ.

In **Wels** there are 20 night clubs, from which 5 were visited. There are about 70 Dominican sex workers in Wels, with 20 of them we have connections.

In **Traun** there are 3 night clubs, in which we visited about 10 women.

The work in **Braunau** is very recent; there are 8 night clubs, which have not been visited so far. But we have contacts to Dominican sex workers there and could organise a workshop to which 7 women attended.

The presence of Dominican women in these zones of Oberösterreich is very dominating, in some clubs there are only Dominican women working. The mayor part of our contacts are women who have been living in Austria for years.

At the same time, more and more women from Eastern Europe have been arriving the last 4 years to Oberösterreich (mainly from Czech Republic and Hungary). This is the same tendency we observed in Vienna.

Streetwork in Oberösterreich is especially with Latin American women, but recently it was possible to contact also some women from Eastern Europe during the visits in the bars and to the health office.

New perspectives in Oberösterreich: the work in night clubs and the contacts to the health office

As in Vienna, the visits in night clubs have grown in number. At the same time the workshops turned out to be of great methodological value. The women who participated functioned as natural multipliers in the clubs, without being peer educators in the strict sense. This facilitated better observation of the working places and conditions, the relationships among the women, their conflicts and conflicts with bar owners.

We could get new contacts to women from other countries. And we were able to get more into the subject of work and health.

In the periodical visits to the health office in Linz our mediator could get access to the registered migrant sex workers who attend the medical checks. From 65 registered sex workers a 75% are migrants, Dominican, Hungarian, Czechs and some Asian women. Although these women have a lot of professional experience, they are very interested in information materials, new and different types of condoms and lubricants.

By intensifying our streetwork we got even more convinced of the necessity and urgent need of prevention information for migrant sex workers.

The bar owners

In Vienna and OÖ we had the same difficulty with bar owners and persons in charge, when we wanted to enter the bars. There have not been any similar activities of prevention for migrant sex workers before in Austria, and the reactions are hostile. The first reaction is to deny the access to strange people and to deny that there are migrant sex workers in the bar. The next step is to tell us, that all sex workers are German speaking and healthy, and that they are doing their medical checks anyway. Other do not even discuss with us. They tell us to go away and close the doors.

The majority of bar owners show themselves indifferent, even when they allow us the access. The most open ones are migrants themselves, ex- sex workers, but they are a small minority.

Some of the best ways for coming into the bars is to have a personal contact with the bar owner and to explain TAMPEP prevention work very well. Meanwhile, we have got access to quite a big number of places and bar owners give us a chance to speak with the women

when there are no clients in the bar. Only a small number of them are also interested in what we are doing.

We evaluate these first months of intensive work with bar owners as positive. As we managed to break through barriers, we reached a better acceptance and valorisation of the work and therefore the concrete possibility to continue and deepen it.

German Courses

As well in Vienna as in Linz the contact with sex workers is also made by our language courses, which are so far only for Latin American women.

They are open to migrant women in general, not only to sex workers, because we do not want to continue their marginalisation. Around 50 % of the participants are sex workers.

German courses give women an important chance to get more independent. If the sex workers are coming to the German course, they also get a closer contact with the LEFÖ/TAMPEP staff and the assessment services.

In Linz we had three German courses from October to June. In Vienna we had 5 courses from October to July.

In our German courses we also opened a space to speak about health and prevention. We use the same materials as in our workshops and we teach the specific vocabulary in Spanish and German.

During TAMPEP 3 streetwork has acquired a proper profile and made a quantitative progress in the prevention area.

4 Formation and dissemination activities

TAMPEP 3 means one year of expansion of our work, as we will explain further on. This expansion necessarily brings about adjustments and modifications as well in the internal dynamics of the team, in the criteria of capacitating cultural mediators, as in the revision of informative contents directed towards other groups of migrant sex workers and Latin American residents in other parts of Austria.

It is important to mention the frequency and systematical work that has been done in this area by workshops in Vienna and Oberösterreich, the team work in bars and brothels and the presence of LEFÖ/TAMPEP in some sectors of the society, spreading information and calling attention on the situation of migrant sex workers and the urgent necessity of new politics in this field.

CULTURAL MEDIATORS

The decision to extend our work to eastern European sex workers (*see TAMPEP 2, Page 171*) made it necessary to look for and choose adequate cultural mediators, who could cope with this work of TAMPEP. None of the women we interviewed had experience in the field of prostitution before.

Beginning of November a new cultural mediator with Polish origin joined in the team. Simultaneously, a second new team member, also of Polish origin, who is responsible for another work area, started participating in TAMPEP activities. And, finally, by the end of February, a Czech collaborator joined in the team of cultural mediators.

The co-ordinator and the Latin American mediators were responsible for the training of the new team members. The central subjects of this training were:

- female labour migration to EU countries
- legal migratory restrictions and their consequences
- different forms of trafficking in women
- trafficking and prostitution
- migrant prostitutes in the EU and especially in Austria
- LEFÖ/TAMPEP and its position to female migration in general and migrant prostitution in particular
- intervention methodology of TAMPEP, cultural mediators and peer educators
- the work of TAMPEP as European project for STD prevention
- health training: STD, AIDS, contraception etc.
- explanation of TAMPEP materials and how to use them

Due to the incorporation of new staff members and the reestructuration of our work in Linz, we decided to have periodical meetings of all cultural mediators. This has basically the purpose to deepen our formation and to have space to exchange criteria and discuss difficulties (which is not possible in the regular team meetings). This also gives us the chance to share information and to put our ways of working at the same level.

Meetings of Cultural Mediators

■ October 26/27, Vienna

Latin American cultural mediators from Vienna and Oberösterreich

The problem of AIDS in relation to the living conditions of migrant sex workers, work and health - knowledge and valuation of the own body and how to work more efficiently on these topics.

■ February 22/23, Vienna

Latin American and CEE cultural mediators from Vienna and Oberösterreich

Sexually transmitted diseases: which ones are the most frequent we can find, how do the women react and what measures do they take.

■ April 2, Linz

Latin American cultural mediators from Vienna and Oberösterreich

Situation of Dominican sex workers in Oberösterreich, working and living conditions, similarities and differences with Dominican sex workers in Vienna and outside Vienna.

■ April 30, Vienna

All cultural mediators

Analysing of prostitution laws in different parts of Austria, obligatory registration and consequences for migrant sex workers, obligatory health exams, different practices and criteria.

■ May 5, Vienna

All cultural mediators

Analysing of the possibility of a *Service Centre for Sex Workers in Vienna*, as proposed by the Vienna Health Office MA 15. Evaluation of the feasibility for our target group. How to co-ordinate with projects which have different target groups. Would it be useful to have a bus for migrant sex workers who work in bars?

■ June 5, Vienna

All cultural mediators

Study of the new migration laws and their possible consequences for migrant sex workers

PEER EDUCATORS

In our work with Dominican sex workers we were able to find women, who are especially interested in our TAMPEP work and in the distribution of preventive information to others. In Vienna from the beginning of 1996 we have a frequent contact with 8 Dominican women, who expressed their interest in working together with TAMPEP, all of them working in bars in Vienna or close to Vienna. It has been extremely difficult to have meetings with all of them together. This is mainly due to their living conditions, unstable work situation, timetable, and their dependency on pimps and husbands.

During 1996 we met with two of them regularly. Finally we had a plenary meeting, to which six women assisted and where we established a training schedule.

In four training sessions of two hours each (on December 14, February 8, May 10, and June 28) we worked on the following topics:

- The importance of health-training, the importance of multiplication of information, the information as a form of protection

- The female body, reproductive organs, pregnancy and abortion

- Contraceptive methods

- AIDS and STD: symptoms and consequences

In these four sessions we also discussed problems related to the legal situation of migrants and possibilities of medical care for women without health insurance.

We think, that this systematisation of our work is a good basis for future training courses for peer educators. The participants were very interested and active. They showed a lot of interest in continuing the training and they also proposed a personal-defence workshop. Taking into account the mobility of migrant sex workers, we cannot guarantee that they will continue in 1998.

Until now we have not been able to contact possible peer educators during our streetwork with eastern European sex workers. The training which started last year with two Czech women could not be continued, because they went back to their country.

The **cultural mediator in Linz** is working with three Dominican peer educators (they are living in Linz, Wels and Traun). These women have worked as sex workers before, they know almost all Dominican women in Oberösterreich, as well as the bars, owners and pimps of the region. One of them is nurse and participates active in the workshops. During 1997 they had two meetings of mediator and multipliers, in which they discussed the methodology of peer educators and planned their visits to bars.

The mediator has regular training sessions with each of them, where she works about Health and Sex Work, analysis of the TAMPEP materials, and where they evaluate the work.

WORKSHOPS

Based on the positive experience with workshops over the last years (they facilitated a real good contact with and among Dominican sex workers), we continued organising workshops also this year.

During TAMPEP 3 the Vienna team of mediators also travelled outside of Vienna to hold workshops. In the two towns we visited (Ybbs, Steyr) our multipliers are working and they made the contacts for us.

Ybbs

There are three brothels in the centre and outskirts of this little town. The workshops were held in one of the brothels, because the peer educator works there and the owner (a woman) is quite positive towards TAMPEP-work.

The workshops took place on October 12, December 3, June 19, August 29. The topics were: working and living conditions (women work and live at the same place), health check-ups, physical and mental health, depressions, the use of condoms and lubricants, menstruation and contraception, AIDS and STDs.

Steyr

In this town there are 5 brothels and around 30 Latin American sex workers. The workshops are held in one of the brothels where our peer educator works. The owner first rejected us, then - after explaining the TAMPEP objectives - he allowed our activities.

The workshops took place on October 7, March 3 and July 14. The topics are the same as in the other place.

Vienna

Around 20 women participated in each of the workshops, 60% of them having participated in our workshops before, 40% newcomers who were invited by the others or during our streetwork.

The workshops took place in LEFÖ/TAMPEP on October 26, November 9, January 25, May 24 and August 2.

There were not always the same participants, so each time we had a short introduction. We worked with TAMPEP materials (which many of them already knew) on the following topics: condoms and lubricants, menstruation, contraception and abortion, STDs and AIDS.

Oberösterreich

During the consolidation period in Oberösterreich, the methodology of workshops as a means of collective information for sex workers was used the same way. Thanks to a good

collaboration of mediator and peer educators it was possible to hold workshops (with an average participation of 13 women each) in Linz and in three other smaller towns.

In **Linz** workshops were held on October 3, November 5, June 9 on the following topics: reproductive organs, menstruation, contraception, abortion, STDs, AIDS.

In **Wels** workshops were held on February 16 and August 4 on contraception and abortion, STDs and AIDS.

In **Traun** we held a workshop on April 27 on condoms, lubricants and contraception.

In **Braunau** we held a workshop on June 18 on condoms, lubricants and contraception.

The multiplying effect

The network of contacts which we built among Dominican sex workers and the confidence we gained over the last years by our work are the fundamental basis on which we were able to extend our information and formation work. The multipliers and other sex workers have facilitated the access to "inaccessible" bars and clubs, and they also motivated other sex workers to participate in our workshops. They also distributed TAMPEP materials in towns and villages, where our mediators normally do not work. In spite of all difficulties we already mentioned - the mobility, instability and dependency - we must underline the fact that our work would be impossible without them.

The transformation effect

For many years LEFÖ has been (and still is) the confidential reference point for any legal question of Latin American sex workers.

When we started to work as TAMPEP on topics of health and prevention, there was a big resistance among the women to touch these topics. They always had been identifying as migrants, but not as sex workers. But little by little LEFÖ/TAMPEP changed into a reference point for health questions. The multipliers and most active sex workers have understood the importance of their body and their health.

The workshops with multipliers and with Latin American sex workers have become the right place for information and formation on matters of work, health, body, care and prevention. And they have also been a place open to express emotions and speak about doubts and fears about the risks of their profession.

COUNSELLING

During the first part of 1997 some workers of the TAMPEP team collaborated with the social workers of the project *Schlußstrich* (for Austrian sex workers) teaching TAMPEP methodology and informing about the situation of migrant sex workers. We had 5 meetings on the topics of cultural mediation, the role of peer educators, TAMPEP education materials and streetwork. We had opportunity to speak about racism and discrimination of migrant sex workers, competition and prejudice.

At this moment *Schlußstrich* is having some difficulties with financing, but as soon as they restart working we will continue our collaboration in methodological and political aspects.

We are also counselling the social workers of the association *Viennese Social Projects* who are planning a work with Austrian and migrant male sex workers. They are especially interested in TAMPEP methodology, cultural mediation and streetwork. We started in July and will have monthly meetings till the end of the year.

A group of African women, mainly from Ghana, Nigeria and Ethiopia, started a new organisation. We supported their organisational process and tried to raise their awareness on African sex workers. From April 1997 till now we had four meetings with them, where we informed them on migrant prostitution and TAMPEP.

TRAINING ACTIVITIES

The LEFÖ Seminar

It is already the second time we had our annual LEFÖ-seminar, in which we treat the problem of trafficking and migrant prostitution. The objective of this seminary is on the one hand to inform and train Austrian NGO women (who work on violence, migration, health) on the situation of migrant prostitution in the EU, on the other hand to distribute information on TAMPEP methodology and prevention.

This year's seminar took place from March 14 to 16, under the title **Prostitution in Middle and Eastern Europe**. We invited colleagues from TAMPEP/Holland, Phönix/Germany and Kassandra/Germany to hold exposures.

This seminar is the only place in Austria to discuss among women's organisations and colleagues about trafficking, migration and sex work, their causes and consequences.

Training on the new Migration Law

From January 1, 1998 we will have a new migration law in Austria, which is still more restrictive and will have severe consequences for migrant women in general and sex workers especially. On July 11, LEFÖ/TAMPEP organised a training course for our own staff members and other friends who work with migrant women. The training course was given by our legal advisor Nadja Lorenz.

Seminar at the University of Innsbruck

LEFÖ/TAMPEP was invited to give a seminar on *Trafficking in Women* at the University of Innsbruck in the summer semester 1997. This seminar was part of the feminist studies branch. Among other subjects our colleague who gave the seminar discussed about TAMPEP and its conception and methodology with the students.

This seminar opens new possibilities to build relationships and contacts to women who work with women and migration, as well in NGOs as in official institutions or at the university.

Academy of Social Work

As in the years before, LEFÖ/TAMPEP organised information meetings for students of this academy. In four sessions of two hours each, we worked on the following issues:

- the increase of migrant prostitution in the European Union
- the female labour migration in Austria and Europe
- the situation of migrant sex workers in Vienna and the rest of Austria (their working and living conditions, marginalisation and double discrimination),
- TAMPEP and its methodology, cultural mediation, peer education and health prevention.

PUBLICATIONS & EVENTS

LEFÖ Newsletter

LEFÖ/TAMPEP started to publish a *Newsletter* in December 1996 (Number 1 was edited in December 1996, Number 2 in July 1997) basically with the aim to spread the voice of migrant women and sex workers on their problems and demands. It is also a medium of information on Trafficking and our critics, proposals and demands related to migration politics.

The newsletter has a circulation of 800 copies and is sent to governmental departments in the provinces and federal dependencies responsible for migration, health and security, to the important newspapers and to all NGOs that work on women issues and migration.

The newsletter, the same as the LEFÖ seminary, tries to offer a space for discussion in Austria on the situation of migrant sex workers, opposing itself to voyeurism, stigmatisation and racist and sexist stereotypes, and with a critical view to our society.

Information event of SPÖ women

LEFÖ/TAMPEP was invited to participate and speak in a meeting organised by and for social democratic women in Vienna on the topic of *Trafficking in Women* in January 1997. We spoke about the legal situation, the social problems, the new mechanisms of trafficking, the working and living conditions of domestic workers and sex workers, as well as about the preventative and formative work of TAMPEP.

"Trafficking in Women – Reflection of a world without justice"

As we mentioned in TAMPEP 2 (page 167) during this working period of LEFÖ and LEFÖ/TAMPEP we wrote a report on the situation of migrant prostitution and trafficking in Austria, which was sponsored by the Austrian Ministry of Women Affairs. This report, together with the conclusions of our conference on Trafficking in May 1996 (see TAMPEP 2, page 158) was published as a book in November 1996. It is the first and only book on this problem in Austria so far.

This has opened more possibilities to influence on governmental dependencies on the questions of migration, prostitution and health care. It has brought up the topic of prostitution and especially migrant prostitution among political authorities. It is also going to be translated into English what will help us to distribute it also in the countries of origin of the women.

NEW INFORMATION MATERIALS

In the streetwork in and outside Vienna we realised that a lot of migrant sex workers are coming from Hungary, Czech Republic and Romania. To facilitate our work with this target group we decided to translate the existing TAMPEP materials into Hungarian, Czech and Romanian.

Because of Austria's neighbourhood to these countries it has a larger number of women migrating from there. But these leaflets will also be useful to TAMPEP partners in the other European countries.

Health Manual for cultural mediators

This manual contains a systematically and didactic information of the basic knowledge necessary for the work of cultural mediators. The contents of the manual are: Anatomy and Physiology of the Female Body, Sexually Transmitted Diseases, AIDS - Infection, Symptoms, Diagnosis, and Methods of Work.

We have already finished the Spanish and German version, the translation into English will be made soon.

5

International Contacts

ORGANISATIONS & PROJECTS IN EUROPE

October 1996

■ LEFÖ participated in a seminar in Budapest, organised by IOM on *Trafficking in Women in Eastern Europe*. We held an exposure on the situation of migrant sex workers in Austria and our assistance and prevention work.

