

# TAMPEP

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## **Transnational AIDS/STD Prevention among Migrant Prostitutes in Europe/Project**

### **FINAL REPORT**

**May 1998 - October 1999**

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## **TAMPEP PROJECT-FINAL REPORT**

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Editor Licia Brussa

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# Preface

LICIA BRUSSA

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**T**his publication concerns TAMPEP's activities during the past six years and more particularly the period of '98-'99. TAMPEP stands for Transnational AIDS/STD Prevention among Migrant Prostitutes in Europe/Project. Launched by the *Mr A. de Graaf Stichting*, also known as the Dutch Institute for Prostitution Issues, its partners are *Amnesty for Women* in Germany, *Comitato per i Diritti Civili delle Prostitute* in Italy, and *LEFÖ (Lateinamerikanische Emigrierte Frauen in Österreich)* in Austria. In 1997 TAMPEP and its partners founded a federation of NGOs called TAMPEP International Foundation and thus became a European centre for assistance, consultation, training and advice on policy with regard to health promotion and advocacy of non-discriminatory policies concerning prostitution and migration.

The headquarters of TAMPEP International Foundation are located in Amsterdam.

TAMPEP got started in 1993. Between October 1996 and October 1999, TAMPEP and Europap (European Intervention Projects AIDS Prevention for Prostitutes) collaborated on the European Network for HIV/STD Prevention in Prostitution. Alongside its co-operation with Europap, TAMPEP carried on its activities in the four member countries and participated in other international networks for the protection of human rights and the prevention of trafficking in women.

TAMPEP has produced three annual reports thus far. The co-operation of TAMPEP and Europap led to the publication of *Hustling for Health, Developing services for sex workers in Europe*, and the final report of the network for the years 1998-1999. The detailed description of TAMPEP's activities in 1998-1999 can be found in the *Final Report. May 1998 - October 1999*. TAMPEP has also produced materials such as manuals in the languages of the target countries. A list of this material is included in the chapter describing the methodology of TAMPEP.

This publication comprises a description of TAMPEP's work, a map of prostitution in the four European member countries and an analysis of migration patterns within Europe. It aims to paint a realistic picture of the present situation and to address the relevant issues in the context of constant transition and transformation. Of course we realise the futility of the task we have set ourselves inasmuch as the situation changes quicker than the pen can write. Prostitution has so many different facets that we can never hope to be complete, but perhaps we can reproduce some of the mosaic. This volume itself has the character of mosaic as it has been written by authors from a variety of organisations around the world, all of whom share the same strategy, working philosophy and methodology.

TAMPEP's objective is to develop models of health promotion for women and transsexuals from Central and Eastern Europe, Latin America, Africa and Southeast Asia who come to work in prostitution in Western Europe, from Greece to Scandinavia. Our focal point is HIV/STD prevention, but with a view to behavioural change, we are also concerned with the overall health of migrant prostitutes, as well as their social position and working conditions. The context of prostitution and migration policies has a direct bearing on the general welfare of the target group. The continuous evaluation of these factors constitutes a very important part of our work.

TAMPEP is thus devoted no less to action than research. In addition to our field activities, we also study migrant prostitution in Europe, including the relevant legislation and its impact on the well-being of migrant sex workers.

Internationalisation has a profound influence on the organisation of prostitution and therefore on health care services. Prostitution can no longer be viewed as a local or national phenomenon; it is international, involving multi-cultural groups and international organisations.

The internationalisation of prostitution means that the number of nationalities involved is steadily growing. This was the conclusion of a European survey carried out by TAMPEP, based on a comparison of figures from 1997 and the present.

New policies should thus take account of the changes caused by internationalisation. Local conditions for migrant sex workers will differ in response to national laws pertaining to both prostitution and immigration. The individual reports of the four TAMPEP partners contain analyses of and data concerning these conditions. Especially in the report from the Netherlands, where new legislation concerning prostitution has recently been introduced, this problem will be described in detail.

Our experience has taught us that repressive policies jeopardise the self-protection and autonomy of sex workers. We find that promoting the health of these persons is an integral part of their civil and human rights. This conviction is the basis of our working philosophy.

From our point of view, policy makers and planners should accept the fact that the sex industry is a vital source of income for many non-nationals who are excluded from the formal economy or otherwise unable adequately to support themselves. Sex work should be protected and regarded as an independent and autonomous activity in the framework of the informal economy. It should therefore receive the support of organisations such as trade unions. The Italian branch of TAMPEP writes in its report that the first steps have been taken to involve the trade union CGIL in this activity.

The recognition of prostitution as legitimate work in the informal economy does not of course imply the acceptance of crimes against sex workers or of forced prostitution or sexual exploitation. The last few years have witnessed many international initiatives to stop trafficking but all of them approach the issue from a different perspective. Our goal is not to describe all those different points of view, but to clarify what trafficking in women means for TAMPEP. According to TAMPEP, trafficking is one of many ways in

which migrants are exploited. Those involved are forced to migrate by economic and social pressure, and then deprived of their rights by repressive immigration laws and the lack of legal protection.

TAMPEP has observed that there are two official models for helping victims of trafficking. Firstly, the protection of the civil and human rights of these women, secondly, the protection of public order by 'rescuing' them from the grip of prostitution. TAMPEP has learned that the second model often leads to new forms of abolitionism and TAMPEP therefore regards this perception of trafficking as inadequate. We believe that the protection of the civil and human rights of (migrant) sex workers is the only effective way of dealing with these problems.

TAMPEP is convinced that the acceptance of prostitution and the process of internationalisation are particularly important for effective health care, HIV/STD prevention and survival strategies for migrant sex workers. Forms of self-organisation and protection, which tend to strengthen a collective identity, will improve the health conditions of those who work in this market and provide more effective protection against exploitation. TAMPEP insists that this is the only viable model for preventing HIV/STD among (migrant) sex workers.

### **Reverse effects of immigration legislation**

This year has seen the introduction of ad hoc policies regarding (migrant) sex workers in many European countries. Such policies are often designed to camouflage more repressive anti-prostitution measures rather than to prevent the exploitation of (migrant) prostitutes. After all, the authorities associate migrant prostitution with crime, which prompts them to write new laws in order to combat the phenomenon. The present report therefore emphasises the importance of creating a European political forum with common guidelines and principles.

In the fight against organised crime (including trafficking in women and the conditions that lead to exploitation and dependency), a clear distinction should be drawn between policies intended to penalise the exploiters themselves and those designed to protect the rights of the migrants, including their decision to enter the Western European market for sex.

We deplore the registration programmes now in place in some countries and the discriminatory public health measures against migrant sex workers. The results of the surveys taken by TAMPEP in Germany and Austria show for instance, how registration prevents migrant sex workers, who fear discovery and deportation, from using vital services. They are therefore deprived of adequate health care and information on safer sex. Hence TAMPEP's advocacy of free access to STD health care and to general and reproductive health care for (migrant) sex workers. Hence, too, its opposition to any policy that blames prostitutes for spreading STDs.

The actual immigration legislation regarding sex workers has severe consequences for the conditions in which they live and work.

First of all, their illegal status leads to:

*dependency* on pimps, bar/cabaret/club owners, husbands and other people involved in the sex industry, economic bondage

*exploitation* through underpayment, charges for services, long working hours, unprotected and unsafe working conditions

*isolation* for cultural, linguistic, social and legal reasons

*transience*, because their temporary visa has expired or they are forced to work elsewhere by their pimps. 1998 was very significant as far as mobility is concerned. As a result of the repressive policies introduced in various countries, many women were forced to move.

*insecurity and fear*, which can cause physical and psychological problems (alcohol, drugs and medicine addiction, self-medication, depression, etc.)

frequent exposure to *domineering and exploitative clients* who force them to accept low prices, unprotected sex, unsafe working places, which leads to further dependency on pimps and makes them vulnerable to all kinds of other exploiters, including police.

Second of all, they lack access to health care because

their illegal status prevents them from buying valid health insurance

they have no access to information about their rights, the risk of HIV/AIDS/STD contagion, or treatment if they fall ill

they distrust all forms of authority, including health care workers, which means they do not use whatever services there are

most health care services are not prepared to deal with other cultures

### **Health services for non-insured persons**

As a result of the restrictive legislation aimed at migrant sex workers, uninsured women have inadequate access to basic health care services. If they do confess that they are (migrant) sex workers, they know they will face discrimination and prejudice. Moreover, their high mobility and instability encourages them to practice unsafe sex and causes physical and psychological problems.

Many migrant sex workers work seven days a week, 10 to 15 hours a day. As they have incurred large debts to come to Western Europe, there is intense competition between them. If a client is willing to pay more for sex without a condom, some sex workers cannot resist the financial temptation. In the hope of preventing STD, they often take antibiotics, which can be bought on the black market or be sent from their home countries.

### **Recommendations**

To remedy these problems we strongly recommend:

STD and HIV/AIDS check-ups and treatment free of charge, including reproductive health care

providing general medical care for non-insured migrant sex workers and taking whatever legal measures are necessary to guarantee access to public health services

support for non-insured migrant sex workers with HIV/AIDS

the employment of cultural mediators in the health care system for the sake of migrant sex workers, both on the street and in the clinics

the distribution of information on HIV/AIDS/STD prevention among migrant sex workers that takes into consideration their various cultural, health, sexual, ethnic, and linguistic backgrounds

the employment of social workers in health care services that deal with migrants' problems (such as immigration law, residence and work permits, marriage, divorce, asylum, adoption, etc.) and the establishment of contacts with lawyers, psychologists, doctors, women's shelters, etc.

co-operation between health service functionaries and peer educators/supporters

special training for service providers in how to deal with minorities

that information on prevention be provided along with screening services for prostitutes

close co-operation between the various service providers in the form of a network

the establishment of contacts with local medical personnel from the countries represented by the target group

international co-operation in formulating policy.

## **Transnational AIDS/STD Prevention Among Migrant Prostitutes in Europe**

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**T**his chapter describes the work of a transnational AIDS/STD prevention project among migrant prostitutes in Europe (TAMPEP). The project combines research and active intervention, promoting awareness on HIV/AIDS and STDs among migrant sex workers. The target groups of our interventions are a varied group of women whom we define, for reasons which will be clarified shortly, as 'migrant prostitutes'. Prostitution in Europe should be seen as an international phenomenon, involving an increasing number of women and men, from other European countries and from other continents. There has been, since the 1970s, a noticeable influx of persons involved in the sex industry who have migrated from Asia, Africa and Latin America. In addition, from the beginning of the nineties, the industry has seen a constant increase in the number of Central and Eastern Europeans who have crossed into Northern, Southern and Western Europe, and have been initiated into or continue to practice as sex workers. Interviews performed during the course of TAMPEP activities have made clear that many of the individuals to whom our intervention is targeted had no previous experience of sex work in their country of origin, and had no intention of engaging in this trade when they moved to Europe. They also possessed little or no information about the way prostitution was organised in the West. It should also be stated that many of those involved in the sex industry do not identify themselves as prostitutes, and think of their work as only temporary.

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

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

In many areas within the EU, the number of migrant prostitutes active within the sex industry is greater than that of local sex workers (see the results of the European Survey). However, migrant sex workers frequently remain outside of legal, social and

medical structures, and therefore face enormous difficulties in gaining access to information and resources that could improve their quality of life. This marginalised position also leads to victimisation of migrant prostitutes in criminal activities and illegal trafficking of women and men, as well as to isolation and dependency. Existing services in the European Union have little contact with members of this target group, and it is for this reason that the TAMPEP project originated in 1993, in the Netherlands, Italy, Germany, and Austria. The objective of the project is to develop, in collaboration with migrant sex workers, more effective strategies to facilitate contact with the target group, as well as new materials. The four organisations involved in the project had already played an active role in the field of prostitution in their respective countries, and functioned as a reference for migrant prostitutes. They also made a part of local, national and international networks in this field. This previous work in the field determined the philosophy and conducts of the project, and facilitated making contact.

## **The TAMPEP project**

The creation of TAMPEP was initially motivated by three factors.

First, there was the lack of HIV/STD information available in the native languages of the target group. This lack impedes the development of educational and preventive programmes concerning risks linked to the professional activities of the sex workers. In addition, it makes it difficult to improve their working conditions and, consequently, poses an obstacle to opportunities for improving physical or psychological well being.

Second, are issues linked to the living and working conditions of migrant sex workers. Some sex workers live in conditions of great need with regard to health and hygiene. The general conditions prevalent in establishments or venues where migrant prostitutes are professionally active also create such needs.

Third, it is important to facilitate direct contact between migrant sex workers and institutions active in the social and medical fields. This contact should allow for cultural mediation while not compromising the delivery of an efficient service.

During its six years of activities, TAMPEP conducted experimental outreach work in very diverse regions. The respective countries and/or regions differ in immigration policies, in application of laws relating to prostitution, and in the ways in which sex work is organised and practised. The sites also differ in health care structure, and in the organisation and implementation of health promotion activities, especially those targeted towards HIV/STD prevention among sex workers. Finally, activities were conducted with sex workers originating from a very wide range of cultures. It should be clearly stated that the project did not set itself the objective of creating a network of services capable of covering the needs of entire countries, but to integrate its activities within the network of service providers in order to carry out an efficient model of intervention.

There are many different forms of prostitution. The forms of the sex business in which migrant prostitutes most often work are in street prostitution, sex clubs, bars, windows and private apartments. Each of these has its own specific working conditions, but what they all share is the fact that the population of sex workers is very international, and that the concentration of any specific nationality varies from different host country to country. There were a total of twenty five to thirty different nationalities among our

target group, from Latin America, North and West Africa, south East Asia, and from Eastern Europe and the Balkan countries. Some from among the very many different situations covered by the project, and drawn from the project's field work, are described in the country reports enclosed in this publication. TAMPEP field work revealed that in all countries where the project operated there was a stratified population of migrant sex workers: one distinct category resides in the host country for an extended period (at least five years) and engages at most in internal mobility within the host country, or work for very brief periods in other European countries. A second category is that of transients, who move continually throughout various states, and whose presence in each is always of short duration. There is a difference, then, between sex workers who choose to emigrate more or less permanently to one of the four countries, and who constitute a rather stable group, and those who represent a new flux of trans-European migration. Migrant sex work is characterised by constant changes in the make-up of the target group, with frequent variations in the concentration and number of such workers in any of the four countries participating in the project, in the nationalities represented, and in their degree of mobility.

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

## **Strategies of approach**

The method used by TAMPEP, applied in all four partner states, involves active and direct participation and collaboration with the target groups. Sociological investigation and practical interventions for AIDS prevention were developed in a continuous cycle of: gathering information, organising activities based on the data gathered, creating new materials, and evaluating results. Provisional findings from the evaluations were then put into practice in new activities. This continuous process of investigation, production of material, implementation and evaluation has permitted the development of grass roots activities tailored to each group and sub group. It has allowed us to work towards positive interventions to improve the health of sex workers. The concrete activities of the teams have been to conduct interviews to gather general information concerning migrant prostitution in Europe; to conduct an initial needs assessment with sex workers; to test and adapt existing materials; to develop new materials in collaboration with the target group; to carry out workshops and provide individual consultations; to encourage the development of adequate services by governmental institutions; to mediate, refer and accompany sex workers to service providers; to train peer educators; to continuously evaluate the effects of the activities, focusing on levels of knowledge, attitudes towards health promotion, and behaviour changes in the direction of safer sex

and other health behaviours; and to identify structural impediments to achieving the above.

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

## **Cultural mediation and public health services**

*‘Cultural mediators are a go-between who know the reasons, the customs and the codes of a majority culture and the host country, as well as the conditions, social ethics and the scene in which a minority group finds itself.’ (Brussa, 1995)<sup>1</sup>*

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

Cultural mediators are not social workers, health assistants or exclusively translators. In the TAMPEP project they are individuals capable of eliciting the trust of the target group, and of the same ethnic group or nationality as the sex workers, thereby being capable of recognising and appreciating the cultural and social mechanisms influencing their behaviours and choices. Cultural mediators are also educators and trainers, with a mandate to pass on knowledge and experiences in the field of STD/AIDS prevention among sex workers. They are recognised as such by the target group. Cultural mediators belong to a ‘different’ culture, interacting with, and reacting to, the dominant culture of the host country. They facilitate communication between members of an immigrant community and those of the dominant culture, as well as with other individuals or groups who in some way have contact with the migrant sex worker. They serve as a point of reference since they, themselves, have had the experience of migration and, in some instances in our case, also experience within the sex industry. In their work linking migrant sex workers and service providers, cultural mediators seek to explain host country health systems to people whose ideas and experiences with public health services in their own countries may be quite different. They negotiate and illuminate a variety of non-verbal messages in the way in which the clients address themselves to the service providers. They intervene in the many factors which hinder the access of migrant sex workers to health systems. These factors go beyond the obvious problems of language, and include problems related to specific cultures, to the general situation of the migrant sex worker in the host country, to levels of education and to the sexuality of the worker.

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<sup>1</sup> Brussa, L (1995) Tampep: Analyses, the first year 1993/1994, Amsterdam, Mr A. de Graaf Stichting

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

## **Peer Educators**

In contrast to cultural mediators, peer educators are members of the target group, and therefore identify themselves completely with the group. They play the role of leaders, and articulate the interest of their peers. The experience of the TAMPEP project with peer education targeted towards a specific group of sex workers (mobile migrants who are frequently marginalised and in a position of dependency) has provided insight into the advantages and limitations of the approach, and as to certain modifications which may need to be introduced in applying concepts of peer education. Our experience has shown that there are some preconditions for effective peer education. Generally speaking, peer educators must have a base in the community, and must be recognised as leaders by the community base, while being representatives of the particular project being developed. Experience has shown that the success of peer educators depends more on their self-identification with the role, and on their acceptance within the community, than on their specific position within it. Peer educators must also be clear about their role both within the group and within the project. Peer education implies a didactic role, and influencing changes in behaviour. Educators should be able to raise awareness among their colleagues, and to organise and conduct workshops on various themes related to prevention and safer sex practices in the field of AIDS/STDs. Their role implies a certain distancing, which facilitates the assumption of a student/teacher relationship. While they have the role of imparting information and knowledge, increasing responsibility and self esteem, peer educators must also make distinctions between their community work and their own and other sex workers' private lives (their romantic involvements, professional contacts and career). They must also be able to apply the concept of peer education with a community that is extremely mobile. As opposed to cultural and linguistic mediators, peer educators do not need to have either a relationship of confidentiality or a 'mandate' from the group with whom they identify. Their primary focus is on mutual support among colleagues for sustaining behaviour changes in adopting safer sex.

## **Using mobility**

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

## **Preliminary results**

Because of the extremely marginal and vulnerable conditions in which migrant prostitutes live in European countries, and through the experience gained during the first year of the project, both by the direct contact with migrant prostitutes and by an assessment of their living conditions, we have concluded that STD and HIV/AIDS prevention for this group must be included in a broader framework of general health promotion. The development of such a framework should be recognised as a present priority.

It has become clear that a number of migrant sex workers in certain areas of the Netherlands, Italy, Austria and Germany are willing to collaborate in the design and implementation of activities of projects such as TAMPEP. We are now working with these individuals. Another important observation is that, although many projects employ strategies and materials designed for 'Western' eyes, women from different cultural backgrounds need totally different approaches, strategies and materials.

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

## Conclusions

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

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

Leaflet distribution alone is insufficient to bring about behaviour change. The basis of the work must be in continuous and intensive field work to establish trust. Individual and group counselling (including on social, legal and psychological matters) is necessary to facilitate behaviour changes. Supporting migrant sex workers to empower themselves in other aspects, such as in improving working conditions, in the social sphere, and in their legal status, must also be part of any intervention, as this will enable them to control their own lives. Continuous collaboration with health services is crucial in ensuring that information on safer sexual behaviours reaches migrant sex workers. The role of the programme in this should be focused more specifically towards that of mediating between the sex workers and the medical services, shaping and gaining official backing for co-operative models to be adapted according to local circumstances in each country.

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

The mobility of migrant sex workers within Europe requires that concepts of 'peer education' be adapted. This mobility can be used in a positive way: when peer educators are trained in the fundamentals of safer sex and health promotion, they can function as 'health messengers' as they move through Europe. Ideally, they should be supported by an international network of intervention projects. On the other hand, the possibilities for

non-European prostitutes to create an autonomous organisation and to work together in a community based model focusing on human rights and advocacy, is limited by the legal status of clandestine migrants and by the marginalisation to which they are subjected. A further limitation to group work stems from the fact that for the majority of foreign sex workers, prostitution represents a means of survival, an activity practised out of economic necessity. It is seen as temporary work, and in no case as an identity.

The project has developed a number of leaflets and didactical material in 10 languages, and one might have the impression that now that these have been developed, future work can restrict itself to distributing them among new groups. This would be to miss the most important aspect of the method: the process of making the leaflets is important in itself. Making material stimulates discussions of their needs amongst the women and men involved, and foster group cohesion. Thus each activity with a new group should include the production of new leaflets: each particular situation calls for new items, and is in itself a very important educational activity. Moreover, leaflets serve as a written reminder after a working group session or an individual communication, but they cannot function as an information tool in themselves. It is necessary to establish a network of contacts both within the sex work milieu and within the broader community. Proprietors of prostitution businesses obviously often play a decisive role influencing working and sanitary conditions in their houses, and affecting the possibilities of practising safer sex. TAMPEP has now found that influencing proprietors, with the support of medical and health authorities, is a powerful tool in changing structural circumstances. The presence of migrant sex workers in the European sex industry constitutes a phenomenon which has changed all aspects of the market. Current European policies in the areas of prostitution, of migration, and of AIDS prevention do not reflect this. The aims of AIDS prevention are often in contradiction with those of migration prevention (to stop the inflow persons from outside European countries). The effects of these policies are at the moment counter-productive: migrant sex workers are not stopped at the border, but are more and more dependent on, and under the control of international criminal organisations. This clearly does not serve the interest of either safer sex or of public health.

## Materials developed by TAMPEP

TYPE	NAME	LANGUAGES
Leaflet	AIDS & hepatitis B Venereal diseases Condoms & lubricants	English, Spanish, Portuguese, Thai, Polish, Russian, Bulgarian, Check
Leaflet	Pregnancy & contraception	English, Spanish, Portuguese, Polish, Russian
Comic	Augusta's Way	English
Comic	Dicas & Jeitinhos	Portuguese
Comic	Dichos & Diretes	Spanish
Cassette	AIDS prevention	Polish, Check, Russian, Bini, Ibo, Pidgin-English, Akan, Portuguese
Leaflet	<i>For Transvestites and Transsexuals:</i> Hormones, silicon, breast development, transformation- operation, electrolysis Venereal diseases, AIDS & hepatitis B	English, Spanish, Portuguese
Comic folder	<i>Augusta's Way serie:</i> Advice on security at work	English
Leaflet	Advice on security at work	English, Spanish, Portuguese, Polish, Russian, Bulgarian
Comic folder	<i>Augusta's Way serie:</i> Sabrina, the peer educator	English
Booklet	AIDS & STD	Serbian-Croatian, Albanian
Didactic material for peer educators	Love and care for myself	English, Spanish, Russian
Book	Manual for Peer Education	English, Spanish, Russian, Polish, Albanian, Italian
Leaflet	When a condom breaks or slides	English, Spanish, Portuguese, Polish, Russian, Hungarian
Booklet	Policies on Sex Work & Health	English, German
Manual	Manual for Peer Education	English, Spanish, Russian, Polish, Dutch, Italian, Albanian
Manual	Hustling for Health	English, German, Spanish, French, Finnish

# European Survey on Migrant Prostitution

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LICIA BRUSSA

**I**n Europe, the migrant prostitution phenomenon is characterised by continual changes in its demographic composition, in its migratory route ways, and in the extent of its mobility among various European states. For some time the channels of migration and mobility have been transnational for reasons that are multiple and complex.

In order to keep up with these changes, the continuous compilation and comparison of empirical data, with common indicators for a European setting, is something of fundamental importance. Therefore, data collection is standard operating procedure within the four countries where project TAMPEP is established. The importance of acquiring a situational profile for Europe was the reason that we devised a specific questionnaire to establish a database. A complete report of the results of our first survey is reported in the Hustling for Health (H4H) manual that was produced in 1998 by the European Network for HIV/STD Prevention in Prostitution in Europe/TAMPEP (1).

In 1999 we conducted a survey that required the Europap/TAMPEP national co-ordinators in 16 European countries to repeat a survey in their countries to record the changes that had taken place. This survey was realised in the period between April and July of 1999. The questionnaire and the elaboration of the data were realised by Veronica Munk, the TAMPEP Co-ordinator in Germany.

As the principal source of information for both the 1997 survey and the 1999 comparative survey, we used the European network of national co-ordinators of the Europap/TAMPEP projects. In turn, these co-ordinators either distributed the questionnaire to the operators of projects dealing with prostitution in their countries or they gathered data directly from other national sources.

For several reasons, the resultant data cannot be considered as absolute or as completely representative of the actual situation. Obviously, the primary reason for this is owing to the extreme difficulty in collecting data that accurately quantify and represent the commercial sex industry and its workers. Even in those countries where the police or public health officials register prostitutes or the places of prostitution, these data always remain partial because clandestine prostitution is a factor that, for obvious reasons, is not reported or because a lot of sex workers successfully evade controls and registrations. Systematic database collection is even more difficult when the sex worker population comprises foreigners who wander and roam from place to place and from country to country like nomads. Besides this, many of the foreign sex workers sojourn

in a country in a state of irregularity and often operate in circuits of prostitution that occurs within closed settings.

Therefore, the only source that we can rely on is the database and the mappings of organisations and projects that work in this field that have direct contact with the sex-worker population. However, even if this is the only source that can be considered reliable, the problems of methodology are many. If the services, projects, and organisations in the various European countries have not established contact with, or investigated, all the forms of prostitution, then, a database compiled under these circumstances can only be partial. To illustrate this point, we cite the examples of a UdS (mobile street-intervention unit) that contacts only women who work as street prostitutes or of a UdS that deals principally with drug addicts. Another case of partial database compilation occurs in those projects, not represented all over national territory of a country, that are concentrated within only large or capital cities.

Another difficulty in achieving our final objectives is spoken communication. In those projects that do not use linguistic and cultural mediation, the operators are unable to identify the exact nationality or exact country of origin of the foreigners that they encounter in places of prostitution or at the social and health services. In the past, many women from several countries of East Europe, like the Ukraine, were often identified as Russian, merely because they spoke the Russian language. Or, as it turns out, for fear of being recognised, booked, or identified, foreign prostitutes often declare a nationality other than their true one. The changes in the constituent population of migrant prostitutes and, especially, the influence of external factors, like the application of greater police controls or expulsions, directly result in rapid and radical changes. Therefore, each time a database is compiled, its validity is always temporary. In other words, the groups and the percentages of persons present that were ascertained in the first semester of 1999, for example, some months later, can have completely changed, with new figures and nationalities supplanting the old ones.

The notes and comments that the respondents to the questionnaires sent us are cited under the tables, whereas the analysis, the interpretation of the data and the consequent conclusions are reported separately at the end of the chapter. Despite the necessity of prudently analysing and making conclusions, we are able to state that the database surveys, especially the database comparison covering the years between 1997 and 1999, furnished us indications and information that have been useful to develop policies and strategies for migrant prostitute interventions.

# 1.

**In your country, what is today the PERCENTAGE of migrant sex workers within prostitution?**  
%

	1997	1999
Austria	70	85
Belgium**	30	45
Denmark	30 =	20-40
Finland	20	30
France	40 =	30/40
Germany	Up to 60 =	Average: 53 - Northern Region: 62 - Central Region: 52 - Southern Region: 32
Greece	60	Up to 70
Ireland	10	15
Italy	80	90
Luxembourg**	40	
Netherlands**	60	68
Norway		25
Portugal	15	
Spain	40	50
Sweden	20	25
United Kingdom	25	There are variations depending on the town. *

## AUSTRIA

The figures are approximate; they are related to the Austrian provinces where TAMPEP have been doing streetwork (Vienna, Upper Austria, Lower Austria, Burgenland) and to information provided by some Health Centres because the majority of them did not give any information.

## GERMANY

The figures which are presented here are the result of an inquiry done by TAMPEP in April 99. The aim was to actualise the overview of migrant sex workers living and working conditions in Germany and to analyse the changes inside the milieu. The questionnaire was addressed to Health Care Centres, Prostitutes Organisations and NGOs dealing with migrant women and/or migrant sex workers. There were sent 65 questionnaires to 49 different towns. The result represents 70% of the returned questionnaires.

## ITALY

In Italy, the situation of prostitution, including their national constitution, varies very much from town to town. For example: in Turin, the majority of sex workers are Nigerian women, while in Rome they represent only 20%. The results here presented are an average of the data which we gathered from an inquiry done with several organisations in the following towns: Rome, Turin, Novara, Trieste, Udine, Venice, Bologna, Regione Marche, and Milan.

## SWEDEN

Our figures are taken from our knowledge about the women we meet in street prostitution. The estimation concerning prostitution in Sweden, is that only 1/3 of the total amount of prostitution is street prostitution and 2/3 is indoor prostitution, which we do not know sufficiently much about. So, our figures show an estimation of the total amount of migrants in prostitution, since we think that the amount of different nationalities shows about the same pattern in open and indoor prostitution. There are some deviations from this pattern, which is commented at that specific question.

As you all know the effects of the new legislation from 1<sup>st</sup> January 1999, concerning criminalizing the buying of sexual services has made the street prostitution almost disappear. Right now, after almost four months, we can see a slightly up going tendency again.

So, we will give you the figures from 1998, since we think they are relevant for almost all migrant women in Swedish prostitution - with one exception - probably the amount of women from Baltic countries on tourist visa is lower after 1<sup>st</sup> January 1999. Probably the difference is so small, that one can neglect it.

## UNITED KINGDOM

- Attention! The numbers of 1997 only represents ONE project in Central London.

- \* Because it is impossible to quantify the whole country, here some individual responses:

TOWN	UK	%	OTHERS	%
Glasgow (Scotland)	99		1	
Edinburgh (Scotland)	90		10	
Leeds	95		5	
Leicester	99		1	
Middlesborough	100			
Nottingham	100			
West Surrey	95		5	

## LONDON

PROJECT	GENDER	UK	%	OTHERS	%	UNKNOWN	%
Praed St. Project, Central London	women	46.5		24.5		29	
Streetwise, Central London	men	90		10			
Streetwise, Central London	transgender	98-99		1-2			
Mainliners, South London	women	65		35			
East Surrey, outer London		52.5		30.3		17.1	
Kingston&Richmond, outer London		66.6		33.3			

## \*\*Belgium/Luxembourg/ the Netherlands

The Central Region Commission of the Europap/TAMPEP network, consisting of Belgium, France, Ireland, The Netherlands, Luxembourg and the UK, in the programme year 1998-99, carried out a regional survey of sex work characteristics and policy changes. Some questions of the questionnaire concerned the percentage of migrant sex workers as well as their nationalities. The complete results of the survey are presented in the *Central Region report: Europap/TAMPEP Final Report*, November 1999. The figures reported in the tables, come from the specific survey concerning these 3 countries.

TAMPEP's data concerning 4 Dutch cities where the continuous registration of data has taken place, gives a higher percentage of migrant prostitutes which is estimated as high as 80/90%. This percentage has gone down after the implementation of the new law. It has been described in the chapters concerning TAMPEP Netherlands included in the *Final Report*.

## 2.

### In your country, from which region does migrant sex workers originate?

	1997	%	1999	%
<b>Austria</b>	Eastern Europe	80%	Eastern Europe	70%
	Latin America	20%	Latin America	25%
			Asia, Africa	5%
<b>Belgium</b>	Africa/ Eastern Europe/ Latin America		Other EU countries/ North and Sub-Saharan Africa/ Eastern Europe and the Balkans/ Latin America and the Caribbean/ Asia	
<b>Denmark</b>	Africa	50%	Asia	45%
	Asia	25%	Eastern Europe	45%
	Latin America	20%	Africa	5%
	Eastern Europe	5%	Latin America	5%
<b>Finland</b>	Eastern Europe/ Asia		Eastern Europe/ Asia/ L. America/ Africa	
<b>France</b>	North Africa/ Latin America/ Asia/ Eastern Europe		North and Sub-Saharan Africa/ Eastern Europe and the Balkans/ Latin America and the Caribbean/ Other EU countries	
<b>Germany</b>	Eastern Europe	50%	Eastern Europe	57%
	Africa	20%	Africa	15%
	Latin America	15%	Latin America	15%
	Asia	15%	Asia	13%
<b>Greece</b>	Eastern Europe	50%	Balkan countries	47%
	Balkan countries	40%	Eastern Europe	46%
	Africa + Latin America	7%	Africa + Latin America	5%
	Asia	3%	Asia	2%
<b>Ireland</b>	Africa		Caribbean	
<b>Italy</b>	Africa/ Eastern Europe/ Latin America		Africa	54%
			Eastern Europe	30%
			Latin America	16%
<b>Luxembourg</b>	Eastern Europe/ Latin America/ Africa		Other EU countries/ Africa/ Latin America,/ The Balkan	
<b>Netherlands</b>	Latin America	60%	Latin America and the Caribbean/ Central and Eastern Europe/ North and Sub-Saharan Africa/ Other EU countries	
	Eastern Europe	30%		
	Africa + Asia	10%		
<b>Norway</b>			Eastern Europe	40%
			Asia	30%
			Latin American	20%
			Others	10%
<b>Portugal</b>	Ex-Portuguese colonies/ Other African countries/ Latin America			
<b>Spain</b>	Latin America		Africa	65%
			Latin America	25%
			Others	10%
<b>Sweden</b>	Eastern Europe	70%	Eastern Europe	35%
	Africa	15%	Latin America	30%
	Latin America	15%	Africa	15%
			Nordic Countries	15%
			East Asia	3%
			Europe	2%
<b>United Kingdom</b>	Asia/ Latin America/ Eastern Europe		Asia/ Africa/ Central & Eastern Europe/ Latin America & Caribbean	

**Note:** There, where the percentage is not known, the list is compiled according to the size of the groups

### 3.

#### **EAST EUROPEAN countries described as countries of origin**

	<b>1997</b>	<b>%</b>	<b>1999</b>	<b>%</b>
<b>Austria</b>	Czech Republic Russia + Ukraine Hungary Slovakia Poland	35% 25% 15% 15% 10%	Hungary Czech Republic Slovakia Poland Russia + Ukraine Ex-Yugoslavia Rumania	35% 25% 15% 10% 5% 5% 5%
<b>Belgium</b>	Rumania, Russia, Poland, ex-Yugoslavia, Albania, Czech Republic		Rumania, Poland, Albania, ex-Yugoslavia, Hungary, Bulgaria and the Czech Republic	
<b>Denmark</b>	Poland		Poland, Czech Republic, Latvia, Russia	
<b>Finland</b>	Russia Estonia Others	90% 8% 2%	Russia Estonia Latvia, Lithuania, Poland	87% 10% 3%
<b>France</b>			Russia, Ukraine, Rumania and Albania	
<b>Germany</b>	Poland Russia Ukraine Bulgaria Czech Republic Others	30% 25% 20% 10% 10% 5%	Poland Czech Republic Russia Ukraine Baltic Countries White Russia Bulgaria, Rumania Others	23% 18% 15% 11% 10% 8% 8% 7%
<b>Greece</b>	Russia, Ukraine, Rumania, Poland Czech Republic, Albania		Russia, Ukraine, Poland, Czech Republic, Albania, Rumania, Bulgaria	
<b>Ireland</b>				
<b>Italy</b>	Albania		Albania Ukraine Ex-Yugoslavia Moldavia Rumania Russia Others	40% 16% 12% 8% 8% 8% 8%
<b>Luxembourg</b>	Russia		Albania	
<b>Netherlands</b>	Poland Russia		13 Central and Easter European countries	
<b>Norway</b>			Russia Others	90% 10%
<b>Portugal</b>				
<b>Spain</b>			Poland, Bulgaria, Czech Republic, Ukraine, Russia	
<b>Sweden</b>			Poland Estonia Czech Republic, Hungary, Russia, Yugoslavia, Rumania	40% 35% 25%
<b>United Kingdom</b>			Czech Republic, Poland, Russia, Estonia	

#### 4.

##### **LATIN AMERICAN countries described as countries of origin**

	<b>1997</b>	<b>%</b>	<b>1999</b>	<b>%</b>
<b>Austria</b>	Dominican Republic Brazil and others	95% 5%	Dominican Republic Peru Colombia Brazil Cuba	80% 5% 5% 5% 5%
<b>Belgium</b>	Ecuador		Ecuador, Brazil, Peru, Jamaica and the Dominican Republic	
<b>Denmark</b>			Brazil	
<b>Finland</b>			Nicaragua, Chile, Colombia	
<b>France</b>			Brazil, Ecuador, Dominican Republic Other Caribbean countries	
<b>Germany</b>	Brazil Dominican Republic Colombia Venezuela Ecuador	35% 35% 10% 10% 10%	Brazil Dominican Republic Colombia Caribbean (Cuba, Jamaica) Others	34% 30% 16% 10% 10%
<b>Greece</b>	Brazil		Brazil	
<b>Ireland</b>			Jamaica + Martinique	
<b>Italy</b>			Colombia Brazil Peru Others	40% 35% 20% 5%
<b>Luxembourg</b>	Brazil			
<b>Netherlands</b>	Dominican Republic, Colombia Ecuador		Dominican Republic, Colombia, Brazil and 7 other Latin American and Caribbean countries	
<b>Norway</b>			Dominican Republic Brazil Caribbean Others	50% 20% 15% 15%
<b>Portugal</b>	Brazil		Brazil	
<b>Spain</b>	Dominican Republic Brazil		Ecuador Colombia, Argentina Others	70% 15% 15%
<b>Sweden</b>			Brazil Chile, Argentina	95% 5%
<b>United Kingdom</b>	Brazil		Brazil, Jamaica, Colombia Trinidad	

## 5.

### AFRICAN countries described as countries of origin

	1997	%	1999	%
<b>Austria</b>			South Africa Ghana	50% 50%
<b>Belgium</b>	Ghana, Nigeria, Liberia, Magreb		Morocco, Ghana, Nigeria, Algeria, Congo, Tunisia, Liberia, Ivory Coast, Somalia and Angola	
<b>Denmark</b>				
<b>Finland</b>			Kenya, South Africa Morocco, Zimbabwe	
<b>France</b>	Ghana		Morocco, Algeria, Senegal, Congo and other Sub-Saharan countries	
<b>Germany</b>	Ghana Nigeria Others	40% 40% 20%	Ghana Nigeria Kenya Others	67% 19% 12% 2%
<b>Greece</b>	Rwanda, Somalia		Rwanda, Somalia	
<b>Ireland</b>	Nigeria			
<b>Italy</b>	Nigeria		Nigeria	99%
<b>Luxembourg</b>			African women coming to Luxembourg from Belgium	
<b>Netherlands</b>	Ghana, Nigeria, Liberia		Ghana, Nigeria, Morocco and other	
<b>Norway</b>			Morocco, Somalia	
<b>Portugal</b>	Angola, Mozambique, Cape Verde Nigeria, Ghana		Liberia, Sierra Leone, Ghana, Nigeria, Congo, Morocco, Angola, Mozambique, Cape Verde and Guinea	
<b>Spain</b>			Nigeria Sierra Leone Morocco Sudan Others	35% 25% 10% 5% 25%
<b>Sweden</b>			Liberia Kenya Ghana Other countries	25% 25% 20% 30%
<b>United Kingdom</b>			Morocco, Nigeria Sierra Leone, East Africa	

### SWEDEN

It is in general difficult to get knowledge about the circumstances concerning the women from African countries and therefore the figures of origin-country are somewhat uncertain. Many of the African women "prefers" indoor prostitution - probably more than the overall estimated 2/3. We do not meet women from Nigeria and Somalia in street prostitution but we know they exist in indoor-prostitution. We have got information telling us that these women mostly and sometimes even totally are selling sexual services to men from the same countries of origin. This is due to some of the Polish women as well.