■ One of our staff members visited Payoke in Antwerp, Belgium, to exchange experiences and know their work and methodology.

December 1996

■ Visit to La Strada Warsaw, Poland and exchange of experiences on work with migrant sex workers, situation of Polish sex workers in Austria and future strategies.

March 1997

■ LEFÖ Seminar (see Chapter 4 "Formation Activities"), with the participation of colleagues of Eastern Europe, Germany and Switzerland.

■ One of our cultural mediators visited Hamburg within the framework of TAMPEP-Germany and had a practical training about the work with Eastern European sex workers. During one week she participated in streetwork, in the counselling work of the Support Centre for migrant sex workers and she had opportunity to analyse education materials.

July 1997

■ In July we received a visit from Sapaue, Berlin (male sex workers) and Madonna, Bochum (self help organisation of female sex workers). We had a meeting in which we exchanged forms of work and experiences. We could inform the colleagues about the situation of migrant sex workers in Austria, their legal status and their living and working conditions. We also organised the contact of these colleagues with other projects in Vienna (Vienna Social Projects, AIDS Help), with a representative of the public health office and with an ex-sex worker, representative of a sex workers organisation that existed in Austria in the 80's.

September 1997

■ Two of our mediators visited a sex workers project of *Medicals of the World* in Spain (Madrid, Valencia). Part of this project is a „*Health Service-Bus*“ for migrant sex workers. We had the opportunity to accompany the colleagues during the health service by bus and to visit the most important prostitution zones of Madrid, where mainly African and Latin American women working, as well as drug addicts and transsexuals. We also had exchange meetings, where we explained our work as TAMPEP/LEFÖ and our methodology, and got to know more about the work model of *Medicals of the World*.

ORGANISATIONS & PROJECTS OUTSIDE EUROPE

We have been maintaining a close contact with *COIN* in the Dominican Republic, in order to exchange experiences, information and to co-operate on concrete cases. We are working on a leaflet with information for women who travel to Europe (legal situation, living conditions, and working conditions). We also collaborate in terms of the assistance of women being deported from Austria to the Dominican Republic.

Another contact we have outside Europe is the organisation *Casa de la Mujer* in Columbia, with which we exchange information materials.

At the *Latin American and Caribbean Feminist Meeting* in Chile last year some of our staff members participated and talked about our work with migrant sex workers.

INTERNATIONAL MEETINGS & CONFERENCES

November 1996

- General Assembly of TAMPEP, Vienna, Austria
- Annual seminary of Agisra-Frankfurt, Germany about *Trafficking in Women*
- General Assembly of TAMPEP/EUROPAP, Gent, Belgium

December 1996

- Meeting of steering committee TAMPEP/EUROPAP, Amsterdam, Holland

February 1997

- Preparatory meeting of *NOTRAF/ NGO Conference on Trafficking in Women*, Amsterdam, Holland

April 1997

- *NOTRAF/ NGO Conference on Trafficking in Women*, Nordwijkerhout, Holland
- General Assembly TAMPEP/EUROPAP, Luxembourg

June 1997

- General Assembly TAMPEP/EUROPAP, Luxembourg

PUBLIC RELATIONS & PRESS

October 1996

■ Publication of the article *Business with Migrant Women* in **Mosaik**, a multicultural newspaper.

November 1996

■ Publication of the article *Schengen and the Future of Migrant Sex Workers* in **Südwind** No.11.

■ Radio interview with **Viva** - a woman's magazine - on *Trafficking, Migration and Prostitution*.

January 1997

■ Television interview about *Business with Female Migration* in **Willkommen Österreich**.

March 1997

■ Article *Migrant Sex Workers and Deportation* in **Anschläge**, a feminist newspaper.

■ Interviews with **Euroviews** and **World Vision** on *Trafficking and Migration*.

6

Final Reflections

The two years of existence of TAMPEP in Austria have opened and structured a huge field of work, consisting in prevention work and contact with migrant sex workers, as well as sensibilisation of the responsible authorities and the public opinion.

The appreciation we have gained in many social and governmental sectors is a result of a systematically work and a methodological correction. The marginalisation and at the same time the constant grow of migrant prostitution show us, that only streetwork permits us to contact a significant number of sex workers and fulfil the task of prevention seriously.

But it also shows the URGENT necessity of new initiatives from other NGOs, health authorities and the responsible governmental departments.

We have to create a network of health initiatives, not only from our own possibilities as TAMPEP, but also with the support of public health authorities.

It is fundamental to continue the sensitisation work in order to be able to open new possibilities and ways of adequate treatment for migrant sex workers. It is very important to make responsible people understand, that the weekly medical controls of sex workers are not the only way to guarantee their health. Also, we have to promote solutions to the problem of HIV positive migrants and guarantee their treatment even without legal residence status.

The complex and multifaceted reality of migrant sex workers is a challenge for TAMPEP/Austria to carry out more precise investigations and more efficient interventions.

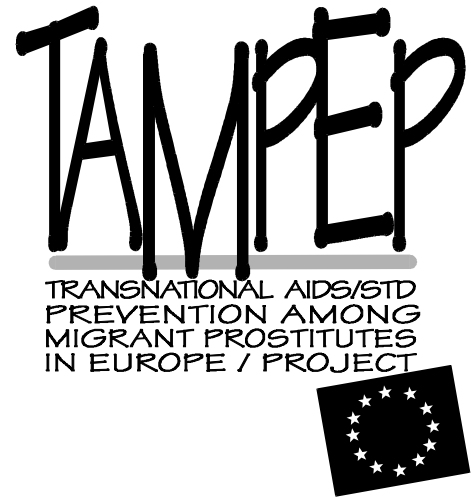
But it is also a challenge for the whole society to give solutions to the problems of health, but not only health, of migrants whose work in the sex business is highly demanded and at the same time rejected.

Acknowledgement

LEFÖ/TAMPEP gives special thanks to the Austrian Ministry of Health, whose financial support contributed significantly to make TAMPEP 3 possible. We appreciate also the open and respectful attitude of the members of Department II, who have always been interested in the methodology and progress in the work of TAMPEP.

TAMPEP/Austria Team

Co-ordinator	Maria Cristina Boidi , Argentinean
Latin American mediators	Doris Cordova , Chilean Paola Diaz , Chilean Ana Maria Garza , Mexican Luzenir Caixeta , Brazilian
Eastern European mediators	Anna Kowalska , Polish Urszula Wodzinska , Polish Maria Mazanik , Czech
Secretary	Edith Schwarzbauer , Austrian
Translation	Siegrid Wistrcil



ITALY

TAMPEP 3

FINAL REPORT

October 1996 – September 1997

Pordenone, June 1996
Pia Covre, Carla corso

OVERVIEW

Also this year, funding for the Italian TAMPEP project has come from the *Istituto Superiore della Sanità* (the Superior Institute of Health), which decided to repeat the financial support given last year, and to which we have been able to add additional sums from our own resources. We also received a grant from the health/AIDS-prevention sector of the regional government of Venetia which enabled us to defray the cost of a weekly street-intervention unit outing in the region.

For the new year our work programme adheres to the objectives established by the Europe-wide project and plans for the training of external operators, who would like to venture new forms of intervention inspired by TAMPEP's methodologies, from both the public sector (local institutions and health departments) and the private sector (other associations)

Second Research Project on the Ethical, Pschyco-Social, Legal, Behavioural, Welfare and Preventive Aspects of AIDS (for 1996)

Supported by: Istituto Superiore Sanità

AIDS-Information Project aimed at Immigrant Prostitutes

After having analysed the most important elements which emerged, with a start-off from intervention ventured, proposed, and implemented in the first year of the project, and while bearing in mind the peculiar characteristics that non-superficial contact with foreign prostitutes necessarily involves, the main objectives for the second year of the project are:

- to maintain and extend the contacts with prostitutes that were developed in the first year of the project;
- to disseminate technical-scientific information to immigrant prostitutes about HIV infection and other sexually-transmitted diseases, how infection occurs and the means of prevention;
- to develop further knowledge on these subjects with those contacted in the first year;
- to identify and analyse the possible answers to the needs of immigrant prostitutes to enable them to guard their own personal health;
- to identify and analyse possible answers to the needs of immigrant prostitutes to enable them to look after their own general welfare;
- to identify, collaborate with and further develop relations with both public and private social and health services facilities to improve the accessibility of foreign prostitutes;
- to disseminate information materials;
- to prevent and limit HIV infection and other sexually-transmitted diseases among prostitutes by rendering the prostitutes themselves vectors of information about HIV and STD prevention when dealing with both colleagues and clients;
- to bring the phenomenon of foreign prostitution to the attention of local government administrations and to the public at large;
- to train peer-educators; and
- to train operators from both public and private socio-health services facilities.

Planning and implementing information-dissemination initiatives on the subject of HIV prevention aimed at non-Italian prostitutes, in an attempt to modify at-risk behavioural patterns is a new area of activity and interplay among different subjects: the prostitutes themselves, street- and train-intervention units, peer educators, social workers, and health workers in both the public and private sectors.

From this interconnected work, the opportunity has emerged to create a network which, by involving all the participants in a given situation, can face up to and, in some cases, respond to the health and welfare needs of immigrant prostitutes.

The organisation of this second year of the project should reinforce the collaborative links of the present project with other similar operators and the public services, both at a local level and during training sessions and analysis.

Network

To further this aim, we have proposed and/or co-ordinated the following initiatives:

In Emilia, Commune of Bologna/TAMPEP, the *Prostitution in Safety* project was initiated with the involvement and group co-ordination of the Orlando Association (Women's Documentation Centre) and the Movement of Italian Transsexuals (MIT). This partnership with the city administration began in November 1996 and will continue throughout all of 1997. In conformance with TAMPEP methodology, to reach the target groups, the project called for street-intervention unit field work and preparation of a training programme and affecting the actual training (now already completed) for the operators participating in the project.

Towards the end of 1996, for several times, TAMPEP was called on by the Region of Emilia Romagna for the preparation of a regional funding programme for local institutions. Our association was invited to take part in a region-wide training course project dealing with prostitution for operators from throughout the region. With the benefit of months of hindsight of the funding of the towns and cities concerned, our opinion is loud and clear that there are significant differences among the various local government administrations in terms of experience and competence, all of which seem to prefer funding windfalls. Among the various towns and cities that received regional funding were Bologna, where the project is active in the Commune of Bologna/TAMPEP; Modena, where collaboration with TAMPEP has been continuous for two years. Rimini, where, during the summer of 1996 when we carried out intensive street-intervention work, there had been close collaboration and good rapport between the Commune and TAMPEP, it seems that there will be no further work for now. Also, it is not clear what initiatives for now the other cities benefitting from regional funding will take. From the Ministry of Health funds destined to the Region of Venetia, a regional project has been financed that consents the TAMPEP team to continue its work in the area around Verona and Lake Garda, with the collaboration of the SERT (Drug Addiction Service) of Villafranca's Local Health Unit 22 (USL 22). At the moment, the team from TAMPEP is still involved on the streets in towns and cities through the Region of Venetia.

Since February we have been working on a project in Florence with a street-intervention unit from the co-operative CAT which has received financial support from the local health unit and the Provincial council for one year. We married their operators up with our experience and the information materials from TAMPEP.

In Turin, in collaboration with the street-intervention unit of the Abele group, we have studied the situation in the main railway station for several months to observe the local movements of the Nigerian target group 'scientifically'. In order to do this, we prepared a questionnaire to collect information and statistical data.

Following contacts with representatives of the provincial government of Turin, we were asked to organise a short course of information and training for officials and operators from the health and social services and administrators from local official organisations. We suggested a programme, and organised day meeting of group-study in Turin, which witnessed the presence and participation of European co-ordinators from EUROPAP/TAMPEP. We organised two seminars, the programmes of which were:

A training course patronised and hosted by the Provincial authorities of Turin for Nigerian women cultural mediators and peer educators. In addition, in a recent Provincial Council deliberation funding was formalised for field work which is to be actuated within the next six months, and we were provided an office and a street unit.

The project *City and Prostitution* of the Commune of Mestre has renewed its agreement with TAMPEP for continued participation throughout 1997. TAMPEP provides advice on methodology, women cultural mediators and a women operator. The project has been structured as an inherent service of the Commune.

We have been asked by the Province of Novara to start a project, named *ViAmicca55 TAMPEP*, there in the Commune of Novara and in the neighbouring towns. The operational phase will begin in the autumn of 1997 and, in the interim period, TAMPEP was responsible for the training of the operators involved in the project and organising the operational phase.

The General Confederal of Italian Labourers (CGIL) is a participant in this project. While the government of the Province was making funding ready for TAMPEP in support of prevention among prostitutes, the Mayor of the City of Novara, who is an exponent of the very same political coalition, by way of a letter sent to the taxi operators, invited them not to serve prostitutes. (This ridiculous turn of events occurred in August at Novara, and it was something that the national press took up.)

In the Marches region at the request of Local Health Unit 11 (*USL 11*), a brief USL 11 intervention was carried out in August by TAMPEP staff in the zones of Ascoli Piceno and along the coasts.

In the Friuli-Venezia-Giulia region at the request of the SERT (Drug Addition Service) of Gorizia, a partner of the SPI agency of Berlin in the UMBRELLA transnational project funded by the European Union, has requested our participation in this cross-border project with Slovenia that should start off very shortly.

Key Staff

■ **Carla Corso** and **Pia Covre** were responsible for overall co-ordination.

■ The following persons took part in research groups and training sessions with responsibilities for co-ordination at a local level and for operational work:

Rosanna Paradiso, Trainer/Co-ordinator for Turin

Cristiano Berti, Street-Intervention Unit Co-ordinator

Delfina Rossi, Project Statistician

■ Cross-cultural communicators:

Dallyandyshe Koka

Simbi Mohammed Nofishatu

Valentina Akudibor

■ Project leaders:

Benedetta Barsi, Co-ordinator, Florence Street-Intervention Unit

Susanna Ronconi, Chief, Street-Intervention Unit, Abele Group

Lorenza Maluccelli, Co-ordinator of the Bologna project

■ Translator:

Thonal Anthony Terry

Acknowledgements

The co-ordinators of overall TAMPEP activity in Italy wish to acknowledge and to thank all the persons all the persons specifically mentioned (or unintentionally unmentioned due to administrative error or oversight) and to extend their appreciation for the hard work accomplished throughout this trying year.

Geographical areas of intervention

The methodology that brought about the choice of the areas of intervention was based on:

- analyses of the experiences and observations realised in the first years of TAMPEP;
- analyses of the experiences and observations, while setting off one observation against another, realised during the initial years of the project;
- encounters and collaboration with both public socio-health and private sociological service activities and local institutes contacted;
- response to new requests for contact and intervention which reached project staff from both public socio-health and private sociological services and local institutes; and
- contact and collaboration among projects and their complementary activities.

The geographical areas chosen to actuate research/intervention were Bologna, Firenze, Turin, and Verona. The zones involved are partly metropolitan areas and partly towns bordering cities. The type of interventions and the reasons for their actuation in the various zones are explained following.

TURIN was chosen for certain particulars which set it out from the rest, such as the overwhelming number of people in the Nigerian community which resides there, which has been pointed out in prior reports. The Nigerian women who are dedicated to prostitution throughout the North of Italy live prevalently at Turin and on a daily basis travel by train towards other localities in to work. For this reason Turin was the ideal city in which to post a street-intervention équipe at the train station on a fixed basis. In addition, an investigation on the women's mobility has enabled us to calibrate later interventions on the trains and in the areas of the Provinces. The participation of the Abele Group, which provided its own operators and the camper entrusted to them by the Local Health Unit 4, was also a determinant that enabled the "train station posting" of a street-

intervention équipe. Not last on the list is the services network that had been milked in prior years which still responds to the target's requests.

FLORENCE was finally included as a trial programme. For the interventions carried out in prior years there had already been collaboration among the cities involved, but financial cuts did not consent continuance of collaboration. The abiding interest of the co-operative CAT has assured that project would be able to take off this year, also thanks to the Provincial government and Local Health Unit's funding of one of the co-operative's projects. The operators who had already attended training seminars the year before participated as senior representatives at seminars held in this year. In association with some local socio-health services new to the experience of working with the target that we defined, they participated in the research using a TAMPEP intervention method, involving interviews with the target and conducting workshops, in which they already had experience.

BOLOGNA, on account of its peculiar geographic position at the centre of the railway co-ordinates that branch out in all directions, served as a point of verification, especially for research on mobility. Besides, it is not to be forgotten that the Commune of Bologna formally requested that TAMPEP project staff organise and initiate a project on prostitution, to include the training of operators, on its behalf. The Commune's prostitution project and the health services linked to it allow us to draw an immediate advantage from Bologna's being part of a partially experienced, operative network.

VERONA: The interventions in this Province have been the continuation of work already unfolded the year before. The excellent collaboration with a very particular health service provider, the SERT (Drug Addiction Service) of Villafranca, that undertook a truly special acceptance of outpatients, has convinced us to maintain as much as possible a periodical presence of the street-intervention unit.

The value of the network

If one includes Milan and Genoa where, since 1995, LILA (Italian League for the Fight Against AIDS) have carried out street intervention and where already sensitised and activated services are in place, the projects and interventions, on the whole, now encompass a rather vast area of the North. The map that shoots out is interesting and illustrates for us a situation that, if critically evaluated, could adequately satisfy the health exigencies of a good part of the prostitute population.

It is our intent here to underscore the degree of importance that a linked network of projects can have for the development of strategies and optimal use of resources. The exchange of experience among operators of different projects is at times very valid support for the training of teams of recent formation. A lot of familiarity with and maintaining contact with projects in other cities can furnish the means for the solution of particular cases, such as the abandonment of prostitution.

In addition, the principal collaborators have been able to maintain contact within the European network and have participated, also in the company of street-intervention operators, in European conventions and seminars to represent the work that they do in Italy

within the projects financed by the Superior Institute of Health, local institutes, and the European Union.

Description of Prostitution — Target Composition

Field activity unfolded in the period 1996/1997 has confirmed that street sex workers are immigrant women prevalently from Africa (Nigeria) and from East Europe. In a general portrait of the consolidation of privileged position, gained in the years 1995/1996 by Albanian women at the expense of the more numerous Nigerian community, a slight numerical increase in sex workers is noted, owing to the growing immigration from countries of East Europe, particularly from Russia and the Ukraine. The localities most affected by this phenomenon are the regions of Emilia Romagna and Venetia. In particular, at Bologna, the women who come from Russia and the Ukraine have in short time become the more numerous group on the street, supplanting the Albanians, but they still remain behind the still conspicuous Nigerian community. Also at Verona—Villafranca some women from the East have turned up, while at Venice—Mestre, the number of Nigerians and Albanians is unchanged, but one notes a perceptible increase in the number of ex-Yugoslav and Russian women. Other localities, such as Turin and Florence, seem not yet to have attracted the new arrivals from the ex-Soviet Union. In these cities the presence of Russians appears to be stable, as attested to by the few dozens of women there.

Politics

The Italian government have not yet faced up to revision of the legislative provisions which deal with sex work. The interest displayed by public opinion and by the mass media on the effects of street prostitution on the quality of life of the citizenry often provokes proposals by members of parliament and second-level national political exponents or by local politicians and administrators for “new solutions” to the problem, rarely followed by constructive debate. In 1996, the government approved a decree law on immigration, now expired. It brought opportune attention to the question of the international traffic of women who are forced into prostitution, making means available for tutelage of the women willing to denounce exploiters, with a point of departure being the award of a sojourner’s permit for motives of justice, something that some women have been able to convert afterwards into a sojourner’s permit for the purpose of work. According to the annual report of the Minister of the Home Office on criminality for 1996, in Italy, 4387 persons were denounced for exploitation, a number which is significantly higher than in previous years. It is to be noted that a significant portion of these denunciations could probably stem from the provision for awarding a sojourner’s permit for reason of justice for those women who denounce their exploiters.

Health

The Italian health system guarantees to anyone, as in the past, the emergency treatment rendered by the First-Aid outpatient facilities of hospitals. The Ministry of Health ordinance of 15 November 1996, successively reiterated more than once to guarantee the validity of this coverage until 31 December 1997, has disposed that “*foreigners temporarily present within the territory of the State are assured, in public and accredited facilities, outpatient and essential hospital treatments, even though they be continuous, for sickness and accident, and preventive medicine programmes are extended. As well, social tutelage for responsible maternity and pregnancy is*

guaranteed, as provided by the norms in force for Italian citizens". Besides, the ordinance has made clear that *"access of the foreigner to health facilities cannot comport any type of signal to the police, save the cases in which the referral be obligatory, at parity with the conditions of the Italian citizen"*. The services rendered for reasons of health provided by the ordinance must be performed without a financial burden at the responsibility of the requester, *"save the cases in which the quotas of participation in the expense, where provided"*, for foreigners even irregularly or clandestinely present in Italy. The application of the ministerial ordinance by the regions has been dissimilar. In this regard the Region of Venetia constitutes a paragon of virtue inasmuch as it has devised opportune regulatory means and has invited the local health units to organise an efficacious system of gratuitous health-services offers to poverty-stricken foreigners. Instead, in many other regions strong uncertainty reigns with respect to the limits of the ordinance with merit to health-services offers that are to be corresponded to the foreigners deprived of inscription in the national health service and, nonetheless, on singling out the financial reserves from which needed funds may be drawn, with the result that the ordinance remains substantially inapplicable.

1

Project TAMPEP – Railway Mobility

TURIN

February – April 1997

**MINISTERO DELLA SANITA' - ISTITUTO SUPERIORE DI SANITA'
PROGETTO TAMPEP - MOBILITA' FERROVIARIA**

Torino, febbraio-aprile 1997



Herein, in order to illustrate the research/intervention effort unfolded at Turin, we have decided to report a summary of analysis carried out by Dr. Cristiano Berti, the TAMPEP co-ordinator, who is the person who carried out the actual data collection in the field, and to complement this summary by the inclusion of tables and graphics of the statistics which were elaborated and realised by Dr. Delfina Rossi, the person responsible for the technical part of the investigation.

Obviously, this choice imposed our purposefully making selections from the whole of the elaborated statistics to avoid repetition and therefore all the statistics will not be printed. Upon request, a complete copy of the statistical data will be made available by the project statistician to those who might want to examine them.

The present work consists in the elaboration of the responses to questionnaires posed to prostitutes of Nigerian nationality in the city of Turin in the period comprising 7 February to 18 April 1997. The questionnaire that we utilised was composed of 32 items, structured so as to verify mobility on the state railway network (the city of work, the hours of departure and return), the modality of arrival at the station and return from the station, the type of ticket utilised for travel, the behaviour of the women on the train (sleeping, reading...), the attitude in their regard on the part of the railway ticket agents, conductors, other travellers and the railway police, days and hours worked, to poll the women's opinions on the quality of the health services utilised and on the work conditions in the cities of work.

In all, the operators effectuated 10 intervention postings in the zones of the railway stations Porta Nuova and Porta Susa; the number of women who were contacted and to whom were given informational materials on health education (concerning AIDS, STDs, addresses of health services facilities, gynaecological information) were in all 160.

The interviewed sample constitutes 121 women of Nigerian nationality (corresponding to 76% of the contacts made by the street-intervention équipe in the period). The questionnaire was not posed to the women who did not take the train or to those who were late and therefore were in a hurry.

The percentage of responses to all the questions was very high and that is owed to the modality of posing the questionnaire, which was facilitated by the presence of the cultural mediatrix alongside the street-intervention operator who compiled it. The sincerity of the

responses given was also able to be verified by scrutinising and cross-checking diverse variables.

The study is a valid instrument for achieving the planning goals of health prevention interventions by revealing the answers to certain questions (for example, Why the women fail to utilise the services of certain cities?), to become familiar with their behavioural patterns (for example, What means do they use for movement before and after catching the train?), the reason why certain cities are not affected by the phenomenon of mobility and Nigerian prostitution (for example, Is there police harassment? Are there too few clients?), the behaviour of those with whom they come into contact during the trip (for example, Is there annoyance on the part of the other travellers? Have they received expulsion orders in the stations?)

Come to find us at the **FREE**
CONDOMS bus which will be
present every Friday at the
Porta Nuova station and at
the **Porta Susa**.
Ciao!!!



- Progetto di Prevenzione all'AIDS per le Prostitute Immigrate
 - Progetto Unità di Strada A.R.-USL 4 Gruppo Abele
 - Progetto Tampep Comitato per i Diritti Civili delle Prostitute
-

The street-intervention équipe of Turin

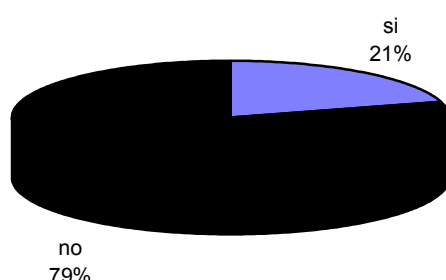
Composed of operators from both TAMPEP and Gruppo Abele, the street-intervention team of Turin carried out in the months of February/March/April a campaign from a camper posted in the vicinity of the railway stations of Porta Nuova and Porta Susa in Turin. Successive to this first intervention, train excursions were made to complement and verify the results obtained by the train-station intervention team. This presence at the two stations, on alternate Fridays, was publicised by way of a leaflet distributed by hand to the women about to board the trains or upon their return from work. Only Nigerian women, easily recognisable by anyone boarding a train on the run from Turin to Milan, Ventimiglia, Bologna, Aosta, or between Rimini and Pescara, Verona, and Brescia, and so forth, were contacted because the women of this nationality have for years been the protagonists of the commuter phenomenon. In addition, when compared with Albanian women who also from time to time take the train in order to go to work, Nigerian women are more easily approachable by the street-intervention operators. The eventual presence of either male or female protectors who superintend the Nigerian women did not impede the activity of the railway station or train intervention units. To these women we proposed

their reaching us at the camper to talk about health prevention and to answer some questions. We handed out TAMPEP informational materials on health prevention to those women who were without it. Those who had the time willingly consented to answer our questions. Only two or three women manifested signs of nervousness or fear which was overcome with our reassurances. We distributed a gift box containing a dozen Permitax condoms, often along with lubricant samples, to those women who agreed to be interviewed. However, to all the women contacted, we handed out informational materials and some condoms.

Graphic 1

Are you familiar with TAMPEP materials?

yes 21%
no 79%



By cross-checking the variable of “How many months have you been in Italy?” with the variable “*Are you familiar with TAMPEP materials?*”, one notes how familiarity with TAMPEP printed materials augments with the increase in the number of months of permanence in Italy. This datum is for us testimony to the sincerity of the women when responding to these questions. (A woman who has been in Italy for a longer period of time has had more opportunity of being contacted by the street outreach team.)

Table 2

Months of permanence in Italy for determining familiarity with TAMPEP materials

Absolute values and percentages by line

	YES	% r	NO	% r	TOTAL
≤ 6	2	8	22	92	24
7-12	6	18	28	82	34
13-24	6	19	26	81	32
≥25	8	40	12	60	20
TOTAL	22		88		110

The interview form included questions concerning logistical matters (relative to itineraries, hours, frequency of movements, etc.), others concerning behavioural patterns (during the departure/return trips), others asking for their judgment of the comportment of other actors on the scene of railway mobility (ticket agents, conductors, railway police and other passengers), input about the type of ticket used, on the eventual receipt of expulsion orders in the railway stations besides questions on their length of time in Italy and on their eventual voluntary use of the health services (and to express an opinion on the quality of the services rendered). Concluding the interview form were questions on the work conditions, whether they were known either directly or indirectly, in Italian cities where prostitution is carried out by the women interviewed. In total 121 “interviews” were conducted on railway mobility.

On the most part the responses were well-enough coherent. There were sometimes ridiculous incongruities, as in the case of the women who told us that she travelled alone but who shortly afterwards affirmed that she conversed with friends during the trip. Following opportune evaluation on a case-by-case basis, the incongruities were either eliminated through supplementary questions or were left standing.

The high number of Nigerian women or, less probably, their high turnover at Turin was confirmed by the statistical data. It would seemingly be to exclude that the large number of Nigerian women at Turin might strictly depend on a continuous increment in the population because of new arrivals. Even considering that the Turin street-intervention team was inactivated for some months at the starting moments of the Superior Institute of Health 1997 campaign, the result which attests that the number of new contacts arrives at more than 80% is baffling.

Of the women interviewed only 20.7% of them were already familiar with TAMPEP materials. Considering that among these that there were also women who had either seen or read the materials by way of their girlfriends and who had not been directly contacted by us, the percentage of first contacts is, without doubt, greater than 80%. Also, of 39 women contacted but not interviewed, 11 (or 28%) were familiar with TAMPEP materials, whereas 28 were new contacts.

Indeed, in the past the Turin street-intervention équipe has carried out numerous outings in the station and on the trains, among which are included the postings of the camper in the vicinity of the train stations for the ministerial AIDS prevention campaign the year before.

Even though the statistic on the length of time in Italy demonstrates an overall average length of time of 16 months for all the women interviewed, the large number of new contacts is owing to the vast number of Nigerian women who have established residence at Turin. Going more into detail, 16.4% said that there had been in Italy for less than six months, 36.3% from six months to one year, 29.1% from one to two years, 18.2% for more than two years.

The portion of the population sample which was interviewed declares to have been in Italy for a variable period, ranging from less than one month to 48 months. The average is 16.7 months, the standard deviation is 11.2, the mode is 12, and the median is 12 months. As one may derive from the values of Table 1, there were 11 women who did not respond to this question (9% of the sample).

Table 1

How many months have you been in Italy?

Absolute value (AV) and percentage value (% V)

<i>Months</i>	<i>A.V.</i>	<i>V. %</i>	<i>% valid</i>	<i>% cumulative</i>
1	1	1	1	1
2	3	3	3	4
3	4	3	4	7
4	4	3	4	11
5	6	5	6	16
6	6	5	6	22
7	3	3	3	25
8	3	3	3	27
9	1	1	1	28
10	1	1	1	29
11	1	1	1	30
12	25	21	23	53
13	1	1	1	54
15	1	1	1	55
16	1	1	1	56
17	6	5	6	61
18	6	5	6	66
20	2	2	2	68
22	1	1	1	69
23	1	1	1	70
24	13	11	12	82
28	3	3	3	85
30	3	3	3	87
36	10	8	9	96
42	2	2	2	98
48	2	2	2	100
mssing	11	9		
TOTAL	121	100	100	

Before examining some of the results of the investigation into the specifics of railway mobility, other data more general in nature are presented here below:

More than 54.5% of the women interviewed said that they had been to a public health service facility (which comprises in this category Cottolengo hospital of Turin) and that they had been given overall good quality service in 86.4% of the cases. The remaining 45.5%, who instead turn to private doctors in case of need, had never been to a public health service facility nor had they ever made use of solidarity-type services. Among these private doctors is the widely known Dr. Parker, an Afro-American, who has a surgery at Turin.

Most of the women who said that they had voluntarily used public health service facilities had done so at Turin (37 persons, or 87%). The most frequently cited hospitals of Turin are *Sant'Anna*, *Mauriziano*, *Molinette*, *San Giovanni Bosco*, *Maria Vittoria*, Social Hygiene Dispensary and *Amedeo di Savoia*, as well as *Santa Croce di Moncalieri*, which lies at a short distance from Turin, where some of them had been. Many had been to the ISI immigrant service window of Turin's USL 1 (*Unità Sanitaria Locale*—Local Health Unit). Those who had received treatment in a hospital had returned there on the occasion of other eventual health assistance requirements, thus each woman indicated only one

hospital, or two at maximum, when we asked them to specify where they had gone. It is therefore an exceptional case that of the woman, in Italy three years, who affirmed that she had received treatment at ISI, Mauriziano, Molinette, Sant'Anna and at the Social Hygiene Dispensary (all health service facilities situated in Turin).

Graphic 14

In which city have you utilised health services facilities?

Turin: 84%

Other cities: 16%

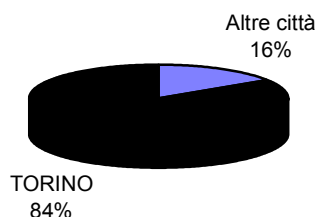


Table 10

What is your opinion on the health services utilised?

Absolute values (AV) and Line Percentage (% L) and Cumulative Percentage (% C)

		Very Good	Good	Discreet	Poor	TOTAL
BIELLA	v. a.		1			1
	%r		100			
	%C		2,6			2,3
BRESCIA	v. a.		1			1
	%r		100			
	%C		2,6			2,3
COMO	v. a.			1		1
	%r			100		
	%C			100		2,3
MONCALIERI	v. a.		2			2
	%r		100			
	%C		5,3			4,5
SAMPIERDA	v. a.		1			1
	%r		100			
	%C		2,6			2,3
TORINO	v. a.	4	32		1	37
	%r	10,8	86,5		2,7	
	%C	100	84,2		100	84,1
VOGHERA	v. a.		1			1
	%r		100			
	%C		2,6			2,3
		4	38	1	1	44
		9,1	86,4	2,3	2,3	100

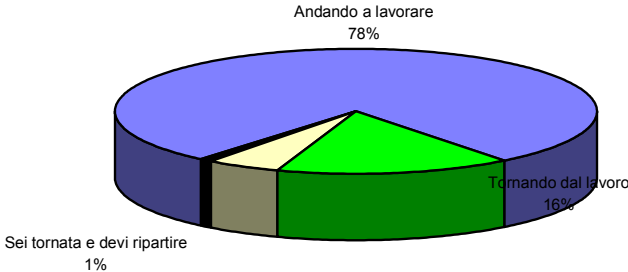
Some responses were more articulate. Even though she lamented that the North African cultural mediator privileged fellow nationals on the waiting list, one woman deemed the service received at the ISI service window (with subsequent referral to Cottolengo hospital) very positively. Another gave a negative opinion on the service received at Mauriziano hospital, where her demands were ignored notwithstanding her having arrived there in an ambulance. The problem was resolved by her having dashed off to the pharmacy in Via Nizza (well known, because English is spoken there). Yet another recounted that because of her having been bitten by a colleague that she had gone for treatment at the First Aid facility of a Milanese hospital, there receiving service which she adjudged as negative, whereupon she successively went to Maria Vittoria hospital of Turin, where she had been before, and there she was finally able to resolve the problem. Eventually, one woman said that she was given poor service the first time around, but had been seen to positively on the following two occasions in which she had gone for treatment to Sant'Anna hospital of Como.

The schedule for the postings of the camper (17:00—21:00/17:30—21:30 hours) has favoured meeting up with the women departing for work. Departure is certainly not the best moment for posing dozens of questions to a Nigerian woman, already stupefied by the fact that she is being asked extravagant things, but their return, after a full night's work, occurs around 07:00—08:00 hours in the morning; hence, reacting otherwise is impossible. The results from the data collected would tend to confirm that the Nigerian women of Turin work principally at night. Over 77.7% of the women interviewed were departing for work versus the 15.7% who were returning from work.