## 6.

### ASIAN countries described as countries of origin

	1997	%	1999	%
<b>Austria</b>			Thailand 90% Philippines 10%	
<b>Belgium</b>			Thailand, Philippines, Vietnam, Turkey, Mauritius and China	
<b>Denmark</b>	Thailand		Thailand 99% Philippines, China	
<b>Finland</b>	Thailand		Thailand, China, Philippines	
<b>France</b>				
<b>Germany</b>	Thailand		Thailand 95% Others 5%	
<b>Greece</b>			Philippines	
<b>Ireland</b>			Thailand	
<b>Italy</b>				
<b>Luxembourg</b>				
<b>Netherlands</b>	Thailand		Thailand and other	
<b>Norway</b>			Thailand 90% Others 10%	
<b>Portugal</b>				
<b>Spain</b>				
<b>Sweden</b>			Thailand 70% Philippines, China, Arab countries 30%	
<b>United Kingdom</b>	Thailand		Mainly Thailand But also: China, India, Philippines, Malaysia	

## 7.

### MOBILITY CHART

In which other countries have migrant sex workers worked before coming to your country?

	1997	%	1999	%
<b>Austria</b>	<u>Latin Americans</u> : Switzerland, Italy, Germany, Spain		<u>Latin Americans</u> : Switzerland, Spain, Germany, Italy, Greece, <u>Hungary</u> : Switzerland, Germany <u>Romanian, Ukrainian, Bulgarian</u> : Poland, Hungary <u>Polish, Czech</u> : from mother countries	
<b>Belgium</b>			France, the Netherlands, Germany, Luxembourg, different parts of Africa, Italy, Spain, UK, Switzerland, Ecuador, Ghana and Eastern Europe	
<b>Finland</b>	Germany, Switzerland		Germany, Switzerland, Russia, Estonia, Sweden, Italy, Spain, Portugal, Netherlands	
<b>Germany</b>	<u>East Europeans</u> : Greece, Italy, Austria, Finland <u>Latin Americans</u> : Italy, Spain, France <u>Thais</u> : Netherlands		Netherlands, Spain, Italy, Greece, Switzerland, Poland	
<b>Greece</b>	Italy, Spain, France, Germany, Portugal		Cyprus, Turkey, Italy, Spain, Germany, France, Portugal	
<b>Ireland</b>	United Kingdom		United Kingdom	
<b>Italy</b>			France, Spain, Greece, Netherlands, Belgium, Germany	
<b>Luxembourg</b>	France, Belgium, Netherlands		France, Belgium, the Netherlands	
<b>Netherlands</b>	<u>East Europeans</u> : Germany, Austria <u>Latin Americans</u> : Germany, Spain, Greece, Austria, Belgium, Luxembourg <u>Africans</u> : Italy, Belgium, France, Germany		Every country in Europe except Ireland is cited. Germany and Belgium are cited frequently	
<b>Norway</b>			Sweden, Finland, Denmark, Netherlands, Germany, France	
<b>Portugal</b>	Spain, France, Belgium			
<b>Spain</b>			France, Italy, Belgium, Netherlands	
<b>Sweden</b>	Finland, Denmark, France, Portugal, Germany			

#### GERMANY

There exists a great mobility inside Germany itself, a phenomenon pointed out in the three regions of the country (North, Centre and South). This was noticed among all nationality groups.

#### SWEDEN

Sorry to say, but we do not know. Most women do not tell. So we cannot give any figures.

We know most of the East European women are coming directly from their own countries and did not prostitute at all before.

Some of the women from Latin America, Africa and the Nordic Countries have been prostituting in the Nordic Countries.

#### NORWAY

Most women have not – to our knowledge – worked in other countries than the country of origin.

## 8.

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**If you have any additional remarks or comments on the following topics:  
relevant facts for migrant sex workers situation (social situation, access to health care,  
etc), during these last two years  
major changes on policy or other legislation which had influence on their living and  
working conditions**

### AUSTRIA

There have been no changes.

### FINNLAND

- New Alien Law changes became valid on 1<sup>st</sup> of May 1999. Among others, it says that a sex worker who does not belong to any EU country, can be turned back (deported) in case there is a suspicion that she sells sexual services. In case there is a suspicion that she already worked as a sex worker once, she can have a refusal when demanding for a visa.
- The Ministry of Interior have instructed the Police to increase the control in sex-bars, hotels and in areas where there is street prostitution.
- It is too early to say how this will effect on prostitutes' living and working conditions, but you can say for sure that it will make sex workers feel more insecure.

### GERMANY

Some results of the questionnaire distributed in Germany in April 1999:

- With the argumentation that measures have to be taken in order to combat trafficking in women, the police in various cities is using quite repressive means inside the various prostitution scenes. Regular controls in apartments and clubs are pushing migrant sex workers even more into clandestine situations.
- The isolated living conditions of these women is a major comment throughout the evaluation, as well as the growing difficulty of health services and NGOs to contact them.
- Once more it was confirmed that control measures in prostitution remove any possibility of health promotion among a marginalised population. The increase of migrant sex workers has been noticed in almost the entire country, but they concentrate mainly in the regions between Frankfurt/Main, Cologne, Hamburg and Berlin, where, on the one hand, better living and working conditions are more accessible but, on the other, competition makes working conditions fall into quite low standards.
- However, many of the answers accused a growing empowerment among migrant sex workers, more determination to combat difficult situations during migration and while working in prostitution, mainly among East European women.
- It seems that in terms of law, Germany will adopt the same sort of regulations that are being introduced in the Netherlands.
- In Germany the majority of migrant sex workers work in apartments and as second choice, in clubs/brothels.
- A total of 22 services used TAMPEP material in the whole country: 15 Health Care Services and 7 NGOs.

### GREECE

- There was a general increase of migrant sex workers inside the Greek sex industry.
- Last year crisis in the Balkan countries increased the number of migrant sex workers in the northern part of Greece, mainly women from Bulgaria. Nowadays, because of the conflict in Yugoslavia, we are expecting an increase of women originating from Albania and The Kosovo region.

- In the last three months Police Vice Squads controlled severely different massage parlours and the street prostitution scene in order to *protect* mainly young (teenagers) migrant sex workers. That fact changed the whole prostitution scene. Those youngsters have been hidden or have been moved from one (prostitution) working place to another.

## **IRELAND**

Attention! The figures here presented represent only the situation in Dublin.

## **NORMAY**

- In the last two years there have been outreach work targeting Thai and Latin American women. It seems that most of them have a legal stay in Norway (a residence and a work permit) by marriage or family reunion.
- Generally the sex workers have very little knowledge of the Norwegian language, laws and social services.
- Unfortunately, no services are designed for the growing number of Russian sex workers in the north of Norway (Russian women coming from the Kola Peninsula). The growing number of Russian sex workers in the north has led to a great deal of political debate in legislation. Many of the women have been expelled.
- There has also been a growing demand for criminalization of the clients.
- A trial has so far concluded that, although prostitution is not illegal in Norway, according to the Alien Laws, prostitution is considered to be work. But, as it is forbidden to work without a permit, and a working permit is not given for sex work, migrant sex workers are expelled of the country and have their earnings confiscated. That trial will end in the Supreme Court on the 21 of May.

## **PORTUGAL**

It is very difficult to answer the questionnaire because we have only access to data concerning our two projects in Lisbon – the Drop-in and the Mobil Unit – what makes it impossible to give an overview of the situation of migrant sex workers in the country. Apart from it, our two projects work only in the street prostitution scene, what unable us also to inform about other types of work places (clubs, brothels, etc.).

However, the media informs that there has been an increase of migrant women working in prostitution, most of them victims of trafficking.

In the Drop-in Centre in Lisbon we noticed a changing concerning African women: apart from those coming from the ex-Portuguese colonies (Angola, Mozambique, Cape Verde), there is an increase of women coming from Nigeria, Ghana, Sierra Leone, Morocco and Zaire.

- Résumé from an article of a daily newspaper in Lisbon (Diário de Notícias, 16. 05.99)

*The prostitution scene in Portugal has a new nationality composition due to the increase of women coming from East European countries, mainly Russia, Hungary and Moldavia. Until now most migrant sex workers originated from Brazil and Peru. The Borders and Aliens Police Department declared that most of East European women are trafficked and were brought to Portugal by different groups which act mainly in Lisbon, Oporto, Coimbra and Leiria. These facts came to light because the police did a series of controls in different cities, with the aim to combat trafficking and control migration.*

## **SPAIN**

- Nowadays in Spain all migrants have access to health care services, even if they do not have a legal status in the country.
- Although the data here presented concern only street prostitution in Madrid (because that is our target group), we know that there are East European and Latin American women working in clubs in Madrid.
- The working and living conditions of African sex workers are very hard because most of them are trafficked women, what means great control and exploitation.

## **SWEDEN**

### **Social situation**

There still is economic recession in Sweden concerning possibilities in labour market, education etc. This will influence the situation for women generally and of course for migrant women specially.

### **Health care**

It is open and free to everybody in Sweden and you do not need to be afraid to visit health care centres even if you should be here illegally.

### **Major changes in policy or legislation**

All women in prostitution are affected by the new legislation concerning prostitution in Sweden. There has been much attention around prostitution in different ways. The police force has been searching for clients; it is difficult to establish oneself in street prostitution. It could also be more difficult to establish in indoor prostitution for the same reason.

If you are a foreigner the attention is more likely to be even bigger.

Since 1/1 we have met very few migrant women in prostitution at all.

## **Conclusions**

The first table clearly indicates that the overall percentage of migrant prostitution workers has increased in all European countries, with the exception of Denmark, France, Germany, and in all probability Luxembourg, where the percentages either have remained the same or have diminished. These statistics are reported in three regional commission reports (Europap/TAMPEP Final Report of November 1999)<sup>2</sup>.

In 1998/1999, according to the signals and analyses that have come from the regional commissions of the Europap/TAMPEP network, frenzied policy changes concerning public order, control, and repression or prohibition have occurred during the past 2 to 3 years in nearly all European countries. Despite the exacerbation of repressive policies that has been signalled in all European countries in the past two years, the migrant sex-worker population has increased. In the light of this apparent contradiction, the increased percentage of migrant prostitution workers appears to be somewhat baffling?

It has been noted that the supply of people and the organisation of the commercial sex market are global. In those countries where TAMPEP intervenes, we note that the effects of a policy for the containment or elimination of prostitution has the unintended effect of creating greater territorial distribution of prostitution and an increase in its overall extent within the commercial sex market<sup>3</sup>. Repressive policy also makes more room for the entry of new figures, compromises the safety, autonomy, and the capacity to negotiate of professional prostitutes, and widens the field of action for criminal organisations involved in exploiting prostitution and trafficking women. The immediate outcome of police interventions and abrupt administrative policy changes, which impose controls or prohibitions, is greater sex-worker mobility. To evade controls and to exercise their trade, the prostitutes go elsewhere. Overt prostitution becomes covert prostitution. In the situation of covert prostitution, it is easier to escape detection and controls because prostitution is exercised in apartments, in nightspots, in small provincial centres, or outside or at the edges of cities or towns rather than within them.

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<sup>2</sup> Europap-Tampep : Husling for Health

<sup>3</sup> Europap-Tampep : Final Report, November 1999

In this way, new prostitution circuits are created, which increase the number of prostitutes and the overall extent and forms of prostitution.

The globalisation of prostitution, as well as the logistic and communication networks surrounding the community of migrants/prostitutes, allows us to predict that there will be no significant fall in the migratory movements of persons. The people excluded from the formal economy in EU countries seek economic survival in informal work sectors. Therefore, we strongly feel that the practise of prostitution should be considered, classified, and legally recognised as informal work.

In order to monitor and understand this phenomenon, continually monitoring cause and effect and continually making situational comparisons among all European countries, including those of Central and Eastern Europe is an absolute necessity.

Migrants now exercise prostitution in all EU countries. As it was in the past, the high percentage of female migrant sex workers no longer is a singular characteristic of the countries of Northern Europe. Indeed, there are high concentrations of these sex workers in the Southern European countries of Italy (90%) and Greece (70%).

Let us take the example of the three countries with the highest percentages. In Greece (70%) and Austria (85%), which are regulatory countries where the most widespread form of prostitution occurs within closed settings, we still see that the presence of foreign women is very high. Italy is a country where foreign prostitutes represent 90% of the total number of prostitutes, and the most widespread form of prostitution is street prostitution. Also, in Italy, an administrative and legislative system of an abolitionist nature is in place, (as is the case in the majority of European countries).

In the three countries with the highest percentage of migrant prostitution, the presence of extra-community prostitutes, as a majority, is a factor that is not dependent on the forms of and the policies on prostitution that exist in those countries. In all European countries, other factors, like the geographic vicinity of the country of destination and migratory movements that extend beyond borders, seem to be of greater influence. Also, to explain the presence, or the lack of presence, of certain nationalities in certain EU countries, regional considerations are of extreme importance. For example, Greece, which lies in the Balkan region, and Turkey, and other Asian countries, serve as countries of transit towards other destinations. Scandinavian countries are countries of entry and passage for the women from Baltic countries. Also, in the Baltic countries, local private organisations report the presence of Russian, Moldavian and Ukrainian women within the local sex industry<sup>4</sup>.

Besides, one must bear in mind that the migratory movements linked with prostitution are first of all transnational and often are transcontinental. The presence of foreigners in prostitution has been signalled just about everywhere in the world. In Central Europe, in countries like Poland, the Czech Republic, and Hungary, the migration and trafficking of women and prostitution is far more widespread than that found within the EU.

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<sup>4</sup> Foundation of Women's Forum/Stiftelsen Kvinnforum, Stockholm: Trafficking in Women for the Purpose of Sexual Exploitation. Mapping the Situation and Existing Organisation Working in Belarus, Russia and the Baltic and Nordic States, August 1998

Women coming predominantly from other countries of East Europe, like the Ukraine, Russia, and Moldavia, are more likely to be found in greater number within the EU. Therefore, the role of Central European States, as starting points and the countries of transit, is important. The tables, which indicate nationalities, reveal the high presence of Polish, Hungarian, Czech, and Slovakian women within EU countries. Those countries in formal economic association with the EU, or those countries that are candidates for this, are throughways for those persons who require visas for into EU countries. The table on mobility confirms this statistic. For example, those women who require entry visas for Austria, like Romanian, Bulgarian, and Ukrainian women, usually have had prior work experience in prostitution in Hungary and in Poland. Hungarian women usually have had prior work experience in prostitution in Switzerland and Germany. On the other hand, Austria is the first country of destination for Czech, Slovakian, and Polish women who are without prior work experience in prostitution in their native lands. For these women border crossing is facilitated by country-to-country agreements that ease entry into a country for the citizens of contiguous states, (which is explained in detail in the TAMPEP/Austria report).

La Strada<sup>5</sup>, a network of NGOs (non-government organisations) that work against the trafficking of women, which is chartered in Bulgaria, Romania, Poland, the Czech Republic, and the Ukraine, and the Israeli Women's Network<sup>6</sup> have signalled a high concentration of women from various Eastern European countries in the Black Sea region. Even in the countries of the ex-Soviet Union, there is a hubbub of internal migratory flows among the republics. In the Ukraine, the majority of the prostitutes in the city of Odessa are the women from Moldavia. On the other hand, in Turkey and in the Middle East countries, the majority of the prostitutes are the women from the Ukraine, Russia, and the Baltic States. In Israel, the nationalities of the majority of the are the same as those of the other Middle East countries. But the trafficking of these women and the control and organisation of the prostitution in Israel is in the hands of racketeer influenced and corrupt organisations<sup>7</sup>.

When deciding the country of final destination or which country to pass through, or not to pass through a country, what is the attractiveness of choosing one country over another? Especially for the female sex workers from Africa and Latin America, one important factor is the presence of their fellow nationals that are inserted within an ethnic community that is already stabilised within the country of choice. Another is the relationship that exists among the networks of traffickers and their contacts with the local prostitution market. Yet another is room for expansion (like the acquisition of places of prostitution like hotels, bars, clubs, apartments, and nightspots) that criminal networks of traffickers create and conquer within the sex industry of a country.

The women determine their travel routes based on such things as the information that they receive from their friends, or fellow nationals, about the form and substance of the

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<sup>5</sup> La Strada, Ceska Republica: Trafficking in Women in Post-Communist Countries of Central and Eastern Europe, 1997

<sup>6</sup> Israeli Women's Network: Trafficking of Women to Israel and Forced Prostitution. A Report by Martina Vanderberg, Jerusalem, November 1997

<sup>7</sup> Idem

work they will carry out, their probable earnings, their self-experience, and the agreements or contracts that the intermediaries eventually reach or tender with them.

Migratory route ways are determined based on such things as the entry visa requirements for tourism (or other purposes) of each EU country, the norms and the extent of police controls and the usual outcome of these controls, and the legal norms for expulsion or repatriation in each of the European countries that is a signatory to the Schengen Accords.

Finally, the most important factor of all is the character and spirit of each woman who leaves her country to improve her condition in life in search of social and economic opportunity elsewhere and her determination, whatever the cost, short of committing outright criminal offences, to overcome every administrative, juridical, or physical obstacle that comes her way.

It is explicitly and implicitly apparent that all the aforementioned factors are of greater influence and that they have more impact than a system of regimentation that futilely attempts to manage or control an amorphous phenomenon like prostitution.

The statistics reporting the regions (or nationalities) of origin in tables 2, 3, 4, 5, and 6 indicate that the geographic regions of origin remain unchanged. Rather, the numbers of the various countries of origin (nationalities) have increased. We noted this trend within the countries in TAMPEP's network in 1998. At that time there were only around 10 to 12 diverse nationalities in the sex market of 1993/1994. However, in 1997/1998, the number of relevant nationalities had climbed to 25<sup>8</sup>. There are many other countries in which this melting pot of immigrants is clearly visible.

In Holland, we are able to cite the presence 27 various nationalities, based on the reports of several regional sources throughout the country, with the presence of 23 diverse nationalities in the group classified as occasional prostitutes<sup>9</sup>.

Equally, in Belgium, there are 32 diverse nationalities among the prostitutes<sup>10</sup>. Also, in the United Kingdom, despite the relatively limited number of extra-community sex workers, among them are various nationalities from all over the world.

In Austria, in 1997 there were no records of Asian and African women prostitutes. However, in 1999, the recorded presence of these women coincides with the 10% reduction in the recorded presence of women from Eastern Europe countries. On the other hand, from 1997 to 1999, the recorded presence of Latin American women has increased by 5%. (It is be noted that Latin American women have been present in Austrian bordellos since the end of the 70s and the beginning of the 80s.)

In Greece, there has been a 7% increase in the presence of women from the Balkan states (rising from 40% of the total presence in 1997 to 47% in 1999), along with a 3% decrease in the presence of women from other Eastern Europe countries (falling from 50% of the total presence to 47% in 1999).

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<sup>8</sup> Europap-Tampep: Final Report, November 1999, Central Region Report

<sup>9</sup> Idem

<sup>10</sup> Idem

In Italy, in 1997, with the exception of Albania, the presence of women from Eastern European countries was sporadic, but now these women comprise 60% of the total presence of women from East Europe and the Balkan States. Albanian women now constitute 40% of the total presence of Eastern European women. (It is to be noted that the TAMPEP/Italy Co-ordinator has reported that the handlers of Albanian women seem to be slowly starting to transfer them to North Europe in search of greener pastures.)

In Germany, from 1997 to 1999, the recorded presence of Polish women has decreased by 7% (falling from 30% in 1997 to 23% in 1999), with an increase in the recorded presence of various regional nationalities, like Romanian women and women from the Balkan states, with an 8% increase in the presence of Czech women (rising from 10 to 18%).

Table 7, which reports mobility, indicates primarily EU countries. Few statistics are reported that regard other countries or other continents because our priority was to gather indications on the turnover within the countries in the Europap/TAMPEP network. From these statistics it is ascertainable that the diversity of nationalities, as well as the mobility and the networks that extend beyond national borders, has markedly increased. The reasons for and the characteristics of these transnational movements and networks have been fully documented and described by both qualitative analysis of empirically derived statistics and research reports, which cover the period from 1993 to 1998, that are contained in TAMPEP Final Reports<sup>11</sup>.

Although Table 7 is partial in scope, an item of interest is that the majority of EU countries have served as either the country of entry or as the country of transit for migrant sex workers. (The partial scope of Table 7 is because not all the countries were in possession of the statistics relative to this matter, like England and Sweden, and Table 7 does not specifically cover all the nationality groupings. In addition, the travel routes have greatly expanded.) In Finland, in 1997, we see that the only two countries that were cited as the place where prior work experience in prostitution had been acquired were Germany and Switzerland, whereas now the nine countries of Germany, Switzerland, Russia, Estonia, Sweden, Italy, Spain, Portugal, and Holland are named. Likewise, in Greece, in 1997 only five countries were cited, but now in 1999 seven countries are named.

Another item of interest is that in 1997 that most of the Latin American women in Austria appear either to have worked in or to have transited Switzerland, Italy, Germany, and Spain, but now, in addition to these countries, Greece is mentioned. Hungarian women appear to acquire prior work experience in prostitution in Switzerland and Germany.

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<sup>11</sup> TAMPEP 1. Final Report. 1994

TAMPEP 2. Final Report. 1995

TAMPEP 3. Final Report. 1997

Brussa, L: TAMPEP: Analyses, the first year 1993/1994, Amsterdam 1995

Romanian, Ukrainian, Bulgarian, and Russian women require entry visas for Austria, and they name Poland and Hungary as the countries where they acquired prior experience in prostitution.

Czech, Slovakian, and Polish women do not require entry visas for Austria, and they name Austria as the first country where they acquire their first work experience in prostitution.

Another item of interest is that certain countries are cited much more frequently than others are. Both Germany and Switzerland are very often cited as the countries where certain nationalities say that they have acquired previous work experience in prostitution. Germany, in addition to the long-standing presence of certain ethnic communities, like the Thais, Poles, and Latin American groups, that have been stabilised there dating from the end of the decade of the 70s, clearly its “central” geographic position, along with its economic might within Europe, is the determinant factor for this trend.

Indeed, our having listed some countries as the countries where transnational European mobility occurs does not mean that this listing is complete. Therefore, we urge the reader’s strict attention to not mistaking these statistics on mobility among European countries as being absolute or as being relevant to all the sample of the constituents of the overall population that was targeted for interview. These statistics are to be considered only as indicators for the overall situation of mobility. Again, we wish to emphasise the wholly empirical nature of these statistics. Indeed, only by directly interviewing the target groups in the field are it feasible to gather statistics on mobility. Besides that, in order to get this type of information, it is necessary to instil a very good relationship and very good channels of communication with the various groups of migrant women. And, even in this case, when interviewed, the women often report only their prior sojourn in a country and not the country of residence, without indicating all the countries in which they have worked. (Their reports on the country of prior sojourn have to be accepted at face value, which leaves room for reasonable doubt and causes skewed database collection.) Only through the use of application of a highly accurate, common means of methodology will permit database collection that truly mirrors and represents the situation of mobility. The development of improved database collection is a fundamental task for future development.

During the same period of the European survey, some members of the Central Region Commission of the Europap/TAMPEP network effectuated another survey (see previous foot note) regarding sex work characteristics and policy changes. One question of this questionnaire concerned the mobility of sex workers amongst the various countries. In spite of the fact that the question regarding mobility did not concern specifically migrant sex workers, the results are worthy of consideration. The findings of the survey reveal that in several regions that there is a great deal of in-country mobility of persons involved in various forms of prostitution and that there is a lot of movement back and forth the borders of contiguous states. A high level of mobility among sex workers,

many of which are migrants, has been ascertained especially among the countries of Luxembourg, Holland and Belgium<sup>12</sup>.

On the other hand, the information that TAMPEP has gathered on our main target groups (Albanians and Nigerians) in Italy, Austria, Germany, and Holland indicates that Nigerian women have developed transnational networks, particularly in the countries of Belgium, Holland, Italy, Switzerland, and in parts of the United Kingdom, Germany and Austria. The Albanian networks are more widespread throughout Europe than they were two years ago, when they were primarily concentrated in Italy and Greece, the countries of entry, network development, and the criminally corrupt exploitation of Albanian prostitution. The indications are that the nucleus of the Albanian community and the nucleus of the RICO (racketeer influenced and corrupt organisation) that controls Albanian prostitution is based in Italy.

Nigerian women usually have contacts with their compatriots or family members, especially in the Benelux countries. They leave Italy, either, temporarily, to seek greener pastures in prostitution or, definitively, to establish an alternative lifestyle elsewhere. But, at times, they are “accompanied” by third parties to be “emplaced” within the circuits of prostitution in the Benelux countries but, all in all, the mobility of Nigerian women is usually voluntary.

At other times, the motive for their moving from one country to another is contrary to these general trends just described. Often, they move from one of the Benelux countries towards other countries in Europe. Very often, the length of the stay in the first country of destination is rather long. The majority of the Nigerian women interviewed in Holland indicated that they had been in Italy from five to eight years, with many of them having indicated that they had fled from Italy to escape the control of their madams.

On the other hand, we know that Albanian women are under the strict control of pimps, but the information from Italy indicates that many Albanian women, referring to the contacts that they have with their girlfriends who have already work experience in prostitution in other countries, have revealed to the operators involved in prostitution projects that they are thinking about leaving Italy for other European countries.

The mobility of these two groups of women is very elevated. And, besides the internal network of contacts that exists among the compatriots within the Albanian and Nigerian communities, the clear indication that is common to both groups is that the individual network of the controlling criminal organisation of each group, generally, is becoming larger and more widespread.

Women from countries in formal association with the European Union do not require entry visas for the countries that are signatories to the Schengen Accords. These women work as prostitutes in Western European countries and, because of this entry visa advantage, usually, at intervals of 3 to 6 months they return home. They have a greater tendency to take advantage of all the options open to them; therefore, they engage in

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<sup>12</sup> Europap-Tampep: Final Report, November 1999, Central Region Report

various forms of prostitution in several Western European countries. But, usually, they do not work as prostitutes in their home countries.

To cite another example, there is the well-known and constant turnover and mobility of many women, especially Latin American women, who have been living in Holland for a long time, that to work in prostitution on a regular basis in Germany, Italy, Spain and, within the past year much less so, in Belgium and Luxembourg.

The entry of new groups into a country, or into a region, displaces those who have been there for a long time before the newly arrived. To illustrate this point, we cite the case of the recent entry of Albanian women into Belgium, which has provoked the mass exit of certain groups of Nigerian prostitutes who had been operating there for years.

Everywhere in the world, each one of us is witnessing radical changes in the forms of prostitution, widespread mobility of its constituent population that continuously spreads out its movements between and among several countries and regions, constant turnover with the effect of a chain reaction, and struggles for the dominion of the sex market and lines of communication and transportation by the RICOs. In the light of all these factors, it is impossible to imagine, at this moment in history when we are about to enter a new millennium, that economic, social, and health interventions in behalf of prostitution are rooted in or based on the local or domestic concerns of a single nation. The influence of these global factors must be taken into consideration in the development of non-repressive policies that must be innovative, multidisciplinary, and transnational/international in their scope, application, and outlook.

# Overview

HANKA MONGARD

**T**his report contains the general overview of TAMPEP's work in The Netherlands. It includes the description of the prostitution scene in this country and the changes in the legislation concerning prostitution, the methodology of TAMPEP. In the last part of the report one can find the analysis of the target groups of Central and East European women and the description of TAMPEP's work with them.

## Prostitution scene in The Netherlands

According to rough estimations, there are about 25 000 persons working in prostitution in The Netherlands. 90% of them are women, 5% are men and another 5% are transgender. 45% of them work in sex clubs, 20% in the "windows", 15% in escort service, 5% on street, 5% at home and 10% in other forms of prostitution such as hotels, bars and discotheques<sup>13</sup>.

Official authorities estimate that two thirds of them are migrants<sup>14</sup>, however TAMPEP estimates that in the four towns where TAMPEP conducts its outreach activities among prostitutes working in the windows, the number of migrant sex workers is more like 90% to 95 % of all prostitutes. In most cases these migrants are "illegal" – this is the term the official authorities apply to persons who do not have a residence permit or any other document which would authorise them to work in The Netherlands. For clarity reasons this term will be used in this report when talking about migrants without residence permit.

A migrant sex worker is a person who works in another country through choice, economic circumstances or coercion. In the Netherlands there are various sorts of migrants, their position within the society depends on the fact whether they possess a legal status or not.

Most of the migrant prostitutes work in "windows" and this constitutes a lower category of prostitution. This "window prostitution" is to be found almost exclusively in the big and middle-sized cities of the Netherlands. The women working in window prostitution sit while waiting for their clients in a room with a big (shop) window which looks at the street. Usually the room just contains a bed and some sanitary but it happens that the room also functions as the place to live. The sex workers pay a daily (or sometimes weekly) rent for the window to the amount of about 150 guilders per day, although this varies according to the city and the window's location within the city. In principle the

<sup>13</sup> Lucie van Mens, Therese van der Helm, Mobiliteit in de Nederlandse prostitutie, Utrecht, Junie 1999

<sup>14</sup> ibid

women are independent of their landlords: they pay their rent and they keep everything that they earn above this. They are also free to choose their clients and working hours.

Migrant women also work in sex clubs, usually situated in a rural area. The conditions of work in the window and in clubs are quite different: Obviously this has to do with the fact that the club owner actually is her employer. He/she decides her working environment, he/she obliges her to socialize and entertain her clients, he/she shares her earnings and he/she stipulates all other requirements.

In the past few years the prices for sex services in the Netherlands have been going down. According to Brigitte Slot and Jeannette Kruize<sup>15</sup>, the actual prices of services of prostitutes went down in the last twenty years as much as 60%. This is due to the increasing number of (migrant) prostitutes who are competing with each other by offering lower prices and a wider range of “services”. According to TAMPEP another reason for this drop of prices is the introduction of a new law in the Netherlands. This causes these women to live in a constant fear of being deported out of the country and this leads them to try and earn “quick” money by increasing their turnover through lowering their fees. This way they hope to earn as much as possible before being caught and sent away. The fear of prosecution and the feeling of insecurity and tension lead to a situation where prostitutes lose control over their working and living conditions and it consequently erodes the level of the client rates.

The flow of migrants willing to work in prostitution in the Netherlands started in the seventies when women from Southeast Asia (Thailand, Philippines) started arriving in Dutch towns. They were followed in the eighties by women from Latin America and the Caribbean (Columbia, Dominican Republic) and Africa (Ghana, Nigeria).

The fall of the communism in the late eighties and the early nineties brought along an influx of women from Central and Eastern Europe. This group of sex workers has been showing continuous changes in its make up during the last 6 years. At the beginning of the nineties, the biggest group of East European prostitutes was constituted by the women from Poland and Czech Republic. There were also small groups of women from the countries of former Soviet Union, Yugoslavia and Slovakia. Later, women from the republics of former Soviet Union (Russia, Ukraine and to a lesser extend from Lithuania and Belarus) started arriving in big numbers. Now, as the result of the implementation of a new law on prostitution, this last group has been diminishing and is being replaced by the women from so called associate countries: Poland, Czech Republic, Hungary, Bulgaria, Romania and recently from Lithuania.

As far as the presence of other (non-European) groups of migrant sex workers, such as women from Southeast Asia, Latin America and Africa is concerned, there have also been some changes in the make up of this population recently. As a result of the implementation of the new law, the number of women from Southeast Asia has diminished and there is quite some fluctuation in the number of Latin Americans and Africans.

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<sup>15</sup> Brigitte Slot, Jeanette Kruize, Numertje naakt, vijftig gulden, Black Light, 1999, nummer 3

## **The Dutch policy towards migrant sex workers before the new legislation on prostitution**

The Dutch government policy towards migrant sex workers has undergone a big transformation during the six years of the existence of TAMPEP.

Until recently, there has been no clear official policy towards illegal migrant sex workers which meant that their presence in Holland and the fact that they were working in prostitution was more or less tolerated by the authorities.

Two separate police departments, vice police and aliens' police were, and are still dealing with the problems of migrant prostitution. The vice police perform the function of making contact with the (migrant) sex workers in order to establish that they are not being exploited and not being forced into prostitution as well as confronting the problem of trafficking in women. The aliens' police control these persons as far as their legal position is concerned. They check whether the sex workers are in possession of a visa, residence permit and/or working permit. Migrant prostitutes, who have not obtained a residence permit, are by definition working illegally, as one can not obtain a working permit for sex work. The final outcome of the efforts of these two sections of police are contradictory since they are at the same time both tolerant and repressive, and – to make things worse - the situation varies from town to town as the police have a fair amount of autonomy in defining their actual policy and priorities. This way for example in Amsterdam, Alkmaar and The Hague illegal migrant sex workers were allowed to exercise their profession, while in Arnhem only legally staying women were allowed to work. Such a situation of ambiguity existed until the year 1996 when Amsterdam in anticipation of the law changes, started expelling all illegally working prostitutes. Soon other Dutch towns followed the example of Amsterdam.

## **New legislation on prostitution in the Netherlands**

### **< The new law**

The past years have been marked by political debates on legislative changes about prostitution. At the end of October 1999 the Dutch parliament came to a decision about the legalisation of exploitation of prostitution. In order to enable the government to exercise better control and in order to regulate prostitution activities, the Dutch Ministry of Justice has prepared a new law which leads 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 is however subject to much 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 means that the government gives advice and

guidelines to the local authorities concerning control of all forms of prostitution and its commercial exploitation in their area of jurisdiction. The municipal authorities have to formulate the conditions under which prostitution is permitted within their municipal boundaries. Only those establishments which respond to these conditions obtain special licences which permit them to continue to exploit their business.

The conditions which municipals have to lay down involve:

- nature and size of brothels (a brothel may not disrupt the residential climate and quality of life of the neighbourhood)
- hygienic and safety 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).

### **Effects of these amendments on the situation of migrant sex workers**

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

The ban on "illegal sex workers" (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 decriminalize prostitution, to improve humane conditions of the sex workers 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 sex workers from EU countries. "Illegal" sex workers will remain unprotected and will therefore be further criminalized and forced to live and work in inhumane conditions.

One of the goals of the new law is to decriminalize prostitution and to combat trafficking in persons. Many (illegal) sex workers 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 sex workers an even more vulnerable group.

As already stated, in some of the larger towns like Amsterdam, initial measures to implement this (than not yet legislated) law had been already taken some years ago. The municipal authorities imposed upon the owners of sex establishments the obligation of refusing to rent "windows" or 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.

Not long after this, other Dutch towns started with actions which were aimed at cleaning up of the prostitution scene and expelling all illegal aliens. In most of the towns special police units were created in order to carry out a systematic control of the prostitution streets. As the result of these actions, the make up of prostitution scene once more was

thrown into disorder: all illegally staying prostitutes were either expelled by the police, started moving amongst various towns looking for places where migrant prostitution was allowed or they went into hiding.

In the whole of the Netherlands there are now very few places where illegal migrant prostitutes are still allowed to work, even if it is only for a limited period of time. Two of these places are Alkmaar and Nijmegen.

Although the new law has just been legislated, TAMPEP workers are reporting an immediate effect on the prostitution scene which has become unstable and unpredictable. TAMPEP has recorded that the implementation of this law has immediate and far-reaching consequences on the well-being of sex workers with an illegal status. The new law also seriously interferes in TAMPEP's prevention work or the activities of any other outreach organisation.

It was quite naive to expect that after the new law had been legislated, illegal sex workers would leave the Netherlands. Quite reverse happened: many of them went underground in order to avoid persecution by the authorities. But it also means that these women are inaccessible to help-organisations and to health promotion activities of outreach workers. It could have disastrous consequences for the health condition and well being of these persons.

In pursue of safe working places (i.e. without police chasing after them), sex workers 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 organized 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.

TAMPEP has observed that, as the result of the new legislation, many women sought their rescue in (fake) marriages with European citizens. This way, a migrant woman automatically obtains a work permit which allows her to work anywhere, including prostitution. But marriage makes a woman very dependent and vulnerable too. The law offers her little protection before she qualifies for a definitive residence permit, what can take from 3 to 5 years. If she wants, for example, to divorce before having obtained her definitive papers, she risks losing her residence permission and may have to leave the Netherlands.

## **The organisation of health services for sex workers**

Health care is well organised in the Netherlands. All Dutch citizens and persons who have a Dutch residence permit enjoy the national health insurance. In most cases, a citizen has his/her own general practitioner to whom he/she turns first in the case of health problems. If there is a need, the doctor refers the patient to a specialist.

The persons who are staying illegally in the Netherlands however are in a more difficult situation. They are not insured and therefore in the case of a health problem, they will have to pay the full tariff for medical help which can be very expensive.

In the Netherlands, there are no specific health laws which concern sex workers: there are no mandatory medical controls or registrations and there are no specific clinics for sex workers.

All sex workers, regardless whether they are staying legally or not in the Netherlands, may attend one of the centres of the Dutch public health service where they get free (or at low cost) and anonymous check-ups and treatment. These centres can be found in every larger city in the Netherlands. The contemporary Dutch policy toward sexually transmitted diseases (including HIV infection) is being based upon an appeal to personal responsibility and a pragmatic approach. Prevention, contact tracing and cure have been integrated into the system of the local health department. The aim is to reach as many sex workers as possible. Key words are: anonymous, voluntary and inexpensive.

The prostitutes working in sex clubs have usually their own club physician who checks them weekly and whom they have to pay a considerable amount of money. Sometimes these costs are shared by the brothel owner.

### **The situation of migrant sex workers in the cities where TAMPEP performs outreach work**

TAMPEP defined several selection criteria for preferential territories of its outreach project:

- The predominant presence of migrant sex workers: regions or cities where at least 90% of the foreign women come from Latin America, Africa and Central and Eastern Europe

- Towns with different policies towards prostitution and towards foreigners (like for example Alkmaar and Arnhem). These factors have a strong influence on the conditions of work experienced by the sex workers.

- Coverage of the whole of the Netherlands: from the south to north, from east to the west. During the first years of the project TAMPEP also covered border region and clubs situated in rural areas.