The women interviewed were stopped above all while they were going to work (78%) and while returning from work (16%). (Graphic 2)

Graphic 2

"Are you...	going to work?	78%
	returning from work?	16%
	returning from work only to leave for work again?	01%
	Did you take the train in the past?	05%



In this regard, inasmuch as it was apparent that in its entirety the flux of passengers to and from Milan is continuous and nearly constant between night and day, verification carried out by the train intervention équipes permits our reporting on only some of the railway lines, e.g., the run for Bologna. There are some few cases, which are to be added to the

statistics which appear in Graphic 2, of women (6 in number, representing 5% of the total) who had regularly taken the train in the past and one woman (0.8%) who was returning only to depart anew. The latter case and other analogous cases constitute the women which we will refer to, for the sake of convenience, as “double-shifters”, whom we shall discuss later.

We asked each one of them, “**How many days a week do you work?**” These are the results:

58.7%, 7 days a week

28.9%, 6 days a week

7.4%, 5 days a week

3.3%, 3 days a week

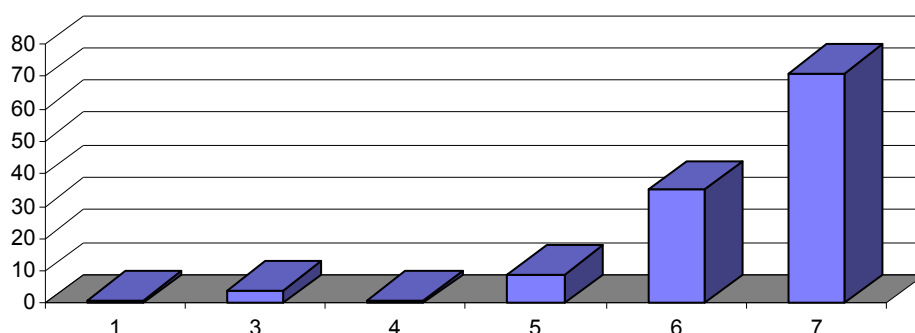
Winding up these statistics is the case of two other women, one of which stated that she worked 4 days a week, the other, just to survive, only one day a week.

The average number of work days a week is 6.4, the median is 7, the mode is 7, the standard deviation is 1.04.

Graphic 5

How many days a week do you travel?

Absolute values



At one extreme are the women who work only in order to subsist, even for just one day a week. At the other extreme are the double-shifters, the women paying off a “debt”, who work both night and day, and for whom the train trip serves to restore energy by sleeping. We found relatively few double-shifters, but this finding could depend on the circumstance that our questions on mobility did not encompass a specific question on the eventuality of double-shifts. In each case, it was they, the women interviewed, who spontaneously brought up the matter. One woman said that she worked during the day at Bra, at night at Brescia, for 9.5 hours overall. Another works at Avigliana during the day and at Turin in Corso Regina Margherita at night, in all 9 hours. Yet another is at Santhià during the day and at Turin at night. Finally, one woman works, or better said worked, at Milan during the day and at night at Turin in Corso Regina Margherita, for a total of 13 hours. The latter, who stated that she now no longer works as a prostitute, succeeded in paying off a debt of about 50 million Italian lire (roughly US \$28,736) in six months and a week. The responses to the question on the number of work hours per day demonstrate the weight of

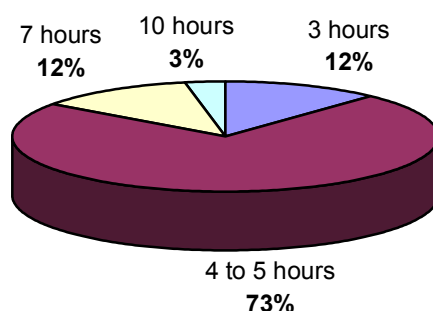
commuter travel time in the balance of a prostitute's day. The average of around five hours of work per day which results from elaboration of the statistics is, indeed, to be interpreted while taking into account the anomalous cases of supererogatory work, significantly represented by the double-shifters.

The number of hours worked a day on average are 5.1, the standard deviation is 1.8, the median is 5, 4. Most of the women work from four to six hours a day.

Graphic 6

How many hours a day do you work?

Percentage Value



Some 40 women (33.3% of the total) stated that they worked four hours, 27 women (22.5%) for five hours, 13 women (10.8%) for barely three hours. Variations in the number of hours worked a day throughout the week were not indicated except in one case—one woman said that she worked three hours a day from Monday to Friday, 6 hours a day during the weekend.

In the classification of the cities most frequented Milan is at the top by a wide berth (65 women, or 53.7% of the total). Following are Magenta, indicated as destination by 7 women (5.8%); Brescia and Arona (5%); Bra (3.3%); Como, Ivrea, Novara, Parma e Piacenza (2.5%); Rosta, Sanremo e Voghera (1.7%).

The city of destination for more than half of the women is Milan, followed by Magenta, Brescia and Arona (Table 3).

Table 3

Where are you headed?

Absolute value and percentage value

	V.A.	V %
AOSTA	1	0,8
ARONA	6	4,9
AVIGLIANA	1	0,8
BORGOMANERO	1	0,8
BRA	4	3,3
BRESCIA	6	4,9
CARISIO	1	0,8
CARMAGNOLA	1	0,8
COMO	3	2,5
CUNEO	1	0,8
IVREA	3	2,5
MAGENTA	7	5,7
MILANO	65	53,3
MODENA	1	0,8
MONZA	1	0,8
NOVARA	3	2,5
NOVI LIGURE	1	0,8
PARMA	3	2,5
PIACENZA	3	2,5
RIVAROSSA	1	0,8
ROSTA	2	1,6
SANREMO	2	1,6
SANTHIA	1	0,8
TREVIGLIO	1	0,8
VOGHERA	2	1,6
missing	1	0,8
TOTAL	122	100

To end, there were 12 other destinations, indicated by the same number of women, which testify to the capillary-like territorial distribution of Nigerian women who use the train as the means for arriving at the workplace.

Having been elaborated at the end of the campaign, the data collected through intervention équipes on the trains not only confirm the numerical prevalence of the women who travel on the run from Turin to Milan but also consent correction of the underestimated statistic relative to the run between Turin and Bologna, with particular reference to the destinations of Piacenza and Voghera.

Since Milan is the prevailing destination, it forces the Nigerian women's preference for departure from the Porta Susa railway station, as the cluster of departures at the hours of 18:00 (14%), 19:00 (24%), and 20:00 (19%) for work would demonstrate. The distribution pattern of the departures on these trains in the evening hours (and in lesser measure on the successive trains for Milan) is laid aside by the very high concentration of women who, upon returning, take the train from Milan at 05:20 hours (46.3%).

There is no fixed habit of alternating workplaces. Over 90% do not periodically change their workplace and, with the elimination of 1.7% of the total represented by the double-shifters, there remain ten cases of women who affirm that they indeed did so. It proved somewhat difficult to get the women to perceive what we meant by a periodical change of workplace and, perhaps, we were not always successful in getting this point across. Certainly, the women do change workplaces, but without periodicity. Whenever they feel that the work conditions may no longer be any good, or when other motives come to fore, they leave one workplace in favour of another. For this reason there has remained some doubt on the veracity of the ten aforesaid cases.

Mostly, the women depart and return by train, but exceptions and particular cases are not lacking. One woman goes to work at Milan, but returns, after having hitchhiked from Magenta to Turin. Some prefer returning by coach, one woman considers it a practical alternative.

From the questions on movements which precede or follow use of the train, whether for departure or for return travel, some constants emerged. For movements within Turin from home to the train station and vice versa, we wanted to see what importance the *papagi*ro has for foreign women. The *papagi*ro is a somewhat common figure in the milieu of prostitution who performs for either payment or for sheer pleasure certain mundane services for a prostitute, such as ferrying her about and running errands. Only two women (1.7%) affirmed that they use a taxi to go to the station. Two other women said that they use a taxi from time to time in lieu of the bus. Three (2.5%) said that they use a taxi to return home. Two women said that they got the *papagi*ro to accompany them to or from the station (1.7%), one upon her return arrival at the station to go home (0.8%). For movements at the workplace 3.3% use the *papagi*ro. After finishing work, the women hitchhike in 78.8% of the cases, return by bus in 6.7% of the cases. Just 3.3% move about on foot. In either case, 2.5% of the women move about either by taxi or are accompanied by the *papagi*ro. Those who alternate several modes of movement rises to an overall percentage of 96.7%.

Graphic 5

By what means do you arrive...

Absolute values

at the train station of departure?

at the workplace once you have arrived?

at the train station **after work**?

home from the station **after your return**?

on foot

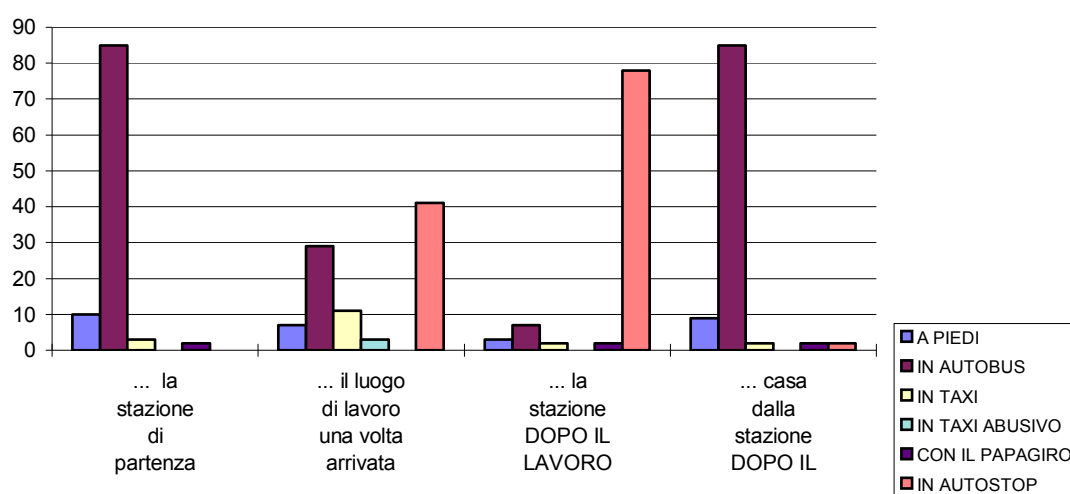
by bus

by taxi

by gypsy taxi

with the papagirol

by hitchhiking



The regular ticket is largely preferred (70.1%) over the frequent traveller's pass (*abbonamento*), but the quota of frequent-traveller subscriptions is significantly high and shows that the Nigerian women have learned to avail themselves of the conveniences provided by the state railway enterprise for those who travel often. On the other hand, it is probable that the number of passengers with frequent traveller's passes would be perceptibly higher were it not for the requirement to display a valid identity document along with the pass. Not only did one woman explain that she travelled with the regular ticket because she was without a passport but also some of the others recounted the serious inconveniences that failure to display a valid identity document involves. When we discuss the relationships with the railway police and the conductors, we shall return to this argument. The economic aspect is not to be undervalued. Acquisition of a frequent-traveller pass is an investment that not everyone can afford, or it is one which is not always practicable, as demonstrated by the three women who stated that they used both the regular ticket and the subscriber's pass.

Concerning the relationships with ticket agents, conductors, other passengers, and the railway police, some interesting findings emerged. The ticket agents were adjudged positively by 59.3% of the women interviewed who found them to be gentle and courteous. Following, in the classification of courtesy were other passengers (55.8%), the railway police (50%) and the conductors (48.7%). Apart from these responses, perhaps somewhat

facile, many Nigerian women preferred to respond by indicating the comportment of these subjects as being “indifferent” (from 20.9% for the conductors to 25.7% for other passengers) or with a Solomon-like judgment: “It depends on the person” (13% for the policemen, 15.3% for the ticket agents, 15.9% for the other passengers, and 21.7% for the conductors). In more than one case this response was transformed into something else, such as “It depends on how you behave.”. The relative examples are listed later. The only true judgement on the comportment of the cited subjects is that of discourtesy, and it is the railway police (13%) and the conductors (8.7%) who stand at the top of the list whereas only 4.2% held that the ticket agents were discourteous, and barely 2.7% gave a similar judgement concerning other passengers.

According to some, the behaviour of the railway police depends on the situation at a given moment. Mistreatment was signalled at Arona, and the railway police of Bra, Magenta, Novara, and Milan are considered particularly rigid. The women were so fearful of the railway police of Bra that they dismount the train at Savigliano.

Some 27 women, 23.9% of the sample of 113 who responded to the applicable question, stated that they had received an expulsion order at a railway station, and of these for 15 (55.6%) it had occurred at Milan, for three at Novara (2.5%), and for 2 at Voghera (7.4%).

The women declare that they had been given expulsion orders mostly at Voghera, Santhià and Magenta (Graphic 9).

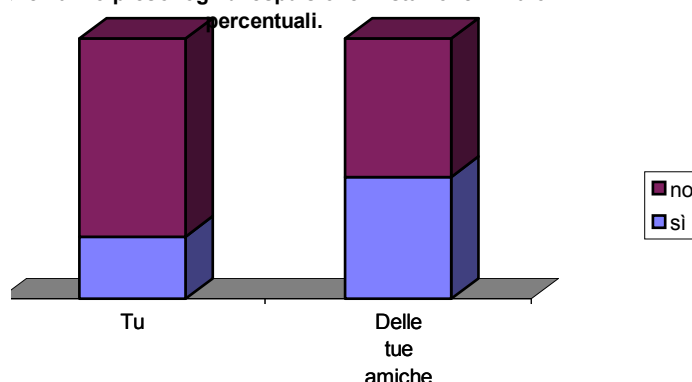
Graphic 8

“Have you been given an expulsion order at a railway station?”
“Have you or any of your friends been given an expulsion order at a railway station?”

Percentage values

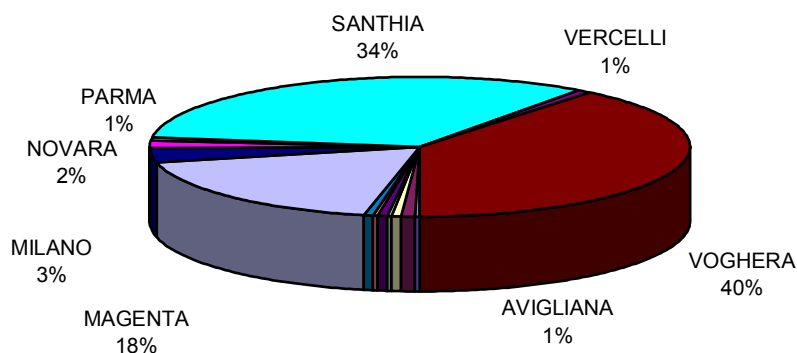
You Any of your friends

}- “Hai preso fogli di espulsione in stazione?” “Delle tue amiche hanno preso fogli di espulsione in stazione?” Valori percentuali.



Graphic 9

Totals by city of the percentages of expulsion orders given out in the railway stations



The conduct of the railway police appears clearly to be an instrument used to dissuade the Nigerian women from frequenting a certain city, even if the results of such action remains doubtful. One woman declared that she had received 6 expulsion orders, without this ever having caused her to change her itinerary, in the station of Milan.

Sometimes the expulsion order is the consequence of improper use of the ticket on the part of the Nigerian passenger. One woman wanted to explain to us why she had received two expulsion orders, one in the station at Vercelli, the other at Novara. In the first case, it came about because of the conductor's complaint that her subscriber's pass had only recently expired. In the second case, yet again because of the subscriber's pass along with the conductor's complaint about her having had only a photocopy of the passport and not the original.

The true enemies of the Nigerians are thus the conductors who insist on presentation of an identification card and, if it is not presented, they withhold the subscriber's pass, impose fines and force the women's use the regular ticket. The railway police are called out for even a ticket that has not been cancelled, one that is without a required date/time stamp, provoking expulsion orders. According to one woman, they are "disrespectful with African women".

Other women affirm that the comportment of the conductors is dependent on whether or not they are furnished with a regular ticket or that it is dependent on the reciprocal comportment of the Nigerians. "It depends on how we behave." or "Unruly behaviour on the part of the Nigerians provokes discourtesy from the conductors".

Finally, there were some better argued judgements on other travellers. According to one woman, "Some of them do not relish sitting next to us.", and according to another, "Some of them are racists". More articulate was the analysis of a third woman who described male passengers as being courteous but described female passengers as being discourteous. At last, two women held that discourtesy from other passengers depends on the behaviour of the Nigerians. With regard to their relationship with other passengers, it seems

significant that the response to the behavioural question ('What do you do during the trip?') from one woman was, "I pretend to be asleep so as not to talk with anybody."

The ticket agents seem to be kind with them; the most discourteous are the railway police. It is interesting to see how the percentage of non responses augments when adjudging both the comportment of other travellers and the railway police. (Table 9/Graphic 7).

Table 9

How do they behave with you...?

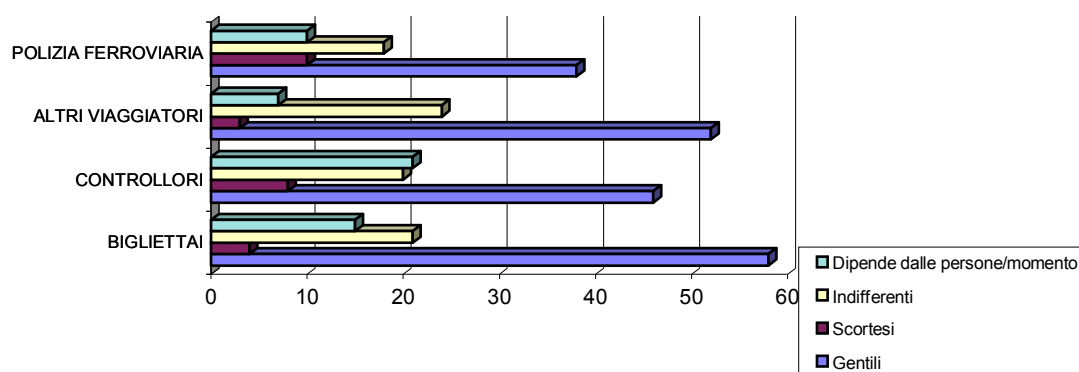
	<i>Kindly</i>	<i>Discourteously</i>	<i>Indifferently</i>	<i>Depends on the person/moment</i>	missing
TICKET AGENTS	58	4	21	15	2
CONDUCTORS	46	8	20	21	5
OTHER PASSENGERS	52	3	24	7	14
RAILWAY POLICE	38	10	18	10	24

Graphic 7

How do they behave with you?

Absolute Value Railway Police
 Other Passengers
 Conductors
 Ticket Agents

Depends on the person/moment
 Indifferently
 Discourteously
 Kindly



Nigerian women travel with friends or colleagues in 79% of the cases of the persons interviewed; only in 11.4% of the cases do they travel with both friends and colleagues, and for 9.5% this pattern occurs according to the day of travel.

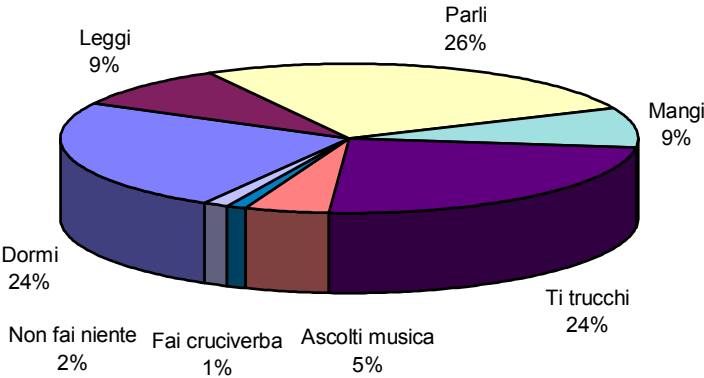
Even though the prevalence of the responses were such declarations as, “I talk.”, “I sleep.”, and “I put on slap.”, the behaviour on the train is somewhat differentiated. The women also eat, listen to music, and read. Two women said that they do all these things during the trip whilst some others work out crossword puzzles whereas others, suffering boredom, do nothing at all. On the contrary the return trip sees that in 81% of the cases that they sleep. The average is lowered by the women who work and travel by day because when we observe the responses of those who work at night, as one would expect; there is an obvious 100% response that they sleep.

During the trip for departure to work, in prevalence, the women either apply makeup or talk or sleep (Graphic 12).

Graphic 12

What do you do during the trip for departure to work?

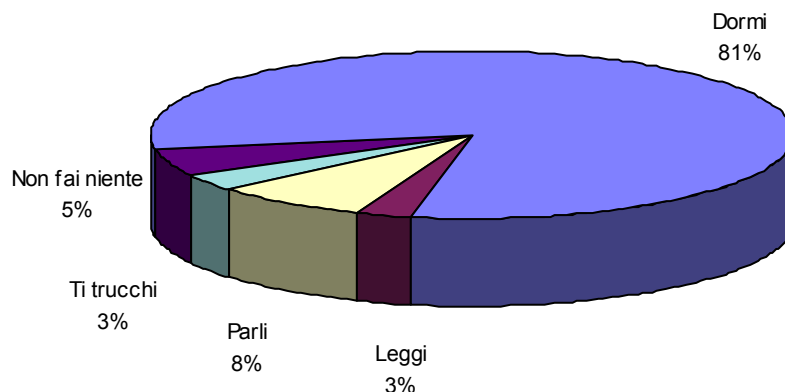
	Absolute Value
Read?	09%
Talk?	26%
Eat?	09%
Sleep?	24%
Apply makeup?	24%
Nothing at all	02%
Work crosswords	01%
Listen to music	05%



Graphic 13

What do you do during the trip for departure from work?"

	Percentage Value
Sleep?	81%
Nothing at all?	05%
Apply slap?	03%
Talk?	08%
Read?	03%



In first place, thanks to their critiques on the work conditions in various cities, an important part of the investigation had the scope of gathering data in order to trace a map of the territorial movements of the Nigerians. The women interviewed were asked if they were familiar with the work conditions in other cities, apart from Turin and the city of destination, and if this familiarity were derived from direct work experience or from information gathered from colleagues. The result is a portrait of somewhat contained mobility, with a prevalence of (direct) work experience in the cities of Novara, Como and Naples, Piacenza and Bergamo, Milan, Pavia, and Vercelli. The response of the women is significant who said that they had tried to work in certain cities, but because of police harassment that they had given up the effort. (Alessandria, Asti, Novara, and Parma were each one, cities indicated by one woman alone.) At it was foreseen, it is thus the comportment of the police which renders a market accessible or not or which motivates subjecting oneself to the bother of disembarking hundreds of kilometres further on. Even with the presence of cities with an appetising market, such as Asti and Alessandria, the Nigerians continue onward on the line from Turin to Bologna until they reach cities, even those as far off as Modena and Reggio Emilia, which lie within the Region of Emilia. One woman opined that the police were particularly intolerant at Asti and Alessandria because it was the will of the local population. This same woman says that she had noted a relevant improvement of the work conditions at Piacenza where at one time the police had been very bothersome, but now no longer were.

Another city of the Piemonte region near Turin regularly bypassed by the Nigerians who travel on the run from Turin to Milan is Chivasso. On learning that the police at Chivasso enforce arrest on the occasion of a second expulsion order, the confirmation of the rigid conduct of law enforcement officers there was punctual in its arrival.

The police are particularly mean-spirited at Salerno, and they rough up the women at Novara, Vercelli, Como, and Bergamo. The city which earns laurels for having the worst work conditions because of police harassment is Novara (so stated by 10 women, but with one other woman defining it as offering “mediocre” work conditions), followed closely by Vercelli (with 7 women indicating “worst” whilst instead one woman defined work conditions there as “good”). Also held in low esteem are Milan and Rome (3 negative appraisals each), Asti, Bergamo, Como and Naples (2 negative appraisals each, but tempered, in the case of Naples, by an equal number of positive appraisals). Alessandria, Ancona, Borgomanero, Ghivano, Livorno, Parma, Pescara, Salerno, Santhià and Udine also gather negative appraisals. On the contrary, the city that receives the most favourable appraisal is Piacenza. (Four women define the work conditions there as “good”.)

Intense harassment on the part of the police was referred to in the cities of Novara, Vercelli and Como; the police were reported to be tolerant at Piacenza, with the presence of many clients at Como, Riccione, and Rimini, but with there being few at Bergamo, Cavaglia, Cuneo, Livorno, Magenta and Milan.

To complement the programme of posting intervention équipes in the train stations, the project staff had envisioned a programme of posting intervention units, comprising an intervention unit operator and a Nigerian cultural mediatrix, on the trains. This intended course of action was carried out only in part because of the refusal on the part of the state railway enterprise (FFSS) to authorise distribution on the trains of the project’s informational materials on AIDS- and STD-prevention because of the illustrations contained therein. (See the chapter, The State Railway Matter.)

During the course of the intervention-équipe postings on the trains, in all, 98 Nigerian women were contacted, of which 21 had already been contacted by the intervention équipes posted within the train stations. Informational materials were distributed to the new contacts. Besides the first, important cross-check of the percentages of contact, with reference to departure/arrival times, by the train station intervention équipes, it was possible to fulfil a limited verification of itinerary, departure/arrival times, mode of travel whether alone or in the company of colleagues, and the overall comportment on the train. The following data emerged from the two verifications conducted on the train.

**Train for Bologna departing Turin from
Porta Nuova station at 19:55 hours**

Destinations:

24, Piacenza
12, Parma
07, Voghera

**Train for Milan departing Turin from
Porta Nuova station at 19:50 hours**

Destinations:

53, Milan
03, Santhià
02, Magenta
01, Novara
01, Arona
01, Rho

04, unknown
109, total contacts
21, already interviewed
21, travelled alone

The general behavioural patterns were as follows:

52, talked
26, engaged in personal reflection
10, ate
09, applied makeup
03, slept.

The behavioural patterns of one lone subject were reading, telephoning, and listening to music.

Considering the breadth and scope of the commuter phenomenon of Nigerian women domiciled at Turin, but exercising prostitution elsewhere, the results of these verifications give a discreet impression of the activity of the intervention units posted in the train stations. It is probable that the percentage of repeat contacts (railway station/train) should fall in the case of the women who work by day. In fact, it was learned that the number of Nigerian women who take the train to return from work in the late afternoon is only by little lower than the number of their colleagues who at the same moment are departing from Turin to go to work. This observation is at least true concerning the run from Turin to Milan. On the train departing at 20:00 hours from the Central Station at Milan, all the women who work in the cities of the Lombardy and Piemonte regions are collected at Chivasso and there, on 21 June 1997, well over 61 were counted. Rather than attempting to establish contact with the minor number of women who go off to prostitute themselves during the day, the lower number of contacts in the train stations is justifiable because it fits best with the dynamics of contact which, in the case of the Nigerian women returning from work—despite the likelihood of their being more open to contact because they do not risk missing a train—are negatively influenced by their arrival in mass worn out after a night's work.

The State Railway question (Ferrovie Statali)

The question raised with the state railway is rather curious and we believe it worthy of being told. As in the past, together with Gruppo Abele, the TAMPEP project operators have requested permission from the railway department to post the street-intervention unit outside the stations of Porta Nuova and Porta Susa. Permission was granted without our being requested to have the materials to be distributed vetted by the state railway authority. The letter of request said that we would unfold AIDS-prevention activity in the ambit of projects financed by the Ministry of Health and the European Commission.

At other times in the past the women cultural mediators and the operators had boarded the “commuter” trains to perform the work of contact with and dissemination of information to the target. In fact, even in the first year of the project, the train-intervention units had already gone out on train excursions but without ever having given thought to asking for special permission for this activity. Besides, we had never had any inkling of a problem from either railway personnel or travellers or from of persons that we contacted.

For the very first time, however, a conductor deemed our activity irregular and decided to write us up and to forbid us from unfolding contact activity on the pretext of “not wanting to disturb the female travellers”. All the explanations given by the operators were fruitless in obtaining a more understanding attitude, and we were promised a contravention.

We then contacted the directors of the railway department to ask for an authorisation. We were asked many particulars on the train runs and the times in which we would carry out the interventions, with it being useless to explain that the work of street- and train-intervention units was susceptible to improvisations for a host of reasons and therefore flexibility was needed. Besides, one cannot expect flexibility in the schedule from those who govern the trains (who as one knows always respect precise schedules).

Gruppo Abele then sent a letter of request for a temporary permit, attaching to it the materials that would be distributed. After some insistent telephone calls by the persons in charge of the project at Turin, we were conceded the permit. When we finally had it in hand we were incredulous—there was an imposition that we were not to distribute the “Augusta’s Way” booklet because of the raciness of the drawings contained in it.

Considering the type of work that the operators can do on the train, with the ample opportunity to have the time to converse with the Nigerian girls through our women cultural mediators in a climate of tranquillity and without hurry, we contend that the limitations imposed by those responsible from the state railway departments represent a fortuitous occasion for efficacious intervention lost now and even for the future.

In these years experience has taught us that people’s habits can change, even the ones most deeply rooted culturally, such as sexual habits and the practice of safe sex. Therefore, even for the state railway question, something could be done, such as a project to instil civility carried out by mixed teams of operators from the community together with the women cultural mediators and women travellers on the trains “at risk”.

2

Report on the project’s Street intervention équipes’ activities

The Street-Intervention Équipe of FLORENCE

In the first phase a map of the phenomenon of prostitution in the Florentine area was prepared, and afterwards, during the months of February, March, April and May, the équipe proceeded with the second phase of establishing contact/relationship with the target through the ploy of offering prophylactic aids (condoms) and informational materials on health matters followed by a third phase of providing personal accompaniment to territorial health services facilities. The aim of the intervention was prioritised and focused on those persons who practice street prostitution within Florence and its bordering communities. In that four-month period the operative group concentrated its prevention efforts particularly

on immigrant women, especially Nigerians and Albanians, who represent the majority of the prostitutes present.

In that period contacts were made with many Florence-based territorial health service providers that respond to the exigencies and needs arising on the street. The principal objective was that of getting the target to go to the health services, even by proposing operator-aided accompaniment.

Though it was the first time that a project had been actuated at Florence and, in general, within the Tuscany region, this project, in light of what emerged in those months, is not to be considered as just experimentation, as it is steadily assuming the characteristics of a true and proper *service* that has already obtained remarkable results in those few months of activity, although there be certain aspects—difficulty in getting services rendered for women in irregular immigrant status and who are without identity documents—which must be fine-tuned and improved.

Training

Having concluded the theoretical portion of the course, in the month of February the équipe's training took place directly on the street. The first six contact excursions and two meetings for verification and supervision of the work were conducted.

Analysis of the Street Work

The programming of the intervention excursions, from 21:00 to 01:00 hours. The street équipe—bestowing on itself the name *Streetlights Group*—made use of a minibus whose use was conceded by a charitable organisation called *Misericordia di Rifredi* (Mercy of Rifredi). Always present were two operators and a woman cultural mediator for each excursion. In order to optimise the available resources, it was decided to alternate the excursions, dedicating one for Nigerian and the other for Albanian prostitution.

In addition, two monthly street équipe meetings were laid down with the objectives of:

- programming the intervention to define medium- and long-term objectives;
- elaborating the territorial excursions by analysing the relationship that the operators had created with the street target, the quality of the contacts and the harmony of the operators;
- controlling the available quantity of informational materials and condoms;
- bringing up-to-date the data files on the contacts.

The Phase of Contact

■ From 13 February to 31 May 1997, 30 contact outings were effectuated. Taking the entire territory into consideration, the persons contacted on the basis of nationality were:

Nigerians	Albanians	Ex-Yugoslavia	Russian	Italian	Total
117	63	8	3	11	202

■ Obviously, some persons were contacted more than once, therefore, the total number of contacts was 565:

	Nigerians	Albanians	Italian	Russian	Ex-Yugoslavia	Grand Total
Total	340	187	11	6	21	565

In harmony with the methodology that is the basis of all the reduction-of-harm interventions, the Streetlights Group opted for an approach which would require their comporting themselves correctly, respectfully and non-invasively. Working with prostitutes requires that one be mindful that sex work constitutes a primary source of income for the target; therefore, street contact with the operators necessarily subtracts time from their work. With regard to the street équipes, the target's response has always been positive, also thanks to the presence of the female cultural mediators who have contributed to the creation of a trustful relationship, stemming from their belonging to the same ethnic group, something which is a direct advantage to the operators. The operators proffered themselves as counsellors on matters relating to the maintenance of good health of those who exercise sex work, whilst informing the target on the modalities for acceding to the network of health services present within the territory, and whilst also offering themselves for personal accompaniment to the services.

The work methodology followed the criteria of listening to and acting on the multiple needs of the target that generally live in conditions of social weakness not only from an economic point of view but also from the point of view regarding respect of civil rights. The first phase of contact foresaw approaching the target by only the female operator and the cultural mediator, while the male operator remained in sight from within the minibus. In this touchy situation introducing the project and explaining the motive of our presence on the street was important.

Given that a male could more easily give rise to the assumption that he might be either client or protector, a more active presence of a male could have evinced an attitude of diffidence on the part of the target, thereby compromising the contact's progression. Afterwards, once the role of the operators was made clear and rapport was established with the target, even the male operator actively participated in the contacts.

At the end of each contact, a data file card for the excursion, whereon information was annotated concerning nationality, the type of contact had (whether old or new), relevant needs identified and the dates set for health services accompaniment appointments, was brought up to date.

The Information

Materials Distributed

During the excursions the operators saw to distribution of condoms and health information materials—pamphlets to present the scope and purpose of the work, handbills indicating the territorial health services, information pamphlets on HIV and other sexually transmitted diseases, on the correct use of the condom and street safety—all in the mother tongues of the target. The printed materials was in part produced afresh by the group from Florence and in part furnished from the archives from prior years of TAMPEP intervention.

The distribution of the materials followed very precise criteria. Its dissemination was gradual and reasonable so as not to “submerge” the target with a mass of information of difficult elaboration. The objective was that of making excursions based on a specific theme, e.g., introduction of the Streetlights Group, HIV, or on condom use, so as to afford the target the opportunity to reflect on and, after re-elaborating the information received, to eventually ask questions, as well as to increase the target's capacity for self-tutelage of individual personal health.

The Phase of Accompaniment to the Health Services

The accompaniment to the health services is the last phase of street work. Besides permitting direct resolution of the women's health problems and favouring direct contact with territorial agencies, accompaniment also serves to deepen the relationship and to increase trust between the operators and the women and also facilitates the prospect of their involvement in the prosecution of the project and the creation of a core of "peer educators".

The total number of requests for accompaniment was **45**, 25 from the Nigerian prostitutes and 20 from the Albanian, ex-Yugoslav and Russian prostitutes, in addition to the 18 women that we know of who went to health services facilities on their own. This circumstance is something to be evaluated very positively inasmuch as it demonstrates that the target knows how to autonomously take advantage of the available territorial resources. We have learned that the information furnished by the *équipe* circulates word-of-mouth among the women. In all, 23% of the 202 women contacted are known with certainty to have autonomously gone to the health services in barely three and a half months from the start of the contact phase.