- Areas with various constitutions of the groups of sex workers: areas with predominantly prostitutes who have just arrived in the Netherlands, often straight from their countries of origin, as well as areas with women who have been working longer in prostitution and have been living in the Netherlands for a lengthy period.

- The (active) presence of public medical and social services in the prostitution area and their willingness to co-operate between with TAMPEP.

During the development of TAMPEP, cities and areas not originally included in the initial work plan have been integrated into the project as well. Primarily, this was linked to subsequent knowledge indicating a more consistent presence of members of the designated target group. Additionally, several new areas were included as a means to activate collaborative partnerships with local organisations and health services which required TAMPEP's mediation skills to attract and involve migrant sex workers.

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

As said before, the main indicator for starting prevention activities in a given area or city was the predominant presence of migrant sex workers and the presence of health services for prostitutes. This way during the six years of its existence TAMPEP have felt free to choose the towns and areas of its activity according to these above mentioned factors and therefore sometimes the areas of TAMPEP activities changed.

In the first years, TAMPEP's activities have been focussed simultaneously on the prostitution windows of three different towns in the Netherlands: Arnhem, Nijmegen and Alkmaar and in the sex clubs in the towns of Enschede, Maastricht and in the provinces of Noord Limburg and Gelderland (Nijmegen region) where the sex workers from countries of Central and Eastern Europe, Latin America and Africa were the main target group.

In the period of May 1998 until October 1999 (TAMPEP 4), TAMPEP carried out the activities in the following towns: Arnhem, Nijmegen, Alkmaar and The Hague. The target group was the same as in the previous years; however there were fewer activities for the African women.

As mentioned before, this last year of existence of TAMPEP was marked by the passing of the new law on prostitution in the Netherlands. Therefore, when comparing the current prostitution scene with those of previous terms of TAMPEP, one can observe some characteristic trends:

- the change of the make up of the target group: an increase in number of women from EU associated countries, a diminishing of number of women from former Soviet Union, the change of the composition of the group of Latin American
- a drop of prices of sexual services
- a greater mobility of sex workers
- a greater tolerance to working more often without a condom
- changes in the make up of prostitution scenes: in most Dutch towns there are only women with Dutch or EU citizenship

## **Main principles of the TAMPEP methodology**

The working methods of TAMPEP are based in a theoretical model and they are being applied simultaneously in four member countries. The theoretical background of TAMPEP's methodology is reported and explained in this section of the report only, for the simple reason that The Netherlands have a long history of migrant prostitution and therefore, many of the methods dealing with this phenomenon have been developed in Holland.

The already existing knowledge and empirical experience in Holland constitutes a strong basis for further research and this gives TAMPEP ample opportunity to develop the theoretical model which is described the following pages.

The main principles of TAMPEP working methods are:

### **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. As the result of the latest law changes in the Netherlands, the mobility within the country and amongst the various countries has increased considerably. Therefore in order to be able to trace this mobility and to be able to adapt and develop the right activity for each different group of sex workers, TAMPEP conducts continuous research concerning:

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

The information gathered during the research serves as the basis for the framing of tailored made intervention strategies which are continuously being adapted to the present situation in the prostitution scene. The techniques of the gathering of these empirical data include:

- questionnaires and in- depth interviews carried out among target groups
- testing of the knowledge about HIV/STD of the target group
- registration of demographic data concerning the target group
- registration of all external factors, which have influence on the situation of sex workers, such as: law changes, police actions, involvement of criminal organisations, availability of social and health services, etc.

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

### **Outreach work**

Regular and intensive fieldwork is essential if one wants to achieve behavioural changes within the target group. Because of the marginalised position, social isolation and great mobility of migrant sex workers, fieldwork is an important tool in building up a trustful relationship between the members of the target group and the 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 positive behavioural changes, boost group cohesion and build up migrant sex workers self-confidence, self-efficacy and self-esteem.

From the experience of TAMPEP Netherlands we learned that the basic factors of an effective outreach work are:

- intensive field work (at least once a week in a given prostitution area)

- long-term presence in a given prostitution area
- occasional visits to other non-target prostitution areas
- acquiring entrance to the social networks of prostitutes
- continuous co-operation with local health service authorities (GGD)
- establishing contacts with owners of sex venues and with pimps

TAMPEP's fieldwork is carried out by experienced outreach workers who are at the same time cultural mediators.

A cultural mediator is a person belonging to the same ethnic group of 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. She/he is also a highly professional person who is able to organise activities with a interdisciplinary character.

From the experience of TAMPEP (Netherlands) we learned that the role of a cultural mediator is very complex and demands enormous flexibility from the side of the cultural mediator. The cultural mediator must be able to safeguard her/his position of autonomy and neutrality towards both groups: the sex workers on the one side and the official authorities of the host country on the other side. If this condition is not fulfilled, various dangers may occur. For example, she/he could be pushed by clients of the ethnic minority group to defending their interests vis a vis the service providers. On the other hand there is a risk that the clients might see the mediator as a tool and accomplice of the authorities of the host country. Also, she/he should take care that the authorities would not have unrealistic expectations regarding the effects of cultural mediation or on the other hand, that they employ her/him as a mere translator or interpreter.

Therefore, cultural mediators should preferably not be employed should be employed within the NGOs and community base and not within the official (health service) authorities.

### **Peer education**

Lately 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.

A peer educator is a member of the target group and therefore identifies herself/himself completely with the group in which she/he plays a role of a leader. Being a sex worker herself/himself she/he has a good knowledge of prostitution, can communicate easily with her/his colleagues and her/his credibility is very high.

The TAMPEP model of peer education is destined for the 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.

In an environment of great mobility of sex workers the concept of peer education appears to be an effective instrument for the health promotion among sex workers. Peer educators who have been trained in the fundamentals of safer sex and health promotion, adapt a role of “health messengers” as they travel through European and non-European countries.

Future peer educators are being trained at the special courses organised by TAMPEP. These courses are conducted with the help of a *Peer educators’ manual* which was specially written for this purpose by the members of TAMPEP Netherlands.

### **Manual on peer education**

TAMPEP’s *Peer Educator’s Manual* is written for persons who want to organise and carry out a peer education course for migrant sex workers operating in the countries of the EU. The manual has been layout such that – with some small modifications – can be easily be adapted for the use for other groups of sex workers.

The manual consists of two chapters and an annex.

**The first chapter**, written in English is made up of a theoretical part on peer education and of educational part with practice for peer educators.

The theoretical part describes ideas which matured throughout the development of TAMPEP in relation to the functioning and the roles of peer educators and the problems associated with their employment. It deals with items such as: the notion of peer education, differences between peer education and peer support, problems concerning peer education, the role of a peer educator within her/his peer group, the use of mobility of sex workers in a positive way.

It also gives practical advice on the organisation of and carrying out of training for peer educators, such as a description of the role of the project worker (i.e. cultural mediator) in the organisation of the peer educator’s course, requirements for selection and recruitment of peer educators, the methodology of the training for peer educators and description of materials used during the course.

The educational part of chapter one describes preconditions necessary for an optimal application of peer support and education within an outreach project targeted towards migrant sex workers. It also contains a detailed description of the methodology used during the course for peer educators.

This TAMPEP course consists of four separate sessions of one and a half hour each. A fifth meeting has a somewhat festive character and celebrates the end of the course and the handing over of the diplomas, and it might also comprise a public lesson by one of the trainees.

The course of each session is outlined in detail. There is knowledge on the objectives of the lessons, materials to be used, forms of animation (mime performance, game of dice, discussion, exchange of experiences, etc), suggestions regarding guest speakers, etc. The lessons should be preferably animated by visits of guest speakers such as a physician of the local STD clinic, an expert peer educator, an employee of the contraception counselling centre or a local social worker. The lessons are given in the form of lectures with active participation of the trainees. Sometimes, when the

educational level or cultural backgrounds of the trainees requires it, the project worker might opt for some form of animation like mime or a game of dice.

**The second chapter** of the manual comprises texts of the above mentioned lessons in the native languages of the trainees. TAMPEP has prepared lessons in seven languages: English, Spanish, Polish, Russian, Albanian, Dutch, and Italian. The texts of the lessons are successively handed out to the trainees during the course. The lessons contain in principle the same basic information for each language group, but there are some variations in the text which reflect cultural and /or educational differences of the ethnic groups involved. The lessons cover the following subjects: anatomy and physiology, contraception and abortion, STDs, HIV/AIDS, security at work and negotiation skills with clients.

**In the Annex** one can find examples of materials needed during the course such as evaluation forms, questionnaires assessing the knowledge of the peer educators before and after the course, information folders and other auxiliary material

### **Development of specific information material**

TAMPEP has experienced that educational materials play an important role in the spreading of prevention messages among prostitutes and this itself contributes to a higher self-esteem. Sex workers who are properly and adequately informed about all matters regarding their work will develop a better control over their health and their working situation.

The production and use of information materials should not be a final goal as such, but should rather be a practical tool during the work with the target group. The materials can be created and developed together with the target group during workshops, street work, peer education courses and other regular meetings.

TAMPEP's materials have a clear purpose, target audience and message. They are adapted to the literacy level and cultural and linguistic codes of the members of target groups.

Many of TAMPEP's materials have been produced in close collaboration with the members of the target group. For example, during TAMPEP's workshops with migrant sex workers, the development of education materials is a regular part of the workshop-programme. In such a process, the new material can be thoroughly discussed and evaluated by the members of our target group. This way, the process of making the leaflets is important in itself because it stimulates the group's cohesion, encourages further discussions and helps to formulate the list of the sex workers needs.

The materials are produced in such a way that their contents can be quickly changed, adapted or complemented. They also can be easily multiplied or copied. They have an appropriate size (e.g. pocket size) and are easy recognisable. The materials are visually interesting and have a form which encourages the lecture.

TAMPEP Netherlands experienced that, in a situation of great instability in the prostitution scene, these information materials play an even more important role in the

work with prostitutes. For women who are moving amongst various towns and countries, TAMPEP materials are not only a source of relevant information but also constitute a recognition point and a means of support.

### **Networking**

TAMPEP finds that it is fundamental to build up and develop a network of GOs (including health care services) and NGOs (health promotion and sex work projects, anti-trafficking organisations, women organisations, migrants' organisations) at local, regional, national and international levels, in addition to links with organisations in the countries of origin. This is also very important when a project is time-limited for budgetary reasons. Such temporary projects can fall back on the knowledge of the network and at the same time they are encouraged to pass on their expertise to other projects of similar nature.

TAMPEP Netherlands have always maintained very intense working contacts with the organisations in the mother countries of the sex workers. It assisted actively in the creation of AIDS/STD prevention project for sex workers TADA in Poland in 1995. It has developed a similar project in Riga, Latvia within the Dutch *Matra Programme* starting per January 1, 2000.

TAMPEP was also a co-organiser of the international conference on trafficking in women NOTRAF in 1996 in the Netherlands which initiated the international network against trafficking in women EUNATW.

Other tasks of TAMPEP Netherlands in connection with networking are: receiving international delegations, responding to the request of information and other materials from various (international) agencies, training workers of various projects belonging to the network of AIDS prevention projects. The detailed list of these activities can be found in Final Report TAMPEP 4, Activity Report.

## **Description of each of the prostitution scenes**

### **Arnhem**

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

The new legislation on prostitution has little consequences for the prostitution scene in this town because already before the introduction of the new law, only migrant sex workers who possess legal papers were allowed to practice window prostitution. The only difference with today's situation is that the women will receive an income tax demand, so that their actual earnings will diminish. 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 45%), followed by Dutch nationals (about 40%), by Africans (some 10%) and Central and Eastern Europe and Asia (5%).

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

### **The Hague**

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

During the past year, when authorities enforced the new legislation on prostitution, the prostitution scene in this town changed dramatically.

Until the end of 1998, (i.e. before the time) when the police started carrying out systematic controls and checking passports of sex workers, about 95% of the prostitutes working in these streets had no residence or work permit. The situation was rather stable but also uncertain: the (illegal) sex workers were tolerated and were not prosecuted unless they were somehow involved in a criminal offence.

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

The hygienic conditions of the working places were and 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 including Sunday.

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

There is lots of criminality on both streets. Although police surveillances have become very 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 third prostitution street, the Geleenstraat with its 300 windows, used to be populated predominantly (70%) by East European women. On this street the new law on prostitution has been implemented quite early and very efficiently with the result that now only Dutch nationals and women from the countries of EU are allowed to work.

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 150 - 175 guilders per shift. The services of a prostitute cost about 50 guilders for 15 minutes.

When the authorities announced that The Hague would implement new regulations on prostitution, some of the owners of the windows took the initiative to arrange a sort of temporary "work permission" with the police, but, as one could expect it was only a short-lived solution. The changes of policy towards illegal prostitutes brought along a feeling of insecurity and tension among sex workers. Some of them moved to other towns (Alkmaar, Groningen), many of them started looking for other solutions to their illegal status such as a marriage with the Dutch or EU citizen.

Shortly after this, at the end of 1998, the so called "promo team", a police unit specially created for this purpose, started controlling the prostitution streets of The Hague. The police did not employ one clear way of conduct towards the illegal women. Only one thing was certain: no sex workers without a residence permit were allowed to work in The Hague. During daily police controls, some of the women were advised to leave the prostitution and the country immediately. It concerned mainly women from Central and Eastern Europe. If caught again working in the window, they risked deportation. Police also carried out regular raids on prostitution premises with an African and Latin American occupation. Women surrounded in these raids were usually immediately sent to their country of origin in spite of the loud protests of the "Prostitutie Projekten" a local organisation for social assistance for sex workers.

These police controls caused a complete change of the prostitution scene in The Hague. While in Geleenstraat, the windows abandoned by the illegal sex workers were quickly taken over by the Dutch nationals and EU citizens, in the two other streets, many window owners felt obliged to close their businesses because they had no tenants. Now, at the end of 1999, most of the windows are again occupied by Latin American and African women who have a residence permit.

### **Alkmaar**

Alkmaar (population about 100 000) has one prostitution street with 126 windows. 40% of them are occupied by the 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. In 1996 the municipal authorities announced they were going to implement a new policy

concerning prostitution. The new regulations only permitted prostitutes with a legal status. As a consequence of this regulation and the police controls which followed, 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 hired a lawyer who thought up a juridical construction which permitted persons from countries which are associated with the EU to establish themselves as self-employed workers in the Netherlands and as such apply to the authorities for a residence permit. To this purpose, the prostitutes had been united in a "co-operation" into which originally all illegal sex workers were allowed to inscribe. In the mean time the membership of this "co-operation" has been restricted only to the persons coming from associated countries. But the owners of sex establishments have reached an agreement with the local police concerning the registration and duration of stay also of other migrant prostitutes working in the windows in this town. However, it applies only to persons who either come from the country without visa obligation or are in possession of a visa which is valid for at least three months.

For many women from associated countries, the creation of the co-operation appears to be an 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.

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.

Usually all of 126 windows are fully occupied; many women share the window and are working in shifts.

## **Nijmegen**

In Nijmegen there are about 20 windows in the city centre occupied almost exclusively by some 30 Latin American women. Often one window is shared by two or three women. The working and sanitary conditions are not too good. Until August 1999 illegal prostitutes were allowed to work in Nijmegen. Now, they have applied now for a residence permission and as long as there is no official decision concerning this application, their presence is tolerated by the authorities

## **Sex clubs**

In the period of 1993 until 1995, TAMPEP carried out activities in sex clubs in the border regions (Dutch/German and Dutch/Belgian) and in the region of Limburg and Gelderland. The women who worked in these clubs were mostly from Central and Eastern Europe and from Latin America. In the mean time it is known that the composition of the population in the clubs changed drastically as the result of the implementation of the new law on prostitution.

In most of these clubs, sex workers can not choose their clients. They are obliged to entertain and look after the clients in the bar area as well as carry out their sex work “upstairs”. The price for these services varies between 100 and 300 guilders for 30 minutes work.

The relationship with the clients is controlled by the proprietor of the club or the bar staff. The sex worker is satisfying the needs of the client, but the owner of his associate collects the money.

The sex workers do not pay for the running costs of the clubs directly although they can come to an agreement with the proprietors to pay them anything between 20% and 50% of the money they earn. Sometimes the sex worker receives a set payment regardless of the number of clients she sees.

In some of the clubs the sex workers are forced to drink alcohol, in some cases they receive a percentage of these profits. Prostitutes have to pay a rent of between 25 and 300 guilders per month. They are also charged the costs of food, working clothes and medical services. In some of the clubs the hygienic conditions were very poor: not enough showers, toilets and sleeping places for the sex workers.

## **Access to health and social services in the four towns**

TAMPEP’s interventions on health and social services focussed on the same above mentioned four towns. These towns already possess an existing network of medical and social services for (migrant) prostitutes.

Officially, the medical services for migrant sex workers are organized 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 two hours 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. It is possible to obtain hepatitis vaccinations, although it can only be done at the central GGD clinic elsewhere in the town.

The field work is conducted by a social nurse assisted by TAMPEP’s Latin American cultural mediator.

## **The Hague**

The health and social service for prostitutes are well organised in The Hague. The health services employ a Latin American peer educator who has been trained by the STD Foundation in Utrecht who conducts fieldwork and informs the prostitutes about HIV/STD prevention and about the possibility of attending a consultation hour in one of the following medical centres:

### **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 nurse 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 (e.a. 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 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 fee for the consultation. The testing itself is free of charge, the medicines are sold at purchase price. The consultation concerns not only STD, but also general health. The close collaboration with the STD clinic, in the above mentioned hospital, 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 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 the 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 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 at low cost.

### **Prostitutie Projekten Den Haag (The Prostitution Project The Hague)**

The Prostitution Project is an independent help organisation for (ex) prostitutes with four social assistants. 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 an annual donation to the local GGD.

### **Nijmegen**

Prostitutes working in the windows have a possibility to attend a medical consultation hour held every two weeks in the bus at the tolerance zone not far from the windows. This hour is run by the GGD physician and a nurse. The consultation, the STD and AIDS tests and the treatment of STDs are free of charge.

The social assistant of the GGD carries out field work and consultation hour and is being assisted by TAMPEP's Latin American cultural mediator.

## **Peer education courses**

TAMPEP consider the implementing of the peer education method to be a fundamental task. Next to research, fieldwork and production of information materials the organisation of peer education courses is a very important activity for TAMPEP.

During TAMPEP 2 and 3 four parallel courses were conducted in The Hague and Alkmaar for Central and East European and Latin American women. As stated, in the period of TAMPEP 4 in 1997/99, the prostitution scene was in big turmoil with sex workers moving around all the time. Therefore the organisation of peer education courses was not possible. The preparation and carrying out of such courses is a time consuming job: it takes at least three months to do research, search for a location and select the trainees. But due to the nowadays extreme mobility of sex workers, candidates of peer education courses have usually moved elsewhere at the time that the course was scheduled.

This is the reason why, during TAMPEP 4, the notion of peer education has been applied in a different manner. Facing the fact that it was impossible to organise regular peer education courses, TAMPEP workers have found other methods of employing peer education. Therefore the efforts and activities of outreach workers were directed at selecting of so called peer supporters. The prostitutes who showed that they were interested in passing their knowledge about safe sex behaviour to their colleagues were encouraged and supported to do so. For this reason ad hoc workshops in the kitchens behind the windows were organised by outreach workers. These workshops covered all issues related to AIDS/STD prevention and working in prostitution. The peer supporters were instructed to approach newcomers with information about the possibility of attending a consultation hour at the local clinic and about the presence of the outreach project. They were also supplied with TAMPEP information material.

The peer education courses during TAMPEP 2 and 3 were conducted with the help of a *Peer educators' manual* which had been specially written for this purpose by the members of TAMPEP Netherlands.

All together forty women participated in the training. They were recruited directly from the target group, i.e. they were actually working in the sex business: being sex workers themselves, they have an easier access to their colleagues and this way, the health promotion messages get a wider audience.

The courses were run separately for Eastern European and Latin American women.

At the beginning and at the end of each course, the knowledge of the participants concerning health matters and prostitution was being assessed - this way the level of the course could be adapted to the level of knowledge of the participants, the adequate methodology could be chosen and the progress of the course could be recorded.

The training was divided in four separate teaching sessions of each 1 to 1,5 hour. Usually, the 5th session was added in the form of a public lesson given by one of the trainees, which was then festively concluded with the presentation of diplomas and small gifts.

The teaching sessions comprised:

- Anatomy and physiology
- Sexually Transmitted Diseases
- HIV/AIDS
- Other frequent health complaints
- Security at work
- Negotiation skills with clients

East European and Latin American cultural mediators played a vital role in the organisation, running and follow up of the course. Their tasks included: recruitment of the participants, deciding on the contents of the course and its methodology, recruitment of the instructors of some of the lessons, invitation of guest speakers, preparation of materials, following up the progress of the course and watching the group dynamics, conducting follow-up activities and maintaining contacts with the peer educators after the training

The actual teaching was done by medical doctors who had the same ethnic background as the trainees (for Latin Americans: a Bolivian physician, for East Europeans: a Russian physician).

The lessons had a lecture-style structure. Sometimes they were animated with a mime performance or a dice game. The participants were encouraged to participate actively in the lessons and were 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.

An important part of these trainings were the follow-up activities. They included: presenting peer educators to the members of official agencies and facilitating contact between them, mediating between peer educators and public health services, preparing peer educators for the role of mobile health messengers, supplying peer educators with additional knowledge which was not included in the basic course and providing them with information materials.

Most of the participants of the peer education courses are already gone, but some of the women who attended this year's course are still working in prostitution. They certainly play a big role in the programme of TAMPEP AIDS/STD prevention activities. Their role includes 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 was 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.

# Central and Eastern European women

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HANKA MONGARD

## The target group

As said before, the make up of the group of sex workers from Central and Eastern Europe has undergone a big transformation during all the years of their presence in the prostitution scene of the Netherlands.

Of the four cities where TAMPEP have been servicing, at this moment only one (Alkmaar) still experiences (visible) window prostitution of Central and East European women. They come from Poland, Czech Republic, Bulgaria, Hungary, Slovakia, Lithuania and Ukraine.

Generally speaking, there are various categories of sex workers in this town, depending on their legal status.

One category consists of (mainly Ukrainian) women who have lived for a longer period (two to three years of time) in Alkmaar. Their legislation is yet undecided (their request for residence permit is still in procedure) because they are participants of the so called sex worker's co-operation (see for further details the chapter on Alkmaar's prostitution scene) and therefore they cannot be expelled from the Netherlands. Alkmaar, as a place to work, binds them twofold:

- their membership of the co-operation is only valid in Alkmaar and
- even a short interruption of their stay in Holland (for a visit to their home country for example) will put them at risk of not to be able to return because their status does not provide them with return visa for Holland.

Another group of East European women is formed by the women coming from associated countries. Upon their arrival in Alkmaar they have to register themselves at the alien police where they receive a stamp in their passport authorising them to work in Alkmaar. After the period of three months, they have to leave the Netherlands for at least three months. Therefore there is a very large turnover within this group: there are continuously new women arriving while others are leaving. The women who are in possession of a visa for at least three months are also entitled to get this particular stamp.

At the beginning of 1999 when police started checking the streets of The Hague, many women from Poland and Czech Republic passed through Alkmaar. Usually they did not stay long enough to be registered at the police. These women were looking for a safe place to work and also a place where they would make good money. Alkmaar however, is a small town with a limited number of clients and one cannot count on big earnings. Therefore the women were moving further on: Groningen, Leeuwarden and then again Alkmaar when they found out that it was not any more possible to work in those towns.

The characteristics of the target group have not changed much during the past 6 years, although one can say that, on average the individual's age is now slightly higher. Another difference is that there are not so many newcomers in the profession. It is estimated that some 70% of the women used to work in prostitution in other countries before they arrived in Holland. Some of them worked also in prostitution in their home country. Newcomers in the Dutch prostitution scene are Bulgarian women who are all very young (around 20), have none or little experience in prostitution and usually do not speak any foreign language.

The majority of the women is between 19 and 25 years old. They are well educated, many of them have a professional higher education and many of them 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 their grandmothers during the mother's absence. Almost all money they earn in prostitution is sent home in order to support the family. The women come from all levels of society.

The women's motives to go into prostitution are almost always economic. For most of them this is the only way to improve their standard of living and to be able to taste the life of the West.

For most of these women, moving to the West and working in prostitution is not just a short-term activity. At first instance, many of them might have the intention to do this type of work just temporarily, but after having moved abroad they usually do everything possible to remain there and try to make a lot of money. The difference in purchasing power between the Netherlands and East European countries like Ukraine, Russia, Bulgaria or even Poland is still quite considerable which means that the money earned in Holland has much more value in the countries of the women. This way they can gather a large amount of savings which then they can invest in their homelands. Working in the West is, therefore, an attractive opportunity for these women.

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 well aware but sometimes not that they would be working in prostitution.

## **Trafficking in women**

Generally speaking, most of the Central and East European prostitutes work, one way or another, for a pimp, madam or for members of an internationally operating gang.

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 have an arrangement with the trafficker concerning the amount of money they have to pay back before they can work on their own.

- 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.

These women are in financial need and seek an opportunity to work in the West. However, the chances of legal migration to a wealthy area such as one of the countries of the EU are practically non-existent. So if the woman is determined to work in the West, she has to find a illegal way to get there. But this illegal immigration makes people very vulnerable to exploitation by a go-between.

In the old situation i.e. before the implementation of the new legislation on prostitution, their dependency on pimps and traffickers was especially prominent in the category of newcomers. Usually, after one or two visits to the West these women would work independently and be self-employed. Now, with the introduction of the new repressive laws on migrant sex workers, each woman – irrespective if she is well acquainted with the Dutch prostitution scene - needs the help of an intermediary (usually a member of international trafficking gang) in order to carry out her work.

Also it has been established that every repressive measure from the Dutch authorities provokes countermeasures and meet with immediate responses from the traffickers who are simply adjusting their working methods. The same applies to all women who intend to migrate to the West. So, for example, after the Dutch sharpened their criteria for visa to Ukrainian women, these people immediately invented methods for acquiring so called Schengen visa. Something similar happened with the practise of fake marriages with Dutch citizens: the bureaucratic requirements imposed by the authorities are – for those who are really determined – no longer such great obstacles as before; it is just a matter of paying a lot more money for the services of go-betweens! According to TAMPEP's observations, the costs of intermediation for a transit to the West now amounts about 25 000 guilders (some 10 000 guilders higher than some years ago).

## **Field work**

In the period of September 1993 until October 1999 some 2000 prostitutes working in the windows in Alkmaar and The Hague have been approached by the TAMPEP's East European cultural mediator. These were new contacts.

During TAMPEP 1,2 and 3 (September 1993 until September 1997), the number of new contacts was about 1800.

During TAMPEP 4 (May 1998 until October 1999), when the police actions "cleaned up" the streets of The Hague, only about 200 new prostitutes could be located and could be approached by the TAMPEP outreach worker.

They were visited once a week with special focus on health matters and assistance to victims of trafficking. After the expulsion of all Central and East European sex workers from the windows in The Hague, the visits to this town have become less frequent and they were usually limited to the Geleentstraat where some legal (i.e. in possession of a Dutch residence permit) East European sex workers could be found. Unfortunately, their legal

status is not automatically a guarantee for a good knowledge of hygiene, health - and safe sex matters. Usually, they have a medical insurance but their family doctor is not informed about the nature of their profession so that these women were grateful and eager to hear about the possibilities of attending a sex worker's consultation hour in the neighbouring clinic.

About one third of the prostitutes (in Alkmaar) were acquaintances of previous years and some of them 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 such topics like the quality of services provided by official authorities are being discussed with them.

Another one third are 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, still a considerable part of the women is very mobile and "volatile" and is changing their working places frequently. 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.

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. However, sometimes it was possible to improvise a workshop in the kitchen behind the windows or in the working room, attended by more women.

### **Main activities of the field work**

- spreading information about STD/AIDS prevention, contraception, hygiene, self-protection techniques, negotiation skills with clients 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 the "Prostitution Project"

- mediating between service providers and the prostitutes

- supplying sex workers with juridical information

- 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, four 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 recognize 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 a condom in the private life**

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.

### **Negotiation skills with clients**

Since the moment that the situation in prostitution has become unstable as the result of repressive measures introduced by the Dutch authorities, TAMPEP observes, that at present time, more and more sex workers consent to working without a condom. This type of work pays a little more. Prostitutes explained to TAMPEP's cultural mediator that the constant fear of being expelled from the Netherlands, urges a need to earn such "quick" money. In Alkmaar the women also report that in spite of the fact that the standard price for sex service stayed 50 guilders, the clients expect that for these 50 guilders they will now get more services from the prostitute. Therefore the sex workers are continuously approached with the requests of performing more sexual services for one price.

### **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 (starting) standard procedure is to advise the women to try to get complete control over her work situation. This can be achieved by using "step by step policy". This way the first step for more freedom would be to gain control over her body. Someone who is in entirely passive position relative to a pimp, who doesn't dare to resist at all, is unlikely to feel strong and in control enough to use exclusively safe sex techniques. Therefore 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 appeared to be completely different persons who could 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, often 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 Central and 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/supporters trained by TAMPEP.

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

In **The Hague** the women were advised to go to the Health Centre Nieuw Schilderswijk for a medical check-up. The TAMPEP worker has had frequent contacts with the doctors involved. Two of the doctors attended TAMPEP's peer educators' courses for East European and Latin American prostitutes, presented themselves to the trainees and answered their questions. The women had an opportunity to ask about the way the consulting hour was run 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 with somebody who understands the way they think. The consulting hour of this doctor is also attended by the East European sex workers from Alkmaar.

From 1996 until 1999 the TAMPEP worker conducted once a month field work together with a social worker of the "Prostitutie Projekten Den Haag", a social help organisation for prostitutes. The TAMPEP outreach worker introduced her to the prostitutes, the principles of her work were explained and her visit card was handed over. This way the social worker made acquaintance with this group of women who until now had been beyond her reach due to communication problems. During the past two years, the TAMPEP's worker intermediated some 40 East European prostitutes to the "Prostitutie Projekten". The tasks varied from assistance in the procedure of pressing charges against the pimps, help in starting an "afkick" programme, help around acquiring a residence permission and in arranging of an abortion, assistance in relation problems, etc.

During the six years of presence of TAMPEP in **Alkmaar** there were various forms of collaboration between TAMPEP and the local health services (GGD):

- during outreach work 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.

- during TAMPEP 1 (and partially during TAMPEP 2) the sex workers were accompanied to the doctor by the TAMPEP worker who was facilitating communication between the patient and the physician. At that time the presence of the member of the TAMPEP on the street and during the consulting hour led to such a high attendance of the consulting hour that the GGD was compelled to prolong the consultation hours.

- 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.

- last year the TAMPEP cultural mediator carried out several times field work in company of the nurse from the consulting hour for sex workers. During these encounters held in an informal atmosphere women were encouraged to ask questions about their health problems, express their doubts about the way the consulting hour was being run and to make an appointment at the clinic of the GGD.

- on many occasions the GGD in Alkmaar organised special activities in close co-operation of TAMPEP. The topics of these activities included: training in self-defence, discussion about drugs and alcohol, presentation of working kits from the Dutch STD Foundation.

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.

## **Work with Polish boys in Amsterdam**

Since 1996 TAMPEP Central and East European cultural mediator has carried out field work among Polish boys working in prostitution in Amsterdam. It is done in co-operation with the project European Network Male Prostitution, a European project based at the organisation AMOC/DHV. Every five to six weeks the Polish outreach worker visits in the company of the worker of the ENMP the three bars which form the meeting point for the boys and their clients. There are about 15 to 20 Polish boys working there every night. Their age varies between 17 and 25. The main goal of this outreach work is to discuss with the boys the techniques of safe sex, the various aspects of drug use and to invite them to visit the drop-in centre which is run by AMOC/DHV. At this centre they can receive social assistance, juridical advice and be referred to medical services. Next to outreach work in the bars there are other forms of activities on behalf of these boys. For example, in 1997 in one of the bars a workshop on HIV/AIDS was organised which was led by the Polish cultural mediator of TAMPEP. There were also meetings on occasion of Christmas which were organised at the drop-in centre.

## **Some reflections about sex workers from Central and Eastern Europe**

We often speak about the women from “Central and Eastern Europe”, or: from “Eastern Europe”, or somewhat disdainful: women from the “former Soviet Bloc”. Such a generalisation is quite misleading. When you put them in one category, you don’t take into account that they come from different countries with completely different languages, habits, culture and customs, even with a different climate. It is really impossible to compare the life in for example Poland and Albania, or Lithuania and some republic of Yugoslavia. One thing the women all have in common is that they all originate from a communistic society. But for many of them communism is some kind of a fable: most of them were still children when communism ended so that it had not much influence of their way of thinking.

At the moment all their countries are, some way or the other, in a social and economical transition process and their citizens undergo the same sort of revolution: changing from a totalitarian way of thinking into individualism. The capitalism brought with itself new values - materialism and power of money. If you want to mean something in the society, you need to have money. Therefore you try to look for possibilities of earning (big) money but they are not to be found in the poor post-communistic countries but in the rich West. However, in the Western countries the workers from this “other Europe” are far from being welcome. Therefore the women have to find some ways to get there and one of them is the mediation of a go-between, who let himself to be well paid for his services.

There are different shades of trafficking and levels of dependency of the women on the trafficker. Again, we cannot put all the women coming from Central and Eastern Europe

in one category of poor victims who did not know what was happening to them. While most of women coming to the West know that that they will be working as prostitutes, they do not anticipate the human rights abuses that confront them upon arrival. The women are forced to work in appalling conditions and see little of the money they earn for their boss. Held often under constant control, the women have little or no control over when and how they work.

Taking into account all these different factors, circumstances and backgrounds TAMPEP tried during the six years of its existence, to develop a working methodology which can be adapted to the cultural diversity of the women and to the variety of situations which women can confront in their working places. For it is quite naive to think that all women are the same and that they all need the same approach.

# Latin American sex workers

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MIEK DE JONG

**F**or more than 20 years Latin American women move to Holland to work in the prostitution. Women from the Dominican Republic and Colombia form the largest group followed by a smaller number from several Latin American countries, in particular Brazil.

Although in recent years admittance to Europe has become more difficult and the price to pay is therefore higher, a decline in the number of Latin American women working in the prostitution can hardly be observed. Moreover, the most important factor to work in Europe, i.e. the bad economic situation in their home countries, has not changed at all.

International and national trafficking networks have been established, strengthened and professionalized and can react rapidly to the changing policies. The introduction of a compulsory Dutch visa for Colombians and Dominicans for instance could easily be counteracted, the (deviated) journey only became more expensive. A restrictive policy encourages inventive and lucrative trafficking. Not so much the dealers are the victims of this policy, but particularly the women involved literally pay the high price.

At the same time autonomous networks of Latin American women currently residing in Holland have been developed. These networks create the possibility for the initial shelter for relatives, friends and acquaintances who want to come to Holland.

During fieldwork TAMPEP has followed the situation of more than thousand Latin American sex workers in the window prostitution in the cities of Arnhem, Den Haag, Alkmaar and Nijmegen. In Holland this period was characterised by preparations for the implementation of new legislation as mentioned before.

Naturally the influence of the current prostitution policy depends strongly on the - specific situation of the women. In the analysis of the target group we find a large spectrum of situations in which the women find themselves.

Mobility is inherent to prostitution. This mobility is strongly influenced by the European and national policy and depends on the womans' own situation.

As the practical implementation of the prostitution policy differs from one municipality to another, the present effects in the practice of the Latin American window prostitution will be described per municipality.

Accordingly, it will be analysed to which extent the effects of the changing conditions and therefore the changing composition in the target group influences the effectively of the STD/AIDS prevention program.

Finally, conclusions will be drawn in relation to the STD/AIDS programs to Latin American sex workers.

## **The target group and window prostitution**

A long history of migration explains the different positions in which the women in 1999 find themselves. The way in which the women came to Holland, their legal status, the degree of dependence on relationships, their place and duration of stay in Holland, economical-social cultural background, socialisation, social network in Holland and elsewhere and many other factors determine to a smaller or greater extent the present situation of Latin American women. One woman can live in Holland and work for 15 years independently in the prostitution whereas another woman has come for the first time to Holland, without legal papers, without experience in the prostitution, and is forced to stay in Holland because of huge financial debts.

To get an idea of the influence of the present prostitution policy and the effects on the position of the Latin American women it is important to have an impression of the composition of the present group of Latin American sex workers in Holland.

We can distinguish between on the one hand women who reside and work legally in Holland and on the other hand women without a legal status or with a temporary possibility to stay pending a juridical action.

## **The situation of sex workers with a legal status (including a working permit)**

In this group we can make a distinction between: women who have for many years had a legal permit and are independently self-employed; women who have recently obtained a residence permit by matrimony or by living together and for this permit they are dependent on their partner; women who re-enter the business part-time or for temporary additional income after a period of not working in prostitution.

### **Independent self-employers**

A significant number of women who came to Holland more than 5 years ago still work in the prostitution. Their age is between 30 and 60 years. They are established, work for most part of the year in Holland and regularly visit their family in their home countries. Most of them have liberated themselves from their dependent position and have chosen to stay in the profession of prostitution. They have often achieved the goals they set before going to Holland: debts have been paid, children completed their studies, and they paid off their own house. The original goals change, but the responsibility for the financial support to their families continues. For some women the work offers sufficient possibilities to invest in a future in their home country. For other women the time spent working in prostitution in Holland is wasted time in relation to building up a future in their home country, which is already difficult enough. As the years pass, the way back to their country becomes more and more difficult.

Despite the fact that these women work independently in Holland for years their position generally changes little. Women live with a double responsibility in two countries (Holland and their home country), residing in two or more places (to live and to work) and for that reason they are unable to easily build a stable local social network.

They hardly benefit from the Dutch welfare state: social security is not adequate for the responsibility they bear; working in the prostitution and at the same time have social benefit is forbidden; family allowance for their children elsewhere will not be paid; hospital insurance is not matter of fact; building up a pension plan is illusive, even though a number of women have already paid tax for several years.

A break or reduction in the financial support to their family generates tension. This limits the possibilities of the women to look for a job outside the prostitution. The route to the official labour market is full of obstacles. Besides limiting factors which count for migrants in general, there are specific practical factors. Women generally work far from their living quarters in order not to be recognised. They work irregular hours and days, which makes it difficult to combine with a language course or education program. Strengthening ones own position as a migrant prostitute with a double responsibility requires a will to survive and creativity in an individualistic Dutch society. During more than 20 years a specific Latin American subculture has developed in the world of the prostitution, a subculture with its own code, habits, values and standards.

### **Women with a dependent residence permit (on their partner)**

The decreasing possibility to work in Holland behind windows as a prostitute without legal status forced many women, who previously had been tolerated for years, to make a decision. A great number of women have now received or requested a permit of residence on the grounds of matrimony or living together.