It is important to observe that, especially during the first months of work, the Nigerian women respond to a much lesser degree to the street-*équipe* offer of accompaniment to health services. There is no single factor which explains this difference. We must consider more than one, and the principal determinants are as follows:

The cultural differences between these two target groups make Nigerian women more diffident towards conventional medical practice and treatment methods and hospital facilities in the Occident because Nigerian women remain inextricably tied to an African culture with parameters and expectations completely different than those of the Occident. It is been referred to us that it is very difficult to convince them to take birth control pills on a daily basis, something that they feel is absolutely unnatural.

At this moment, going to health services facilities on the part of the Nigerian prostitutes occurs exclusively for urgent needs, also because the culture of health prevention is not widespread.

Also, considering that in Albania, until only a few years ago, contraception was non-existent, while AIDS information was barely existent, and abortion was prohibited; in consequence of all this, Albanian women are more greatly motivated to go to health services facilities, even for a simple check-up, demonstrating that they are much more fearful of contracting diseases.

The accompaniment requests have mostly regarded gynaecological problems; namely, ovarian cysts and unwanted pregnancies which stem from either rupture or improper use of the condom. There are, however, women who in their private lives use **no** sort of contraceptive measures with their "partner" and, for them, the risk of unwanted pregnancies is very much higher. (This factor, however, is to be verified with greater exactness.) Since the end of April we have also registered a particular interest in those health services facilities where it is possible to take tests for sexually transmitted diseases.

Relationship with Territorial Health Services Facilities

From the start of the project, the health services facilities with which the équipe has established contact and agreed on the modality of accompaniment are:

Misericordia of Sesto Fiorentino, Outpatient Clinic, specialised in general medicine;
Hospital of Careggi, Maternity Clinic, Echograph and Outpatient Gynaecology Departments;
University Hospital of Florence, Sexually Transmitted Disease Centre, Dermatology Clinic;
Institute of the Innocents, Family Planning Consultant Clinic (for immigrant women);
Santa Maria Annuziata Hospital, Infectious Diseases Department;
In April, the Stenone Institute was contacted with the objective of making another general medicine health service facility available; and
In May, the relationship with the Public Hygiene Service of the Local Health Unit was consolidated and expanded, with the objective to set up a campaign of vaccinations against poliomyelitis and hepatitis B.

The Street-Intervention Équipe of VERONA - VILLAFRANCA

The street-intervention équipe that has worked at Villafranca has collaborated very closely with the public health services. An accord was reached with the Drug Addict Service (SERT) of Local Health Unit 22 of the Region of Venice. At the course that we conducted last year at Bussolengo for Local Health Unit 22 operators from all over the region, the operators from the SERT of Villafranca were among the participants. (See TAMPEP II.) The enthusiasm with which the SERT opened its doors to accept the consumers in question led us to agree on an intervention of concerted effort that has seen the SERT and the street-intervention équipe operating in simultaneity. In the first month of excursions, the outings were made once weekly on the very same day of the week; however, those that followed from January onwards were carried out in the same fashion at an interval of every other month. The intervention has always been aimed at the Albanian women who are more in number and also apparently are the ones most needful of support, and it takes place in an extra-urban area (on the state road to Lake Garda) where there are about 20 to 30 prostitutes during the day.

The understanding with the SERT envisioned that the street équipe during contact with the women, when confronted with an eventual health service request, would offer immediate accompaniment to the SERT. Therefore, during contact, in addition to giving out information, accompaniment was proffered. During an eventual trip to the SERT the cultural mediatrix would go more into detail with regard to information on the prevention of unwanted pregnancy, HIV and other sexually transmitted diseases, etc. In addition, at the SERT sociological data were gathered.

■ In total the women contacted were 122

Albanian	Nigerian	Russian	S. American	Italian	Austrian	Grand Total
81	35	3	1	1	1	122

We report the relevant sociological data below, but it goes said that in order to have a significant sample we have extrapolated from data which had been compiled at mid-1996 after we had mapped out the zone and when we devised the intervention service. Sixty-

five (65) women had gone to the SERT. Their ages ranged from 17 to 35 years, but their ages in majority ranged between 17 and 26 years.

■ **Residing at/in...were**

Verona	in the Lake Garda zone	in other provinces
40	17	8

■ **Some 54 were unmarried, 4 were married, 6 were either separated or widowed.**

Overall permanence in Italy

for more than one year	for one year	for less than six months
4	20	25

■ **Had done this work for**

for more than three years	from one to three years	from one to ten months
4	20	25

■ **Had arrived at the SERT by way of**

the street operators	accompaniment by other colleagues	information appearing in the newspapers
36	24	3

■ **Number of clients per week**

from 10 to 30	from 31 to 60	from 61 to 100
10 women	19 women	18

■ **Use of the condom**

Always	Often
50 women	3 women

With regard to the utilisation of contraceptive measures, 15 declared that they did so, with 5 taking the pill and the other 10 using the condom as a means of contraception. Over 54% of the clients ask for unprotected sexual relations.

The data on health-service user flow give a clear indication of the success of the street-intervention unit. In fact, when the operators make excursions, there is a sharp rise in the flow of users to the health service but afterwards there is a slow but constant fall. It is interesting to reveal that nearly all the women who have gone to the service have returned in order get test results and/or treatment.

Among the services offered are testing and treatment for hepatitis, HIV and other sexually transmitted diseases; gynaecological and stomatological check-ups; vaginal tampons for gonorrhoea and Chlamydia; voluntary interruption of pregnancy assistance; maternity; contraception; and vaccinations against hepatitis B, poliomyelitis and the tuberculin reaction test.

It is not the responsibility of our research to analyse epidemiological status; however, it is important for us to know the overall state of things and situations in order to fine-tune prevention programs and to delve in depth into matters as they crop up. For example, according to indications provided by the Ministry of Health, a vaccination campaign against poliomyelitis was necessary for the Albanian women and, at the SERT at Villafranca alone, 14 women were vaccinated.

Much attention has been given to the prevention of hepatitis B, the incidence of which was rather high among 65 persons tested, especially among the Albanians. In addition to gynaecological pathologies, inflammations owing to excessive sexual activity were often revealed. However, owing to poor eating habits, stress and, in general, precarious living conditions, the most frequent problems proved to be those affecting the gastrointestinal tract.

The Street Intervention Équipe of BOLOGNA

Prostitution in Safety (Prostituzione Sicura)

At Bologna, we executed street-intervention unit excursions during nocturnal hours from November to June. In some cases the outings were biweekly on two consecutive days. The excursions were alternated throughout different days of the week in order to have a panoramic view of the street presence which is variable in number according to the day of the week and the occurrence of special events, like a soccer match or a police round-up for example, that influence market reaction. The excursions always lasted 4 hours in a variable frame of time which fell between 21:00 and 02:00 hours.

Street-by-street the city was passed “in review” by the street-intervention unit whose operators were composed of women cultural mediators of several ethnic/linguistic groups, street operators, and women peer educators. These professional figures were, in part, practising in behalf of the project on a trial basis. At the end of a period of experimentation and training, the operators were selected from this group of trainees and the ones selected were then assigned to Bologna’s project which, in part, included project TAMPEP operators who already were experts. After this selection, the excursions were made by the équipe which numbered only 6 persons, including the operators who were chosen and supervisory staff, which effectuated “Moonlight” outings. (Bologna’s street-intervention project is now known as Project Moonlight.)

The number of contacts and the target’s presence in the city were revealed through the compilation of index files that consent the reporting of many particulars. After a reasonable number of excursions, it will be possible to deduce almost the exact amount of street presence and its precise territorial spread, subdivided by nationality, with a realistic perception of the turnover.

A portrayal of reality is not very precise because Bologna has revealed itself to be a city with a very elevated rate of turnover. Still, even after seven months of intervention, at each excursion one registers almost a 20% increase in new contacts per night.

The total contacts per night were on average 75, with a maximum street presence of 131 noted during our intervention. The following table indicates the total number of contacts subdivided by nationality:

Nigerian	940
Albanian	316
Russian	118
Ukrainian	109
Romanian	82
ex-Yugoslav	27
Serbian	17
Croatian	11
Moldavian	9
Slovenian	11
Czech	3
Tunisian	2
Austrian	4
Slovak	1
Italian Transsexuals	124
Italian	44
Albanian Transsexuals	1
Grand Total	1710

**In the ex-Yugoslav group are included women whose nationality or origin we were unable to define with exactness, among which the Bosnians, the Macedonians or other.*

The most numerous group (940 contacts) is the Nigerians. (All the African women present at Bologna are from Nigeria and belong prevalently to the Ibo ethnic group.)

Among the immigrant women from the countries of central Europe the women from the ex-Soviet Union, with whom we had nearly 236 contacts, stand out. We had 316 contacts with Albanian women.

However, there seems to be a constant street presence which only slightly exceeds a 100 persons per night, but only after a certain period of time will it be possible to have an exact idea of the true amount of street presence and constancy in the work outings.

The indications that have come from either the street-intervention unit of Turin or that of Florence have provided us confirmation of the data relevant to the departure points and the movement from city to city for purposes of work. The high mobility of Nigerian women, who turn up at Bologna from not only from Florence and the Riviera but also from other cities of the regions of Emilia and Venetia, is owing to the Bologna's importance as a railroad transfer point, whereas it seems that those who depart from Turin are not destined for Bologna, as they usually halt travel at Parma.

During the last excursions in March, half of the Ukrainian, Russian, ex-Yugoslav, Romanian and Albanian were new contacts. The change in street presence was very evident.

What influences these flows?

As asserted by the women, whether at Florence or Turin, often it is police round-ups. When there is too much repression, they either migrate to wait for more tranquil times or

move on, changing workplace in order to find more clients, because of the quality of market.

Access to the Maternity and Infant Service of Via Castagnoli

Having been informed by the street-intervention unit on the risk of contracting diseases and on the possibility of taking a test at the aforesaid service, many of the foreign women went there. Some were accompanied by the very same operators and women cultural mediators who proffered assistance to those with poor proficiency in the Italian language. (Among the cases followed the most complex was that of a very young Albanian girl six months pregnant, encountered during the first outing, who wanted to abort. On advice of the women mediators and the family planning consultant supervisory staff, she was convinced to carry the pregnancy to term and to give the baby over for adoption.)

As indicated by the following table, the target's frequenting of the family planning consultant clinic is particularly significant.

Nationality	Number
Russian	6
Ukrainian	13
Romanian	3
Albanian	6
Nigerian	6
Moldavian	2
Polish*	1

**Perhaps one who on the street has been identified as an ex-Yugoslav*

The total of new users of the Via Castagnoli facility is 36, of whom 18 were returnees, for a total number of accesses of 54. With regard to these data, it is to be noted that these figures were provided by the family planning service itself and that they are based on the assertions of the women who affirm that they had learned of the service from either the street-intervention unit or because they had been directly introduced there by the women cultural mediators of the street-intervention unit. One observation is necessary with respect to the Nigerian women, many of whom live at either Modena or at Florence, and, because of this; they were directed to the health services of those cities.

Distribution of Materials

The information materials distributed were many and diverse; hundreds from among those experimented by TAMPEP, along with the booklet which introduced the Moonlight Project. In addition, no less than two condoms for each contact were distributed and for a certain period, thanks to a "donation", we were able to give the women that we encountered a handful of preservatives, without having to economise. We estimate having given away at least 10,000 units.

We conducted no interviews with the prostitutes encountered because the équipe was both over-manned and was being trained and because of the unsuitability of the vehicle utilised. All these considerations decidedly rendered our going more into depth with a contact impracticable. Besides, the lack an appropriate office greatly reduced the possibility of follow-up.

However, our women mediators were able to gather some information that we shall include in the chapter which regards the target

BOLOGNA

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Gerta DHIMA	Cultural Mediator
Mary MDUBUEZE ONYIMYECHI	Cultural Mediator
Daniela FARINI	Co-ordinator
Barbara CALDERONE	Operator
Porpora MARCASCIANO	Operator MIT
Valeria TACCARELLI	Operator MIT
Dallandyshe KOKA	Cultural Mediator
Anida HOXHAI	Cultural Mediator
Simbi NOFISATU MOHAM	Cultural Mediator
Massimo SIMONI	Metropolitan Police Volunteer

FIRENZE

Benedetta BARSÌ	Group Co-ordinator
Paolo PIARRESI	Co-ordinator
Domenico CAMAIOLI	Operator
Gerta DHIMA	Cultural Mediator
Edith OKAFOR	Cultural Mediator
Carla CORSO	Co-ordinator
Dallandyshe KOKA	Cultural Mediator

TORINO

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Filomena EKWUEME	Cultural Mediator
Sandra OSHO	Cultural Mediator
Vito MITOLA	Operator Abele Group
Sara SELVATICO	Operator Abele Group
Susanna RONCONI	Co-ordinator
Maurizio	Volunteer Abele Group
Marco	Volunteer Abele Group
Grazia	Volunteer Abele Group
Luciano	Volunteer Abele Group
Alessandra	Volunteer Abele Group

VERONA

Carla CORSO	Co-ordinator
Dallandyshe KOKA	Cultural Mediator
Vally QAMIRANI	Cultural Mediator

3 The target

Russian Prostitution

The women from the ex-Soviet Union are for the most part Ukrainian and Russian, but one also encounters Moldavians. They are gathered into small groups of two but, at times, six,

and their beauty is so striking that it creates small traffic bottlenecks. They generally have a tourist visa valid from 30 to 90 days, which dictates a rapid change in the target's presence on stage. The operators have noted these substitutions. At Bologna, for example, in three months the population of the prostitutes from the ex-Soviet Union was totally changed.

This target's acceptance of the street-intervention unit has been very civil but rather hasty. Even where we have carried out interviews (Rimini) and even though they were very kind with the operators and the contact generally was very communicative when they discovered that they could converse in their own language, we ran into difficulty because of their demonstrated sense of hastiness. Since they cannot speak Italian and, only rarely, can they speak a word of two in English, we got the impression that the women may be controlled by males and also, at times, by women of other nationality who instruct them on negotiating with the client. Communicating with them is possible only through interpreters.

From the stories that we have gathered, they seem to be very determined, are aware that they have come to Italy to work as prostitutes on a short-term visa, and want to earn lots of money by exploiting their time to the maximum. Often, they would like to remain in Italy and in order to stay are open to just about anything. In those cities where there are prostitution projects, we have already encountered several cases of women who have denounced the racket in order to obtain a sojourner's permit.

Generally, they arrive under contract with the organisers who emigrate them, taking care of the documents and the trip, of the kind organised for a group of common tourists, then they have them work, withholding from them the earnings of two months, whilst conceding the earnings of the third month for the girl. For this reason they work many hours every day. Within three months and also with the visa run out, they must return home or go into clandestinity. In practice some of them contract themselves more than once and are engaged in a sort of migratory commuter.

In general, they are well educated; many in fact are university graduates who come to the West counting on earning a little money because of the truly disastrous economic conditions in their country. Even though they are young, a good number of them are already married or separated and leave behind one or two children with grandparents. Even while they are aware that they must become part of the sex market, at times, they count on their coming to work in places of entertainment in expectation of better working conditions. Anyway they declare that they are convinced that prostitution is an activity for earning money to create new living conditions in their country.

With regard to personal health and awareness of the risks, many women from the East turn up at the health services indicated by us. This is also true for the Romanians whose presence at Bologna is discreetly more numerous. It was often asked of us to accompany them for check-ups a few days prior to their re-entry, saying that they wanted to be sure that they were healthy and well.

In all cases, even though the habit of the clients is to persist, with the offer of more money for unsafe sex, the women interviewed in the various cities assert that they refuse at a rate of 100% to have sexual relations with clients without a condom.

In the investigation carried out in 1995 for the prior year, according to what was reported by the prostitutes, the percentage of clients who asked for unprotected sex was

43%. In the investigation carried out at Rimini in the summer of 1996, dependent on the ethnic group to which the question was posed, the percentage varied from 10% to 25%, but rose to 45% overall of the requests for oral sex.

Albanian Prostitution

Albanian prostitution in Italy is a phenomenon which started in the early years of the nineties. Until two years ago none of the Albanian women came to Italy with the intent of practising prostitution. In many situations, having been convinced by friends and relatives to emigrate in clandestinity, the women came with the prospect of finding a job and establishing a peaceful family life but, after having arrived in Italy, they discovered that reality was far different. Afterwards, thanks also to the radio/television transmissions of the state network (RAI) that are able to be received in the principal Albanian cities, a lot of information arrived in Albania on the situation of women reduced to physical and psychological slavery and, above all, on the mechanisms utilised to entice these women with false promises. Therefore, it is presumable that at least part of the women who arrive in Italy within the last two years are aware of the exercise of sex work.

In the majority of the cases the women work on the street alone or, at maximum, are paired up and hardly ever congregate with their other colleagues (unlike their Nigerian counterparts). Ever since the start of contact, one of the street-intervention unit's principal objectives has been to instil a significant relationship between the operators and the Albanian women. After initial moments of curiosity and perplexity, the women have positively accepted the intervention unit with an attitude of openness, which has permitted getting to know some aspects regarding their life style and needs in both a social and civic context.

If, at the beginning, many women refused even to "admit" Albanian nationality (Many state that they are Greek.), fearing social stigmatisation, lately, many of them have become open, even referring episodes in their private life. The Albanians, ranging in ages estimated as being between 20 and 25 years, live totally aloof from life around them, also because at times they remain in a city for just a few months. Besides, in general, their free time is not utilised to engage in recreational activities. As a consequence, they are unaware of territorial resources and opportunities offered by socio-health services surrounding them, even those for immigrants without regular documents. In this sense, the intervention unit has been revealed to be an important source of opportunity and information.