In the past 3 years this group has increased greatly. Many women have worked for years in the prostitution, but they did not find it necessary to apply for a residence permit. Others have lived in Holland for only a short time. Their age varies between 20 to 40 years. Their original aim for working in Holland has not yet been achieved: debts have not been paid; their children still live with their grandparents in their home country, etc. The income of their partner is usually not sufficient to support the family at home, or the partner is not prepared to pay. In European culture it is less common to help your family by financial support, so women often feel the lack of understanding by their partner. To keep the legal status the women are dependent on their partners. This position of power can easily be abused. Violence and/or exploitation in these young couples are not an exception. Now it is possible that the woman, besides supporting herself and her family, must also support her husband. Sometimes her husband forces her to stop working or the woman works without her husband knowing. Similar situation as existed years ago, of earlier arrived women who have managed to escape from it.

There are also many women who find an understanding partner, they can continue to work, and have escaped from fear of deportation, are assured of a home and a health insurance via the husband.

### **Women re-entering the workforce, periodical side-line workers and part time workers**

Many places behind the windows which became vacant by the women without a residence permit are taken over by women re-entering the profession. Their situation is comparable to the self employed. The difference is that they have to re-orientate

themselves on the sex work market; however they generally speak better Dutch than the women who kept on working.

Another group is formed by the periodical side-line workers; women from a stable economic situation working temporarily to earn an extra income. They work some days or weeks in the same place to earn enough money, for instance to pay their trip to their home country or to pay the hospital costs of a family member.

Part time workers work some days per week for instance to have an additional income on top of the salary of their partner. Both groups are not solely dependent on work in the prostitution.

## **Women without a legal status or pending juridical action**

### **Situation of women without a legal status/working permit**

In the period up to 1996 the vast majority of Latin American women working in the window prostitution did not have a legal status. In the 4 cities where TAMPEP was recently active, Nijmegen is the last municipality where these women are no longer tolerated (since August 1999).

During the period from 1996 till 1999 women in window prostitution without a legal status lived in great uncertainty and continuous fear for deportation, a nightmare which should be avoided at all time. The preparations for the implementation of the new law were done in different ways without any information for the women.

In this transition period the dependence on others increased enormously, the autonomy they often had struggled hard for collapsed. Since choices and decisions were taken from crisis situations making plans was impossible. Women are chased, they ask themselves daily if they will stay, but also feel the enormous pressure of having a debt which never can be paid off if they leave early. As a result of this uncertain situation others can now easily abuse these women. For a lot of money false promises are made to provide a residence permit.

Clients also abuse the situation; some of them pay less or no money at all with the threat of informing the police. For daily necessities (food, telephone, sending money to their family, etc) women also become dependent on others.

The history of these women repeats itself: they are in the same situation as when they first came to Holland. Now it is not the pimp or the lack of information which is the cause of their dependence, but a deep fear to be caught during work or in the street and to be deported, inhuman circumstances in which it is impossible to work healthily.

In 1999 the group of women working behind windows without a legal residence permit were forced to disappear. This does not imply that they left Europe. The women who were not married or engaged started a juridical action for a licence or residence permit in order to be allowed to work, or have searched temporary accommodation with family or friends; have moved to other countries (to Spain, Italy, Germany, Switzerland, etc);

had to go undercover, invisible for the police; street walking; returned to their countries on their own or were caught by the police and deported. Some of the women who were caught in 1997 in Den Haag and were deported have been seen again by TAMPEP in Holland in 1999.

### **Situation for the women pending juridical action**

Women who can show that they started a juridical action to get a permit of residence are tolerated in some municipalities, but not in others. Although it is prohibited to work while awaiting the juridical action it is tolerated in practice in some places. How long the juridical action will take is not known on forehand, visiting their home country in the meantime often means the trial will be lost. During this uncertain situation and the often contradictory information while awaiting the juridical action the permanent fear for an unexpected deportation persists.

Women live under high pressure; their life is dominated by uncertainty, impossible dilemmas and a continuous search for other possibilities.

### **Trafficking in women**

There are different ways in which Latin American women can get involved in the Dutch prostitution: independently or with the help of family, via intermediates or closed trafficking networks.

In the time that a visa for Dominicans and Colombians was not compulsory their arrival was less complicated. Although trafficking in women did exist before the visa became compulsory, the women became more dependent on others after implementation of this law. To obtain a visa or a false papers (for example with a Venezuelan passport, you do not need a visa) or to receive help for alternative entry route intermediates were needed. The costs for entry to Holland increased from 4000 to much more than 6000 dollars, according to the information the women gave us. Sometimes the costs of intermediation had to be paid beforehand which meant that the women had debts with their relatives. Sometimes they had to pay the costs to an intermediate in Holland. However, despite this forced situation the women did have a certain degree of autonomy over their work. Other women came to Holland through an invisible closed trafficking network. Even though the majority knew what kind of work was waiting for them, working conditions and (im)possibilities were largely unknown. Depending on the network they entered, the women ended up in various clubs in Europe. Women could not escape from the A prison of debts before intermediation costs were paid off. TAMPEP was witness of a club in Holland where Colombian women were forced to work without condoms.

After their period(s) in obscure clubs TAMPEP encountered these women till 1998 in the window prostitution. Finally freed from the clubs they were able to try to achieve their original goal, earn enough money for themselves and their families.

This escape/route to the outside has been completely cut off by the present policy. Women who come to Holland via these networks will be doomed to keep on working in these invisible networks, there is no place for them behind the windows.

Since the cost of admission to Europe for Latin American women has risen, women have to work longer to pay off their debts.

Despite the fact that in Holland it is possible to obtain a temporary residence permit if one is the victim of trafficking (B17), Latin American women have hardly made use of this law in the past years.

The fear for reprisals is often too great. The network knows the address of the woman and her family. To file a complaint in Holland can, in the long run, result in one's own death or that of one of the family members. Protection in Holland does not mean that family is protected in their home country.

In addition, one is not allowed to work when one has obtained a temporary residence permit via B17. This implies that one cannot pay off the debts and cannot achieve the original goal of being in Holland. Presenting a claim rarely achieves the desired result. In the future it seems unlikely that earlier accusation of trafficking will occur, the way to the Dutch justice system is even more difficult to reach for these women today. Information about this issue has become inaccessible.

With this the juridical position particularly of Latin America women who are victims of trafficking is weakened. There is no reason to suggest that the number of Latin American victims will decrease. There will be women forced to choose a risky future rather than stay in a life with hopeless prospects for their children and themselves

## **Mobility**

Latin American women move between continents (Latin America, Europe and also Asia), between countries in Europe, between the cities in Holland and even within the street itself.

Depending on the situation some women return two times a year to their families, while others have to stay perforce for more than 3 years in Europe. Women, who have established themselves in Holland, sometimes work in neighbouring countries.

Independent women without a residence permit or with a temporary visa search for work in places in Europe where there is the least chance of being deported and where money can still be made. The communication network (also due to mobile telephones) between the women has improved lately. Women can inform each other more rapidly and easily about new possibilities and working conditions.

Women who are victims of trafficking sometimes enter into a circuit in which every 3 to 6 months they are moved to another place to work in Europe.

## **Fieldwork**

The above described analysis of the target group shows that Latin American women live in very variable circumstances. As a result of the ad-hoc prostitution policy the situation and the composition of the target group can vary from day to day.

The main condition for an effective AIDS/STD prevention program is to understand these different circumstances and to anticipate adequately on them.

Making use of the existing specific way in which Latin American women inform each other in the prostitution is inherent to the TAMPEP methodology. To improve and add information and to encourage exchange to existing networks is the most important function of the fieldwork. The mobility of the women is also taken into consideration.

The Latin American health system differs on important points from the Dutch system. TAMPEP serves as a bridge between Latin American women and the Dutch health services in order to enhance the access towards these services. During fieldwork bottlenecks are analysed and thresholds are brought down.

In general fieldwork consists of:

- Continuous analysis of the changing situation
- Group and individual information regarding AIDS/STD prevention, contraception and other subjects
- Information over existing health services and STD-clinics
- Mediating between service providers and women
- Referral to health services, social work, legal assistance, abortion clinics
- Evaluation of TAMPEP material
- Exchanging experiences with the peers and supporting them
- Identifying and selecting trainees
- Information on social en legal rights
- Information on the preparations for the new legislation and its consequences

Fieldwork with Latin American women was carried out by a TAMPEP cultural mediator in Den Haag, Arnhem, Alkmaar and Nijmegen.

Since the circumstance in which women work and have access to health services differs from city to city the fieldwork will be described per city.

The TAMPEP activities are carried out in accordance with the local health services. In Den Haag this means close co-operation with Health Centre Nieuw Schilderswijk and Prostitute Project. In Arnhem, Alkmaar and Nijmegen there is a close co-operation with the GGD (Municipal Health Service)

## **Den Haag**

As a consequence of the policy described previously the situation in the street changed continuously. Women from all described groups could be encountered behind the windows in the past years in Den Haag. When TAMPEP started in Den Haag, 90% of the Latin American women worked without valid papers, at present all woman behind the window have a legal status. A lot of women who disappeared behind the window were replaced; other women have remained but now with valid papers. Often TAMPEP recognises women who are now working in Den Haag, but previously worked in Alkmaar, Nijmegen or Arnhem.

During the TAMPEP work in Den Haag one can meet Latin-American women from all groups mentioned before; prostitutes working on their first day, women just returned from visiting their family, re-entering workers, part time workers, everything is possible.

Therefore fieldwork needs an insight in the local circumstances and the specific circumstances of the women involved, it must be carried out with empathy, flexibility and dynamically.

Contacts have been made with recently arrived women, contacts were renewed with women who had just returned and existing contacts were maintained. To guarantee our understanding of the changing situation there is a continuous evaluation process.

The nature of the contacts depends on the situation of the women.

With a recently arrived woman without experience in prostitution who has fears for deportation, the cultural mediator has to sense (without asking questions) the situation to be able to create a safe atmosphere for forth going contact. Questions about how long she has been working and where she comes from will block the contact. Basic AIDS/STD information and demonstrating the use of a condom is of great importance in this first meeting, because you cannot be certain that the woman will stay around for long.

TAMPEP uses the expertise of their workers, who are former sex workers from elsewhere, as their starting point. To a sex worker who has worked for years, a demonstration in condom use would show little respect of her professionalism. However the address of a health centre could be important to her.

To determine the existing expertise of a sex worker an ideal method is going through TAMPEP's suitcase containing prevention gear. The articles in the suitcase are related to the daily work and experience such as: personal hygiene, contraception, safety, etc. This serves as a starting point to a dialogue between the women and the cultural mediator. A sponge may lead talking about whether or not they (must) work during the menstruation period, whereas soap often leads to a discussion about the hygiene of the vagina. A hand operated alarm will open the discussion about the safety at the work place etc. The women chose the subjects they want to discuss and questions arise fast.

With the women working over a longer period and who are known to TAMPEP; new questions were answered, provided information and material was evaluated and checked for inadequacies. In the following meetings information about remaining subjects were exchanged.

During fieldwork the TAMPEP mediator made use of the dynamics inside the group. Women are used to sharing their experience and knowledge; TAMPEP participated and added information from its own expertise and material which was very supportive to it. At the same time the material was evaluated.

Bottlenecks in relation to the use of health services were also analysed. During fieldwork for instance a Dominican said: *"I do not go to that health centre anymore, they do not want to test me on cancer"*. In the Dominican Republic cervical cytology is common every six months, while in Holland the frequency is lower and a different test is used. The fear of getting cervix-cancer under Latin American women is high. If a Dutch doctor does not respond to the request for testing, it can be felt as discrimination.

Besides physical discomforts as result of their work women express also their psychological problems. If prostitution is not voluntary, the situation is hard to accept. The work does not at all live up to the expectations. To be far away from their own children is hard to bear, especially when they have to stay in Holland longer than initially expected. Problems cannot be shared with their family, as they are not allowed to know what work they are doing. Feelings of insecurity, isolation and stress are often expressed.

Women without legal status say the great uncertainty in this period is the mayor cause of tensions. The total lack of clear information in relation to the municipal prostitution policy often leads to panic. When it becomes uncertain whether they can continue working, safe sex can lose its priority. Sometimes the suitcase remained closed when it was obvious that the tension for deportation was too dominant. Information concerning the last news then had higher priority: false information had to be refuted. Frustrations were expressed: *“Why do we have to go? We work for our children, we are a burden to nobody and we pay high rents”*.

At present the Latin American sex workers without legal status have become unreachable for the AIDS/STD-prevention-programs in Den Haag. Women who remained working behind the windows still have contact with some of them and through them is the only possibility to exchange information.

## **Peer-education**

After intensive fieldwork, TAMPEP organised two peer education training programmes in the second and third period.

After this during fieldwork TAMPEP supported to the 20 women who attended the training with information and material. With them the situation is continuously analysed, so they play an important role in relationships between TAMPEP and women in the prostitution. In the forth period peer education training was not organised because a difficult and unstable situation emerged. Positive effects of the training given in the previous periods were confirmed in this period. The first act during fieldwork was contacting the peers, through them insight into the situation became clear and connecting to other women was more easy.

None of the 20 peers possessed a legal permit at that time. They left for a foreign country or their home country or presently do (illegal) work outside the prostitution or work in invisible sex circuits. Two peers are married and still work in Den Haag.

## **Arnhem**

As result of the municipal prostitution policy (see before) most Latin American women in Arnhem are self employed or work part time. It is a varying group of about 150 women with a steady group of about 30 women. From their cultural tradition and with years of experience in the prostitution they have maintained and developed their own preventive and curative methods. Self-medication is commonly practised. Antibiotics, metronidazol and other medicine only obtained in Holland by receipt are taken away by annual family visits or bought on the black market.

The use of condoms is generally widespread. Women have a strong negotiating position to their clients. They often work at fixed and known places and know their clients. STD's are rare in this group, perhaps because they rely on self-medication.

The way to a STD clinic near to their workplace is generally known. Some women visit these centres on a regular basis. Others go to a STD clinic or family doctor in their place of residence, visit doctors in their home country or only go when discomfort persist.

Particularly health insurance is expensive, so some women do not have insurance. Visiting health services is therefore limited despite their legal status. Many women do not have their own family doctor as is custom in Holland.

Moreover they trust more on the health care system in Latin America, where access is direct.

During fieldwork: *"I had a womb-operation in Colombia. Here I had to go to the doctor for a letter of reference, then to a specialist, who did not agree. As far as they were concerned I had to rot inside before they would operate me. In Columbia they don't bother. Now I work without problems, without loss of blood, nothing"*. Even visiting a doctor for a minor ailment often turns out to be a disappointment.

TAMPEP is aware of the traditional setting from which survival strategies emerged. It takes time to change behaviour which is rooted in tradition but sometimes based on the wrong information. The use of metronidazol after each menstruation for instance can continue for years when the origin of this custom is not analysed.

## **Other activities**

The TAMPEP training: *Prevention and hygiene* which 7 women from Arnhem followed was adapted to the situation of the target group. Themes like self medication, mistrust in health services and its causes were covered. The informal participation of a doctor of a STD clinic was the basis of mutual understanding.

Repetition of this training is to be recommended.

## **Nijmegen**

In Nijmegen, which only has one street for window prostitution, a varying group of about 30 Latin American women worked until 1999, Most of them worked without legal status. After August women who filed an appeal were tolerated. This transition period resulted in an extreme uncertainty, women did not receive any information or it was contradictory. The fear to be deported and also economical pressure caused inhuman dilemmas.

During fieldwork : *"My daughter in Colombia is very ill, I must go to her, but my lawyer says that I will lose my case, then I cannot return to Holland, while I do my work for her"*.

Or : *"I always use a condom, only with my friend I do without"*. (Often women get the STD infection through the relation with a friend that relation is often the only way to stay legally).

This situation was observed in the field and with the aid of the social nurse of the GGD, who influenced the municipal policy through informing them about the situation, panic could be avoided.

Although women without legal status are no longer able to work behind the windows, the STD-clinic is accessible for everybody. This was made clear during fieldwork.

Despite the unstable situation in which the women found themselves, they visit the STD-clinic regular. Intensive fieldwork through the social nurse in collaboration with TAMPEP cultural mediator plays an important role. The confidential relation with the GGD and the cultural-mediator, preservation of the anonymity and the easy access to the clinic (it is located nearby and the consultation is free) were important factors in an effective AIDS/STD program.

## **Alkmaar**

Although the group varies, a number of Latin American women stayed in Alkmaar for more than 3 years. Women known from Den Haag presently works in Alkmaar. Fieldwork with Latin-American women in Alkmaar was not frequent, though it was possible to get a picture of the situation in a short time. Due to the peer in the field and the other known women it was possible to obtain information on the situation in a short time before doing other activities in the field.

In Alkmaar, a peer education training was organised, in which 6 Latin American women participated. One of them still works in Alkmaar, another works in Den Haag and the others have left.

In collaboration with the TAMPEP cultural mediator, the GGD organises several activities with specific themes, like contraception, self defence, STD etc. during the year.

## **Conclusions**

Den Haag implementated a prostitution policy in which the reality of 90% of the sexworkers was not taking into account. The history of 20 years was denied, the municipality closed its eyes of the consequences of their policy and collective social care and migration guidance were missing completely. Latin American sex workers without legal staus looked individually for other ways to continue their work, ways which often led to a loss of autonomy. They are now back in the weak position from which they liberated themselves thanks to their strenght and persistence. Some women count on the natural network of family and friends.

Latin American women with little children in their home country will not leave Europe without any prospects for their children and themselves.

A lot of these women without legal status will not be reachable to information. The access to health services is becoming difficult, the possibility to participate in AIDS/STD prevention programs is limited and they are devoid of information about their rights.

The lack of clear information on the municipal prostitution policy during a transition period lead to unhuman uncertanties for the women involved, panic arises and women are exposed to false information and abuse.

Uncertainty about the possibilities to maintain their work leads away from the attention towards their own health. Safe sex loses then its priority.

Intensive fieldwork is the condition towards an effective AIDS/STD prevention program. Co-operation with peers is very valuable. It is the way to bring the message over in accordance with the situation.

The prostitution policy in Alkmaar and Nijmegen prevents that women have to take ad hoc decisions. Pending the juridical process they can stay working, but the uncertainty stays, relevant juridical information for them is missing. Visiting their home country in the meantime often makes a return to Holland impossible.

Women will benefit with a clear working period, in which there is no need to fear the police activities and in which they can make their own plans.

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### **The Team**

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Miek de Jong	Latin America and Health issues
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Hansje Verbeek	Office Assistance

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## General considerations

PIA COVRE

*“ It is not easy to convince people  
and public authorities  
that prostitutes have rights”*

Margherita Gionni

Co-ordinatrix of “Viamica 55/Tampep” CGIL Novara

In 1994, when project TAMPEP was begun, with regard to interventions targeted on immigrant commercial sex workers, the settings in Italy contained noteworthy obstacles. Generally, by and large it can be said that prevention campaigns in Italy tended to rely on woefully inadequate biomedical models. In essence, such models were ineffective in terms of motivating behavioural changes or enabling individuals to devise appropriate personal strategies for dealing with the risks of HIV infection. Conventional biomedical models are especially inappropriate whenever the target group is composed of immigrants belonging to a variety of ethnic backgrounds. The way in which we view our bodies and the twin concepts of health and illness are determined by the specific cultural milieu in which our personality has been shaped and formed. Western medical concepts, which many of us take for granted, are as unintelligible to most of those falling within TAMPEP's target groups as the language of the foreign countries in which these immigrants have taken refuge in an attempt to resolve their problems.

In Italy, a primary objective of TAMPEP, then, has been to raise awareness regarding the specific needs of immigrant sex workers among government institutions and volunteer organisations. In each of the cities involved in TAMPEP activities, considerable energy was expended on establishing contact with those agencies and in offering the possibility for reciprocal exchange and collaboration. Although we ran up against distinct attitudes of distrust for reasons that we now explain, we also encountered real interest on the part of many members of the institutions and projects that we contacted.

Through this process of raising awareness and mutual collaboration, the TAMPEP project leaders in Italy, initially, had intended to create operative networks capable of efficiently interacting with TAMPEP in all the cities involved in the project and wherever co-ordinating capacity was indicated. While fulfilling this strategy would have required active involvement and participation by part of the groups involved, it was soon evident that there was no uniform possibility to establish contact with foreign sex workers to elicit their collaboration, or to raise awareness of their needs with institutions and services. TAMPEP's objectives were therefore met, with minor or major success,

based on the cultural origins of the sex workers, the type of controls that they were subjected to, and the amount of interest in immigration and sex work shown by the various organisations involved in the project.

We decided to devote more time and attention to creating a viable network, capable of offering valid services and instituting effective prevention campaigns. The activity unfolded during the first two years at Turin, Pordenone, Verona, Milan, Genova and Bologna were experimentation, whereby TAMPEP's project leaders in Italy tried to determine the conditions necessary for development of a model that could be applied in other Italian cities during future phases of activity. At the same time, the project leaders were quite convinced that this project could be used as a promotional tool to further social concern and awareness of the problems faced by female immigrant sex workers. And, as a consequence, they were greatly convinced that this project would also afford the opportunity to conduct a series of activities in the aforementioned cities. The pre-established goals were to learn more about pre-selected groups and at the least to conduct a few basic interventions that could offer some benefit, even if short-term, to the targeted female sex workers.

Anyone wishing to judge the overall activity that TAMPEP/Italy has carried out in the past five years can assert that it has always applied the same methodology everywhere and that network development and raising public sensibility have been very efficient. However, some political factors have excluded the possibility of operating coherently (as in the case of Bologna) in some cities, according to planned methodology.

The social infrastructure maintained by the government, as well as the non-statutory services provided by volunteer organisations, have not developed adequate responses to this new phenomenon and, generally, the most widespread form of assistance that is accessible to immigrants is of a temporary, makeshift nature. The problems encountered by those with legal documents, which permit hiring and other benefits, are compounded when, as frequently happens, the immigrant is clandestinely introduced into the country. Finally, it needs little emphasis to understand that an illegal resident participating in illegal activities□ as the majority of immigrant sex workers do□ is in a situation of extreme deprivation that accentuates his or her personal vulnerability. Job placement offices, housing referrals and the social welfare case management offered by *Comitato per i Diritti Civili delle Prostitute* social workers are simply not relevant to the real needs of these individuals. The possibilities of gaining access to free meals on a sporadic basis or<sup>8</sup> of obtaining discarded clothing through volunteer groups, often church-based, are also inadequate responses to their needs.

At last, today, it seems that the necessity for health-prevention intervention, shelter and job placement for active or former female prostitutes is a widely accepted idea. Projects for prostitutes are either the pragmatic reduction-of-harm model or the moralistic hellfire-and-salvation model.

However, the true underlying problem is the appropriation of funds because there have been many cuts in social spending. Many base associations work on the street with financing from local institutions. However, few are adequately equipped and trained. Even the Catholics are divided. There are those who offer only the Bible and shelter the

women in communities while there are those who distribute both coffee and condoms. But there are also Catholic and non-Catholic groups, which have trained themselves or are undergoing professional training, that have very seriously undertaken this work.

Today, the number of active street-intervention projects, including those soon to become active, is around 15, exclusive of those considered unprofessional. They are all networked with social and health services, with houses or communities offering shelter, and, at times, with job placement agencies, local prefectures and police authorities.

However, the only one that has become a continuing public service is the project, of the City commune of Venice<sup>16</sup>. All the others are either special or provisional projects that continuously require a political vote for refinancing by local councils. As a result, these projects are always subject to funding interruptions or to sudden termination. Unfortunately, an example of this is the TAMPEP project at Novara<sup>17</sup>, which was financed by the Province for calendar years 1998 ad 1999. Notwithstanding the optimum outcome of the activity unfolded, the Provincial Council because of the change in political alignment, with the newly elected right wing members contrary to the integration of immigrants and to the support of a project for prostitutes, will no longer refinance the project.

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<sup>16</sup> Free Woman Project / Comune di Venezia. Assessorato alle politiche sociali ; Tampep Italy. - Started in 1995

<sup>17</sup> VIAMICA 55/ TAMPEP / Province of Novara ;Tampep ; CGIL. - Started in 1997

# Italian policies regarding prostitution

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**T**he law, which currently regulates prostitution in Italy, was passed in 1958<sup>18</sup>. This law was originally intended as a measure to close whorehouses and to outlaw the regulation, exploitation, and subornation of prostitution.

As a result of this legislation, those who are currently active as sex workers are in a condition of semi-illegality. Prostitutes are tolerated, but those who assist them or share in their earnings (pimps, partners, etc.) may be condemned. This situation is an incentive to keep the entire commercial sex industry in clandestinity and has resulted in further exploitation of commercial prostitution workers by those who offer associated services (as hotel managers, landlords, intermediaries, etc.). The policies currently in place also increase the possibilities for law enforcement officers to extort or coerce migrant prostitutes, transvestites, and drug users, all of whom are relegated to a marginal position in society.

Fortunately, current legislation does not render obligatory any form of mandatory screening or health controls. Female sex workers in Italy, like all citizens, are entitled to medical care, which is free of charge for those citizens without fixed income. HIV antibody testing is provided free of charge to all those who request it through the public health system, and there are legal obligations to maintain confidentiality and the anonymity of those who undergo such testing. Italian citizens (including all legal/illegal residents found on national territory) who are HIV-infected or have contracted full-blown AIDS are exempt from paying a percentage of the costs linked to the treatment of opportunistic infections and can accede to health care that under current law is totally free of charge.

Illegal immigrants may access several health services free of charge, especially HIV antibody testing centres and family planning clinics. However, frequently, there is a lack of awareness regarding this possibility among the immigrants in question. Since 1998, the immigration law, n. 40<sup>19</sup>, grants emergency, infectious disease health assistance, as well as health assistance for the sustainability of maternity to all foreigners, including illegal aliens. With payment of only a partial contribution (health assurance deductible), foreigners have the right of access to hospitalisation, specialist medicine, and emergency care on the very same basis as Italian citizens.

Rising social and health services cuts have affected everyone residing in Italy. It is increasingly difficult for sex workers to secure economic aid for themselves or their families. Furthermore, there have been no government investments in HIV prevention

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<sup>18</sup> Legge Merlin n° 75/58, Feb-20<sup>th</sup>-1958.

<sup>19</sup> Disciplina dell'immigrazione e norme sulla condizione dello straniero, law n° 40, March- 6<sup>th</sup>- 1998. Decreto del Presidente della Repubblica, n°394, Aug-31<sup>st</sup> -1999

projects targeted directly at sex workers. Those sex workers infected with HIV or AIDS may continue to exercise their profession, as there are no legal provisions currently in effect, which address this issue. Should sex workers with AIDS decide to interrupt their activity in the sex industry because of their condition, it is not possible for them to rely on any social structures or economic aid that would render such a "retirement" a feasible alternative to continued sexual contact with paying clients.

Often, illegal immigrants tend to rely on self-administered pharmaceuticals or they turn to scarce voluntary organisations for medical and social assistance. Contact with such non-governmental organisations, however, is difficult for reasons linked to the clandestine nature of their presence in Italy. Many illegal immigrants, despite seriously comprised health, are reluctant to confront the risks linked with exposing themselves to the possibility of repatriation. This factor is also decisive in limiting the possibilities of illegal immigrant sex workers to rebel against inhumane work conditions or exploitation.

Legal discrimination and social stigmatisation have limited the access of prostitutes to health care services, with obviously negative consequences for their personal health and working conditions. Despite a large school of research conducted in various Western countries, which indicate that sex work by, of, or in itself, is not a risk, the HIV/AIDS pandemic has served to reinforce ancient prejudices. In fact, professional sex workers, with a valid work ethic, who have not been conditioned by exploitation or coercion, have been among the most adamant proponents of condom use. They are instrumental in illustrating safer sexual practices and HIV-prevention techniques to their clients.

Sex workers cannot be held responsible for the overall health conditions that prevail in any given society. All sexually active members of a community must be held responsible for protecting their own individual health and that of their partners. However, it is true that many clients flaunt their economic power in irresponsible attempts to induce sex workers into unsafe sexual practices. Migrant prostitutes, who are most vulnerable to financial enticements or extortion, are the most frequent targets of such irresponsible attempts to circumvent the negotiation of safe sex.

Policies on prostitution enacted in Italy are typically abolitionist and tend to criminalise sex workers, and these policies are one of the causes to which can be attributed the spread of various infections. There are pressures from many politicians for a radical change in the law on prostitution.

In recent months the Social Affairs Commission of Parliament completed a study<sup>20</sup> that was conducted to acquire information on trafficking and prostitution. Representatives from associations and local institutions were heard. The TAMPEP/Italy project leaders, together with representatives from various labour unions, were convoked for one of the Commission's hearings.

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<sup>20</sup> *Indagine conoscitiva sugli aspetti sociali e sanitari della prostituzione : resoconto stenografico : indagine conoscitiva ; seduta di mercoledì 28 luglio 1999; presidenza del presidente Marida Bolognesi / Camera dei Deputati : XII legislatura : XII Commissione : Commissione affari sociali.*  
Available on : [http://www.camera.it/\\_dati/leg13/lavori/bollet/199907/0728/html/12/comunic.htm](http://www.camera.it/_dati/leg13/lavori/bollet/199907/0728/html/12/comunic.htm)

Many proposals of law were presented in Parliament in this legislative session. At this point of time, there are two schools of thought. One of the schools of thought is to victimise the prostitutes, while blaming the clients who have been reduced to the moral equivalent of the pimps. The other school of thought is to rid the streets of prostitution and, at the most, to displace the prostitutes into a closed environment to assure, as they say, more safety and order, with less scandal.

Recently, certain offences have been depenalised by the Parliament, included among these offences is the luring of clients. The punishment for this offence, which formerly was punishable by incarceration, is now substituted by a fine. This new norm has not yet been applied, but one needs little imagination to envision the problem that this norm will constitute for prostitutes. The offence of luring clients was rarely applied. However we envision the systematic application of fines as a tactic of harassment.

The government in the new law on immigration Article 18 of this bill imposes severe penalties (up to 15 years) on those who contraband, control, and exploit immigrants. The victims of these traffickers can enter into a programme of.

Social protection regardless of whether they denounce their exploiters or not. They have the right to a sojourner's permit for either work or study or they may choose to remain in Italy or to return to their own countries.

On 8 March 1999, the Council of Ministers modified article 600 of the law on slavery by decree in order to combat the trafficking of human beings for the purposes of sexual exploitation and indentured servitude or illegal employment. The victims who collaborate with the police, as either accusers or witnesses, will be protected by the State. The State will treat these witnesses with the same degree of importance that is accorded to witnesses against criminal cartels, as the Mafia and like racketeer influenced and corrupt organisations. The guilty are charged with criminal racketeer association. State funding has been provided for the Communes and non-governmental organisations to shelter and to assist these victims.

Respective to years past, it can be affirmed that today that there are more legal instruments to protect the weakest subjects within the realm of prostitution and those who want out. However, the general conditions of the market have worsened. Considering that someone can be serviced for as little as Italian £10,000 (around U.S. \$5), prices have fallen lower than ever.

There has been a lot of repression, and, occasionally, there still is, against both the prostitutes and their clients. This repression renders work conditions more difficult, increases mobility, with everything becoming more dangerous and difficult, including our work and the work of other street-intervention units. (See the write paper against repression drafted by the street-intervention unit at Bologna in August 1998.)

# The influence of the new laws and local policies

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**T**he changes brought about by national laws and local ordinances have very much influenced the condition of prostitutes. Notwithstanding the fact that Italy has not modified its current law on prostitution, within the last year, for better or worse, the condition of the prostitute has changed radically. In fact, if we analyse the law on immigration, we immediately note two new features that are in opposition to one another. Through article 18 of this law, the persons who decide to abandon prostitution have valid means to obtain a sojourner's permit for either work or study. However, should a woman want to accuse the racketeers, but also wants to continue in prostitution on her own. The right to continue in prostitution as her own right is not conceded. The sojourner's permit for a woman found in these circumstances is revoked.

In 1999, at Turin, a total of 8 requests for help reached us from Nigerian women, 2 from Ukrainian women, and one from an Albanian woman in getting inserted into the programme of social integration and job placement. These sorts of requests for help were anticipated, and our ready response to these requests is the very close collaboration and co-ordination that the Foreigners and Nomads Office of the Commune exercises within the network of shelters set up for foreign citizens.

At Turin, the decision on the application take place, principally, in a "Table of Justice" group that comprises the magistracy, state police, the national bar association, and local institutions and associations. In actuality, in some cases the application of article 18 is exclusively on behalf of persons that make denouncements. (One such case was followed by the TAMPEP team.)

More than ever there are many requests from women that have made denouncements and are awaiting the trial. TAMPEP's experience indicates that the best course of action is to go directly the Mobile Squad of the Police Department. In fact, the denouncements made before the Prosecutor of the Public usually follow a bureaucratic "iter" of several weeks before the complainant is heard before a magistrate. As a consequence, this protracted delay of two months becomes a crisis of trust in Italian institutions, which seem to be uninterested in the crime denounced. Besides this, implementing social integration is rendered more difficult.

We wish to cite one case in which the persons denounced and arrested were freed a month after having been sentenced to three years after a brief and swift trial. The judge agreed to a legally binding pact which conceded reduced sentencing. The pimps were immediately set free, but the complaining victim had not yet obtained her sojourner's permit. Difficulties in obtaining sojourner's permits are also due to the reluctance of

consular officials to issue passports or certification of nationality necessary for obtaining a sojourner's permit.

This new law also concedes detention of those awaiting expulsion from Italy. Many of the temporary holding centres have been stuffed with the women seized during police haul-ups who have been taken and held there until the moment of departure for their homelands. The conditions in these centres are very precarious. There is only male staff, and the representatives of private associations cannot enter at the moment. At times, it is difficult for the women even to make a telephone call. Moreover, men and women are thrown together, without separate accommodation. We know from reliable reports that sexual activity occurs frequently within these centres, without the availability of condoms. The risk of leaving these centres with "opportunistic" infections is very high for everyone who engages in sex within these centres.

The accords recently made by the government with some countries have favoured forced repatriation of prostitutes and immigrants who do have their papers in order. In recent months street-intervention operators register daily reports of deportation.

The group hardest hit are the Albanians; however, Nigerian women are now often expelled and repatriated by way of special charter flights. What we have found to be shocking is our having learned that repatriated Nigerian women are incarcerated immediately upon their arrival home and that they are forced to fork over U.S. \$1,000 in order to get out of gaol. Instead, Albanian women immediately return to Italy on the first available inflatable outboard (gommoni), which regularly and clandestinely sweep across the Adriatic. The steady return of repatriated Albanian women increases and work and profits of the traffickers. Often, we have encountered Albanian women who tell us that they had immediately covertly returned to Italy within only a few hours after their having been repatriated to Albania. Although with somewhat more difficulty, even the women from ex-Soviet states return to the West after having been expelled. Recently, the preferred route for reaching Italy is through Albania.

Throughout all the summer of 1998 and 1999, a wave of repression was actuated against the clients of prostitutes in many Italian towns and cities, about 60 localities in all, among which were such large cities as Milan and Bologna. Applying the traffic safety code in an innovative but improper fashion, the mayors of these localities ordered the metropolitan police under their authority to mete out stiff fines to those clients who pull up their vehicles on a public road to negotiate with prostitutes. If not paid on the spot, the fine is sent to the client's home. Of course, the justification for these repressive measures is the enormity of the exploitation that victimises so many foreign women and the unrelenting war against the international trafficking of human beings. In practise, there is a tendency towards commiserating with the victimisation of prostitutes, so, in general, people have begun to augur the moral condemnation and criminalisation of the client. Yet, the pimps are seen, in the collective imagination, foremost as tormentors and exploiters, however they remain largely invisible and go unpunished.

In some localities, the prostitutes were also given fines, but the zeal with which law enforcement agents carried out raids and handed out expulsion orders was surprising.

For days, the police in the City of Pisa began to confiscate the monies of prostitutes by declaring them illegal earnings deriving from clandestine immigration.

Not only as a TAMPEP representative but also as a project leader among those involved in reduction-of-harm activities in Italy, we called a gathering of non-government organisations that work on the streets and health services operators in order to cope with the emergency of mayoral ordinances and the tidal wave of repression. In an assembly held at Bologna on 27 August, after having found common ground, we drafted and published a position paper in response to and against the repressive measures of the mayors.

At the outset of a thunderous, but ephemeral media propaganda, the thing that saddens us most in this affair is to see so many communities, where those responsible for social policy had for so long been convinced of the necessity of sustaining preventive health projects and social support for street prostitutes, suddenly turn tail and frivolously set the repressive campaigns on foot. This change of heart has negated the collective effort of many months and rendered the work of the mobile street-intervention teams impossible. (As the primary bad example, we would have to hand over the gold medal to the cities of the Region of Emilia-Romagna, all of which are governed by *progressive* left-wing mayors and councils. Rimini was first, followed by Modena, and, finally, Bologna, three cities where started up with our support had been generously financed by the Regional government to the tune of nearly one million ECU.)

In actuality, after more than one year of systematic repression in the city of Rimini, street prostitution has virtually disappeared. The Prostitution Project practically no longer exists. Either the commercial sex workers have gone underground or they have gone elsewhere or they fend off any sort of contact. An example that confirms this state of affairs can be found at Modena, where it has been impossible to conduct research and interviews with the prostitutes because of the repeated police repression directed at the prostitutes and their clients. Not even the assurances of operators that they women know very well have been capable of convincing the women to attend daytime appointments for an interview at the Family Planning Consultation Centre. (The activity of the street-intervention team at Modena<sup>21</sup> has been ongoing since 1996 and since then the operators from the Commune, with whom TAMPEP cultural mediatrices collaborate, are the same.) The doctors from the Consultation Centre state that there are now very few irregular immigrant women and prostitutes who come there for medical assistance. Given that the immigration law now legally grants the access of irregular immigrants to the health services, and at Modena they are not availing themselves of this opportunity, the situation is strangely paradoxical. Because the police are more than ever unrelentlessly hunting them down, they feel endangered and are reluctant to frequent this facility, even though there is no obligation by the doctors to report clandestine immigrants to the police. This situation is a true shame because the planned opening of a drop-in centre for prostitutes at Modena, with European Community financing, will not be realisable now because of strong differences with city policies.

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<sup>21</sup> Progetto Prostituzione. Centro stranieri. Comune di Modena: Stated in 1995

## Position paper drafted by mobile UdS (Street Unit) operators reunited at Bologna

27 August 1998<sup>22</sup>

The recent spate of mayoral ordinances that pretend to take arms against the phenomenon of street prostitution by assessing super-fines or maxi-fines are **abuses** other hardship. This chain of events leaves prostitutes caught up in a vicious circle in which they are first and foremost victims, whose recurrent negative clashes with the **of power**. Armed with the resolve to apply the traffic safety code in an innovative, yet devious fashion, municipal authorities assess these fines at only certain hours of the day for only certain of the men and women of the citizenry. This conduct of affairs actuates and legalises **outright discrimination**. And, as such, it violates the intent and purposes of the Merlin Law and tramples upon and disregards the basic rights and civil liberties accorded by the Constitution and other laws.