Another argument that emerged is that of the relationships with so-called "fiancées", who in reality are their "protectors". On the street, the Albanians are kept much more under watch than Nigerian prostitutes. During work, the street-intervention unit has come into contact several times with Albanian protectors. In general, there has not been any difficulty with regard to the safety of the operators. In fact, once the scope of our presence on the street has been made clear, these protectors limit themselves to keeping us under watch from a distance, without hindering our health-prevention work with the prostitutes.

The relationship of the women with these men is complicated and hard to understand. While in some cases it clearly deals with a relationship of subordination in which the prostitute "maintains" the man, furnishing the means of his sustenance or, as in some other cases, the relationship represents the source of financing for activities in Italy or in Albania. Instead, in other situations, such as those when the prostitutes demonstrate

having a greater amount of independence and self-esteem; it is very difficult to understand to what extent the Albanian protector's control over the prostitute reaches. In each instance, however, one has to give consideration to the component of "affection" which often enters strongly into play in these relationships. It is not by chance that these women talk about the protectors as one would talk about a "fiancée". Besides, some of them have referred to us that they were married and had children.

For street-intervention excursions aimed at either Albanian or Nigerian prostitutes, it is our premise that the number of contacts has also been conditioned by territorial police operations (round-ups) because the numerical presence registered on the street for some excursions would be much lower than usual. In March and April, in concomitance with the debarkations of Albanian refugees on the coasts of Puglia, the équipe revealed a progressively higher number of this target on the street. This rise in number seems to have provoked, from what emerged from the contacts with the girls, a drastic lowering of the prices for services rendered. The women have referred to us that the client offers up to 200,000 Italian lire (roughly US \$118) to have unsafe sex. According to the women, the number of them who use the condom is rather low.

The numerous requests, directed at the operators, for accompaniment to the health services, even in the absence of specific symptoms, to get general health check-ups and HIV and hepatitis-marker tests to verify the state of personal health, make us believe that there is a strong desire to be informed about and to take care of their personal health. It in fact happens that the girls manifest anxiety and preoccupation because of the frequent rupture of condoms. In these cases the fear of unwanted pregnancy and sexually transmitted disease infection is intense.

It is to be underscored that the Albanians of Bologna, like those at Lake Garda, but unlike those at Florence, seem to be very young and to have only recently arrived in Italy. This trend makes us think that Verona is one of the zones of arrival where the prostitutes are "instructed" and then are sent to other cities.

Nigerian Prostitution

Nigerian prostitutes come prevalently from the south of the country. In Nigeria under British law (book law) prostitution is a crime (punished by up to three years of imprisonment). In the South of Nigerian the phenomenon is widespread at the hotels frequented by Westerners.

It is difficult to ascertain the real motives that entice Nigerian girls to emigrate. Certainly, they are not sold by their families. The principal cause is and remains the grave economic crisis in the country. In the initial phase of the migratory wave, occurring from 1985 to 1988, the women were brought into Italy with the promise of a job. Today, those who leave have a clear enough idea of the future that awaits them. The traffic is managed by groups of Nigerian men, but once introduced into prostitution, the women are watched over by a "Madame" who usually currently is or was a prostitute. Even for independent prostitutes, the traffic often involves chain-like migration of family groups, in which the female figures are dominant. The debt that must be paid off, runs around 15 to 20 million, even reaching 45 to 60 million Italian lire (according to the network of introduction), payable in one year.

At Florence, during the period in which the intervention équipe worked, a weekly excursion dedicated to African women (Nigerian) was made. The number of women contacted was on average 25 per evening, with their average age estimated to be 25 years.

During the outings, the équipe furnished information materials, to include information dealing with lubricants and their use. It was ascertained that the majority of the girls used either inappropriate preparations (like Canesten or oil-based creams) or, in fact, utilised no type of lubricant. Good rapport and an almost confidential relationship was established between the équipe and the girls.

Probably because of the difference in climatic conditions here with those of the country of origin, we have also ascertained that many girls have health problems stemming from cold weather (bronchitis, common colds). A factor that was found in common for nearly all the prostitutes encountered was the absolute lack of any type of relationship with a basic health facility. Until now, no woman encountered has had a personal doctor. The situation of illegality and the precariousness of their social situation bring many women to seek out medical aid only in the case of extreme need or urgency. When faced with illness, the women cast away all their fears, anxiety and anguish, and often the illness is not a symptom of a true and proper health problem, but is the outcome of problematic situations of a social, personal, and societal-relationship nature. As they are structured today, the public social assistance services are not capable of offering responses to demands the foreign prostitutes pose.

Before leaving Nigeria, the majority of the Nigerians were aware that they would work in prostitution, but not having prior experience in prostitution and familiarity with its real significance, they were absolutely unaware of the attendant work conditions and, even less so, of their obligations towards the intermediaries.

The ties with the madames are often conditioned by contract debt at the moment of departure. Often, even after extinction of debt, obligations remain to pay a percentage of earnings to the persons who “manage” the women’s. Up to now, nearly all the women contacted live in flats where on average six persons live that each pay a minimum of 600 thousand Italian lire monthly per bunk. An extra of 200 to 300 thousand lire is often requested for board. Some girls pay daily “rent” to the “*piazzola*” where they work, around 50 thousand lire. (The *piazzola* is the person who controls work spaces on the street.)

The knowledge of Italian is generally poor, the same as knowledge of the Italian social system. Leaving aside contacts with the clients, the social contacts with Italians are minimal and there is almost no degree of societal integration. This situation is determined by many factors:

- territorial mobility and life style which is tied to work and rest (sleep/eat/do a little shopping/go back to work).

- double illegality, as prostitutes and as foreigners, along with ghettoising relationships among ethnic communities. (There is yet internal discrimination within the same ethnic group in this case.).

- social stigmatisation of and self-stigmatisation by the women who, with less rights, often live as persons “different” than others.

- the coercive situation in prostitution, along with the control over their lives and their movements by other persons.

The price that they demand is from 20 to 50 thousand lire. The services rendered are principally oral and vaginal.

The knowledge regarding good eating habits of these girls seems to be insufficient. In fact, many follow an unbalanced diet, nourishing themselves with prepared foods, with very little consumption of fruits and vegetables.

4 Training

Many of TAMPEP's resources were spent for training. In addition to implementing methodology, the TAMPEP staff provided the training of operators, cultural mediators, peer educators, social assistance service operators from both the public and private sectors for many of its partners and public health services institutions.

For the research project, as for other projects which are part of the network, the exact choice has been to train management and other personnel connected, at various title, with the project in a precise and structured way in order to furnish both the theoretical and practical knowledge necessary to render various groups of persons better prepared and suitably trained to carry out determined and specific activity. Through the street-intervention projects for several years we have been in contact with a differentiated variety of singularly competent, experienced and professional persons.

For us, this pool of contacts signifies our being capable of operating at times with either already structured work teams within which various types of professionalism are present, or with work groups in the phase of being constituted, or of working together in assembled groups to go further into depth on particular themes.

During various phases of individual activities, according to the work groups with which we wanted to interact, we chose to formulate training courses differentiated in form, content, duration and modality, while keeping in consideration the work objectives of the individual groups. To render the modalities which were adopted for the training phases more explicit, we present the curricula of the courses which evidence the training planned and realised. In reality these curricula are different, one from another. The differences among them are the degree of competency and professionalism, the places, the work roles, and the persons targeted for the intervention.

The curricula were for:

- the training course for the entire team of the street-intervention project, known as *Prostituzione Sicura* (Prostitution in Safety), of the Commune of Bologna;
- the internal training session elaborated for a group of Nigerian women peer educators realised within Project TAMPEP of Turin; and
- an internal training workshop realised within the project "*Città e Prostituzione—TAMPEP*" (The City and Prostitution—TAMPEP) of the Commune of Venice—Mestre for Nigerian women prostitutes.

A seminar held for the province of Turin aimed at operators and administrators of Public Health Services Facilities

First Module

Two days of 6-hour instruction

DAY 1

Prostitution in Italy Today

- The Context and Extent of the Phenomenon
- Non-Italian Prostitutes
- The problems of illegal residence and marginalisation: with analysis of their effects of living conditions and health.

Society's Image of the Prostitute

- The stigma and problems of approaching and relating to the world of prostitution

Discussion

Laws dealing with Prostitution and Immigration, and their practical effects

Health Services and how Prostitutes can use them: Understanding and Gaining Access to Health Services

DAY 2

TAMPEP

- Its Experience in Italy and throughout Europe
 - A presentation of its activities in different cities, and the data gathered
- TAMPEP's role in involving the social assistance and health services

Network activities

Discussion

Information on prevention of communicable infections and diseases and general health: strategies, methods and action

Cross-cultural contact with female immigrant prostitutes and the question of preventive strategies: facilitating contact with the services; expectations and the results of intervention

Discussion

Second Module

Two days of 6-hour instruction

DAY 1

The foreign prostitute: an analysis of the cultural aspects with reference to different ethnic groups (based on 'territorial maps' and information gathered, there will be a study of the largest groups): the influence of these aspects on health and attitudes towards prevention

Discussion

Work Groups

The development of strategies to enable the target groups to make contact with health services, and vice versa

Plenary Session to discuss the ideas developed in the work groups

DAY 2

Encouraging target groups to become more active towards meeting their own needs

Ways of re-integrating into society those who wish to leave prostitution, the opportunities and the obstacles
Work Groups on Case Histories
Plenary session with reports from the work groups, discussion and analysis

WORK GROUP LEADERS/SPEAKERS

Rosanna Paradiso
Dallandyshe Koka

Carla Corso
Cristiano Berti

Pia Covre
Roberta Tatafiore

METHODOLOGY

An active-participant approach to try to identify the characteristics and critical aspects of the various topics subjects under discussion. The course took the form of a series of presentations aimed at describing situations and indicating possible courses of action, followed by opportunities for discussion and comparison of different experiences, with experts to help answer the questions emerging from the work groups.

Training course for the street intervention unit of Bologna

The “Moonlight”

Street-Intervention Unit

The team of trainers constituted during the first year of the TAMPEP project trained the street operators in order to activate the Project of the Commune of Bologna. Fourteen of the persons interested in participating in the Prostitution in Safety Project as street operators and/or cultural facilitators were admitted to a training course that was conducted by the team of trainers and subject matter experts on prostitution and street intervention. The operators of the “Streetlight” street-intervention unit of Florence also participated in the course.

The arguments dealt with were those held to be fundamental for persons who would accost foreign prostitutes for the first time. In addition, the brief course served to single out the operators more adapted for participation in the project.

We summarise below the contents of the first meetings:

- presentation of the TAMPEP project and the intervention method of the Superior Institute of Health project
- profiles of persons who in this moment prostitute themselves in our country;
- the world of prostitution and the rules;
- the lack of social consideration for prostitute;
- the effect of the laws with merit to prostitution and immigration on the life and work conditions of prostitutes;
- the street work of the operators and their functions;
- cultural mediation;
- the importance of the collection of data and interviews during the intervention; and
- the information materials and their ideation.

The teaching techniques used were direct lessons, role-playing, brainstorming, administering cognitive questionnaires and evaluations of the course. Some serial publications regarding the arguments confronted and the publications, *Prostituzione: un Mondo che Attraversa il Mondo* (ASPE n° 14) and *Ritratto a Tinte Forti*, Authors: S. Landi and C. Corso, ed. Giunti, were distributed to the course participants.

At the end of this first phase the women operators who would work for the project were selected—two street operators, two cultural mediators and two peer educators. The trainers continued the course for the entrusted équipe with a focused programme that we report following.

The course duration was 96 hours, subdivided into 6 hours daily, with training modules of two days, and was realised from February to June.

FIRST MODULE

- AIDS, Hepatitis
- Sexually Transmitted Diseases
- Counselling
- Contraception
- The Condom
- Work Precautions and Risks
- The Reproductive Tract

SECOND MODULE

- Prostitution
 - The contract with the client and the possibility of choice
- Transsexualism
 - Exploration of an identity
- Gathering Data

THIRD MODULE

- Intervention Équipes
 - Their roles and tasks
- Street Units
 - Managing conflict among operators
 - Supervision
- Peer Educators
 - How to use them
- Street Units
 - Approaching the target
 - Managing street relationships

FOURTH MODULE

- Prostitution
 - The law and social stigmatisation
- Immigration
 - The recent law
 - How it interferes with the condition of our target groups

FIFTH MODULE

- Short culture/history presentations
 - Target groups' countries of origin: Nigeria, Russia

Workshops

- How to organise them
- How to lead them
- Which teaching methods to use for each of the different target groups

Cross-cultural communicators

- How to benefit from this resource

Volunteers

- How to integrate them into the team

Accompanying sex workers to social assistance and health services

Your relationships with social assistance and health services (both formal and informal)

SIXTH MODULE

Self-Empowerment

- How to encourage self-determination and self-consciousness
- Understanding yourself and others
- A life project
- A project of financial investment
- Organising one's own work
- Economising your individual resources

SEVENTH MODULE

Producing information materials

Group work methodologies

Animation and interactive lessons

Workshops

- How to organise them
- How to lead them
- Which teaching methods to use for each of the different target groups

EIGHTH MODULE

HIV Counselling

- How to deal with cases of seropositive sex workers

The Case of an Exploited Woman

- How to decide whether to make an official denunciation
- How to follow-up the denunciation

Legality and Illegality

- What are the limitations on an operator?
 - What are the proper relationships between the street-intervention units and the target?
- When faced with cases of exploitation, how do you behave ethically in the interest of and with respect for the users of our services?

The lessons were supported by publications and visual aids, various information materials, among which the final reports and project ISS, TAMPEP, Città e Prostituzione reports, etc., and the PARSEC report on trafficking and other.

INSTRUCTORS WHO COLLABORATED IN THE TRAINING

Berti Cristiano
Calabrese Maddalena
Citterio Rossana
Corso Carla

Co-ordinator Street-Intervention Unit Tampep
Chief, Family Planning Consulting Clinic
Trainer, LILA Milan
Committee for the Civil Rights of Prostitutes

Covre Pia
D'Antuono Antonietta
De Rossi Cristina
Di Folco Marcella
Genovese Anita
Giolito Maria Rosa
Koka Dallandyshe
Leo Livio
Lucchini Anna
Magliochetti Caterina
Marconin Franca
Nigro Costantina
Paradiso Rosanna
Pierantoni Luca
Ronconi Susanna
Rossi Delfina
Vicinelli Cinzia
Yasin Deka
Zampieri Loris
Zanutto Lucia
Zuffrano Michela

Committee for the Civil Rights of Prostitutes
Dermatologist Dermatologist S. Orsola Bologna
Social Assistant Mestre
President, Movement of Italian Transsexuals
Social Assistant, Sant'Anna Hospital, Torino
Dermatologist
Cultural Mediator TAMPEP
Gynaecologist
Dr. Infectious Dis., Amedeo di Savoia HosTurin
University of Perugia
Obstetrician Mestre
Nurse, Sant'Anna Hospital, Torino
Co-ordinator TAMPEP, Turin
Psychologist, University of Florence, LILA
Sociologist, Abele Group
Sociologist, Rimini
Obstetrician, Bologna
Mediator, Alma Mater (Women's Group)
Operator, "Città e Prostituzione" Project, Mestre
Health Assistant, Mestre
Obstetrician, Bologna

Training course on health and prevention for women peer educators at Turin

Project TAMPEP Turin

Selection Criteria Used for the Participants

Thanks to the indications of the women cultural mediators who already collaborate with project TAMPEP, the course participants, a total of ten, were singled out. Two of these participants had already taken part in a previously held workshop. In addition, an official request was presented to Caritas, a religious charitable organisation, to the official responsible for dealing with foreign migrants.

The choice of the course's participants gave indications/guides for the course's contents pertaining to social/health matters. It had been anticipated that there would be a final evaluation for the selection of some of the student women for insertion into our projects as collaborators at the end of the course.

First, there was a meeting at the Foreigners' Office, Commune of Turin, with all the women interested in participating in the course. The workshop programme was handed out and the prospects on the possibility of future collaboration were explained. It is necessary to point out that admission to the course involved no vital statistics/scholastic criteria.

Selection of Course Instructors

The instructors, a total of seven English-speakers, were chosen on the basis of prior experience, availability, and interest. For some of the instructors their interest in becoming an instructor was based on their work and professional roles in some of the public service

offices of Turin that are highly frequented by foreign women. Following encounters made at a TAMPEP seminar realised for the Province of Turin with some of the instructors, it was their first collaborative experience with our team.

All the instructors extended invitations to the places where they carry out their public service roles. This priceless collaboration allowed us to make visits to Sant'Anna and Amedeo di Savoia Hospitals and to some of the family planning consultant clinics. These visits enabled our joint determination and evaluation of the red tape involved in making an approach to a public service local health unit enterprise. It certainly is to be mentioned that the excellent rapport established with some of the City Council's operators allowed cutting straight through and eliminating the red tape involved with requests for collaboration.

Among the instructors was Ms. Pia Covre, a subject matter expert and National Co-ordinator, project TAMPEP/Italy.

The Topics Treated and The Visits to Health Facilities

This type of workshop is focused principally on information and health prevention, arguments which, when placed together, involve many varied aspects. Information is imparted not only by formal explanation but also by active participation that was laid out in such a way that a variety of different situations could be confronted in the visits to the services facilities organised and included in the programme.