These ordinances now represent at even the local level of government the spread of the practice of resorting to emergency measures—the prevailing method of governing the citizenry in Italy that has endured far too long and still endures. Government authorities fail to take into account the actual dynamics of this phenomenon and ignore the experience and knowledge of those who for years have worked with or on behalf of prostitutes. As always, the government's recourse at whatever level to emergency measures has but one face, the face of repression. But, if repressive practise assures that government administrators can easily garner political consensus by appealing to the fears and prejudices reflected, more or less, in large sectors of society, it nonetheless has had devastating effect on understanding, dealing with, and rightfully placing this issue on the social agenda.

Above all, repression generates clandestinity, which in turn fuels emergency measures and further repression, both of which in turn fuel greater clandestinity and law also run up against the law-and-order interests of the whole of society. In fact, clandestinity signifies the total dominion of the racketeers, in whose clutches thousands of immigrant women would fall. This outcome would impede their eventual voluntary abandonment of prostitution because of the grave risk to life and limb of anyone who should dare to break the rigid law of silence that is pitilessly enforced by racket bosses and their lackeys.

These ordinances are the root cause of repressive practise, which affects clients to a much lesser degree than it affects immigrant women, who, after all, in many cases, already have been subjected to trafficking. This reality is in stark variance with the moral-temporising blather of a certain woman press journalist who speciously argues that these ordinances are a boon because they mainly affect the client. Yet, in those cities where the ordinances have been applied, the number of peremptory expulsions and the number of foreign women who have been physically accompanied to the frontiers is three times greater than the number of clients who have been fined. It would not be an exaggeration to speak of a true and proper **ethnic-cleansing** operation that communal authorities have instigated in collusion with the police. In some cities the police have even sunk to seizing the condoms that the mobile street-intervention teams operating there have distributed as a reduction-of-harm measure.

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<sup>22</sup> Please note that, besides the operators from TAMPEP projects, another 30 operators representing 16 associations and 4 service organisations wholeheartedly subscribed to this document.

As a temporary deterrent, the fines may displace unwanted traffic somewhat, give or take a few kilometres, but the traffic merely reasserts itself elsewhere at other hours in the very same ways. Being plainly evident, it is hardly worth mentioning that the overall effect that these ordinances have had on lessening the actual incidence of this phenomenon is virtually naught. However, repressive practice does weigh heavily on the operators who work on the streets in socio-health prevention projects that are organised to reduce harm from sexually transmitted diseases.

For such interventions to have any positive measure of success, the operators must be able to rely on a certain level of permanence of the prostitute population so that they may build lasting relationships based on trust. A woman, who is forced to be constantly on the move or, even worse, is forced to take to her heels, pays little attention to information that regards the defence and protection of her individual psychophysical integrity. Thus, repressive practice forces both the operators and the prostitutes to be constantly on the move. In particular, the deterioration of positive relationships with the prostitutes founders efficient health-prevention intervention and raises the evident possibility of negative consequences for the population at large. Therefore, the mobile street-intervention operators find themselves in serious difficulty.

When one considers that the very same institutional hands that hand down the ordinances at times finance these projects, this state of affairs assumes paradoxical aspects. Yet, contrary to what many mayors so loudly proclaim, these projects are too often poorly financed, at levels well below true funding needs, or there is no funding at all. Mindful of the fact that these fines have minimal effect on lessening the actual incidence of street prostitution, to affirm that the proceeds from the fines would provide the funding for eventually lessening or ceasing repressive practice is patently absurd. Therefore, one can hardly believe how purely bizarre is the idea that has been put forth to finance these projects with the proceeds deriving from the fines. The very idea short-circuits on its convoluted logic and mutually exclusive aims. **We want nothing to do with these sullied funds!**

In order to confront and to resolve the nexus of problems associated with street prostitution, a **slow process of conscious taking** is required. Also required is **sincere willingness** on the part of the police forces to fight against trafficking and the racketeers, with all their might, by using effective measures and not by resorting to a broad policy of indiscriminate repression that falls mostly upon women who are the victims of exploitation. For these women the quickest and only way out from the tunnel of street prostitution is the way that is brightly lit with **real opportunities for regularisation and social insertion** that are sustained by **qualified interventions** and **projects** which are adequately financed.

# Cities involved in TAMPEP activities

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**T**he initial phase of TAMPEP in Italy from 1993 to 1994 involved preparing maps of the areas where the incidence of migrant prostitution was particularly elevated. In parallel with this action, the *Comitato per i Diritti Civili delle Prostitute* made a survey of available resources within the network that it had set up. Sex workers present in various Italian cities with formal or informal links with the project's partners conducted this research activity. Information was collected through official agencies and news media, as well as through direct reconnaissance missions that were conducted on the streets in those cities where the *Comitato per i Diritti Civili delle Prostitute* had well established contacts.

In the beginning (1993-94), seven cities were chosen based on two primary prerequisites: the presence of a sizeable population of migrant prostitutes and the presence of sex workers affiliated with the *Comitato per i Diritti Civili delle Prostitute* that were willing and able to make a commitment to support the project. All of them were located in Northern Italy, and the cities chosen were Bologna, Genova, Turin, Milan, Verona and Pordenone. Such factors as social and cultural conditions and personal considerations were important in deciding to involve only Northern Italy cities. For example, most foreigners migrate to the North because work opportunities are more plentiful there. And, the project leaders felt that they should personally supervise the local teams to ensure regular contact and to facilitate the possibilities for frequent visits. When first implemented, the TAMPEP project was successful in broadcasting and affirming its methodology and philosophy. And, after TAMPEP'S first year of work, the project leaders received many requests, not only for intervention and training, but also for consultant services from politicians and public administrators interested in accomplishing something positive within their territories or spheres of action. The portfolio of projects that could be implemented became vaster and, in some cases, longer lasting.

Some local administrations financed implementation and sustainability of the projects, some of which have achieved a certain stability (which signifies funding continuity). The TAMPEP projects that have turned out to last longest and best structured are those of Turin and Venice. The project at Turin is actually financed by the Provincial Administration for Social and Youth Policies, which is run entirely by TAMPEP staff, whereas the project at Venice-Mestre has become a service function of the Commune, which enjoys the collaboration of TAMPEP operators and the availability of TAMPEP informational materials. Another province where TAMPEP has run a project for two years is in Novara, but, unfortunately, a recent change in political alignment of the Provincial Council has brought about a change in social policies, which will result in the project's being shut down next year. The same thing has happened in other cities, like in

Bologna, in Rimini, and in Milan, where our staff participated in the implementation of significant projects, but electoral changes in political alignment, or the arrival of political conservatives and/or the composition of Councils dominated by the League of the North, an xenophobic political party, have put an end to our beautiful heyday. We are still working in other localities, despite repression and obstructive local policies. One example of street activity is the “Make It Better” project, which covers the Region of Friuli-Venetia-Giulia, an UMBRELLA NETWORK<sup>23</sup>, which is run by the Ser.T<sup>24</sup> of Gorizia, with TAMPEP’s participation.

Our two European projects have joined up with other associations to form an active and co-ordinated effort among volunteers and associations in the cities of Trieste and Udine and in the province of Udine. The UdS has had made three outings a month throughout 1999, but the work has always suffered from the repressive interventions of the police. These repressive interventions are wanted and invoked by the municipal authorities. The Mayor of Trieste has been among those who have devised bylaws against the clients.

At the end of the summer, the work at Udine was totally done in vain. One night, while we monitoring the streets, we found twenty policemen with dogs in an underpass of the railway station awaiting the arrival of the train loaded with the prostitutes who commute there from other localities. They were held in the gendarmerie for the whole night, and on the following morning, based on each one’s immigrant regularity, or lack of it, they were either carted off to temporary hold centres to await repatriation or they were unceremoniously shunted back onto the trains. Yet, in the whole of the Friuli-Venetia-Giulia region, the total number of street prostitutes is less than 300 souls. At Trieste, there are about 30 souls.

In other projects, such as the one at Modena, where we have worked for three years, we have run into the schizophrenia of policies that are now repressive, which formerly were vigorously aimed at the reduction of harm.

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<sup>23</sup> Umbrella Neytwork European Project between Italy and Slovenia. Promotion: SPI Berlin Germany .

<sup>24</sup> Ser.T = Public Health Drug Addict Service

# Training activities

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**M**any other government and non-government organisations already work in the field of prostitution and HIV/STD prevention, or are bent on this. From many of these organisations, we have received many requests to conduct and to organise training seminars and sessions for them. Therefore, in TAMPEP 4 programming, training was a top priority in order to offer the possibility to those who wanted to acquire both the book learning and the practical knowledge, skills, and abilities necessary to efficiently carry out multidisciplinary work on behalf of the foreign prostitute population in Italy, which is highly varied and multicultural.

Between 1997 and 1998, after having actively participated in training persons who would be working in projects in cities in the region of Emilia Romagna, at Bologna, Ravenna, Piacenza, and Rimini, we were invited to Rome to train some operators of the local health enterprise (ASL Rome B)<sup>25</sup> that had opened an outpatient facility that would be the referral centre for prostitutes. On that occasion we had a conversation with the Health Administrator of the Commune of Rome and gave her a lot of information about project management and provided her TAMPEP literature. After some months had passed, the Commune tendered a competitive proposal to implement three street-intervention teams and six shelters for prostitutes who fall within the purview of article 18 of Immigration Law. Parsec and LILA, two NGOs, which unfold UdS activity, submitted a competitive bid against the proposal and they asked us to provide TAMPEP handout materials.. The LILA and the ARCI Gay associations were bid winners, with TAMPEP's participation as the proponent of the training. Also, at our behest the Commune of Rome funded the translation from English into Italian and printing of the Hustling for Health<sup>26</sup> manual that was produced by the Europap/TAMPEP network.

Other training seminars have been requested of us by ALA (Association for the Fight against AIDS) of Milan whose operators execute interventions of prevention using brochures from TAMPEP, the Commune of San Remo, the Commune of Moncalieri, and the Province of Lucca.

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<sup>25</sup> ASL Roma B= Public Health Enterprise

<sup>26</sup> *Darsi da fare per la salute : sviluppare servizi rivolti al mondo della prostituzione in Europa* / Europap ; Tampep ; Comuna di Roma : Assessorato alle Politiche per la Promozione della Salute.

## A very special partner

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**T**he Italian General Confederation of Labour (CGIL) is one of the three major national labour unions in Italy. Founded in 1945, CGIL covers all categories of workers and has over 2,3 million members. CGIL is structured on three levels: provincial, regional and national. Fifty-one percent of CGIL's members are women. CGIL has a Women's Committee, which, in 1998, became the Department for Equal Opportunity Policies. In the late 1980s, CGIL set up a Department on Migration Policies. This particular interest in migrant workers is a consequence of the remarkable migratory waves into Italy starting in the 1980s. These two departments have organised several initiatives to support migrant women.

At the beginning of 1999, regular immigrants in Italy numbered over 1.25 million, with more than 86 per cent coming from non-European Union countries. Of these 585,000 are women. Migrant women have replaced Italian women as domestics, babysitters or caretakers of the elderly – jobs that require low qualifications and are poorly paid. Migrant women are hired in these sectors more easily than Italian women are because they are weaker contracting parties. They are unaware of their rights and can be cheated and exploited. Moreover, their work is the main priority, and they are more flexible than Italian women are in setting working hours and working time.

Dealing with migrant workers and, in particular, with migrant women and prostitutes is giving CGIL at least two big advantages:

To become a “universal” and all-inclusive union; and

To become a union, which is capable of coping with social change.

Two conventions were organised at Rome. One of which was held 10 November 1994, to which all the representatives of the local labour chambers were invited. The title and theme of this convention was titled, “Una Riflessione in Tema de Prostituzione.” The other convention was held in May 1997. At this convention the staff of national directors of the CGIL confronted national politicians. The title and theme of this convention was “Prostituzione. Lotta al Traffico, Riduzione del Danno e Autodeterminazione: Dalla Posizione dell’Unione Europea alla Riforma della Legge Merlin”<sup>27</sup>.

CGIL Novara is a provincial centre of CGIL and the first CGIL centre to deal with prostitutes as workers. The local TAMPEP co-ordinator who has been working for CGIL Novara for about ten years and who has been involved in the Committee on Equal Opportunity. In 1997 she became the co-ordinator of the innovative project called “Viamica 55/ TAMPEP”.

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<sup>27</sup> The acts of these conventions can be consulted at website page [www.CGIL.it/flashorg.diritti](http://www.CGIL.it/flashorg.diritti)

The rights of prostitutes are also considered within the framework of a new CGIL national initiative that is called NIDIL (New Work Identity). NIDIL was adopted in 1998 to organise atypical workers. Supporting the NIDIL is an Ufficio dei Nuovi Diritti (Office for New Rights), which protects the rights of homosexual and transsexual workers, as well as the workers of different languages, religions, ethnic origins, etc.

From November 1997 to 1999, Viamica 55/TAMPEP contacted over 300 migrant prostitutes more than once and helped them in different ways. Within a period of six months, CGIL Novara managed to find regular jobs for 20 prostitutes. Most of them have been employed as domestic workers and some have started their own businesses (shops). The goal of CGIL Novara is not necessarily to turn prostitutes into regular workers. If this happens, it is regarded as positive, but the aim of CGIL Novara is to make prostitutes aware of their rights and to protect them from abuses due to their weaknesses as a category of workers.

When the project started, many local mayors were very upset. local citizens organised “fiaccolate” (peaceful candlelit night parades) to demonstrate against prostitution. But things seem to be changing.

Mayors are increasingly co-operative in the Novara Province, the mayors have begun to regard CGIL and the Viamica 55/TAMPEP project as the mediator between the citizens and the migrant prostitutes whenever the citizens complain and want the prostitutes to move out of a certain area CGIL Novara also facilitates contacts between migrant prostitutes and the police. Once a month, the union sends some of its representatives to a meeting with the police and the local administrative staff of the Ministry of the Interior.

There was a convention held under the titles of “La CGIL per strada. Le strade della CGIL. Storie, progetti, interventi, alleanze e impegno in tema di prostituzione” (at Turin June 1999).

So far the results of the project have been very good.

The contribution of CGIL includes the salary of the Co-ordinators and assures the availability of its legal staff. In return, the union benefits from considerable advantages. CGIL was able to send some of its representatives to take part in a national discussion on the new Italian Law on Immigration.

CGIL representatives managed to have the first draft of one article of the law changed. CGIL also exerted pressure to have migrant prostitutes included in the category of migrant informal workers. This is an important change because it advances the goal moving Italian society towards a new view, which considers prostitutes as exploited workers, instead of condemning them.

# National data

In order to get an idea of the territorial diffusion analysed by nationality and the changes that have taken place, it is useful to refer to these tables that illustrate the actual situation and the change manifested within the last two years. The cities included in the sample are Turin, Venice-Mestre, Trieste, Udine, Rome, Milan, Brescia, and Bologna. In these cities the composition of the target is different from one city to the next. In this publication we describe the activities and the data collection for the projects at Venice-Mestre, Turin and Trieste in order to give the reader the possibility of observing the things that take place during an intervention. We limit ourselves to describing the condition and profile of those groups of prostitutes that are greater in number (Nigerians, Albanians, and Colombians) because on the whole they represent the majority of the migrant prostitutes in Italy.

## 1.

**In your country, what is today the PERCENTAGE of migrant sex workers within prostitution?**

1997	1999
92.7	94.90

## 2.

**In your country, from which region do migrant sex workers originate?**

	1997	1999
Africa	45.04	53.44
East Europe	38.58	30.30
Latin America	15.58	16.26

## 3.

**EAST EUROPEAN countries described as countries of origin**

	1997	1999
Albania	50.44	39.7
Ukraine	10.62	16.2
Moldavia	6.4	8.66
Poland	0.6	
Romania	5.56	8.5
Russia	7.64	8.2
Ex-Yugoslavia	9.51	11.8
Czech Republic	1.33	
Hungary		
Bulgaria	1.73	3.6
Slovakia		0.1
Others	1.73 Macedonia	3 Macedonia

**4.****LATIN AMERICAN countries described as countries of origin**

	<b>1997</b>	<b>1999</b>
Brazil	46	33.75
Dominican Republic		0.5
Colombia	20	40.5
Peru		20.45
Venezuela	10	
Ecuador	16.6	
Others	5.3	4.8

**5.****AFRICAN countries described as countries of origin**

	<b>1997</b>	<b>1999</b>
<b>Nigeria</b>	<b>99</b>	<b>99</b>
Ghana	0.04	0.04
Senegal		0.06
Other	0.96	0.9

Observation: In Italy there is a not-significant Asian women presence. This group of women is completely absent from the streets.

# TAMPEP and the province of Turin

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**T**he TAMPEP project, which is promoted by the Province of Turin, has been funded for two years and will continue through the year 2000.

After TAMPEP organised the following initiatives:

- the organisation of the international meeting with the theme and title of “City Government, Public Safety and Prostitution”;
- the planning and implementation of a training course for cultural mediators and peer educators aimed at Nigerian women;
- the programme for fieldwork by the UdS was initiated in January, 1998, and in March the project’s centre was opened in Corso Brescia, 10, in Turin.

In order to carry out the first phase of this effort, it was considered indispensable to reactivate the co-ordinating network between the social-health services and the various administrative offices that TAMPEP had already created in '94, when it first began working in Turin.

The project structured itself, in accord with TAMPEP’s usual methodology, in six areas of intervention:

- Work by the UdS and in the field;
- Work in the centre: receiving and counselling the women, accompanying them to public services, weekly verification meetings;
- Gathering information and data on the target groups;
- Constant evaluation of the real situation of target groups and of the changes taking place within them;
- Workshops with the target groups in order to develop together educational material with specific aims, and which takes into account linguistic and cultural differences and the average level of education of each group;
- Training courses for peer educators that were chosen from within the target group.

As provided for by the project’s methodology, great importance is given to cultural mediation and the collaboration and involvement of persons coming from the major groups of immigrant prostitutes (target groups) present in Italy.

The network of services which was established during the years in which the project was active in Turin, and which has been reactivated and is being continually verified during the current programme, includes public health services and public and private (non-profit) offices and dispensaries which are involved in the protection, integration, and the social insertion and job placement of immigrants.

TAMPEP participates in the City Co-ordinating Group on Violence against Women, which is promoted by the City of Turin. It is in contact with the Turin Criminology Observatory.

The services network to which TAMPEP refers is broad and articulated. For simplicity the cores of the networks will be joined homogeneously.

Prevention and cure of STDs and contagious diseases: the health services, which work for the prevention of contagious diseases, STDs and AIDS, were the first to be activated (or, in the majority of cases, reactivated) in the network.

Accompaniment to these services constitutes an important part of TAMPEP's work.

In this regard, the experience with the HIV/STD Outpatient Clinic of the University Clinic at the Amedeo di Savoia Hospital (with which there had been a previous experience of collaboration) was very important.

Once the presence of a cultural mediator had been agreed upon—twice a week—on Tuesday and Fridays, when the Outpatient Clinic is open, for an extremely productive collaboration was begun which involved the accompaniment of dozens of women (primarily of Nigerian nationality) by TAMPEP's operators and mediators.

The Clinic's organisation and its willingness to intervene according to the Anglo-Saxon model of the "walk-in clinic" made it possible to offer a service which was both attentive and rapid, and which was much appreciated by the users.

Up to now, the women accompanied to the Clinic were generally those with disturbances related to infections and STD. For the prevention and treatment of tuberculosis, the service of reference is the Social Hygiene Dispensary. For dermatological problems, the project networks with the San Lazzaro Dermatological Hospital; for surgical treatment of STD, the women are accompanied to the STD Outpatient Clinic within the same Hospital or to the Cryosurgery and Laser Therapy Centre in the Sant'Anna Hospital.

### **Contraception**

All the information activities concerning contraception, prevention, abortion and pregnancy is carried out in 9 local Family Counselling Centres.

The Sant'Anna Gynaecological Hospital is one of the local health centres with which collaboration was reactivated, given that it was already part of TAMPEP's network in 1993. In the current project, it is the principal point of reference for the accompaniment and care of women requesting an abortion.

### **General Medicine**

Except for a few accompaniments to the San Camillo Hospital, the Emergency Room of the Gradenigo Hospital in Turin and the Emergency Room of the S. Luigi Hospital in Orbassano, for problems referable to general medicine the women were referred or accompanied to the ISI<sup>28</sup> of the Without Frontiers Co-operative.

### **Psychological Support**

With regards to problems involving depressive and psychiatric illnesses, the reference service is the Franz Fanon Centre—an Ethno psychiatric Workgroup.

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<sup>28</sup> ISI: Information Services Window for public health referrals and for illegal immigrants.

## **Other Network Partners**

Collaboration was also begun with the Nigerian Community of Turin. An emblematic gesture of goodwill and willingness to participate on the part of the community was the invitation made to the chiefs of the TAMPEP project to participate in the meeting between the Nigerian communities with the winner of the Nobel Prize for literature, Wole Soyinka. The same persons were then invited to participate in the Yearend Party offered by the Nigerian association, the Elite Club, where the project was presented with a brief talk.

The relationship with the Bini Community – the Nigerian ethnic group to which the majority of the African women who work as prostitutes belong and which is one of the most numerous in Turin – was also developed and expanded. After an informational meeting in the Bini assembly rooms on the prevention of STDs and HIV, which was a great success, TAMPEP received a request from the Community to organise a collective meeting for general health information, which took place in 1998.

TAMPEP's Turin team has at times made it available for discussions or interviews with journalists and has participated in radio and television programmes. However, approval has never been given to film the UdS at work, nor has any assistance ever been given to facilitate interviews with persons who work as prostitutes.

The Province of Turin provided TAMPEP with office space for a centre, which have been designed for use as its operational centre, and which is open to persons who work as prostitutes, both Italian and foreign... The centre was opened in the middle of March.

Persons who come to the centre are asked to fill out a "Personal information questionnaire", which is anonymous. They are then given a card with a reference code so that their questionnaire can be taken out at every new visit. The data contained in the questionnaire have been processed in order to provide social profiles for the women involved in the research, subdividing them by Albanian, Nigerian and "other" nationalities. During the first 10-month period, slightly over 100 persons visited the centre. Of these, 95 agreed to fill out the questionnaire: 74 Nigerians, 14 Albanians, 2 Chinese, and 1 each from Bulgaria, Moldavia, Russia, Slovenia and Kenya.

For the most part, these individuals had been contacted by the UdS, but there are also indications of word of mouth among the women or other forms of information regarding the existence of the service (Fig. 1). A higher percentage of Nigerian women obtained information on the existence of the service through a friend. This can be explained by the greater aggregation among African women, and by the fact that in the past TAMPEP worked specifically with them.

For similar reasons, when one finds in the sample group women who have stopped prostituting themselves (Fig. 2), they all turn out to be Nigerians.

The data concerning the work workplace of persons who have come to the centre in Turin (Fig. 3) confirm the project's increased penetration in the area of Nigerian prostitution. The Nigerians "originate" from the streets of the city and the province of

Turin, where the UdS operates, but the unit's past activities in the train stations of Turin Porta Nuova and Porta Susa and on some trains also seems to have had its effect.<sup>29</sup> For the most part, the women come to the centre to request accompaniment to health services, but they also come for other reasons. The reason for the first visit is primarily the desire to undergo a screening for STD, after an amenorrhoea (Fig. 4).

### **Accompaniment**

Accompaniment to a service in the network is always dependent upon a request by the person involved and is seen as an aid in overcoming the understandable fear which conditions the behaviour of illegal immigrants with respect to any institutional reality. It tends to make such persons more independent, so that they can acquire necessary information and move about with greater autonomy.

In the area of the health services, it often happens that the cultural mediator must intervene in order to reassure or, at times, even convince the foreigner that she will be received and cared for with full respect for her rights. One often meets Nigerians who are convinced that expulsion is automatic if an infectious disease is confirmed. Sometimes one listens with amazement to some of the fantastic rumours that circulate among the target groups, such as the one heard in Novara from a couple of Nigerians who believed that African women with AIDS are "eliminated" in Italian hospitals by means of a lethal injection. It is evident that these cases are a mix of irrational fears concerning a strange and hostile world and the idle talk heard in the country of origin and applied to the new environment where they now find themselves.

In 12 months, the TAMPEP UdS has effected 108 outings, during which 1491 contacts were made with street prostitutes of both sexes in the city and province of Turin. If we consider only first-time contacts, there were encounters with 810 Nigerian women, 156 Albanian women, 27 women and 4 transsexuals of Italian nationality, to which should be added 46 women from Eastern European countries and the Balkans (primarily Romania, the Ukraine, Russia and Bulgaria). There was also 1 woman and 7 transsexuals from Brazil, 4 Spanish transsexuals, 4 women from North Africa (Morocco and Tunisia) and one from Sub-Saharan Africa (Benin Republic).

With the continuation of the street work, the number of repeat contacts tends to increase, while the number of "first contacts" remains constant.

### **Data Collected**

What follows is a summary of the data collected by the UdS of Turin which was drawn from a sample group of 1060 contacts, the data from 95 personal questionnaires compiled by TAMPEP operators and from questionnaires provided by the STD outpatient clinic of the Amedeo di Savoia Hospital (sample group of 62 persons, 80% of which were Nigerian). This analysis does not pretend to be complete in its descriptive part, given that immigrant prostitution, taken as a whole, is a complex and stratified phenomenon. Instead, its purpose is to contribute to a better knowledge of this phenomenon, which goes beyond the usual, stereotyped images.

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<sup>29</sup> Compare: *Tampep 3 Final Report October 96*. - September 97. - pp. 134-155

## Methodology

The following graphics regard different aspects of the phenomenon and contain the absolute frequency with respect to each modality.

Graphs were provided in order to give a more immediate impact to the contents of what were considered to be the most important aspects. *Pie charts* were used for a few modalities due to the simplicity of their interpretation. *Bar graphs* were constructed for a greater number of modalities and where there was a time-related comparison. In one case (previously STD and HIV), it was considered opportune to use a *Row* or *Stack* graph in order to indicate the comparison of the percentiles while at the same time providing the frequency.

Given the limited number of personal data questionnaires relating to “other nationalities” and “Albanians”, it was decided not to provide graphs for this data divided by nationality, because the percentiles would have been misleading if one considered attributing the characteristics of this sample group to the overall population. Given that there was a large quantity of data available, it was decided that it would be interesting to try to use the data obtained by the UdS with respect to age and length of time in Italy as an undistorted sample of the entire population of the group of origin. This was also done in order to provide an estimate of the average confidence interval. It was considered as imprudent to make an estimate of the average length of stay due to the fact that the sample group did not seem to be sufficiently reliable, the data was not gathered for this purpose and it did not seem justifiable to distribute the population according to a norm (an hypothesis which is necessary for technical applications).

The confidence interval was therefore estimated at 95% of the average age. With some approximation, it can therefore be concluded that the average age of the women is 95% contained in the interval which has been established.

The personal data questionnaires which were compiled in our operational centre included a number of questions which dealt with delicate issues. The cultural mediators designated to carry out the interviews were permitted to decide, at their own discretion, whether to ask certain questions or not. The valid sample group, in terms of the data which could be drawn from the personal questionnaires, is variable and the indication “missing” should be interpreted as “a question which was not asked” rather than the lack of a reply.

## Origin, Age and Marital Status

Fig. 8 shows the numerical relationships between nationalities and groups of nationalities. This data is drawn from a sample group of 1060 persons contacted by the UdS. They can be compared with those, ordered by nationality, of individuals who had access to the TAMPEP centre (Fig. 9). The most significant fact is the growing presence of women from Romania and the former Republics of the Soviet Union. However, this presence remains quite limited when Turin is compared to cities like Bologna or Venice, or to the entire North-Central Adriatic coast.

The women’s ages as given in the personal questionnaires (Fig. 10 shows that the women who use TAMPEP’s service are older than the average age of those met on the street (22 years of age for Nigerians and Albanians, according to the data of the mobile unit).

Unmarried women predominate, especially among Nigerians (Fig. 10), who, however, also declare that they have children, who are generally cared for by the family in the country of origin, in greater numbers than other women (Fig. 12).

These comparisons confirm what has already been known for years concerning the ethnic composition of the Nigerian target group, with the exception of a greater presence of the Urhobo than in the past.

The **average age** of the **Nigerian** sample group, based on 784 responses obtained by the UdS, is **22.6** years of age. **5 young women** were encountered who said they were minors (with an average age of 16.4 years).

The **origin of Albanian women, based on the data of the UdS (Fig. 15), indicates** a preponderance of individuals originating from the **South** and **Central** part of Albania. A significant number of individuals come from the city of Elbasan and the towns of Fier and Berat, as well as the capital of Tirana. The Albanian women who work in Turin, therefore, originate from areas which we can describe as industrial (Elbasan), but also from the minor towns and rural areas of the interior.

The **average age** of the **Albanians**, based on 152 replies obtained by the UdS, is **22.3** years of age. There were **10 young women** who claimed to be **minors** (average age, 16.1).

### **Entry and Length of Stay in Italy**

Based on the personal questionnaires, it is possible to obtain a certain amount of data relating to the entry and stay in Italy of foreign women who work as prostitutes. Some of the results confirm what was already well known in the past□ that the foreign women working on the street in Italy were almost all without residence permits (Fig. 17). A high percentage of persons have received a decree of expulsion from Italy, especially Albanians (Fig. 18), and some have received more than one such expulsion notice.

According to the data collected by the UdS, the **average length of stay in Italy for Nigerian women is slightly over 10 months** (sample of 790 replies).

The graph with the frequency relating to length of stay (Fig. 19), shows how the women tend to respond in terms of years or fractions of years when referring to long stays in Italy, while for briefer periods there is a greater accuracy in the replies.

The processing of the answers to the question “How long have you been in Italy?” has permitted the creation of a reasonably accurate diagram of the entry flows from Nigeria for the period 1990-1998 (Fig. 20). One can observe the effect of the turnover in exploitation in the substantial increase in entries in recent years.

From the graph of the entries from Nigeria arranged by month and relating to the years 1997-1998 (Fig. 21), one notes an increase in the flows around the beginning of 1998, which is possibly related to the first indications of the amnesty contained in the new Immigration Law, or other factors tied to the mechanisms of the prostitution trade.

According to the data gathered by the UdS from a sample of 152 replies, the **average time of stay in Italy for Albanian women is slightly over 18 months**.

The considerations made concerning the Nigerians can also be applied to the graph with the frequencies relating to the stay of Albanians (Fig. 22). The question has made it possible to construct a very reliable diagram of the entry flows in from Albania for the period 1991-1998 (Fig. 23).

The entry flow into Italy indicated on the abscissa axis (Fig. 25), shows an increase in the summer months when crossing the Adriatic in inflatable outboards is easier. Some women may have anticipated their entry in order to take advantage of a possible amnesty.

The Albanians who were asked if they had transited through a third country replied negatively. Some Albanians, however, had worked as prostitutes in Greece, a country that has a very large Albanian community, before coming to Italy.

### **Living Conditions**

The personal data questionnaires, which aimed at investigating the living conditions of persons who work as prostitutes, provide indications on a number of aspects without, however, providing any in-depth information.

The women were asked if they lived alone or with a friend or another prostitute, or with a partner. The responses indicate that co-habitation predominates (Fig. 26-27). Breaking down the data by nationality, one can see the clear majority of Nigerian women who live with other women of the same nationality.

The values presented require an interpretation that recognises the absolutely minimal margins for movement allowed to women who are the objects of sexual exploitation. Among the replies which were obtained from Nigerian women regarding the question concerning any housing problems, some mentioned "overcrowding" or "high rents". We can conclude this brief and partial analysis of the housing problems of persons who prostitute themselves by recalling that living in rundown houses and in conditions of exploitation exercised by the owners of these properties and their intermediaries generally has major repercussions on the personal safety of women immigrants. One need only read the local newspapers during the winter months to find repeated cases of women intoxicated by defective heaters or tubing, or burnt by the explosion of gas canisters, as happened to two Nigerian women in the middle of December.

### **Health**

The possibility of health protection and access to health services is one of the most important issues deal with; Fig. 28 shows any contacts that occurred with local National Health Service facilities previous to the contact with Tampep. The number of women who declare to have had access to a hospital or family planning clinic is relatively high and confirms the validity of the work carried out jointly in the last few years by Tampep, the I.S.I service and other actors in the area of private social work and, before that time, by the City Office for Nomads and Foreigners. The opinions which immigrant women gave of the services obtained in the Turin hospitals is generally very positive.

With respect to the health conditions of women who prostitute themselves, we can use the data collected by the STD outpatient clinic of the Amedeo di Savoia Hospital, in order to draw a brief profile of the health problems which are related to sexual activities. The results obtained by this investigation, especially in terms of being HIV positive rather than for previous hepatitis B infections, cannot be positively attributed to sexual activities performed for payment.

Because it has been definitely established that a part of the health problems resulting from sexual activity, as well as a certain number of unwanted pregnancies, are the result of the custom of having unprotected sexual relations with a partner (an element which is common to both Nigerians and Albanians), the reply to the question “Do you have a partner?” was included at this point in the report in Fig. 29.

Fig. 30 includes a number of different STD. There were three HIV positive women, plus another uncertain case, which was not possible to verify because the woman did not return to the outpatient clinic. All these women were Nigerian. The number of previous hepatitis B infections turned out to be lower than expected among Nigerian women, a fact which suggests the advisability of an information campaign that encourages these women to get themselves vaccinated.

The number of **abortions declared** to the doctors at the outpatient clinic was high (Fig. 31), especially among Nigerian women. The **average age for the first sexual relationship** is **around 18**, without significant variations among the different nationalities. A number of women reported that they had been victims of sexual assault (Fig. 32), but the data collected does not permit one to determine whether this was carried out by clients on the street, by their protectors or their accomplices, or whether it had occurred previously, in their countries of origin.

## **Work**

The women's **educational level** corresponded on average to graduation from the Italian secondary school as is shown in Fig. 33. All the Nigerian women spoke English more or less fluently, but there were also illiterate women who preferred to express themselves in pidgin English. Depending on their tribal group, the Nigerians also speak their own native idiom. One occasionally finds a poorly educated young woman among the Albanians who comes from the villages of the interior, but for the most part their declared education is comparable to that of the Africans.

The knowledge of **Italian** is very limited primarily among the Nigerian women, while the Albanians often arrive in Italy with a good ability to express themselves in Italian, thanks to the assiduous way in which they watch Italian television in their own country.

**No woman** declared that she had **worked as a prostitute in her country of origin**.

**Work experiences in Italy** were extremely rare and for the most part were as a domestic or assisting the elderly.

# The Free Woman Project

MESTRE & VENICE

**A**t Mestre, the Free woman project after three years of monitoring reveals the development of a market capable of accommodating around 100 prostitutes. Ninety-five percent of these women are from foreign countries, with 70% of them from Nigeria, 20% from Albania and with 10% from other Eastern European countries, like Romania and the Ukraine, and from the now independent republics of the former Yugoslavia. The common factors that exist among these women are clandestinity, tender age, and their subjection to systems of coercion and exploitation. The phenomenon of prostitution is characterised by a high degree of territorial mobility. Also, 50% of the client demand is for unprotected sex. Presumably, 5% of the prostitute population comprises minors.

With respect to the past, the most evident changes are the substitution of Italian prostitutes by foreign prostitutes, a large overall increase in market supply, and the presence of a lot of prostitutes who lack the skills of forcefulness with the clients. (For many of them Italy is the first place in which they have been set out in prostitution.)

The lack of forcefulness on the part of many of the prostitutes with the clients is based on a combination of three factors:

- the lack of professional experience;
- the conditions of exploitation and clandestinity surrounding them; and,
- the high degree of competitiveness that exists among the prostitutes which is fed by market conditions in which the offer is higher than the demand.

The first phases of the project regarding health prevention were focused on encouraging foreign prostitutes to frequent the health services. After an information programme emphasising that the offer of health services is free of charge, we were successful in perceptibly influencing the abandonment of abortions carried out in clandestinity. Therefore, in the course of the years, the rate at which part of the target group has begun to accede to the health services has grown.<sup>30</sup>

The 1996 database shows:

n. 34 Ob/Gyn<sup>31</sup> check-ups

n. 22 requests for abortion

Proportion  $\frac{\text{Ob/Gyn check-ups}}{\text{Abortion requests}} = 1.54$

<sup>30</sup> Compare *Rapporto '96, '97, '98: relazione tecnica* / a cura dell'equipe del Servizio Città e Prostituzione ; Comune di Venezia

<sup>31</sup> Ob/Gyn = Obstetric / Gynaecological

This statistic indicates that the requests for Ob/Gyn visits were finalised, principally, towards request for voluntary requests for abortion. Therefore, training and information workshops for the target groups were held to raise the awareness of the most attentive persons to the use of a means of contraception

The 1997 database shows:

n. 107 Ob/Gyn check-ups

n. 52 requests for abortion

n. 12 contraception interventions

Ob/Gyn check-ups  
Proportion -----= 2.05  
Abortion requests

The 1998 database shows:

n. 190 Ob/Gyn check-ups

n. 52 requests for abortion

n. 12 contraception interventions

Ob/Gyn check-ups  
Proportion -----= 1.95  
Abortion requests

Respective to 1996, the databases for 1997 and 1998 demonstrate that the relationship between the overall number of Ob/Gyn visits and the overall number of voluntary requests for abortion has greatly changed, which has perceptibly influenced the increase in the number of Ob/Gyn check-ups. Therefore, the increased number of requests for Ob/Gyn check-ups oriented towards health prevention reflects a perceptible increase in the use of means of contraception. [The “Service” adopted a counselling programme for the prevention of voluntary interruptions of pregnancy, which was integrated into consultant services of the Family Planning Clinic.

It is necessary to constantly monitor a woman to sustain her in problems that may derive from her choice of contraceptive method, to assure that she does not suspend contraception. (Failure in the use of a means of contraception is difficult to overcome because of the negative effect it would produce within the target group.) There have been moments during workshop encounters, in which some of the women have vigorously displayed resistance to contraceptive methods, thereby negatively influencing and creating havoc within the rest of the group. As a consequence, counselling, which reinforced and personalised the goal of raising sensitivity within workshops, was integrated into one of our workshops, as an action aimed at sustaining individual relationships with other persons.

## The tables indicate the growth of health prevention

### Health Interventions in 1996

Serological Tests	□	Nigerian 37 Albanian 15 Ex-USSR 2	□	Total 47
Gynaecological Check-ups		□		Total 34
Requests for voluntary abortions	□	Nigerian 13 Albanian 9	□	Total 22
General Practice Check-ups		□		Total 10

### Health Interventions 1997

Serological Tests	□	Nigerian 71 Albanian 19 Ex-Yugoslav 2 Ex USSR 1	□	Total 93
Gynaecological Check-ups		Nigerian 68 Albanian 36 Ex-Yugoslav 3		Total 107
Requests for Voluntary Abortions	□	Nigerian 47 Albanian 5	□	Total 52
Use of Contraceptive Methods		□		Total 12
General Practice Medical Check-ups		□		Total 12
Maternity		□		Total 3

### Preventive health interventions in 1998

Serological Tests	□	Nigerian 78 Romanian 2 Ukrainian 2 Dutch 1 Albanian 37 Serb 2 Ghanaian 1 Cameroon 1	□	Total 124
Gynaecological Check-ups	□	Nigerian 110 Romanian 4 Ukrainian 3 Albanian 67 Serb 2 Ghanaian 1	□	Total 190

Requests for Voluntary Abortions	□	Nigerian 110 Romanian 4 Ukrainian 3 Albanian 67 Serb 2 Ghanaian 1	□	Total 97
Use of Contraceptive Methods	□	Nigerian 32 Romanian 1 Ukrainian 1 Dutch 1 Albanian 12 Serb 1 Ghanaian 1 Cameroon 2	□	Total 51
General Practice Medicine	□	Nigerian 10 Albanian 7 Other 3	□	Total 20
Maternity Care		□		Total 3
Pregnancy	□	Nigerian 83 Serb 3 Dutch 1 Albanian 33 Croatian 1 Cameroon 1	□	Total 122
Proctology Exams	□	Nigerian 1 Albanian 9 Other 2	□	Total 12
Pelvic Ultrasounds	□	Nigerian 9 Albanian 8 Serb 1 Croatian 1	□	Total 19
Pap Tests		Nigerian 6 Albanian 10 Dutch 1 Romanian 2		Total 19
Vaginal Swabs		Albanian 2 Romanian 2		Total 4

In the course of time, the proportion of the presence between Nigerian and Albanian women is changed. In 1995-1996, in first place, were the Albanians, in second place, were the Nigerians, but now this trend is reversed. This change in population came about in 1997 because of two factors, with the first being the “*sanatoria*” of 97.

A large part of the Albanian women, regularising their immigrant left the street or sought other jobs. After a fashion, regularisation permitted greater autonomy and made other options possible, like other work or, perhaps, other places of prostitution.

Up to December 1997, the total number of UdS contacts with the target was 1205; thus subdivided, 927 total contacts with Nigerian women, of which 270 were first contacts with new figures, whereas the contacts with 177 of the women were repeated at least

five times, of which 30 were present throughout all the year. Considering that the UdS circulates regularly several evenings a week and that it covers the entire prostitution zone, one sees that only around 10%, in the span of a year, had stayed around, and around 70% had stayed around for only a few months or so. This percentage of mobility corresponds to the statistics compiled by TAMPEP, which indicate that throughout Europe three months is the average length of permanence in the same workplace. The reference to permanence always implies the same workplace. In 1997, a total of 278 contacts with Albanian women were recorded, of which 57 were first contacts, whereas the contacts with 47 of these women were repeated at least five times, of which 35 remained in the same workplace for the whole year. Measured in the span of one year, the degree of permanence ascertained for Albanian women is higher than that ascertained for Nigerian women. In fact, of the group of 57 Albanian women encountered for the first time, 35 of them remained in the same workplace for a year, which represents a percentage of around 60%.

This example serves to illustrate that within the territory of Mestre, as in other Italian cities, because of market flexibility and the lack of concentration in specific places and zones, that there is much greater containment and stability within the sex market than that which exists in other European countries. The overall number of prostitutes that is inserted within the urban fabric of Mestre has been constant in the span of three years. Despite all the mechanisms and factors impinging upon migrant prostitution, this demonstrated constancy would permit the justifiable supposition that the size of the population sample will remain invariable. The justification for this supposition will remain true, provided that the local administration does not choose to adopt policies that destabilise the actual situation. Destabilisation would re-create a chaotic, fragmented market and would probably result in the entry of new, but weaker figures, or new criminal networks into the sex market, or an eventual increase of covert prostitution.

The “Service” puts highly valued social-integration and job-insertion programmes into act on behalf of those women who want to, or are forced to, abandon prostitution and to adopt alternative lifestyles. These high visibility services are phased and articulated programmes that are realised by constituting self-help groups, by accommodating the women in the cores of local families, and by instilling meaningful relationships, even with women that we have made acquaintance with on the street.

In these three years, fighting for health rights and the rights of self-determination, along with programmes of integration and accommodation, have been our collective responses to those emergencies that have stood out more conspicuously than the social phenomenon of street prostitution. The mediation of social and community conflicts, by assigning the work of local social operators the places where conflict emerges, has proved to be the best way to resolve emergencies. Instead of merely fulfilling the role of providing services to safeguard the most disadvantaged, devising and adopting innovative social policies, like mediating the wants and needs of all the subjects in conflict, to resolve a complex social phenomenon is a new frontier.

# A profile of the target

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## Nigerian

The **origin of the Nigerian women in Turin** was more than 60% Bini, the information drawn from the personal questionnaires (Fig. 13) shows that women from the Edo State, and especially from its capital, Benin City, continue to be the greater majority. The dominant tribal group of the Edo State is that of the Benin, or Bini, and the language spoken by the Bini is Edo. Alongside the women originating from Edo State are those from other ethnic groups from the Southwest and the Central Coast of Nigeria, beginning with the Urhobo, who come from what is currently the Delta State (Edo and Delta State were recently created by dividing the territory of the Bendel State in two.), and the Yoruba and Ishan. There are also several dozen Igbo on the street (Southeastern Nigeria) while women from the North, such as the Hausa, are almost completely absent. A young Nigerian woman who is obliged to repay a “debt” of 70 million Lire (40 thousand dollars), who is without a proper visa, often without any documents for personal identification and completely dependent on her madam, will certainly not indicate the existence of housing problems. And yet we know that in addition to the sum agreed upon with the madam, she will also pay a weekly or monthly rent (around 400 thousand Lire) in order to live with eight other women in two rooms of a rundown building. As soon as a woman frees herself from exploitation, and whether she continues to work as a prostitute or not, the problem of housing becomes urgent and is anything but easy to resolve.

The Nigerian women who were found to be illiterate were generally over thirty years of age, although in 1998 the UdS met at least two very young women in the same situation, which leads one to suspect that the recruitment of prostitutes in their native countries, instead of being concentrated entirely in Benin City, now also takes place in rural areas, or among groups with rural origins who have recently moved to the city. It is well known within these circles that when a madam “orders” a young woman from Nigeria and the woman who arrives is illiterate, this is cause for great joy, whereas the arrival of a college graduate provokes crises of anger and violence upon the unfortunate woman. This says a great deal about the fundamental characteristics of sexual exploitation.

Many women, even the younger ones, make reference to **previous work experience** in their native country, which confirms the fact that immigration does not depend on the absolute lack of work in the countries of origin or on conditions of total indigence, but rather on the desire to better one’s living conditions, to travel to countries which have been idealised in the minds of the women involved and to achieve prosperity in consumer societies. Nigerians often send photos home in which they are leaning against the loaded shelves of supermarkets, or in which they are seated on the hoods of high-powered automobiles parked in the street. A Russian woman who came to the TAMPEP office told how she almost began to cry the first time she walked into a cheese and salami shop, at the sight of so much abundance.

For the Nigerians, among the jobs performed in their native country, the most common were that of hairdresser, jobs in the retail trade or positions with secretarial functions

From the comparison of the data relating to Nigerians and Albanians, it is clear that the general belief that there are “extremely young” Albanians working on the street, an issue which receives a great deal of attention from the mass media as well as being the object of pietistic attitudes, does not correspond to the real situation. This misconception probably originates with the presence of some minors and from young women who appear to be minors to those who drive past them on the city streets. The common opinion that Albanian women are forced into prostitution through a ferocious and brutal exploitation, and that Nigerians more inclined to accept the imposition of such exploitation, is likewise inaccurate if we attempt to analyse the phenomenon in its complexity. There are a great number of differences in terms of age, experience and living conditions among the foreign women working on the street, and the relationships with the persons who exploit them is likewise varied and often much more ambiguous than is often commonly thought. For the cases involving Albanian women who have been brutalised by their men, one can easily find cases of Nigerian women who have been beaten or undergone violence. At the same time, one can find Albanian women on the street who have total confidence in their partner’s promises and who declare that they have no problems, even when they fail to bring home the amount which they are expected to earn in a night’s work. Likewise, one finds Nigerians allowed by their madam to occasionally go to a discotheque and who quite literally say that they are “spoiled” or “fussed over” by their protectors.

Some women analyse their reality with extreme lucidity, while at the same time expressing themselves with great pathos, like the young Albanian who, in the Spring of 1998, asked bitterly “Why all of this has to happen to our generation?”. And then there are others who seem hopelessly naive or unaware.

What the women do have in common, in terms of nationality, are the risks connected to street prostitution, the consequences of raids by the police and the Carabinieri and, above all, the conditions of the pay-for-sex market. The saying that for every kind of prostitute there is a corresponding client, e.g., one who goes with Nigerians but does not go with Albanians, etc., is in part true. Currently, it is clearly evident that the offer of Nigerian women exceeds the demand and that prices are falling drastically, while, on the contrary, there is a continual rise in the “debt”, or the price agreed upon with the madam before leaving Nigeria, in order to guarantee entry into Italy. If, in 1990, a young African woman agreed to pay a sum of between 14 and 20 million Lire and then began to prostitute her, she could count on earnings of 20-30 thousand Lire per client, provided she was young and attractive. Today, the Nigerians commit themselves to a debt of 70-80 million Lire and often find themselves having to negotiate a price with their less affluent clients, such as North Africans or Senegalese, of 5 to 10 thousand Lire in exchange for sex, even if they are young and attractive. The maximum of 30 thousand Lire, a price which was never exceeded, has become increasingly unattainable. The Albanians seem to adjust better to these changes in the market, which for the most part began with their entry into it, and are faced primarily with the competition of the women from Eastern Europe.

Based on what can be currently observed on the street in terms of negotiating prices, and on the foreseeable consequences of the new immigration law, due both to its repressive aspects (the creation of temporary holding centres and the carrying out of expulsions) as well as to its provisions for the social guardianship and protection of the victims of exploitation (the implementation of art. 18 of the Unified Text) we believe that in the near future we will see a growing number of Nigerians expelled from the pay-for-sex market. Another phenomenon which can be predicted is the transfer of a part of the Albanian prostitutes to other European countries which do not have laws that guarantee the rights of the victims of prostitution to the same extent.

Of the women who entered Italy at the start of the '90s in order to replenish the trade, some returned to their native country; others entered into the Italian labour market and integrated themselves into the social fabric; and a significant number (though difficult to quantify) became involved in the exploitation of their compatriots. These women who have decided to reproduce the model of exploitation in which they had suffered with other young women, live in Italy, have valid residence permits, sometimes have a job but more often are involved in some commercial activity, or have returned to their homeland, leaving the task of the direct control of the young women to someone whom they trust. The young women who work for a madam that lives in Nigeria can generally consider themselves fortunate, if the person charged with controlling them does not exceed in zeal and punish them too often. For those whose madam lives in Italy, the occasions for freedom are due to her frequent trips to and from Nigeria, or to her residence in another city.

With respect to the early '90's, or up to the time of the investigation into the Visa Office at the Italian Embassy in Lagos, the number of women obliged to transit through other countries in order to enter Italy has increased. Seventy percent (70%) of the respondents to this question had passed through a third country, countries which were both in close geographical proximity (certain countries of West Africa) as well as very far away (Hong Kong, Japan).

The increase in the average amount of debt during this time is very closely related to the growing difficulties involved in entering Italy. If, in 1990, it was enough to invest a sum sufficient to obtain a tourist visa for Italy, generally for **five days**, in recent years the transits through other countries have resulted in an increase in logistical costs, as well as the costs for paying intermediaries and "couriers". (Some women remain for months in Guinea Conakry, or Russia or Bulgaria before being able to depart for their Italian destination.) A final aspect which can be drawn from the data, is that currently many Nigerians are illegal immigrants, due to the fact that entry into Italy often occurs at night through the alpine passes, especially along the Slovene border, while in the past these persons legally entered Italy, though becoming almost immediately illegal due to their very limited visas.

## **Albanian**

In general, the Albanian prostitutes are very young, with the majority of them falling into the age bracket from 18 to 25 years. Sometimes, we have found a few minors who declare that they are of legal age but, rarely, have we found women in the age bracket from 30 to 40 years. In recent years we find women that are already professionals, have

their papers in order, come to Italy with their children, have part-time work, and engage in prostitution in order to make two ends meet. Many of the women that we re-encounter in various postings and cities have re-entered Albania, but after having spent two years there, have come back to Italy alone, without “pimps”, to work on their own. We have also known women who because of believing so strongly in their men carried their pregnancies to term.

Many times, we have encountered very young women who, at the time that we met them, had been in Italy from 5 to 6 years and had been engaged in prostitution from the time they were 13 years old. We have also seen baby girls who put on three to four pairs of trousers to seem older. One of them at the age of 14 was married with a boy who was able to exploit her because of she was in the vestments of wife. There was grand festivity at her house to celebrate this marriage, but she would always say, “Yes, he is my husband but I am unable to work because I suffer so much pain while having sex.”

In Albania, Etleva, before coming to Italy, was engaged with a youth from a city close to her small town. She was filled with pride when he proposed that she come to Italy with him, where they could both find work and earn a lot. Etleva discovered that she was pregnant, but he convinced her to have an abortion. Then she discovered that her fiancée was already and that he was the father of two children. All the same, after the abortion, she came to Italy with another youth from her town, but he immediately took note that Etleva was not a good earner, so he sold her to a couple that we learned about later.

Etleva was plain and sometimes when we found her on the street she would be with another girl who was very beautiful. Our impression was that the beautiful girl usually found with Etleva, was that she, together with her man, that they were the ones who were pimping Etleva. In the presence of her mate, Etleva was always mute and pretended not to know us. Etleva’s story, and so many other stories like hers, is not just a story taken from a bunch of boring statistical data. Etleva’s story is a stark story of life, but the story ends sadly because she was found murdered and the guilty remain unknown and unpunished. In a period of eight months we encountered Etleva at least six times, and we remember her every time we pass along the street where she worked. Poor soul!

“V” bought an entry visa. And, already having turned 35, she was not young. She was divorced with three children. She asked her mother to help her take care of the children with part of the money gained from the sale of a house. The other part of the proceeds from the sale was used to buy the entry visa for four million Albanian Lek. On the ferry bringing her to Italy she encountered several persons who told her that she could no other work than that of prostitution. They offered to help her with the language and to find a place. She thanked all of them and told them that her brothers who were already in Italy would help her. Really, she had no one, but a neighbours and friend from home had told her that she could help her if she succeeded in reaching her in the city where she lived. She reached her there and worked there for two years. When the “sanatoria” came about one of her clients helped her with the papers for a sojourner’s permit. Today, “V” has two jobs. She turns tricks with fixed clients, and she has brought her children t Italy where they live out a normal life.

## **The “Pimp”**

Usually, this figure is never seen, but is always present. This is immediately understood, because when we stop to talk with a girl, the telephone rings and we can tell from the girl's responses that he is asking her if she is with someone and if that someone is talking to her. Very often, when we are talking to a girl, a car goes by slowly and we can see that the girl becomes nervous. Many of them tell us that the “pimp” controls them at over-the-shoulder distance. Over the years, we have personally learned something about these “men”, who fob themselves off as fiancées or husbands, but are never found on the street. We have encountered them at the services and at the hospital. They effortlessly pass themselves off very well and tell bagfuls of lies—they work here, have lived here for a long time, and their papers are in order. The writer met one of them at one of the service agencies. The “pimp” was unaware that he was talking to a linguistic mediatrix, and the mediatrix was unaware that his woman was a prostitute. (This was learned later.). While the doctor did his check-up, the mediatrix had the opportunity to talk to this man, who was around 30, and while chatting with him she broached the subject of “prostitution”, by saying that she could not bring herself to understand the cruelty of Albanian men towards women, as though these men had never had a mother, a sister, a wife or a fiancée. He told me that women prostitutes have to toe the line, obey and work for this men, who do them a big favour just to stand by them, because these women were no longer a damn, and that they were the shit of society. While he was said these things to me, his woman could not hear what he said. After a few days the mediatrix encountered this woman on the street and then understood that everything that he had said was addressed, particularly, at his woman. Many are the women who rebel and finally become free, but many others are the slaves of these men.

## **Colombian**

The work with the UdS for harm reduction among non-EU prostitutes in Trieste began in an experimental fashion in May, 1998. Given that work of this kind had never been carried out before in Trieste, our first action was to diagnose the situation. On average, the number of prostitutes in Trieste totals 35, including transsexuals. This group is composed basically of women from Colombia, Nigeria and the Eastern European countries, primarily the Ukraine and Albania. The transsexuals are all Columbian.

The most numerous group is that of the Colombians, followed by Nigerians and, to a lesser extent, by Ukrainians and Albanians. The Colombians are, on average, between 22 and 50 years of age. They all come from the same city in Colombia (with one exception). The majority have from 1 to 5 children, which they leave behind at home and usually in the care of the maternal grandmothers or maternal aunts. Some are married, or have had common law marriages, and two are widows. The reason they came to Italy was to work as prostitutes in nightclubs or on the street in order to make some money to send to Colombia on a weekly basis for the support of their children. They also want to save money in order to return to Colombia. Some visit their families on holiday, and then return to continue working. They move very little, and for more than a year we have found the same women, with some new arrivals, apparently directly from Colombia. The avenues for arriving in Trieste seem to be family ties or friends (as stated earlier, all come from the same city in Colombia and knew each other before). They seem to be fairly free in their movements and relationships. They share rented flats, throughout change roommates often. Relating with them is very easy and pleasant;

they communicate willingly and for the most part are friendly. They listen willingly to advice on prevention and respond positively by making use of the health services. Virtually 100% of the women in this group have been to the for family planning service, for abortion, contraception and exams during pregnancy. They claim to use condoms with their clients, but not with their partner. Some use no contraception with the partner, thus risking unwanted pregnancies. The most common form of contraception is the IUD, which they definitely knew about in their native country. The majority say that they never worked as prostitutes in Colombia. Some have had various kinds of jobs and there was even one small businesswoman. There are no illiterate women in the group and some have had a few years of university (2-3), but for the most part the cultural level is low. Their city of origin is very poor, a port on the Colombian Pacific, with few services and very little possibility for work as well as a high crime rate. They are phenotypically black, being descended from the African slaves that were brought to America during the colonial period. During this last year, two prostitutes returned voluntarily to Colombia and two married Italians. They are all apparently healthy, often sad, with nostalgia for Colombia and their children. Almost all have been victims of violence on the part of clients. Many complain about the contempt and stigma which they are subjected to by Triestines when they go to some office or go shopping during the day.

Generally speaking, it appears that the conditions of Colombian immigrants in Trieste is better than what we saw for Latin American groups in other cities, in 1993-94, not in all aspects, but certainly with respect to their freedom from pimps or protectors.

## Credits

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The following persons have collaborated in the accomplishment of TAMPEP operations:

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**Local Co-ordinatrices:**

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**Operators:**

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**Financial Administration**

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CGIL *Dr. Maria Gigliola Toniollo* Uff. Nuovi Diritti

# Background

MARIA CRISTINA BOIDI

**T**he **origin** and **development** of **TAMPEP in Austria** is closely linked to LEFÖ's insertion in the sphere of migration of Latin American women, as well as in its participation in forums and other representative Austrian areas related to the migration issue, both from the political as well as the legal, social and health perspective.

A review of TAMPEP/AUSTRIA's work since September 1995 until the end of 1999, necessarily leads to the origins of LEFÖ.

LEFÖ, which at present stands for "Latin American Migrant Women in Austria", originally stood for "Latin American Exiled Women in Austria".

The **originality** of LEFÖ basically consists in that the initiative arose, continued and became consolidated from the knowledge and experience of the women themselves, whether they were, originally, political exiles or, later, migrant women from various origins.

Thus, the issue of women's migration and its effects was (and continues to be) a matter for analysis and elaboration from the perspective of migrant women themselves, rather than from fellow Austrians. However, work has always been carried out by women from both cultural backgrounds.

The meeting of two different cultures has been an ongoing process in the association's daily work since its foundation. LEFÖ was a bi-cultural team (at present multicultural) of women, and within this team they are confronted with their own world views and those of others, with racism, prejudice and stereotypes; but they also find productive, complementary counterparts, partial identification, support, solidarity, and compassion.

After a long preparatory period, LEFÖ became **official** in 1985.

In 1986, LEFÖ obtains its first office, funding for three women and, above all, a first project and begins its implementation.

### Since then...

LEFÖ defines itself as a **Communication Centre** for Latin American women, since according to LEFÖ's understanding, besides the courses, meetings, seminars, parties that are will be carried out, the **space** itself is an area of communication, a space for women.

LEFÖ develops an integral concept of "counselling", "support", and "follow up", which recognises human beings as complex entities and not merely as a sum of problems.

LEFÖ organises literacy and German language courses for Latin American women, in four levels, based on the understanding that language proficiency is a basic tool for the independence of migrant women.

LEFÖ structures a legal and psychological counselling service, in the mother tongue of the users, for Latin American migrant women.

LEFÖ establishes contacts and exchange programs with sister organisations in Austria and in Europe, and disseminates information (mass media, seminars, conferences, etc.) on the situation of migrant women, which deteriorates and becomes more dependent with the new immigration rules and laws.

### **Since the beginning of the 90's...**

LEFÖ receives a new wave of migrant women as a result of the neo-liberal policies with their economic structural adjustment measures and the accompanying privatisation of the public sector.

LEFÖ begins to work with Latin American sex workers, who in increasing numbers request counselling services or participate in the German language courses (thanks to the recommendation of other women).

LEFÖ faces migrant women affected by trafficking in women, either for domestic work (for diplomats, United Nations officers or other types of families), for prostitution or for marriage (as a result of sex tourism or marriage agencies that "sell" women from the so-called Third World).

### **This implied...**

- Re-elaborating work plans

- Thinking about new methodologies in terms of that new migratory group

- Strengthening relationships with organisations that were already working along those lines

- Training and updating the staff that would be working with that group

### **In conclusion...**

Recognition, in the first place, of migrant sex workers as part of the work-related **migratory movement of women** (regardless of whether they came by themselves, through friends, were trafficked, etc).

Specialisation of the Counselling Area in issues that is specific to migrant prostitutes.

Organisation of work groups in Linz and Graz to gain access to Latin American prostitutes residing in those cities.

Preparation of information material in Spanish on legal and social issues, using an accessible colloquial language and based on the experiences they reported.

Implementation of systematic information workshops in Vienna, Linz and Graz, specifically addressing Latin American sex workers. These workshops had an information function on legislation, so that participants could protect themselves more adequately. However, they also had a sharing function, offering a **space** where they could talk in a group about their lives and their problems.

Initial contacts with corresponding authorities, in order to sensitise them regarding the unacceptable living and work conditions of migrant prostitutes.

Dissemination work through the mass media as well as through round tables, seminars, conferences, etc. on the real situation of migrant prostitutes.

## **LEFÖ as TAMPEP Partner**

Late in 1995, **TAMPEP** invited LEFÖ to be the fourth partner of the project.

The participation in TAMPEP meant an important qualitative change in the work with migrant prostitutes in the following aspects:

- < The re-thinking of LEFÖ's Latin American workers as "**cultural mediators**", according to TAMPEP's methodology and the significance of the importance of "cultural mediation".
- < The systematisation of the experience and the knowledge accumulated as part of the research about the situation and development of the prostitution of migrants in Austria in the last decade.
- < The priority of prevention work in HIV/AIDS, in the framework of the process already developed, in counselling services as well as in workshops and in German language courses.
- < The study and analysis of the material edited by TAMPEP up to that moment, for its adequate use in prevention work.
- < The importance of street work. Database collection about the prostitution areas in Vienna, in order to design a street work plan, prioritising places where Latin American women work.
- < The assessment of the contact with Latin American prostitutes, oriented to the election and training of "**peer educators**", according to TAMPEP methodology.
- < The reconsideration of the importance of working together with community Health Offices, in order to achieve an efficient prevention work.
- < The process of learning, discussion, and exchange of the working experience with TAMPEP partners in the Netherlands, Italy, and Germany.
- < Awareness on the importance of the European dimension related to the prostitution of migrants. Wider working perspectives.
- < Significance of European work for the analysis, criticism, and elaboration of the work, methodology, and perspectives.

Until early 1996, LEFÖ went through an internal process of re-organisation and development around the issues mentioned above, to put into practice the TAMPEP Project. This was done with the support and experience of the other Partners, respecting the rhythm of the former process and also incorporating the contributions and proposals of European partners.

# Prostitution in Austria

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## Legal Framework

This summary is the outcome of the TAMPEP/Austria **research**, in the last four years. In order to offer a perspective of the legislation related to prostitution, TAMPEP produced a Paper: “**Prostitution - ein Überblick**” (“A summary on prostitution”). This is a basic tool for work in the prostitution sphere and the only written synthesis on the issue (available only in German).

The legal situation of prostitutes in Austria is extremely complex, especially for migrant prostitutes who are subject to prostitution and immigration laws.

## Laws Pertaining to Prostitution

**Prostitution** is regulated by national and provincial laws.

According to article 118 of the National Constitution, the prostitution issue belongs to the provincial sphere.

However, there are also **National Laws** that regulate prostitution:

### National Laws

#### In the Health Control Sphere

Sexually Transmitted Diseases Law (BGBl. 591/11993) states that prostitutes must undergo a **weekly** health check-up.

- During the first health check-up women receive a credential to exercise their job (in practice, provinces have different procedures).
- In case that any of them has a sexually transmitted disease, the credential is withheld until she is cured. Sexual workers can be fined or arrested if they do not abide by the law. After she is cured, she can return to work.

AIDS Law (BGBl. 293/1986 - 728/11993) states that prostitutes must have an HIV Test every **three months**.

#### In the Criminal Law Sphere

A law dating from 1885 (*Landstreichergesetz*) ruled until 1975. It left to the judgement of police officers “under some conditions” to tolerate or penalise prostitution. From January 1<sup>st</sup> 1975, a new criminal law in which prostitution is no longer a punishable activity entered into force. However, other actions related to prostitution are punishable:

- Promotion of prostitution (Art. 215) and pimping (Art. 216) are criminal offences.
- In this context “promotion” means that a person is introduced to prostitution, for example, through introducing her into a brothel or to other prostitutes, or through making accommodations available for the exercise of prostitution. By this standard, “introduction” is more than advising or demanding that a woman turn to prostitution;

rather she must be persuaded and “actively aided”. Whether prostitution is exercised legally or illegally is irrelevant in this context. The prostitute is not subject to punishment.

- Pimping occurs when a person takes advantage of a prostitute with the intention of receiving a regular income from her work as a prostitute. “Taking advantage” means that the pimp benefits from prostitution, but provides nothing or very little in return for such benefit. “Exploitation” is defined as taking advantage in a ruthless manner that is against the prostitute’s vital interests.

Article 217 of the Penal Code referred to Trafficking in Human Beings is related to prostitution because it reduces this crime to sexual exploitation intentions. It is defined as any person who introduces another person to prostitution in a state where this second person does not reside or does not have citizenship. It also refers to anyone who recruits a person for prostitution under the same circumstances, regardless of whether the recruited person has been a prostitute prior to the recruitment or not. And for that purpose deceives or coerces him/her through violence threats to travel to this other state, or uses deception or violence to transport him/her to this other state.

### **In the Tax Law Sphere**

Since January 1<sup>st</sup> 1983, prostitutes are included within the General Tax Law on Profits and Income.

This regulation does not include the Social Security System (health, unemployment, nor retirement benefits).

### **Provincial Laws**

Provincial laws on prostitution comprise specific laws about this issue (for example: Vienna, Lower Austria), or just as part of the legislation of the penal provincial police (or security police), that among other things regulates prostitution (for example: Burgenland, Salzburg).

Legislation could be grouped under two major models:

#### **The brothel system**

Prostitution can only be exercised in brothels that have a specific permit (Upper Austria, Salzburg, Carinthia, Tyrol, Vorarlberg, and Styria). Prostitutes who work in those work places must undergo the corresponding health control examinations.

Prostitution in the streets is prohibited.

#### **The regulatory system**

This system does not circumscribe prostitution to brothels, but demands that prostitutes be registered with the Security Police (*Sicherheitsdirektion*). This implies registering the most important personal data of sex workers, as well as fingerprinting. They must also inform the police when they have missed a health control examination, when they change addresses, or any other important data. This is the system existing in Vienna. Lower Austria and Burgenland have similar systems.

All provincial legislation has two common aspects:

Prostitution is against the law for those under 19 and for care-dependent individuals.

Prostitution cannot be performed near schools, nursery schools, churches or public places.

## Laws pertaining to immigrants

Both in the 1993 immigration laws, as well as in the new 1998 law, migrant prostitutes do not have the legal possibility of working in Austria **as such** (see publication after the law).

The complex spectrum between the Immigration Law and the Law of Employment for Immigrants, which generates a vicious cycle between Permit of Stay and Work Permit, does not leave room for a transparent legalisation of migrant prostitutes. In most cases, a legal status is only possible when a migrant worker has a permit of stay on account of her marriage to an Austrian citizen and, therefore, can work legally in the country.

With the present law, as was the case with the previous law, migrant women (or men) can obtain a residence permit and can work in Austria if they are married to an Austrian citizen.

With the previous law an artist (including dancers) could obtain a permit of stay if they could demonstrate that their income was sufficient to maintain themselves (in practice, this was an advantage for owners of clubs and other businesses).

With the present law (of Residency and of Foreigners' Occupation-1998), artists can also obtain a Residence and a Work Permit (*Fremdengesetz*, Art. 19; *Ausländerbeschäftigungsgesetz*, Art. 4-a).

However, there is a later decree that modifies Art.4-a with respect to the definition of "artist", which **excludes** Go-Go-girls, as well as vaudeville dancers, strip-teasers, or any other performer whose representations pertain to sexuality.

The legislation that refers to the "illegal" exercise of prostitution is maintained in the Immigration Law of 1998.

- According to Art. 33.2.3 a woman can be deported from the country if she is caught exercising prostitution without any type of permit of stay.
- According to Art. 36.2.4, for the same infraction, she may be prohibited from entering Austria for a certain period of time.

## Internal Circular Letter

In September 1998 the Ministry of Internal Affairs issued a document with respect to granting Residence Permits for migrant prostitutes, in the framework of the new Immigration Law.

This document recognises prostitution as an independent activity. However, since it is a paid activity, a **permit of stay** is necessary. The actual practise demonstrates that there are no common criteria for granting residence certificates to prostitutes. It is necessary to find a solution to this problem.

With respect to the group and its characteristics, granting of a **residence certificate** does not correspond to them, but rather of a **permit of stay**. The minimum requirements to obtain such permit are: health insurance, secured livelihood and the special requirements to exercise this activity (health check-ups in the Health Office as well as compliance with the dispositions that rule prostitution). In terms of secured livelihood, the Ministry of Internal Affairs considers that in order to submit an application for

permit of stay, the applicant must have a Revenue Registration number. The first permit of stay would be for a period of approximately 2 months, subject to the verification of "financial success" by the corresponding authorities.

Finally, the document states that the result of these dispositions is that the exercise of prostitution is subject to a permit of stay, according to Art. 7/4/4 of the Immigration Law and, in this way, the fulfilment of the requirements for the exercise of prostitution is controlled.

## **Comments**

While prostitution is de-penalised in the Penal Code, in provincial legislation it is related to morality and good manners, or even more, it is a part of the legislation of the provincial criminal police (*Polizeistrafgesetz*).

The dispositions of the National Health Law are impracticable, since according to official statistics most of the prostitutes are migrants (information corroborated by TAMPEP), and most of them have no permit of stay which is the reason why the contact with any official organism implies a dangerous or risky situation for them.

In some places within the country, the certificate of the doctor that regularly visits the brothel or the one to whom the women visit is accepted. These health check-ups are not always effective.

The confiscation of the credential of a sick woman is useless in terms of the global concept of public health, since the customers are the ones who ask for unsafe sexual practices. In summary, through compulsory controls women are made responsible for the customers' sexual conducts.

Penal Code articles 215, 216, and 217 (among others) penalise specific crimes related to prostitution where migrant prostitutes are frequently the victims. However, practice shows that women are not in the condition to report appropriately, not only because of fear of, or dependency on those who make profits from them, but also because of the risk of deportation due to the status of migrant prostitutes. In practice, the Immigration Law is prioritised over the Criminal Law.

Since the Internal Circular Letter quoted above is of an internal nature, it cannot be known by women. In practice, it is another instrument of the club or brothel owners to get limited permits of stay for the women who work in their premises.

Undoubtedly, the document highlights one important matter in Austria, this is "clear criteria" to grant the permit of stay or any equivalent document to migrants who work in prostitution, or as entertainers, or dancers. It is necessary to have precise legislation that allows migrants to work autonomously in prostitution with a permit of stay, independently of the good will of managers or owners of these premises.

## **The Situation of Prostitution**

### **The Effects of Control**

The existing system of control and registration in Austria, which was described in the previous chapter, has produced and continues producing the opposite effect which this system originally intended to have:

The enormous growth of migrant prostitution outside the established systems of control.

The lack of protection of migrant sex workers.

The legal, social and health exclusion of most migrant women who work in prostitution in Austria.

The existing legislation cannot cover the phenomenon of migrant prostitution, which grows and transforms itself. The trend of governmental organisms and of the police is to reduce it to organised crime or illegal immigration.

In Vienna, the main city of the country, registration has not increased; on the contrary, it has decreased.

Date	Women	Men
December 1, 1991	769	2
December 1, 1992	734	5
December 1, 1993	669	3
December 1, 1994	628	6
December 1, 1995	597	7
December 1, 1996	621	11
December 1, 1997	575	9
December 1, 1998	578	8
July 15, 1999	556	8

Source: Federal Police of Vienna (*Bundespolizeidirektion Wien*)

According to the same source (Federal Police) and Health Offices from Vienna, around 5.000 to 7.000 individuals, most of which are women, work in prostitution in Vienna.

**TAMPEP's field research** work corroborates these statistics, adding that the majority are migrant women who do not register with the police because they cannot obtain a legal status in Austria, because the permit of stay is precarious, or because they are afraid due to their marginal situation as migrant sex workers.

Even the compulsory health check-ups, performed by an official institution is a control mechanism because the information gathered on migrant sex workers without a legal status can be handed over to the police. For many women, showing up for this exam implies exposing themselves to deportation. In regions where there is no obligation to register with the police, the attendance of migrant women to compulsory exams in the Health Offices is more frequent.

In Salzburg compulsory registration with the police (*Meldepflicht*) was suspended and the number of prostitutes who go to the Health Offices for the regulatory exam increased considerably. Nevertheless, the majority of migrant sex workers do not go to the health check-ups.

Although prostitution is de-penalised, the system of registration and control, as well as the police practises, link it to criminality. This is highlighted in the case of migrant sex workers.

TAMPEP's field research shows that the phenomenon of internalisation of prostitution, as well as the increasing mobility, does not fit in the rigid controls established in Austrian regulations. **It is necessary to change the logic and development of projects with a European perspective, so they can carry out intervention techniques among migrant sex workers.**

## **The Policy of Tolerance**

Much before its de-penalisation, there was in Austria a so-called "tolerance" (*Duldung*) with respect to prostitution. Many existing provincial laws use the term "tolerance". In terms of existing laws of control, in practise there are no unified clear criteria about them. So-called tolerance leaves the decision to **tolerate or deport migrant** sex workers in the hands of provincial or regional officers. In some places, a person can obtain a permit of stay for a period of 3 months, in others for 6 months, in others for one year. In most cases, these permits are negotiated by the owners of businesses where the women work. In small communities, brothels or clubs have been "tolerated" for years, and the owner regularly receives permits of stay for women who work for them. Police controls or raids also have different criteria. In some situations they demand health control records and in others, only the legal status of migrant sex workers is checked.

So-called "tolerance" leaves migrant sex workers unprotected in the face of the double game between strict laws and varying criteria for their enforcement. "Tolerance" ensures the existence of prostitution in each and every Austrian city and town. Migrant prostitutes are tolerated to that extent, without implying their recognition; on the contrary, it implies an **absolute vulnerability**.

It is not yet possible to evaluate the effects of the Internal Circular Letter (of the Ministry of Internal Affairs) mentioned before. According to its content, more than ensuring clear guidelines for granting permits of stay, it tries to control entrances and the exercise of prostitution by migrant women.

## **The Presence of Migrant Women**

According to police information<sup>32</sup>, the setting where prostitution is practised and/or the number of prostitutes in the capitals of provinces is the following:

In Vienna there are approximately 150 brothels and 140 bars, as well as massage parlours and escort services. Prostitution in private apartments has diminished.

In Vorarlberg the police is aware of 15 prostitutes.

In Innsbruck there are 2 brothels, in which between 25 and 30 women work.

In Salzburg, there are 164 prostitutes, of which 80 work in 13 brothels, 63 in the streets, and 21 in apartments. There is an estimate of 30% of un-registered prostitutes.

⟨ In Linz, 80 prostitutes are registered in 6 authorised brothels, and there are around 300 unregistered prostitutes from Poland, the Czech Republic, Slovakia, and Hungary.

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<sup>32</sup> See Ludwing Boltzman Institut für Menschenrechte: "*Bekämpfung des Frauenhandels und der Zwangsprostitution in Österreich*" -1999.

⟨ In St. Pölten, there is a peep-show shop and two entertainment businesses where women from Eastern Europe work. The number of illegal prostitutes cannot be estimated.

⟨ In Klagenfurt, there are 60 prostitutes in 7 brothels. 40% are migrant women from the Dominican Republic, Yugoslavia, Poland, Romania, Thailand, and Hungary. The number of illegal prostitutes cannot be estimated.

⟨ In Graz there are 43 brothels where 228 registered prostitutes work, of which the majority is Hungarian, followed by Austrians and Slovaks.

⟨ In Eisenstadt, there are two brothels since 10 years ago, where between 12 and 18 prostitutes work. Before, the majority were Dominicans; whereas at present, the number of Hungarians and Czechs is increasing.

Except for the numbers for Vienna mentioned above, the others refer basically to registered prostitution and in no way express **the reality of prostitution in Austria**.

The presence of immigrants in the prostitution scene date back, as in other European countries, to the beginning of the 80's and has increased without interruption throughout the country. During the four years of existence of TAMPEP in Austria, **field work research as well as interviews by the counselling services and information collected and systematised in workshops indicate that around 70% of prostitutes in Austria are immigrants**.

In Vienna and Linz, as well as in bordering towns, the percentage of immigrants is even greater. In many small towns of the provinces, the percentage of immigrants is 100%. In Ybbs and in Alt-Weitra, where TAMPEP does regular visits, only Dominican women work since approximately 10 years ago, changing frequently.

In the **new field work research** study that TAMPEP is carrying out in other cities, it can be observed so far that:

In Eisenstadt, in the five most important brothels and clubs, 80% of the prostitutes are Hungarian.

In Graz, in four premises, most of the women are Eastern European, and to a lesser degree Dominican and Thai.