For example, the run-around, one step at a time that a person confronts inside a hospital can become a way to overcome obstacles and prejudices, often owing to a lack of communication between the user who is a foreigner and the socio-health operators. In order to radiate confidence and trust to the women that they accompany from time to time, the cultural facilitator women must be capable of quickly and nimbly moving around inside a hospital quickly, nimbly, and with an air of self-determination.

The visit to *Sant'Anna Hospital* followed a routing with known stop points: admission, nursery (that spread a lot of enthusiasm among the women where they were 72 babies), maternity ward, labour room, and delivery room. The participants saw the materials that are presented at the moment of recovery, and the modality for access to the services of the hospital was described.

During the visit to the family planning consultant clinic, the chief illustrated the various services rendered there, then he introduced the various techniques of contraception, the instruments used during a gynaecological check-up, explained how one prepares for it, and how it is done. He further discussed the following:

- What taking a Pap test signifies

- What a promotional campaign for tumour prevention signifies

- Breast tumour prevention/detection through self-examination

- The administrative aspects of the voluntary interruption of pregnancy

- General explanations were given on the various techniques for voluntary interruption of pregnancy, the "morning after" pill, the procedure for taking it, how to take it, when to take it, and so forth.

The showing of the film, *Goodbye Tomorrow*, introduced the session of Dr. Livio Leo, and the film was the cue for a debate with the doctor on the film's HIV theme. He also gave his lesson on gynaecology using slides.

The visit to *Amedeo di Savoia Hospital* for infectious diseases was carried out in the very same way as the one to Sant'Anna Hospital. There the students were lead by Dr. Lucchini throughout the most commonly used areas, namely, the vaccination and blood-extraction ambulatory departments.

Day Hospital

Instead, at this research centre there were moments of debate on the new therapies to combat HIV infection.

Evaluation and Testing

A one-hour question-based evaluation test was administered during the final course meeting at the Foreigners' Office, and the results were graded on a scale from one to 10. The responses were discussed with the students to clarify those which were inexact. The four students scoring highest on the test were selected. Three of course participants were advised to repeat the seminar once again. Three of the students selected participated in street-intervention unit training with some night outings in Turin.

During the course we organised a class dinner as a occasion for group cohesion. The course experience is considered valid and, without doubt, the course should be reorganised. It goes said that there were some difficulties, like language communication that is always revealed to be one of the major problems in these courses.

The didactic materials that were used are in part those which have already been used before in project TAMPEP, among which are informational and training publications, such as, *Love and Care of Myself*, *Augusta's Way*, serial publications on AIDS, sexually transmitted diseases, condom and lubricants; contraceptive materials: prophylactics, intrauterine devices, spermicides, and health materials.

The course participants were also donated a textbook course of instruction for foreigners on the Italian language, *Parlare Italiano*, by Willer Montefusco, Rita Orecchio, Clementina Pace, edited with the contribution of the ERMI Institute of the Friuli Region.

The instructors of Sant'Anna Hospital have also donated to the participants a guide book on the services available within their facility. Among the didactic materials used there is the Nigerian videocassette film, "*Goodbye Tomorrow*", which tells the story of a Nigerian couple in which one of the partners is discovered to be seropositive. This dramatic story sends out a strong message on the importance of prevention as a way of life.

Information workshop for the target

PROJECT TAMPEP
CITTÀ E PROSTITUZIONE □ VENICE/MESTRE

We use workshops as a means for going into depth on arguments (generally prevention but also for dissemination of information and didactic materials) that we think should be dealt with in profundity, especially by a group, to activate the synergy of group dynamics within a group that shares the same nationality, language, culture and work, to favour change of

habit that often does not stem from an individual held attitude, but rather is “a group” attitude.

Let us take the example of prevention after unwanted pregnancies, one of the problems because of the high number of requests for voluntary interruption of pregnancy on the part of our users. We therefore decided to occupy ourselves with the argument of contraception by trying to activate new strategies.

We invited a group of 10 Nigerian women (the maximum number deemed adequate for a workshop), choosing from among those women who already had undergone voluntary abortion who were the most willing and interested in participating. To have surety of success in the recruitment, we offered “gifts” to the participant. In fact, each participant was given a kit containing condoms, lubricants, intimate hygiene soaps and cleansers, etc., things that would favour correct intimate hygiene. The encounter with our operators also served for getting to know the girls better, to verify the level of their collective and individual knowledge, and to find out if there was someone among them who stood out who might become our ally in spreading information on contraception among the women. We attempted to develop the highest level of their familiarity with the subject and responsibility.

The workshop was led by an obstetrician, of wide experience and technical knowledge, who was assisted with consecutive translation by a woman cultural mediator. To overcome any possibility of not only linguistic but also cultural misunderstanding, the participation of a cultural mediator is fundamental, even when the participants can speak Italian.

The équipe decided the operators who would participate in the course would be only women operators, not out of prejudice towards men, but given the argument dealt with, there is no doubt that amongst women alone, an atmosphere of greater confidentiality and intimacy is created. When eventually stimulated, the participants ask relevant questions and argue among themselves.

It often emerges that they fulfil their personal lives tied to popular traditions and African folk medicine. The efficacy of the workshop on contraception is able to evaluate easily enough. The women who choose to adopt a contraceptive method, even if not always, can be very easily evaluated numerically very. Attended by 11 Nigerian women, the workshop held by the Mestre équipe is a worthy example□ two weeks after the workshop ended; five of the participants requested us to arrange gynaecological intervention for them for the purposes of contraception.

For a qualitative evaluation of the results, we foresee having to wait for some months to pass to see whether or not there have been unsuccessful outcomes among those participants who opted for contraception and to know why: voluntary or involuntary suspension of the therapy or the method of contraception or an unwanted pregnancy. For the verification a group encounter will be organised in order to contrast and compare the collective experiences of the participants.

5

Social assistance & health services

Many of the services that were involved in several manners in the first years in project participation were also activated this year. Some which in the past had made themselves available but had not had the occasion to activate themselves with our target were able to do so this year. Following are some general considerations and particulars, the latter applicable to the intervention group of Florence, but certainly applicable to all because of the similarity of the problems and situations found in several cities.

Considerations

If we take into consideration either the methodology or the time of duration of existing interventions, we are able to draw an interesting and, it is hoped, instructive general evaluation.

We begin with interventions financed by local institutions/foundations, with the management of street activities by associations. Time-wise, the pledge of the foundations often is very limited for a host of reasons□ funds unavailability, bureaucratic red tape, or, simply, little consideration for the project by the funds-provider. This situation renders interventions limited to brief periods. (At times, so brief those truly appreciable results are rendered impossible.). Therefore, there are no shrewd investments because in the course of time they do not produce stable results; but it would suffice to augment economic investment by little to render the intervention very much more efficacious. Some socio-health services succeed in making optimum medical resources and also patient access available. Their work is so excellent, but probably also so “unique” within a zone of intervention that they are inundated with requests and therefore in short time can be overburdened to the point of having to limit the intervention.

At times, the street-intervention unit, or better said, the operators find themselves unable to give the target indications for services because they are not there or be are incapable of accommodating the demand.

The bureaucracy that governs the national health system hinders even the persons of good will. Thus it can happen that a local administrator cannot make a specific service ready for the prostitutes because the iter of Ministerial budgeting of funds necessary for the local health unit may at times require three years, or in a city where a plurality of services are accessible, the administration officially renders only one of them available. It also happens that sometimes the Ministry grants availability of funds that local administrators refuse to distribute.

It sometimes happens that the personnel of a service, though professionally and humanely accommodating, do not enjoy the privilege of having the clinical resources and health facilities necessary. (In some cases the operators or the project have taken on the onus of acquiring intrauterine devices, syringes, pregnancy test kits, etc.)

Actually, true consideration of the importance of stability throughout time is evident only in the case of the Commune of Venice project (which has been viable for three years).

From this special project a service has come forth that should last and be consolidated throughout time which deals with an experiment that in the future will tell us if it be possible to institutionalise a street-work operation for prevention and accommodation for prostitutes that requires a large amount of flexibility in all its aspects and that is not held captive to the dynamics of the bureaucracy.

In particular at Florence, one of the major difficulties that we have encountered during the work has been to reconcile the needs arising from the street with the regulations of Florentine regional health services activities.

The reasons are to be sought out in the circumstance that nearly all the prostitutes are immigrant women of non-European Union citizenship who lack a regular sojourner's permit and often whatsoever type of identity document.

Faced with the need for an interruption of pregnancy or a hospital recovery, the girls lacking documents of recognisance are not accepted at the hospitals of Florence (and for the hospitals it is impossible in these cases to verify the legal age of the girls). The resolution of such a problem should be urgently sought.

We wish to report two examples that can make the problem clear.

The first regards a Albanian girl who had self-inflicted an abortion. Following the advice of a gynaecologist of Careggi hospital, a hospital recovery was necessitated for her, so as to avert the peril of haemorrhage that could have brought about dire consequences. However, the real problem for the girl came during the recovery phase, which, lacking possession of any sort of identity document, at first, was refused recovery. Only through the mediation of the operators and the cultural mediator and after many bureaucratic delays, the girl was recovered.

The second case regards an eight weeks pregnant Nigerian woman, intending to abort, even she lacking documents. Through our mediation, the chief spokesman for the Nigerian community at Florence wrote a letter of presentation to the Nigerian embassy of Rome, wherein her situation was explained and a request was made for a certificate of identity. The embassy's response was negative.

Through the intervention of the street unit, she was directed to the vital statistics office of the Commune of Florence, where, in the presence of two witnesses in possession of regular documents, she was issued a certificate of identity valid only for the hospital recovery, and, in fact, the certificate was withheld by the admissions office of Careggi hospital.

For whoever is not in possession of documents in need of hospital recovery and medical services rendered on a continual basis (exclusive of check-ups or emergency services), the only road, as we have been able to verify, at the moment is that of "finding" two witnesses residing in Italy or, however, are in possession of a regular sojourner's permit that may ascertain his or her identity in a vital statistics office (*ufficio anagrafico*). One cannot absolutely speak in this case of service at a low threshold, that is one of the fundamental characteristics of reduction-of-harm, also because whoever does not "succeed" in procuring the witnesses can do no other than hope for the "generosity" of some hospital functionary who may understand the situations or, in the worst of the hypotheses, hope to be accepted by the health services only in case of emergency when one's health conditions are serious.

Then, in cases of interruption of pregnancy, there is the great risk that this situation will favour clandestine abortions.

Therefore, it is a priority to define which documents of identification must be produced in order to accede to the health services; in fact, we have obtained neither coherent information from the Immigrants Office (*Ufficio Immigrati*), neither is it clear what would be the effective norms in force, given the legislative vacancy in regard. To render the service on the street more functional, in fact, it is absolutely necessary to furnish clear information on the conditions for access to the services.

To the end of rendering the intervention of the prevention project more efficacious, we retained it indispensable formulating some proposals to the Service Chief of Health Enterprise 10 (Azienda Sanitaria 10), contained in a work protocol, for which we report the salient points:

- Extending the hours of opening of some services to cover the afternoon hours for at least one day a week. This would the sex workers, who normally work the streets until the wee hours of the morning, to make use of the services with greater frequency and facility.

- Reserve one day of the week (preferably an afternoon) for exceptional availability of the project's users.

- The constant presence (or at hours to be agreed on) of Albanian and Nigerian women cultural mediators which we retain fundamental for acceptance, mediation and continuity in the frequenting of these services and that would result in being useful not only for the target of the present project but also for foreign women use in general.

The collaboration of Azienda 10 in the preparation of multilingual information materials on the services rendered and offered by and within the health services facilities.

Exemption from payment (when it is requested) of the ticket relative to health services rendered by part of the user flow represented by our target. This exemption would facilitate user flow to the services and as a consequence would promote more effective prevention of sexually transmitted diseases in the community.

Identify a unique health service where it might be possible to effect operations with the modality described before□ either renders of ambulatory services, like analyses, physicals, etc., or specialist services, like echogram, dermatology analysis, interruptions of pregnancy, etc., so as to create a single territorial point of reference that consents the users to take care of their own health more efficaciously.

Identify an adequate health service to respond to the exigencies of the target constituted by South American and Italian transsexual prostitutes whose presence we have verified during our territorial outings. Since the promotion of territorial health services that do not correspond with predetermined user-acceptance characteristics would become difficult to actuate, and in the absence of such possibility, the objective of intervention will have to be limited to merely divulging information material.

On the part of the Azienda, promote a campaign for vaccinations (poliomyelitis, hepatitis B) and a sanitary facility that would carry it out within the territory, and that the project équipe would be able to divulge on the streets.

As the operators of Florence say, it would be very interesting and productive if always a protocol could be defined. There where this has come about (the Foreign Women's Welfare project of Verona), access has become more functional.

List of the services which collaborated during the intervention to which our users were referred

MESTRE - VENICE

■ Gruppo C

Sexually Transmitted Diseases and HIV Prevention

Via S.M. dei Battuti, 1/b

tel. 041/987868-980287

■ Consultorio Familiare

Viale San Marco, 115

tel. 041/5317439

■ Consultorio Familiare

Via Costa, 8

tel. 041/986767

■ Consultorio Familiare Zelarino

Via Castellana, 154

tel. 041/909424

VERONA

■ SERT Villafranca

Corso V. Emanuele, 169

tel. 045/6338459

■ AIED

Associazione Italiana Controllo Demografico

Via T. Speri, 7

tel. 045/8013043

■ Gruppo C - ULS 25

Sezione Test AIDS e MTS

Via Germania, 20

tel. 045/86222333/32/35

MODENA

■ Centro Malattie a Trasmissione Sessuale

c/o Clinica Dermatologica del Policlinico

tel. 059/379923

■ Consultorio Familiare

Viale Molza, 3

tel. 059/205459

■ Healthcare Centre for Foreign Women and Children

Via Padova, 159

tel. 059/379006/9007

MILAN

■ CAVE

Centro Antivenereo

Via Pace, 9

tel. 02/5516180

■ API

Ambulatorio Patologie Infettive

I. Via XXIV Maggio, 2

tel. 02/84402406

II. Via Fantoli, 7

tel. 02/5061931

III. Via Masaniello, 23

tel. 02/4531425

■ NAGA

Association of Voluntary Medical Services for Migrant People

Viale Bligny, 22

tel. 02/58301420

TURIN

■ Consultorio Familiare

Via Giolitti, 2

tel. 011/3298420

■ Hospital Amedeo di Savoia Divisione B

Corso Svizzera, 164

tel. 011/4393111

■ Hospital S. Anna

Via Ventimiglia, 3

tel. 011/639611

■ I.S.I. Azienda USL 1

Via Bertola, 53

tel. 011/5623325-5754034

■ Cottolengo

Via Andreis, 26

tel. 011/5225111

■ San Vincenzo

Via Nizza, 24

tel. 011/6505367

■ Ass. Protesi Dentaria Gratuita

Via Marsigli, 12

tel. 011/713222

GENOVA

■ Poliambulatorio C.R.I. per Immigrati

Via Ugo Foscolo, 2

tel. 010/540962

BOLOGNA

■ Consultorio per Donne Straniere e loro

Bambini USL 28

Via Castagnoli, 10

tel. 051/220794

FIRENZE

■ **Istituto degli Innocenti**

Piazza S.S. Annunziata, 12
tel. 055/27582707

■ **M.T.S. Center**

Piazza F. Brunelleschi, 4
tel. 055/27582684

■ **Hospital Careggi Reparto Maternità**

Viale Morgagni, 85
tel. 055/4277601

■ **Hospital S. Maria Annunziata Ponte a Niccheri**

Via dell'Antella, 58
BAGNO A RIPOLI (Fi)
tel. 055/6449297

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European seminars in which the operators have participated

Mobility in South Eastern Europe and HIV/AIDS

Thessaloniki, Greece
16/18 october 96
Org: NiGZ and AIDS & Mobility
■ Pia Covre

EUROPAP Networking Meeting

Denze, Belgium
21/23 november 96
Org: EUROPAP/TAMPEP
■ Pia Covre, Carla Corso, Rosanna Paradiso, Simbi Nofisatu, Paolo La Marca

NOTRAF / NGO Conference on Trafficking in Women

Amsterdam, the Netherlands
5/7 april 97
Org: STV, Mr. A. de Graaf Foundation, TAMPEP
■ Pia Covre, Valentina Akudihor, Carla Corso

AIDS/STD Prevention and Health Care among African Migrants

Antwerpen, Belgium
8/9 april 97
Org: PAYOKE
■ Pia Covre, Valentina Akudihor

EUROPAP Workshop Meeting at European Union Commission

Luxemburgo 10/11 aprile

Org: EUROPAP/TAMPEP and DGV

■ Carla Corso, Porpora Marcasciano, Valentina Akudihor, Pia Covre, Paolo La Marca

Cities and Addiction

Rotterdam, the Netherlands

21/23 april 97

Org: Università Comune. Polizia

■ Cristiano Berti

7 **Materials**

This year the project has been able to benefit from and reproduce many of the information booklets that were already available because of having been prepared in the past by either us or our partners in the European TAMPEP network.

Therefore in this report we limit ourselves to attaching only some new things and we do not cite the work done in common with European partners mentioned on other pages. One of the materials developed in this project is a comics-illustrated booklet which refers to prevention for pregnant women and contraception. (A copy is attached.) It was thought out and realised by two groups of Nigerian women, guided by the TAMPEP team of Turin and Albanians guided by the TAMPEP team of Mestre.

In each zone of intervention we have always given a handbill with the local addresses and generalities of available health services, health care facilities and support associations available.