While the number of Latin American sex workers, mainly Dominican, is staying more or less stable, the number of Eastern European sex workers has increased greatly. Dominican women, as well as many Hungarian and some Asian women belong to earlier migration waves and have been living in Austria for several years now. The youngest women and those who have only been here for a short time come from Eastern Europe. However, this does not mean that migration from Latin America has stopped. In the past three years, Eastern European women have constituted the majority of migrant sex workers. At the same time, the percentage of African women from Ghana, Nigeria and South Africa is increasing. The majority group among the Eastern European women is constituted by women from Hungary, the Czech Republic and Slovakia, who do not need tourist visas and come from bordering countries. In the second place are Polish women (who do not need tourist visas either) and to a lesser extent, Ukrainian, Romanian, Bulgarian, and Russian women.

According to TAMPEP's experience it is possible to establish the main characteristics of existing groups among migrant sex workers in the following way:

Latin American, Thai and Hungarian women who have been working in Austria for a long time have a legal status. Some of them, after years of dependency on their husbands, pimps and/or traffickers, can now work with relative independence.

The women from Eastern Europe and Latin America, who through contacts with pimps or owners of businesses attain a limited permit of stay, which tie them to one premise or to changes in localities decided by the pimps.

Latin American and Eastern European women who arrived in the past two or three years, through friends or relatives, frequently change work places and cities to avoid controls and are absolutely dependent on owners of businesses and exposed to deportation.

The women who are trafficked have to pay high sums of money to traffickers. They are not only subjected to them, but also to police deportation. In this group are included migrants trafficked through organised bands, as well as through individual contacts, neighbours, acquaintances, etc.

Women, who are carried back and forth from bordering countries (Hungary, Slovakia, and the Czech Republic) by pimps and traffickers, work in Austria for only one day or weekend.

The groups that depend on traffickers, pimps and owners of businesses are, without doubt, the most numerous.

### **Dependency and Marginality**

While the sex industry grows and produces big profits thanks to the work of migrant prostitutes, the situation of the women themselves is increasingly more vulnerable. The current legislation, already mentioned, leads women to a greater dependency on all kinds of intermediaries.

The increase in forms of control, raids and deportations, resulting from restrictive immigration policies, produce greater insecurity and mobility. In the same way, the intensification of measures against trafficking in women, frequently is transformed in measures **against women**, who are rapidly deported, before they can file a demand and without adequate investigations.

Migrant sex workers, margined from social spheres other than their work, are exposed to every type of exploitation and violence, both from the different intermediaries and from their customers.

The growing racism and discrimination against migrants in Austria, is aggravated for migrant sex workers - **as migrants and as prostitutes** - deepening their marginality. Women experience racist attitudes on a daily basis in every aspect of their lives. The **dependency and marginality** in which migrant sex workers live and work, allows society to profit on their services and the benefits derived from them, without offering any legal, social or health protection.

## **Access to Health Services**

Within the Austrian health service there are no possibilities to have access to doctors, health services or hospitals for free. It is only possible to access these services through health insurance plans.

Those who do not have health insurance must pay these services on their own, and they are very expensive.

According to **TAMPEP's research** most migrant sex workers do not use health services unless they are in extreme danger:

The first difficulty why migrant sex workers cannot access the health services is that generally they do not have insurance (except those who have been living in Austria for a long time, are married to an Austrian citizen and are informed about their rights. These are a minority).

The second difficulty is the lack of knowledge about their possibilities in relation to social security, whether they are married to Austrians or have stay permits (see section "Migrants sex workers from Central and Eastern Europe").

The third and the most important difficulty is the lack of legal status and marginality, situation common to most migrant sex workers. Women have no contacts outside their jobs, they cannot speak German fluently, and they do not know where to go.

The fourth difficulty is the negative experiences they have had in health services, because they were not well cared for, were victims of racism, the personnel made no effort trying to understand their basic German, because they did not even solve their problem.

The fifth difficulty is related to cultural differences, different ideas about health and different ways to access doctors and health services. For many women (especially for those of other continents) the Austrian system is completely different from what they know, they do not trust it because it lacks a more personal care.

This indicates that most of the migrant sex workers lack regular medical care, even though they are generally in a risk situation because of their work.

Those who have a permit of stay travel to their countries one or more times a year (depending on the distance) and they use this opportunity to consult about their health problems.

Those with an illegal status do not have this possibility because they cannot leave the country.

## **Health Check-ups**

For the enforcement of the Laws about Sexually Transmitted Diseases (STDs) and AIDS, mentioned earlier (see "Legal Framework") there are STD Clinics in province and district capitals of Austria. These belong to the Municipal Health Service and are responsible for the health check-ups of sex workers.

Some STD Clinics, as **in Vienna** for example, they perform proper and efficient health check-ups for sex workers, including for migrant sex workers. In other STD Clinics these check-ups are a mere routine formality.

Generally, there are no possibilities of a gynaecological treatment for diseases that are not “sexually transmitted”.

Independently of the way this check-up is carried out, the aim of it is just to exercise control over sex workers and it does not respond to a prevention policy.

Also the number of migrant sex workers who go to these compulsory health check-ups are a minority and the numbers decrease year after year.

According to TAMPEP's knowledge and experience, for an efficient AIDS/STD prevention work and a comprehensive health care for migrant sex workers, an adequate cultural mediation and health services that respond to the real necessities of women are indispensable.

# TAMPEP in Austria

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**A**s was mentioned in Chapter 1, the incorporation of LEFÖ in TAMPEP, implied a qualitative change in direct intervention with migrant prostitutes. The bridge that made possible the process that followed was the creation of a **TAMPEP Multicultural Team**. Although this Team was modified in the process, it was the basis for all the work carried out.

The multiplicity of cultural perspectives and backgrounds were present in the Multicultural Team, which is, precisely, the basis of **cultural mediation**.

Through the work experience of the Team, a more adequate understanding of the differences in each target group was possible, as well as the implementation and adaptation of TAMPEP methodology.

TAMPEP's direct intervention methodology was developed around four work areas:

- Street work
- Training
- Municipal health offices.
- Counselling centre

## Street work

Street work, as a direct intervention methodology and as a research subject, is the first step in TAMPEP/Austria's work.

Street work as a source of information facilitated observation and direct knowledge of the prostitution setting in Austria, as well as of the living and working conditions of migrant prostitutes; more specifically:

The situation of women in businesses in the central areas and in the suburbs, their different work modalities in brothels, entertainment businesses, clubs, massage parlours, and peep show businesses, and the scarce presence of migrant prostitutes in the street.

The distribution of migrant prostitutes in Vienna and in businesses in the provinces, determining the areas where the majority of them work, as well as their origins, fluctuation and mobility.

The confrontation with women brought to Austria by pimps or traffickers who do not even know the name of the city where they live and work.

The insecurity and vulnerability of migrant prostitutes in terms of their working conditions and health.

The co-operation of Dominican sex workers, who were already in contact with LEFÖ, was of great importance during this stage, offering suggestions on how to proceed and important information.

Street work as direct intervention methodology in the working place of migrant sex workers is based on the following objectives:

- To deepen, maintain and expand the contact with migrant sex workers.

- To offer migrant sex workers appropriate information - in their respective languages - on HIV/STDs, as well as on preventive health and contraceptive methods, the appropriate use of condoms and safety measure in their work.

- To inform them about the possibilities of anonymous advisory services in LEFÖ/TAMPEP, on health, social and legal issues.

- To provide advice about the quality of the different brands of condoms and lubricants, and to facilitate access to them.

- To offer the possibility of the medical care network from TAMPEP.

During the past 4 years, street work has been developed in the following stages:

- Observation, data collection, determination of areas of greater presence of migrant prostitutes in Vienna and in the provinces, determination of urban and rural areas of prostitution.

- Contact with Latin American women, already known to the organisation, in their work places, multiplication effect with other women in other work places.

- Beginning of work with Central and Eastern European women (Polish, Czech, Hungarian), with new cultural mediators from those countries.

- Structuring of street work: weekly in the cities and monthly in rural areas.

- Consolidation of the work: access to a greater number of clubs, bars, etc., systematic contacts with Latin American and Eastern European women (peer educators) and initial contacts with possible peer educators from Thailand and Africa.

Street-work was carried out in following regions :

### **In Vienna**

The traditional prostitution areas of District 2, the city belt (Gürtel) and District 1 are at present only one sector of the prostitution area of Vienna. At present there are bars, clubs and massage parlours in every district of the city.

TAMPEP visits the clubs, bars of District 2 and the Gürtel every week, and alternately the clubs and/or brothels of each of the other districts (10, 5, 7, 15, etc.). The regular visits ratify that very few women remain for long time periods in the same bar or brothel. Through them, TAMPEP's outreach workers have studied the changing conditions and transformations of the growing mobility to a greater depth.

At the same time, the new working places about which peer educators have informed us, have opened new possibilities for prevention work.

## **In the provinces**

The mobility existing in Vienna is also observed in the provinces.

### **Upper Austria**

#### **Linz**

In the first place, TAMPEP has worked in night clubs in Linz, where Latin American prostitutes work, as well as in other surrounding areas, where the percentage of Dominican women is very high.

During the past year, contacts with Eastern European women have been established, providing them with TAMPEP materials in their respective languages.

There is a trend to replace Latin American women in the major cities by women from Eastern Europe, and transfer the former to rural areas.

### **Lower Austria**

#### **Wiener Neustadt**

Street work is being carried out since 2 years ago in all the clubs, bars and brothels of the city. The work is basically with Hungarian and Slovakian women.

### **Rural Areas**

TAMPEP carried out street work and observations of the movement of migrant prostitutes in different rural towns (Lower Austria and Upper Austria), in order to extend the prevention work and to study the differences from the urban areas.

Many brothels work only with migrant prostitutes, most of them from Latin America, who live in their work places and who are more marginated than in the cities, since they are easily identifiable.

TAMPEP chose two localities: Ybbs and Alt-Weitra to do a follow up work. Cultural mediators visit both localities five times a year.

### **New Street Work in the Provinces**

#### **Eisenstadt**

This city is strategically important because of its proximity to Hungary. Many sex workers commute or travel once a week to Hungary. Street work is carried out once a month. However, due to the extreme mobility, it is hard to establish permanent contacts or to detect possible peer educators. The distribution of information material (for prevention) in Hungarian as well as condoms and lubricants is very efficient.

#### **Graz**

The work was started through a Thai cultural mediator with the infrastructure support of Danaida (Advisory Centre for Migrant Women). Street work is carried out twice a week in the premises where Thai prostitutes work.

Two main **difficulties** were present in the field work: The acceptance on the part of sex workers, mainly those from Eastern Europe, who did not know LEFÖ or TAMPEP. The contact with them required more time than with Latin American women. Many sex workers established distances with cultural mediators, since they could not talk about their work because they did not identify themselves with it.

The other difficulty was with owners of bars or the women in charge of them who did not allow cultural mediators in their premises.

After four years, the main **achievements** are:

TAMPEP has access -with varying degrees of difficulty- to 150 premises (out of 290) in Vienna, which they visit regularly and where they work with the women.

In Linz and surrounding areas, out of 32 premises, TAMPEP visits 18 on a regular basis.

40% of shop owners in Vienna accept without difficulty TAMPEP's AIDS/STDs prevention work.

Strengthening of prevention work with Latin American sex workers in Vienna, Linz, and rural areas.

Consolidation of prevention work with Hungarian, Czechs and Slovakian sex workers in Vienna and Wiener Neustadt.

Access to brothels in the rural areas mentioned above.

More acceptance and use of the TAMPEP information material by the women

## **Training**

### **New cultural mediators**

Since the work was extended to include prostitutes from Eastern Europe, TAMPEP dedicated itself to training new cultural mediators.

Training comprises:

- a perspective on feminine labour migration and within that, prostitution

- a review of the policies of the EU on this issue

- an introduction to TAMPEP methodology, as well as the key lines of work in HIV/STD prevention with migrant prostitutes.

All new cultural mediators participate simultaneously in training on the new Immigration Law and in the annual seminars organised by LEFÖ/TAMPEP.

### **Workshops**

Open workshops for Latin American prostitutes were carried out in Vienna and Linz, three times per year, continuing a tradition already internalised by women.

Each workshop included:

- A health issue

- A social issue

Workshops have been carried out for several years and have a participatory dynamics, where it is possible to approach issues of common interest.

### **Peer educators training**

In Vienna, TAMPEP organised four courses for Latin American and two for Eastern European women. In Linz, it organised three courses for Latin American women and in Wiener Neustadt, two for Eastern European women. The courses fluctuated between four and five teaching sessions (1 unit per week), 2 hours long.

Basically, the content deals with:

- I and my body - my sexuality

- Sexually transmitted diseases

- HIV/AIDS

- Problems at work

- Immigration laws

The evaluation of the courses with peer educators is highly positive, not only due to the interest and participation of the women, but also because of their multiplication effect in a greater use of TAMPEP's informative material and the opening of new contacts.

Peer educators who have had to leave Vienna, have multiplied their work in other cities and remain in contact with TAMPEP.

The acceptance of informative material has been assessed through the courses for peer educators, and corrections have been made based on their suggestions in the Czech and Hungarian versions, as well as in the information on the new Immigration Law.

## **Municipal Health Offices (or STD Clinics)**

Given the Austrian prostitution system and the role of STD Clinics (see "Legal Framework"), it would be of critical importance to carry out joint work with them and TAMPEP.

TAMPEP has organised meetings with the responsible parties of these CLINICS, has launched letter-writing campaigns on three consecutive occasions, explaining TAMPEP's objectives and methodology, and has offered the co-operation of cultural mediators in prevention work.

Only in Wiener Neustadt, Linz and Eisenstadt, health offices have accepted the participation of TAMPEP cultural mediators during the office hours for health check-ups of migrant prostitutes.

Joint work in these three communities allows not only the contact with registered migrant prostitutes, but also an exchange of experiences and materials.

This pilot work is of critical importance to open spaces in Austria, within a regulatory structure established in the instruments of control that has not perceived the dimension and the importance of cultural mediation work with migrant sex workers.

## **Counselling centre**

The counselling service (besides the street work) has improved the quality of TAMPEP prevention work.

The confidence created through many years of street work and the worsening of the legal, social and health conditions increased the number of sex workers attending TAMPEP's counselling centre.

In four years, personal counselling has been offered to 340 migrant prostitutes, besides accompanying them to abortion clinics, physicians, courts, etc.

In the framework of the counselling centre and due to existing needs in the fields of health and prevention, TAMPEP has organised a **"medical care network"**.

The network has a group of gynaecologists and dermatologists, as well as abortion clinics and general practitioners. The doctors who belong to the network are aware of the living and working conditions of migrant prostitutes, charge a minimum fee (to women who do not have health insurance) and maintain regular contact with the TAMPEP team.

## **The target group**

### **Migrant sex workers from Central and Eastern Europe**

Empirical research work carried out by TAMPEP shows that the majority of migrant sex workers from Central and Eastern Europe are women from the neighbouring states. The sex workers contacted by TAMPEP come mostly from Slovakia, the Czech Republic, Hungary, often from Rumania and Poland, but seldom from the States of the former Soviet Union. The target group has changed in the course of time in some aspects which will be explained in more detail later on.

The socio-economic situation in the former Eastern block states drastically changed during the last three to four years. After the fall of Communism, the old structures remained for some time. At the time, the majority of women had a professional qualification and a good chance to get a job. At present many women attain only the compulsory education level and have to work as unskilled workers.

### **Mobility**

Mobility is very important in this target group. Many women had already worked in other EU member states as prostitutes before they came to Austria. Others started here in Austria to work as prostitutes and then travelled to other EU states. However, the mobility of the women is rising not only between the EU states, but also within one country. Only a small percentage of the women work in the same bar or brothel for a long time, most women changes their working places every few weeks or months. So, there are sex workers who in a couple of months have worked in 5 - 7 different towns. The women get information about the bars mostly through word-of-mouth or through pimps.

### **Status of residence**

The chapter Legal Framework for prostitution describes the regulations for migrant sex workers. The practise for the women themselves is much more diverse.

The majority of women who came to Austria before or shortly after the fall of Communism could make use of the Immigration Law which was less restrictive in those days. They have a legal residence permit (on account of another job or of marriage) and some of them have obtained, in the meanwhile, the Austrian citizenship.

The big majority of the women who came to Austria since middle of the nineties came with a tourist visa. They have been working and living illegally in the country. Some women (mostly from the Czech Republic, Slovakia and Hungary) have a residence permit on account of prostitution which they have to extend every three months. The residence permit costs 900 Austrian Shillings. The first time they must apply for it at the Austrian embassy in their home countries. When applying they must give the address where they will work and they need the signature of the owner of the brothel or club (which must be a registered premise where prostitution is allowed). With this residence permit they are not allowed to work in any other job. However, it is possible to get or to

extend such a residence permit in every village in Austria (in spite of the internal circular letter of the Ministry of Internal Affairs mentioned before).

## **Health prevention / Social insurance**

The majority of the women often suffer from infections and gynaecological problems (e.g. inflammation of the ovaries), from alcohol abuse, stomach troubles (due to bad nutrition), eating problems. Many women need psychological help.

The different types of insurance and their specific consequences for the women from Eastern Europe:

The women, working illegally as prostitutes, do not have social insurance and must pay the medical fees themselves. The majority of sex workers from Slovakia, the Czech Republic and Hungary travel to their home countries to receive medical treatment.

The sex workers who have a residence permit on account of prostitution have a private health insurance which costs 2.550 Austrian Shillings for 3 months. However, it is usually only for health prevention and, unfortunately, does not cover neither gynaecological nor dental examinations/treatments. That is why these women also are often forced to travel to their home countries for medical treatment.

There also exists the possibility of being insured at the regional health insurance company (*Gebietskrankenkasse*), but this type of insurance costs more than 3000 Austrian Shillings per month. Besides, one has to pay the insurance premium for 6 months and only then one has a legitimate claim to the insurance benefits. A reduction of the premium is only possible if the women declare exactly what kind of work they are doing and how much they are earning. This kind of insurance, though, can not be used by women who are living illegally in Austria, as the most important requirement for it is a valid residence permit.

Women who are married to Austrian citizens can be included in their husbands' insurance policy. But there are only very few women within the whole target group who could use this possibility.

## **Income tax**

Migrant sex workers must pay income tax, if they are registered as prostitutes. Those women who got a residence permit on account of prostitution have to prove the income-yielding capacity of their occupation. TAMPEP's experience and conversations with the women show that the average monthly income is approximately 20.000 Austrian Schilling (ATS). Therefore, they must pay 3.000 ATS as income tax. However, in this context it is necessary to bear in mind that, first, the women have big expenditures (clothes, toilet articles, taxi, food, etc.) and secondly, they do not know the country well enough and normally have to pay exorbitant prices for some services (e.g. rent).

## **Prices for Services**

In Vienna and in the provinces the average prices for the different services are approximately the same everywhere. But, of course, there are differences depending on the category of the premise and on the part, the women themselves receive. The majority of the brothels and clubs belong to the lower (e.g. cheap) category.

A half-hour service generally costs 1.500 ATS and from this amount the women receive between 700 and 1200 ATS. One hour normally costs 3.000 ATS, the women get between 1200 and 1600 ATS. They also have to motivate the customers to drink alcohol. The consumption of alcohol is a very good additional income for the club or brothel: one bottle of sparkling wine costs 1300-1400 ATS. From this amount, the women receive only 300 ATS. For striptease shows they also get 300 ATS.

## **Working conditions**

### **Working hours**

Usually, the women work seven days a week, generally from 7 p.m. until 5 a.m. If they urgently need money, they sometimes even work the whole day. Then they often take holidays and travel home for some a few days every 2 or 3 weeks. They seldom have a longer holiday or make a trip abroad.

## **Living conditions**

### **Dependency**

The women come to Western Europe in order to search new socio-economic perspectives and the majority support their families in the home countries. Many women (mainly the younger ones) have pimps who are, as has been observed, their compatriots and to whom they have to give 50 percent of their income. Usually, the pimps have a good relationship with the bar owners. Therefore, they easily get to know how much the women are earning. They visit the women every 2 weeks and collect the money. In many cases, the pimps are parents who are earning a living for their families by "transporting" women from Eastern Europe to the West and making them work for them there. Pimps receive a percentage of the income from the owners of the brothels as well as from the prostitutes.

In the course of the 90's traditional pimping has clearly changed. Pimping has become more and more an international business where men are bringing women from the Central and Eastern European Countries to Western Europe so that they can earn hard currency. Some women also have a sexual relationship with their pimps. They are in love with the men and are exploited by them.

## **Housing**

The women who have been working for a longer time in the sex industry usually rent a flat or they live together with their husband/boy-friend/pimp. But the big majority of sex workers live either in the same building where the bar/brothel is situated or in a house which is rented by the bar/brothel owner for them. Often, there are 2 or 3 women living in one room, for all of them there is one bathroom and one kitchen. For the room the pay an average of 200 ATS per day, regardless of their income.

## **Leisure time and Social Environment**

As already mentioned above, they have very few social contacts. They can only have conversations with their colleagues, but they seldom become really good friends. This

can be explained, on one hand, by the rivalry existing between them and, on the other hand, by the fact that they spend much time together (not wanting to). They unburden all the tension and the frustrations, originating from their work, on their colleagues. That is why this relationship can not be strained much more. The women often suffer from loneliness; they seldom speak with other people about their work. Their families generally do not know that they are working as prostitutes.

## **Identification and Perspectives**

In general, the women do not identify with their work. Women who are working for a longer time in the sex business are no longer too shy to speak about their occupation, about their feelings and about their plans for the future. But it is very difficult to get in touch with the newcomers who do not want to be identified as prostitutes.

The majority works at least 2 or 3 years as prostitutes, as they usually have concrete plans for their future. Mostly they want to save money for various things, e.g. a shop, flat or house of their own. But many women do not manage to get out so quickly and instead of the planned 2 years they keep working 5 or more years. This is also because they get more and more demanding. They have become accustomed to a relatively high living standard which they could not have with a different job. Nearly all of the women want to return to their home countries. The big majority is not integrated in the Austrian society and has only few social contacts outside work. Sex workers are mostly in contact with their colleagues and do not speak the language of the country well. The reasons for the fact that sex workers have very few social contacts are the stigmatisation of sex work in the society, on one hand, and the fact that these women are migrants in a country with rapidly growing racism and xenophobia, on the other hand.

## **Sex Workers from Central and Eastern European Countries : A New Target Group**

One must not ignore the fact that women from the different former Eastern block states also have a different socio-economic, political and religious background. TAMPEP's experience of 4 years work made clear that it is not possible to speak only about one target group. For instance, religion plays an important role for Polish sex workers, but not for Slovakian, Czech or Hungarian women.

In this target group there are women who came to Austria before or shortly after the fall of Communism and who have been working as prostitutes for many years. They have built the centre of their lives here and practise prostitution as their profession. Only in very few cases those women want to return to their home countries.

Others came to Austria 3 or 4 years ago in order to realise some dream. They only wanted / want to save money and to get out of prostitution as soon as possible. But as new aims always come up, they have not managed to get out until now. Nearly all of them learned a profession in their home countries and have worked in it. They do not identify with prostitution, but consider it only as a stopover or as an interim solution.

The women who arrive in Austria nowadays also have other features. They are young, between 18 and 20 years old, many had already worked in their home countries in the sex business and they generally depend on pimps. Only a few of them have a professional qualification; in general, they only finished the compulsory school education. In their home countries they do not have an outlook for the future or a chance to a well paid job. Although they generally give 50 percent of their income to the pimps, they are able to earn much more money than they could ever earn in their home countries.

However, there is one common feature to all the women working in the sex industry: the lack of access to humane, appropriate and acceptable services such as health prevention, education, advice, care and self-help.

## **Latin American Sex Workers**

Even though in Austria there are sex workers coming from different Latin American countries such as Colombia, Cuba and Brazil, exceptionally from Peru or Argentina, the predominant group are the Dominican women. They are the oldest and most extended group of migrants who work as sex workers in Austria, from Vienna and other big cities to the smallest villages of the rural areas. Since the 80's new migratory waves of Dominican women have been coming to Austria constantly.

Most of these women live in Austria around 10 years. Some live more than 15 years and others have just arrived in the last years. Their age is between 20 and 55 years.

Even though most Dominican women have been affected by the trafficking in women mechanism –in one way or another-<sup>33</sup> after so many years, they have achieved their independence, working autonomously in some way. However, many of them are still having a strong dependent relationship with their husbands, who frequently are their pimps, or the local owners, that decide on conditions, prices and schedules.

All of them are strongly connected to their country of origin. Most of them have children, in addition to parents, siblings, etc. in the Dominican Republic, to whom they send money regularly<sup>34</sup>. Those who are legally in Austria travel every year (or almost every year) to the Dominican Republic, and stay there around two months, during the European winter.

## **Mobility**

This target group, compared to others, has more stability. It is important to distinguish, however, between established Dominicans and the new groups.

In the years that TAMPEP has been working, according solely to its investigations, there have been around 30 deportations among the women who worked as sex workers. This shows that Dominican women are still coming with an illegal status. Women of recent arrival frequently change clubs and/or work places to protect themselves from raids or disappear in “new circuits” that must be investigated.

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<sup>33</sup> See: Trafficking in Women. Publication Series Vol, 4. Bundesministerium für Frauen. 1997. “Migration of Women – Reflection of an Unjust World – LEFÖ/Report.

<sup>34</sup> See: Trafficking in Women ...

Mobility also occurs among women who have legal status. If they do not have relatives, they move to another city or locality, according to their work conditions, the pressure from the police, the flow of customers. If they have relatives, they change localities within the same city or its suburbs.

## **Legal Status**

As to legal status, among Dominicans sex workers there are all the possibilities: from those who have Austrian nationality to those who are completely illegal.

Due to the fact that the previous Immigration Law was more flexible, some sex workers got an unlimited permit of stay or a permit of stay for many years. Others depend on their marriage status; they must obtain a permit of stay every year. These women depend on their husbands' will.

A great group depend on the owners of the businesses who "negotiate" their permits or obtain limited permits of stay for them (see: "Legal Framework") if they can pay for it, even though this transaction is done "legally" for free.

An important group have become illegal when they separated from their husbands/pimps or because they did not accept the conditions of the owners of businesses.

Finally, new migrant groups are strongly connected to traffickers or other intermediary groups, or depend on friends or acquaintances. In both cases, they remain illegal, at the mercy of these groups, as well as of police raids.

## **Health conditions**

Some Dominicans, because they are married to an Austrian citizen have health insurance (see: Access to Health Services), but this does not mean that they will go to the doctor nor that they are going to have health check-ups.

Many brothels or businesses have a gynaecologist (see: "Legal Framework – Comments) who check these women weekly or every two weeks. But these women have no possibilities of receiving medical treatment in case of a serious illness. The same thing happens in many STD Clinics (see: "Access to Health Services"). Some go to private gynaecologists who are not aware of their living and work conditions. Peer educators and those who have a systemic contact with TAMPEP go, in the last two years, to the TAMPEP Medical Care network gynaecologist.

Most illegal women who arrived in the last years do not receive any medical care. All of them are highly dependent on medication; they self medicate themselves or receive medicine from their friends and colleagues.

Many Dominican sex workers suffer chronic illnesses because of the deficiencies in their living and work conditions. Poor dietary practices, the compulsory consumption of alcohol (in entertainment businesses), night work, and the general stress and pressure of their lives, are important factors that damage their health.

In brothels frequented by Turkish and Yugoslav customers, it is a normal practice to work without condoms. At the same time, Dominicans do not use condoms with their boyfriends, even if they have been former customers, belong to the milieu, or have sexual relations with other women.

Among Dominican sex workers there have been many cases of syphilis in the last years.

## **Living and working conditions**

Their working hours are very diverse. Those who have night shifts start at 7:00 or 8:00 in the evening and work until 4:00 or 5:00 in the morning. Many night clubs are open all day and in this case women work from 10:00 in the morning until 2:00 or 3:00 in the afternoon, and they have to stay in the premises if customers stay. In small cities and in those villages where women live in the brothels, their working hours are unlimited.

Those who live outside the brothel are not involved in any other activity, except for Sundays when most of them do not work, being their only free time.

Dominicans who work in businesses in the suburban districts or in the provinces frequently must perform extra tasks as cleaning, washing, etc. These businesses are not provided with a convenient sanitary infrastructure.

## **Contradictions with their work**

Most Dominicans do not identify with their work, even if they have been practising it for a long time. Many of them express a feeling of guilt, and at the same time, they are afraid of society and their families. The double standard and social stigmatisation reinforce these feelings.

Dominicans, who had contact with LEFÖ, hid their work for many years, referring to it only in an indirect way as “night work”. Those who have talked about their work have described it without been able to name it: “I work...”

The work with Dominican women indicates that they can take preventive measures, practising safe sex, to the extent to which they take their work for what it is.

## **Other Activities**

### **German Language Courses**

#### **In Vienna**

The usual German language courses offered by LEFÖ for Latin American women were promoted since 1994 for sex workers. Since LEFÖ's incorporation in TAMPEP, these courses were evaluated and modified for the new target group of participants. Courses were re-structured taking into consideration that...

German language teaching must:

- Be focused on the work needs of the participants.

- Provide women a minimum vocabulary that allows them to “negotiate” with customers, pimps, owners of bars, night clubs, etc.

- Introduce them to the terminology of the human body and the necessary issues related to health.

- Provide them with elements in the terminology of health prevention in their work.

- Facilitate them with more social contacts.

- Strengthen their autonomy.

German language courses need:

A flexible teacher of German language who understands the needs of the target group.

The participation of a bilingual cultural mediator.

The cultural mediator:

Participates in the German language courses every two weeks, facilitating the specific terminology on health and prevention.

Explains in Spanish and German prevention measures of HIV/STDs, contraception, hygiene, self protection techniques, appropriate use of condoms, etc.

German language courses:

Have new schedules so sex workers are able to participate.

Must adapt their methodology to a new situation.

### **In Linz**

German language courses for Latin American migrants have a high participation of sex workers (organised by *Asociación Maíz*). These courses initiated in 1996, have in 1999 a 50% participation of Latin American sex workers.

### **In Graz**

Danaida (Counselling Centre for migrant women) and TAMPEP organised two German language courses (1998-1999), specifically oriented to migrant sex workers. These courses were developed based on the experience and concept of the TAMPEP German language courses in Vienna.

### **In Wiener Neustadt**

#### *An experimental Project*

Based on a relatively homogeneous group of sex workers from Hungary and Slovakia, contacted in the street work that is being carried out in that locality, TAMPEP organised a German language course exclusively for them in 1998.

This German language course did not have a traditional structure, but was developed based on the TAMPEP model of workshops on health prevention, and as a space for information and advice.

A cultural mediator with experience in German language teaching for migrants and in conducting health prevention workshops for migrant sex workers, was in charge of this course.

According to TAMPEP philosophy, German language courses are a basic tool in the hands of migrant sex workers that allows them to defend themselves better in work and life, providing them the possibility of acting with greater independence with customers, intermediaries, and the police.

## **New information materials**

TAMPEP/Austria published new information material to cover new needs and work areas:

The translation into Czech and Hungarian of the material on health prevention produced previously by TAMPEP.

Summary of the main topics for migrant sex workers on the **new Immigration Law** (1.1.98), and its translation into Spanish, Hungarian, and Czech.  
*Prior to the publication of these materials, they were analysed and corrected by the migrant sex workers themselves.*

**Health Manual.** It contains a summary on female anatomy, physiology, and sexuality. STD. HIV/AIDS. Menstrual Cycle and Contraception. It was produced by the new cultural mediators from Eastern Europe

**Austria, a Paradise? Build your own opinion.** A summary of Austrian legislation related to Immigration and Prostitution laws. It also contains information about the services and organisations where women can go. It was produced both in German and English for the work of networking with the organisations in Eastern Europe.

## **Deportation Detention Centres (Schubhaft)**

The implications of criminality in relation to prostitution, especially among migrant sex workers, which were addressed before, are present again at the moment of deportation. Migrant sex workers who are going to be deported stay some days in the headquarters of the Immigration Police. They are placed in detention centres until legal papers for the deportation are finalised. Most of the sex workers do not have passports because traffickers or pimps have retained them. Others are deported within a week, especially those from Eastern Europe.

LEFÖ's personnel, as well as TAMPEP's, go to the detention centre every week in order to provide information and support to these women who are going to be deported. Simultaneously, the work is done jointly with a Social Service of the detention centre (NGOs), exchanging information on the migrants who are in this detention centre. Sometimes, these visits cannot be performed, because it is difficult to complete the formal requirements to gain access to the women and, finally, to get permission to visit them.

With respect to migrant sex workers specifically, TAMPEP's objective is, on one hand, to check the women's health conditions and to offer them information about **organisations in their countries** of origin with which TAMPEP works and where these women can go.

## **Other fields of work**

### **Public Awareness Activities**

A methodological priority in TAMPEP/Austria's work is the dissemination of information about the situation of abuse and exploitation of migrants, specifically migrant sex workers. Another priority is a joint publication on this issue with institutions and organisations that work in the fields of migration, health, and prostitution. This methodology has been proposed to create networks, exchange

information and work techniques that promote new forms of intervention in the work with migrant sex workers; as well as to raise awareness and to sensitise politicians and officers of different sectors who are responsible for the situation of migrant sex workers, about the urgent need to implement new health prevention policies.

Some of the main activities in this field, in the last four years have been:

⟨ **LEFÖ/TAMPEP Annual Seminar**

It is an annual training seminar that has been held without interruptions since 1996. The objective of this seminar is to inform and to train Austrian and European women's NGOs (who work on violence, health, migration) on the situation of migrants and migrant sex workers in EU countries, and to inform about TAMPEP in Europe. European organisations that work jointly with TAMPEP -Phoenix, Agisra, Kassandra, Belladonna, FIZ- have been invited to each of these seminars.

⟨ **"Immigrants in the Sex Industry" – Conference and Seminar**

Carried out in collaboration with the Austrian Ministry of Women, in May 1996. The objective of this activity was to present the research study: "Migration of Women – Mirror of an Unfair World". This was the first public even organised in Austria about migrant sex workers, where members of TAMPEP from other countries, members of European NGOs, as well as members of TAMPEP/Austria participated.

⟨ **LEFÖ/TAMPEP Newsletter**

LEFÖ/TAMPEP published the first issue of its Newsletter in December 1996, basically with the aim of spreading the voice of migrant women and sex workers on their problems and demands. It is also a means of information on migration and the criticisms and proposals related to the new female migration. The newsletter has a circulation of 800 copies and is sent to Austrian governmental offices in the provincial and federal offices responsible for immigration, health and security, and to the NGOs that work on women's issues, migration and health in the German speaking European countries.

⟨ **Academy of Social Work**

Every year, since 1995, TAMPEP offers a day long informative activity for the students of this academy in Vienna and in St. Pölten, on the following topics:

- The increase of migrant sex workers in the European Union
- The female labour migration in Austria and Europe
- The situation of migrant sex workers in Austria
- TAMPEP and its methodology, cultural mediation, peer education, and health prevention

⟨ **"East-West Conference on Trafficking in Women"**

International Conference and Seminar held in Vienna, Austria, October 1, 2, and 3, 1998 (See: "Trafficking and Prostitution").

⟨ **Healthy Business? Prostitution and Migration**

Conference in Vienna, Austria, June 18<sup>th</sup> 1999 (See: "Hustling for Health").

⟨ **Migration and Prostitution**

Panel Discussion in Graz, Austria, October 27<sup>th</sup>, 1999 (See: “Hustling for Health”). (A comprehensive review of these can be looked up in the Final Reports: TAMPEP 2, TAMPEP 3, and TAMPEP 4).

## **Mass Communication Media**

One of the challenges of TAMPEP's work has been to keep the mass media informed on the marginality and the situation of migrant prostitutes.

Mass media are generally interested in individual stories, with a strong quota of sex and violence.

TAMPEP is constantly requested by journalists to contribute on the issues of migrant prostitutes, but it is seldom possible to inform from **a structural perspective of the situation**, which is precisely what is necessary to make this phenomenon more transparent.

Nonetheless, it was possible to carry out an interesting experience with a small number of journalists from various communication media, who have accepted the conditions for TAMPEP's contribution. For instance, TAMPEP does not make arrangements for interviews with migrant prostitutes in the media.

An important presence in the media has been achieved in these four years, with respect to the situation of migrant prostitutes in Austria, their necessary claims as women, immigrants and prostitutes, and the need to re-elaborate "public health" policies based on the responsibility of society as a whole.

Articles, comments, interviews in the radio, television and the press of various types have been produced in the past four years (a detailed summary of the journalistic production of TAMPEP/Austria can be found in the Final Reports: TAMPEP 2, TAMPEP 3, TAMPEP 4).

## **Political Work**

Intervention in the political scene is a priority for TAMPEP, both in relation to EU policies related to prostitution and their concrete implementation in each country, and in reference to the concept of “public health” seen from a new social dynamics, as the “internalisation of prostitution”.

The most important interventions have been:

### **The Inter-Ministerial Commission**

Through LEFÖ/TAMPEP initiative and a resolution of the Ministry of Domestic Affairs an Inter-Ministerial Commission in charge of analysing the situation of women victims of trafficking and migrant sex workers was created. This Commission that lasted from October 1995 to November 1997 was confirmed by representatives of all the Ministries and police departments. LEFÖ/TAMPEP participated as an expert NGO. TAMPEP collaboration in the Commission offered not only a good opportunity to lobby for a better legal position for migrant sex workers and victims of trafficking, but also allowed to inform and raise awareness about the situation of migrant sex workers in general.

The first result was the modification of the new immigration law: Article 10, paragraph 4 opens the possibility for granting a temporary permit of stay to victims of trafficking. It does not, however, change anything in the legal status of migrant sex workers.

In the working group on “health policies” that was formed within the Commission, a representative of TAMPEP participated. In spite of the diversity of criteria among official representatives and TAMPEP, the working group was constituted in an environment of political analysis of the health situation of migrant sex workers. TAMPEP's main proposals were: to abolish the control and registration measures for sex workers and the elaboration of public health policies oriented towards efficient prevention.

### **Platform for the Rights of Sex Workers**

In mid 1997, officers of Vienna's Commune prepared a bill for a new Law on Prostitution to be submitted to discussion. This bill was even more restrictive than the current legislation in relation to the control of sex workers and the punishment to be applied (including prison) in case of non-compliance.

TAMPEP initiated an action against the promulgation of the above mentioned bill, in alliance with political parties (green and liberal), social projects, students of the Social Academy, and other NGOs interested in this issue. This Platform is the **first civil initiative** on prostitution in Austria. Its petitions include the claim to recognise prostitution as work, including for migrant sex workers, who should be granted with a permit of stay and a work permit (if necessary) to practise this activity.

The public action of the Platform before public opinion and governmental organisms, managed to interrupt the approval of the bill.

Due to the **political importance** of the Platform in Austria, its text is transcribed below:

#### Platform for the Rights of Prostitutes

The reason for the elaboration of this platform was the foreseen aggravation of the prostitution law in Vienna. In the future, prostitutes would be more controlled and, furthermore, the punishment could include imprisonment. With this, the double standards of society become more evident. Prostitution is one of the services with the greater number of users, however it is penalised and condemned as immoral. This double standard especially affects us, the women.

#### Measures against Prostitutes affect all of us

Planned measures against prostitutes would be another point in the total list of measures against women in the last period (pension reform, child care salaries paid with cheques, female unemployment, and women's precarious work conditions, among others).

The objective of this modification could be the fight against organised crime and the decrease of illegal prostitution. The measures would be especially repressive and against women. For example, it would make possible the detention of women based solely on the suspicion of practising illegal prostitution if they were found in specific premises and if they were wearing typical prostitute's clothes. Those that do not obey the specific norms could be arrested as a way to create “fear” among them.

These proposals do not affect the profits of organised crime nor do they decrease illegal prostitution. On the contrary, they will only worsen the work conditions of the affected women, and, therefore, the women will be more stigmatised and penalised. However, the market that profits on the fact that women are not able to demand adequate payment and better living conditions, will continue growing.

These modifications would affect all prostitutes and especially illegal migrant prostitutes that at the present must work in subhuman conditions. These women could be deported even more quickly.

- < It would also mean that the trafficking in women would increase, because airline companies, travel agencies, different intermediaries, and “patrons” of migrant women would need to bring them more frequently.
- < For each woman, deportation means an entire life with debts, with no perspectives to escape from the dependency that this implies.
- < For customers this means profiting from low prices.

We believe that it is not possible to struggle against a branch of industry that is mostly illegal on the basis of good behaviour, decency, and moral; especially, if the women who are affected by the consequences of this kind of regulation are simply prostitutes and not the customers nor the industry. The punishment of some increases the competence of producers. The planned penalisation and deportation of some women leads to a boom of this market.

Precisely in times of plebiscites for equity of conditions and demands for more solidarity among women, the question of why social advances in the last 120 years (such as the right to vacation period, regulation of working hours) are still denied to prostitutes is raised, as well as unemployment pension for physical disability. This forces prostitutes to continue working even when they are sick and suffering pains. This extreme form of exploitation and the subhuman work conditions, demand co-operation from and the participation of every woman (and also man), because the change in the prostitution law is actually an attempt against self-determination of each woman.

Therefore, we demand:

- < Acknowledgement of prostitution as a paid labour activity.
- < Acknowledgement of prostitution as a paid labour activity means that migrant women who work as sex workers would have the possibility of obtaining the permit of stay, and if necessary, a work permit.
- < Prostitution must be acknowledged as labour, either dependent or independent, and therefore, it must be accepted in the social security system.
- < Separation of the laws in every norm related to prostitution which refer to good behaviour and moral, inclusion in the labour law, social security law, contract law, and in the industrial regulations.
- < Amendment of the Criminal Law on the issues related to coercion of the right of women and men to decide if they want to practice prostitution.
- < Elimination of compulsory registration in the public order police records.
- < Modification of the laws related to sexually transmitted diseases and AIDS. Compulsory health check-ups of prostitutes must be ruled in the industrial regulations.
- < De-penalisation of young people who practice prostitution and the creation of places where these young people could receive professional help.
- < Equal conditions for female and male prostitution (abolition of article 209 of the Penal Code).

## **Hustling For Health**

(Joint production by TAMPEP and EUROPAP)

The publication of the Manual in German was a new opportunity to present the work of TAMPEP in Austria.

The Manual was sent to institutions and organisations that work with women and/or immigrants, as well as to official organisms that deal with health and prostitution.

The Manual was presented in Vienna in a seminar organised by TAMPEP on June 18, 1999 (see Report).

The Manual was presented in Graz organised by TAMPEP on October 27, 1999 (see Report).

TAMPEP/Austria participated in the Spanish edition of the Manual.

The Spanish edition was sent to the Latin American organisations with which TAMPEP/Austria carries out joint work.

## **Healthy Business? - Prostitution And Migration**

Conference on 18th June 1999, Vienna, Austria

On Friday, 18th June 1999 between 9:00 and 19:30 the introduction of the manual **Hustling for Health** took place in Sargfabrik, Goldschlagstr. 199, 1140 Vienna. This event was the first public presentation of the EUROPAP/TAMPEP work in Austria and it engendered a great deal of interest; nearly 100 people participated in the event.

In the morning, the legal situation and the state of health of the Austrian and the migrant prostitutes and also the official control on them were presented in short lectures, both from the point of view of health authorities and of those who work for the rights of prostitutes.

Cristina Boidi, the co-ordinator of TAMPEP/Austria introduced the manual **Hustling for Health** to the public. Afterwards, Pia Covre, the co-ordinator of EUROPAP/TAMPEP-Italy introduced the network EUROPAP/TAMPEP and lectured on the connection between female migration and prostitution and on the internationalisation of prostitution.

Following that, Dr. Liane Bissinger presented the "*Zentrale Beratungsstelle*" (Advice Centre) in Hamburg as an example of successful co-operation between the TAMPEP project and the authorities. The presentation of the "*Zentrale Beratungsstelle*" proved that a new form of health care for prostitutes is possible. This was an exciting lecture which stimulated many people to think about the Austrian practices.

In the afternoon, working groups on the following issues were organised:

Legal protection for Austrian and migrant prostitutes

New strategies in health care

Sex and Lies - double standard and stigmatisation in male and female prostitution

Migrant women in the sex industry

A sex tourist and a customer - Two unknown individuals?

In the final plenary the results and demands of the working groups were presented and summarised. The most important tasks for the future were explained and discussed: in order to change public opinion concerning prostitution, further efforts of training and sensitisation of the authorities should be accelerated. The other focal points were:

influencing the reports in the media, networking, contacts with the other organisations at home and abroad, de-discrimination and de-stigmatisation of a (marginal) group in a society where a double standard dominates.

Besides the interested parties, representatives of public institutions and political parties also attended the conference. Amongst them were: representatives of the Ministry of Justice, Ministry of Health, Ministry of Women's Affairs, Ministry of Internal Affairs, Ministry of Social Affairs and the Chancellor's Office, representatives of the local authorities, representatives of the police, employees of counselling associations and NGOs.

Members of various media attended the event as well, and the impact in the media was very positive. Weekly television programmes such as "*Willkommen Österreich*" and "*Heimat, fremde Heimat*" reported about the event. In the newspaper "*Volksstimme*" and in the LEFÖ-Newsletter two articles about the event and about the situation of migrant women in sex work in Austria were published.

## **Migration & Prostitution**

### Panel Discussion in Graz

In order to introduce the manual **Hustling for Health** to a larger audience LEFÖ/TAMPEP prepared a panel discussion in co-operation with the associations "DANAIDA" and "Frauenservice Graz".

The panel discussion took place on 27th October between 17:30 and 21:00 as planned in Café Palver in Graz. Besides the interested parties, representatives of public institutions, political parties, the police and the employees of counselling organisations and of NGOs also participated in the event. *Styrian TV* (the local TV) filmed the event and interviewed the lecturers.

Irene Windisch, the co-ordinator of the association DANAIDA, gave the first lecture on the daily life and perspectives of migrant women in Graz.

Danaida has been supporting women who work in the sex business, in claiming their rights and in getting appropriate health care. It demands that sex work be recognised as an occupation and that it should be a matter of course for sex workers gets their share in the social system.

Afterwards Ulrike Zapusek, an employee of the association *Frauenservice Graz*, introduced the prostitutes' project. She talked about the difficulties to get reliable funding from the State for this target group. The project plans a counselling office and street work with cultural mediators, a psychologist, a lawyer and a doctor. The goals of the project are to support sex workers with information, networking and counselling, and in the middle term improving their living conditions. They plan to print information material on health care in the native languages of the women and to offer counselling and accompanying. But since the project is not totally subsidised, their activities are currently limited to printing information material.

A member of the TAMPEP team introduced the projects EUROPAP and TAMPEP. In her lecture, she talked about the newest characteristics of prostitution in Europe and about the reasons why the TAMPEP project was founded. She illustrated the practical work of the project and the role of the cultural mediators and peer educators.

Following that, the manual was introduced by a TAMPEP cultural mediator. She explained how the manual came into being and talked about its importance as an

instrument for future projects and also for public health institutions that work in the field of prostitution.

The lectures were followed by an interesting discussion, in which the active participation of the public was very intense.

## **Networking**

Networking with organisations at the national and international level is a priority in order to carry out, in those levels, a comprehensive work with the contribution of different approaches and perspectives.

### **In Austria**

The work is carried out jointly with:

- Organisations that work with women
- AIDS Organisations
- Human Rights Organisations

### **In Europe**

Since 1991, LEFÖ and later LEFÖ/TAMPEP participate in the AGISRA Network. This Network meets every year in Frankfurt, Germany, with different organisations that work in the sphere of prostitution of immigrants and Trafficking in Women.

This is the **most important Network** in the German speaking countries and constitutes a centre pole of reflection, analysis, and elaboration of European policies related to immigration, prostitution, and trafficking; as well as a space to elaborate common strategies.

From the organisations that participate in the AGISRA Network, TAMPEP works especially with: AGISRA (Frankfurt), AGISRA (Cologne), PHOENIX (Hanover), FIZ (Zurich), SAPAUE (Berlin)

### **In Eastern Europe**

TAMPEP Carries out joint work with ESCAPE (Budapest). It consists of systematic information exchange on women's mobility towards Austria and the situation of prostitutes in the Hungarian-Austrian border. Simultaneously, TAMPEP carries out theoretical-practical training with outreach workers from Budapest. Hungarian outreach workers are using TAMPEP informative material in Hungarian.

Maintains contact and exchanges with:

La Strada, Prague, Czech & La Strada, Warsaw, Poland

### **In other countries**

Due to the origin of most of the Latin American migrant sex workers, TAMPEP has permanent contact with:

- CHAME, Salvador da Bahia, Brazil
- Coletivo Mulher Vida, Recife, Brazil
- COIN, Santo Domingo, Dominican Republic

The collaboration consists of the exchange of specific material on health prevention for Dominican prostitutes, mutual support in case of the arrival or deportation of women or staff exchange for fieldwork.

## **International Work**

The fast transformation of the immigration situation in Europe, in the last years and the consolidation of the internalisation of prostitution, gives international work a fundamental importance.

Within it, there are two main aspects:

The importance of the creation, consolidation, and functioning of networks in Western and Eastern Europe, in health prevention work (STD/AIDS) with migrant prostitutes. Also the networking with organisations of countries of other continents from where migrant prostitutes who work in Western Europe come.

The need to disseminate methods, techniques, and working materials in Central and Eastern European countries.

Next, only the main international events where TAMPEP/Austria has participated are listed (a comprehensive review of these can be looked up in the Final Reports: TAMPEP 2, TAMPEP 3, and TAMPEP 4).

### **1995**

Platform towards Beijing (in Austria)

UN World Conference on Women – Beijing - NGO Forum: Workshops on Migration, Prostitution, and Trafficking in women - Beijing.

### **1996**

OIM- Conference on Trafficking in women and Prostitution. October, Budapest, Hungary.

First contact with Escape (Hungarian organisation that works with Hungarian and migrant women prostitutes).

### **1997**

Steering committee of NOTRAF/NGO Conference on Trafficking in Women. February, Amsterdam, Holland.

NOTRAF/NGO - Conference on Trafficking in Women. April, Nordwijkerhout, Holland.

Methodological and technical exchange visit on prevention work with migrant sex workers. September, Doctors of the World, Madrid/Valencia, Spain.

### **1998**

Women's Human Rights Conference in the context of Trafficking and Migration. June, Santo Domingo, Dominican Republic.

Workshop of information exchange and training: Escape-TAMPEP, June, Vienna, Austria.

Conference and Seminar "East-West Conference on Trafficking in Woman". October, Vienna, Austria

### **1999**

< International Conference "Human Rights and Trafficking in Women". La Strada, May, Warsaw, Poland.

< Workshop of information exchange and training: Escape-TAMPEP, July, Budapest, Hungary.

< Seminar "Possibilities and non-possibilities in the struggle against Trafficking in women". FIZ, September, Zurich, Switzerland.

< Training Session with Bus des Femmes, October, Paris, France.

# Trafficking in Women and Prostitution

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One of the specific tasks of LEFÖ/TAMPEP in the last 4 years has been to differentiate - in the theoretical field as well as in the levels of international conventions and in practice itself - the question of **women affected by trafficking** and the question of **migrant prostitutes**.

The need for this differentiation has aroused from the practical work itself as LEFÖ works in both areas.

Since its origins in the 20th century, this question has been addressed interchangeably. The conferences of Paris, London, Budapest, at the beginning of the century, do not distinguish both issues clearly.

But undoubtedly, it is the “Convention against the Trafficking in Human Beings and the Exploitation of Prostitution “ in 1949, the one that identifies traffic and prostitution, with the aim of abolishing prostitution (Preamble, “Prostitution and the accompanying evil of the traffic in human beings for the purpose of prostitution are incompatible with the dignity and worth of the human person and endanger the welfare of the individual, the family and the community”).

In spite of the structural changes that have occurred in the field of **trafficking** as well as in the field of **prostitution**, this confusion of the Convention of 1949 has been inherited.

After 1949, there is a long period of silence around the issue that is interrupted mainly at the end of the 80's.

This sudden change is due mainly to the strength of the women's movements which put the issue of violence against women in public and private agendas through discussion all over the world.

However, this is also due to the interest of the countries of the EU to address the question of the new migration of women and to look for mechanisms of control of the increasing prostitution of migrants.

In the European Parliament diverse resolutions are issued (89, 93, 96); some of them containing the same spirit of the previous. The one issued in 1996, abandons, for the first time, the traditional concept, referring to the trafficking in human beings, without reference to prostitution.

The *Europarat* holds a Seminar in 1991 and creates an Expert Commission which drafts an *AKTIONPLAN* that expresses a broader view of the trafficking “with the objective of prostitution or other forms of sexual exploitation”.

Since the Vienna Conference of 1996 and in all its further documents until the Conference of Ministers in The Hague, in April 1997, the European Union defines Trafficking in Women, only with the objective of sexual exploitation.

This means, in fact, that European countries that have legislation about trafficking, reduce it to prostitution. Frequently, the struggle against trafficking is transformed into a struggle against migrant prostitutes.

In Austria, the Immigration Law of 1998, gives women who are victims of trafficking, the possibility of a temporary residence permit, even in the case of women sheltered by LEFÖ in its Office of Intervention for Women affected by Trafficking.

Meanwhile, raids and expulsions of migrant prostitutes have increased.

The intention of the European Commission to protect the victims of trafficking is not materialised in practice as the Immigration Law of the Member States are stronger than any other preventive measure.

Since the eighties, some European NGOs have investigated and **condemned** the exploitation of **women within the migration process** and trafficking in women as it's most extreme shape.

The European NGOs define that trafficking in women develops in a wide spectrum, fundamentally for **domestic work, marriage and prostitution**.

The NGOs corroborate that the new European migration politics made the increase in trafficking of women possible and strengthened its mechanism.

In the following, the summary of **the East-West Conference and Seminar on Trafficking in Women**, organised by LEFÖ and the Austrian Women's Ministry within the scope of the Austria EU-presidency.

### **Conference and Seminar in Vienna On Trafficking in Women**

LEFÖ organised a conference entitled "East-West Conference on Trafficking in Women" and a seminar on the same subject that took place on October 1-3, 1998, in Vienna. These two events were the most important events which LEFÖ has ever organised to co-ordinate the work of organisations in Eastern and Western Europe concerned with the migration of women from Eastern European to Western European countries and with its consequences. As we all know, these migration streams form the basis of the trafficking business and of the business of the prostitution of foreigners.

The conference, organised jointly with the Austrian Ministry of Women's Affairs during the Austrian presidency of the European Union, brought together official authorities and representatives from NGOs. On one hand, the participants came from international and national organisations such as the EU, the United Nations, OIM, EUROPOL, the Council of Europe and also from some European governments and consulates. On the other hand, there were representatives of NGOs from Western and Eastern European countries, who are working directly with the women concerned: with migrant women, women who work in the border regions, women who were deported and/or women who are shuttling back and forth between their countries of origin and a Western European country.

The conference was opened on October 1<sup>st</sup> with short statements given by the guest representatives from NGOs, the EU and the Austrian government. It continued with more in-depth lectures on some main topics which would facilitate the discussion of these topics at an international level.

The conference presented an opportunity for an important confrontation among official proposals, the plans of international organisations, and the practice-oriented conclusions of NGOs on how to face the different forms of abuse involved in the actual migration of women. Prevention measures and social strategies which are necessary for the protection of women within this migration process were also discussed.

The conference was also an important opportunity for confronting various points of view with each other: On one hand, the vision of the EU and the governments regarding the results obtained, above all, since the "Declaration of The Hague"; and on the other hand, the prospects of NGOs which have to face increasing migration, increasing trafficking, a growing exploitation of sex workers and -as a result of all this- larger social and health problems and a greater dependence of migrants.

The international organisations and the participating governments, as well as the NGOs, stressed the importance of co-operation in order to cope with the increasing phenomenon of trafficking in women and the exploitation of migrants. Particular emphasis was also placed on the importance of the application of the "Declaration of The Hague" to the national laws of the EU member States.

The commissioner Anita Gradin stressed the efforts of the European Union to fight trafficking and the sexual exploitation of women. She also underlined the necessity of a better co-operation between the countries of origin, transit and destination, and emphasised the decision to continue to financially support projects that are fighting trafficking in women. The NGO representatives pointed out the practical problems migrant women have to face as a result of the special situation of migration and the permanent violation of their human rights.

The final panel discussion reflected the present situation in Europe: the clear declarations of each of the responsible sectors and the awareness and urgency of the need for common strategies, on one hand, and the difficulties of implementing these strategies due to the new migration policies of the EU member States, on the other.

Through the different contributions to the discussion, the complexity of the problem of trafficking in women was very clearly described: the economic situation of the Eastern European countries, the necessity of women to migrate in order to look for new economic perspectives, the difficulties created by the new migration policies of the EU member States which these women have to overcome in order to migrate, the use and abuse of this situation by the traffickers, the difficulties for the governments in fighting the traffickers, the marginal situation of women in the countries of destination, their situation of exploitation, pressure, threat and/or violence.

The participants also stressed the great increase of trafficking in women in most EU member States as well as the necessity to create effective measures of protection for the victims, regardless of whether they are witnesses in a trial or not. Fighting against trafficking in women by means of criminal prosecution is not enough - it is also important to get a better understanding of the situation of the victims and to take measures of compensation and protection as well as measures of prevention.

The conference reached its goal of making possible a discussion about trafficking in women and its consequences on a European level - on an official level as well as on the level of the NGOs of the countries of origin and the countries of destination. It was also an opportunity to heighten public awareness of the growing problem of trafficking in women and of the victims' special situation, and to point out the impunity of the abuse of which the women are victims, their unprotected legal and social status, and the health risks involved for them.

The seminar which was held on the following two days was only for NGOs from Eastern and Western Europe which are working with migrant women, victims of trafficking in women, foreign sex workers and/or women who came back or were deported from EU member States. Representatives of the following countries participated in the seminar: Albania, Austria, Belgium, Bulgaria, the Czech Republic, Finland, Germany, Hungary, Italy, the Netherlands, Poland, Russia, Serbia, Slovakia, Switzerland and the Ukraine.

The seminar was planned and organised as a first meeting place for NGOs of Western and Eastern Europe, as an opportunity to get to know each other and to understand the different realities and working methods.

According to these objectives, the seminar was divided into four workshops:

- Female migration - trafficking in women
- Measures and programs which could help to reduce trafficking in women
- Living and working conditions of migrant women/foreign prostitutes
- Public awareness work.

The following proposals for future co-operation were made:

- a model of co-operation which should be adapted to the main working areas of the organisations
- an intensive exchange of work experiences and methods among the NGOs, above all between East and West, through mutual visits
- the publication of a magazine, both in print and in the Internet (in English and Russian)
- the organisation of an international poster campaign for the fight against trafficking in women
- drawing up a joint recommendation to governments to support the co-operation and the partnership of NGOs as well as other joint activities
- setting up further regular meetings between NGOs from Western and Eastern Europe
- the organisation of a fast communication system via Internet
- the organisation of a system of jointly looking after (follow up of) women who have returned to their countries of origin and of searching for missing women in the countries of origin and of destination.

The difficulties that can come up in the co-operation among women from such diverse backgrounds were also obvious in the seminar. In the co-operation among NGOs there are also various communication problems (not only due to language barriers). Correspondingly, the participants were rather sceptical about the final statement of one

participant who wished everyone would put a little more time in order to make the necessary co-operation possible. The colleagues from advisory and intervention centres are confronted with acute cases of violence and abuse every day so that they have no time for long reflection and thinking about a careful approach. "We have to be quick because the traffickers are even quicker!" The pressure rests on all of them and often puts stress on the relationships within and among the organisations. In many cases there is no time for a more profound analysis and reflection.

The particular merit and success of this seminar is above all the initiation of a forum for newly developed organisations and projects in Eastern and Central European countries and NGOs from Western Europe. It was an opportunity to break the ice between East and West, to get closer to each other in working groups and informal conversation, and to prepare future forms of co-operation on many different levels. This was also the declared goal of the event.

For LEFÖ, it was a good opportunity to establish closer contacts with many organisations from Eastern and Central Europe with which we can develop further forms of co-operation, including in areas such as AIDS and STDs prevention.

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## **TAMPEP/Austria team**

During the past 4 years in the team of TAMPEP-Austria participated :

Maria Cristina Boidi, Argentinean  
Paola Díaz, Chilean  
Doris Cordova, Chilean  
Ana Maria Garza, Mexican  
Luzenir Caixeta, Brazilian  
Anna Kowalska, Polish  
Urszula Wodzinska, Polish  
Maria Mazanik, Czech  
Edith Schwarzbauer, Austrian

## **The current TAMPEP-Austria team**

Co-ordinator	Maria Cristina Boidi, Argentinean
Latin American mediators	Doris Cordova, Chilean Ana Maria Garza, Mexican Luzenir Caixeta, Brazilian
East European mediator	Krisztina Dér, Hungarian
Asian mediator	Sutin Pössnicker, Thai
English correspondence and administration	Edith Schwarzbauer, Austrian

# Introduction

VERONICA MUNK

Political and social changes in Germany in recent years have lead to a movement one might perceive as an opening-up and restructuring of society which could well have consequences for socio-political attitudes towards prostitution.

### **The legalization of prostitution**

It is not inconceivable that prostitution might be recognized as a formal trade and/or profession during this present parliamentary term. Since 1998 a proposal submitted by the SPD and the coalition parties Bündnis 90/the Greens for a legal draft to this effect has been under consideration by various parliamentary committees (e.g. Committee for Rights and Women's Affairs) and NGOs, including the German Whore Movement.

*"Women and Family Matters Minister, Christine Bergmann (SPD), wants prostitution to be recognized across the board as a profession. In a conversation with the Märkische Allgemeine Zeitung newspaper she announced that (...) a legal draft would be submitted at the beginning of next year..(...)"<sup>35</sup>*

The implementation of such a law would have the following consequences:

Prostitution would not be classed as immoral;

Prostitutes would have the right to pay national insurance contributions within their profession and to claim due welfare benefits such as pension, sick benefit and unemployment benefit. At present prostitutes in Germany are obliged to pay tax, but have no rights to social security or other welfare benefits as do employees in other areas of industry and commerce;

Prostitutes would be able to obtain contracts from their employers (proprietors of brothels, bars, clubs etc.) and would thus have a claim to employees' rights such as paid holidays, sick pay, maternity leave and the like;

The paragraph criminalising the encouragement or facilitating of prostitution would be abolished. Persons or corporations who provide contraceptives or health insurance policies in line with the job of prostitution or simply guarantee hygienic conditions in a brothel would no longer be liable to criminal prosecution. At present, such a person or corporation offering these services would be regarded as encouraging and supporting prostitution and would therefore be breaking the law;

A customer who did not pay the price agreed on beforehand and accepted as appropriate for the services rendered would then be liable to criminal prosecution.

It must also be mentioned, however, that within the German Whore Movement itself a plan to regulate the profession in this way would have a mixed reception.

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<sup>35</sup> DPA, excerpt from 6th August 1999.

Some champion the legal draft, because the reduction of prostitutes to those who work "legally" would, it is expected, reduce market competition. Migrant prostitutes in particular would be hounded from the market place<sup>36</sup>. The negative consequences of a policy which discriminates against migrant women have become clear in the last year or so in The Netherlands where such a policy was introduced in 1998: the migrant women, for whose services there is a distinct demand on the market, are forced further underground by the new law. This makes it difficult for any sort of inclusion of them in the ranks of professionals, makes their living and working conditions riskier and more violent and exposes them to total exploitation.

Others are against the proposed law, because regulating prostitution would discriminate against those who want to work as prostitutes on the side, for example, housewives, students etc. They would be forced to reveal their identity to the social services. It is more than likely that society is not ready for such a step.

The sex-workers' fight for their rights has been going on for some time, but in recent years a new factor has come up that has prompted all those involved in this business to change their attitude and their behaviour. This new factor is the *migrant sex-worker*. For some years now migrant sex-workers have represented 50% of the women who live from prostitution in Germany. This numerically large presence demands *both* a more concrete stand to be taken in the political and social arenas *and* the recognition of the structured market demand, in existence for a long time, for the services of these migrant sex-workers<sup>37</sup>. This shows that the phenomenon is not just the result of an influx of female migrants, but also a response to a very real, concrete need. There are legal ways of granting these women legal residency status.

*"... migrant women could, for example, be given a temporary work permit, as is the practice with seasonal workers, ... as many of these women do not want to stay in Germany for ever, but want to return to their home-countries after working a while in the sex industry." (Friederike Strack, Hydra Prostitute Initiative, Berlin)<sup>38</sup>*

Ergo: You cannot draw up and promulgate a new law which ignores 50% of those affected by it. The suggestion cited for a temporary work permit would be, particularly in the face of ever more complicated European immigration legislation, a temporary, thoroughly viable solution.

This temporary work permit would allow women involved in immigration litigation, to work in prostitution legally, with recognition from the authorities and, above all, independently. Independence would mean not condemning oneself to being dependent on third parties at the moment when one decides to immigrate to Germany. And it is just this dependence, caused by restrictive laws and the criminalisation of prostitution, which encourages trafficking in women or rather makes it possible at all.

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<sup>36</sup> The reason why women are mostly the subject of discussion in this report is because they are TAMPEP's target group. It goes without saying, however, that the consequences of a new law would affect everyone working in prostitution.

<sup>37</sup> The term "prostitute" and "sex-worker" are used synonymously in this report.

<sup>38</sup> In "Whore Movement and Trafficking in Women", lecture at the 4th Forum Between Science and Practice, "International Trafficking in Women" series, Institute for Sociology, University of Hamburg, 14th January 1999.

## **Recognition of the proportion of migrant women in prostitution**

State institutions, NGOs and the German Whore Movement itself have come to the realisation that the total number of women working in prostitution in Germany has been divided up for some years already between 50% German or EU women and 50% women from countries outside the EU. Therefore it is high time this group were granted the political and social support they deserve, taking into consideration their specific situation. As a consequence, a press release was issued in November 1998, containing this text:

*"The participants of the 25th National Whore Congress call for migrant women in Germany to have the right to work freely in the sex-industry. Women, men and transsexuals migrate to the Federal Republic in order to work as prostitutes. They represent approximately half of all sex-workers in Germany. We call for the abolition of repressive and discriminatory measures on the part of the organs of the state (e.g. raids, stamp saying "Gay Scene" in passports, compulsory HIV testing, deportation due to infringement of work permit law, police interrogations without the services of interpreters).<sup>39</sup>*

Public radio reported on the Whore Congress that followed, since called Prostitutes Forum, in June 1999 in their news broadcasts – and mentioned the fact that 50% of sex-workers in Germany come from countries outside the EU.

## **The new infection protection law**

In the foreseeable future a new law designed to deal with the dangers of infection will probably come into effect which, amongst other things, will cover methods of protecting people from sexually transmitted diseases and thus lay down compulsory check-ups for those who work in prostitution:

*"The fact that prostitutes are checked regularly lulls the customers into believing that prostitutes cannot get ill. The consequence is an increased demand for unprotected sex. Prostitutes are forced through these compulsory tests to carry the burden of responsibility for the sexuality of their customers. (...) Customers of prostitutes will have to assume responsibility for their own sexuality and for unwavering use of condoms."<sup>40</sup>*

The disastrous consequences of compulsory check-ups for prostitutes were proven, for instance, in a 1997 study conducted by TAMPEP. It was established that in Southern Germany migrant women were most disinclined to visit medical facilities because of the necessity of having legal residency status and the noting of personal particulars. The proportion of the migrant women amongst the total number of clients (at such facilities) was only 31%. This present system can only be regarded as counter-productive in the struggle towards the goal of protecting the health of and *empowering* a marginalized group who are victims of discrimination. In comparison with the figures for Southern Germany, the figures for Northern Germany are much higher. Of the prostitutes who

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<sup>39</sup> Excerpt from the press release of 25th National Whore Congress, Munich, November 1998.

<sup>40</sup> In "Prostitution: Job, Profession, Work", brochure on the proposed law concerning legal and social equality of prostitutes with other employees, issued by the German Whore Movement, January 1996.

visit the public health facilities in Northern Germany migrant sex-workers account for 73%. Here they can get check-ups and treatment anonymously and free of charge.

*"If prostitution were recognized as a profession, migrant women would be able to get work permits to work as prostitutes ... Health care would be substantially easier, as health insurance for travellers could be taken out, on which policy the real activity of the traveller would not have to be concealed. Thus the restructuring of the German Federal Pestilence Law into the Infection Control Law, that will probably come into effect this year, is a step in the right direction. Counselling will become anonymous and compulsory check-ups will be abolished. The reluctance threshold for migrant women (especially for illegal ones) to turn to the health services for help will be reduced to zero. Early identification of disease and its early treatment would be much more easily achieved."* (Friederike Strack, Hydra Prostitute Initiative, Berlin)<sup>41</sup>

### **Germany in an international context**

In the course of its work over the last six years TAMPEP has noticed in regard to social, political and religious attitudes towards prostitution an unmistakable division between North and South, between East and West: more liberal in the North, more conservative in the South, settled in the West, inexperienced in the East, but open to new experiences and opportunities.

It goes without saying that this is a much oversimplified and superficial picture. But it does show a society split in its values and realities with a highly developed social system and at the same time a high rate of unemployment and growing problems of violence and social inequality.

These contrasts have a twofold effect:

Ever more migrant women come in search of just the wealth and social welfare which are both seen throughout the world as the expression of a robust society and which rule Germany at home.

Discrimination and conceit, perhaps even racism and intolerance, based on the fear of foreign interference and the loss of privileged status.

Germany, as the strongest economy of Europe and as the third richest state in the world, is gradually beginning to break out of its cocoon and recognize globalization as a social reality as well. It is starting to assume social and political responsibility within Europe and also on the world's stage in keeping with its economic might.

People in Germany are finally starting to recognize prostitution as an international phenomenon, even if still all too often associated exclusively with trafficking in women and not as a chosen form of employ for a growing number of women who see migration and also prostitution as a way of improving their economic situation.

This process of revelation is happening, even if a little slowly in comparison to other European countries like The Netherlands, Italy or France, inside a system in which political and social integration of migrant women is a highly complex issue fraught with conflict.

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<sup>41</sup> In "Whore Movement and Trafficking in Women", lecture at the 4th Forum between Science and Practice, "International Trafficking in Women", Institute for Sociology, University of Hamburg, 14th January 1999.

This reluctance in regard to acknowledging new processes is also mirrored in the recognition of TAMPEP's project as a project of European integration. It took a full six years to win recognition of TAMPEP's work in the area of research into theory and practice, the development of target-group-specific educational material and in the area of political action for the rights of migrant sex-workers at a national level.

The following factors are indicators of this recognition:

- The return of countless questionnaires which TAMPEP distributed across the length and breadth of Germany at national level (1997 and 1999) and the conscientiousness with which the questions on living and working conditions of migrant sex-workers were answered. These questionnaires were distributed throughout Germany to the health authorities and NGOs which deal with prostitutes and migrant women in the course of their work;
- The systematic use by 24 German institutions and initiatives, 17 health authorities and 7 NGOs of materials that TAMPEP has developed.
- Invitations to the most diverse seminars, forums and working groups on topics concerning prostitution, migration and AIDS;
- The financial support from the *Deutsche AIDS-Hilfe* (German AIDS counselling organization) with printing costs for the German version of the handbook "*Hustling for Health/Gesundheit erstreiten*" and with the subsequent distribution of the handbook through the *Deutsche AIDS-Hilfe* newsletter;
- The recognition of TAMPEP by the German Whore Movement as the only initiative in Germany that devotes itself exclusively to working with migrant sex-workers. This official recognition was declared in 1998 during the 24th German Whore Congress of sex-workers in Frankfurt/Main and thus grants TAMPEP the right to vote at the annual sessions side by side with other prostitute organizations in Germany (e.g. Hydra, Nitribitt, Madonna, Kassandra).

### **From the general to the specific**

This section gives you an overview of the structure of this report which endeavours to paint a detailed picture of the present situation of migrant sex-workers in Germany and above all of the central social and political changes that have taken place in the last two years and their consequences for the living and working conditions of the target group:

**General** – An overview of the situation of migrant sex-workers in Germany. This study is the result of a questionnaire which was sent to 65 institutions and projects in 49 German towns and cities in March 1999. The response rate was 70%. This means that 46 of the bodies approached answered the questionnaire: 32 out of 40 health services and 14 out of 25 NGOs.

The goals of the questionnaire were:

1. to update the information on the target group in regard to changes in surroundings, to observe the change in percentage presence of the various nationalities, changes in behaviour and in migration tendencies inside and outside Germany as well as the possibilities for women to gain access to medical and social services;
2. to assess the materials developed by TAMPEP in terms of how the target group responded to them in their form and contents, whether they needed to be amended or whether materials on new topics should be produced. As mentioned above, these

materials are constantly being used by various organizations and institutions, at the facilities themselves as well as during streetwork.

**Specific** – In Hamburg the work was done at various levels:

- field research in apartments: Following on from the project developed some years ago through collaboration between TAMPEP and BAGS Hamburg (Office for Health, Labour and Social Welfare), Phases III and IV, focusing on migrant prostitutes working in Hamburg apartments, were carried out.
- In Phase III (July to December 1998) areas with the highest concentration of the target group were investigated and the make-up of the target group, their ways of working and the effect wrought by increasingly repressive measures on the social situation of these women were examined.
- In Phase IV (April to September 1999) workshops on various health and legal issues were put on with a view to training *peer-educators*, viz., prostitutes who could teach other prostitutes, in the buildings where the largest number of migrant prostitutes worked.
- Overview of the situation of migrant sex-workers: These two projects made it possible to appraise and analyse with greater accuracy the situation of women from Eastern Europe, Latin America and South East Asia who work as prostitutes in Hamburg and also to investigate the ways they migrated, their living and working conditions here, and their hopes and opportunities.
- German course: an assessment of the German course that has been running for the last six years in one of the largest prostitution beats in Hamburg, St. Pauli, for Latin American transvestites/transsexuals.
- Network Migration & AIDS: In 1998 TAMPEP erected in Hamburg a network of people involved in medicine and social work who, in their professional work or as volunteers, provide support for migrant men and women (women, men and transvestites/transsexuals) who are HIV positive or suffering from AIDS and who work or have worked as prostitutes, if they do not have any health insurance and/or valid residency status in Germany. TAMPEP coordinates this network.

### **Assessment of the cultural mediators on the job**

The methods of the cultural mediators were assessed on the basis of the practical experience of the "Central Counselling Bureau for Sexually Transmitted Diseases/CCB" in Hamburg. They were applied as part of the work of the CCB as a public health facility which focuses its attentions through its work (medical check-ups, treatment and information on AIDS and STD preventative care) on sex-workers (women, men and transvestites/transsexuals).

In 1997 this institution developed a new work concept based in turn on concepts generated by TAMPEP concerning the use of cultural mediators in social work as well as in health counselling. This rethink about its policy was prompted by the fact that the percentage of the CCB's foreign clientele, i.e. migrant prostitutes, has risen in recent years to 95%.

The assessment was carried out in May 1999 through interviews with CCB doctors, social-workers and cultural mediators as well as with their clients and co-workers from TAMPEP. The aim of this assessment was to observe and evaluate the role, the potential and the limits of a cultural mediator in such an institution, but also the conflicts and/or

difficulties which arise between the various involvees and the expectations of each group vis-à-vis the other groups in what is a very special and very complex work process.

### **Further activities**

- International work
- Training of cultural mediators
- Seminars at Technical College
- Newly developed materials
- Sales of the "*Gesundheit erstreiten*" manual
- Publications, participation on various committees and at various events, networking

### **The Team**

The team responsible for the planning and execution of TAMPEP IV in Germany comprises the following people:

- Veronica Munk, Coordination
- Carmen Valdivia, responsible for the work with Latin American women and the work to do with health
- Vera Sagel, responsible for the women from Eastern Europe
- Antje Mansbrügge, finance and book-keeping

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# A LOOK AT GERMANY

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At least 50% of the prostitutes working in Germany are migrants – a new 1999 survey bears this out.

## 1997

### First Evaluation

TAMPEP first conducted a nationwide survey on the living and working conditions of (women) migrant sex-workers in 1997.

Our observations show us that the target group has high mobility within Germany. Therefore the survey was aimed at researching the health care services available around the country in more detail. It served to provide an overview of those services which were directed towards people who are not in possession of regular health insurance and/or who live isolated and dependent lives and who for these reasons have only restricted access to medical care.

Those questioned were the counselling centres of the health authorities. These centres direct their offers of medical check-ups and treatments for HIV and venereal diseases (STD) mostly towards sex-workers, but the general public is also at liberty to make use of their offers.

Counselling centres in 30 towns answered the questionnaires. To enable us to take in at a glance the situation overall and in keeping with the differences across the nation in terms of regulations concerning sex-industry workers, we have divided the respondents up into three groups representing three regions (northern, central, southern) and evaluated them separately.

The experience the centres have based on streetwork was unique<sup>42</sup>:

Despite quantitative differences at local level, already in 1997 at least 50% of the female sex-workers in Germany were migrants. The percentages below mirror the representation of the regions of origin:

Middle & Eastern Europe	Africa	Latin America	South-East Asia
50%	20%	15%	15%

Out of the sex-workers who visit these counselling centres, 46.5% were migrant women.

The legal regulations in the individual federal states vary in so far as in the north the majority of centres offer their services anonymously and voluntarily, whereas in the southern, as a rule, medical check-ups for sex-workers are compulsory. Compulsory medical check-ups means that the sex-workers have to have tests done for certain

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<sup>42</sup> Final Report TAMPEP III, October 1996 – September 1997, Report TAMPEP Germany, Pages 43 to 98.

diseases every 14 to 30 days and provide proof (of this) in order to receive the "*Bockschein*", their permit to work. In the central region medical check-ups are partly compulsory, partly voluntary.

As a consequence of this regulation the following proportion of migrant sex-workers visited the AIDS/STD counselling centres:

Northern	Central	Southern
73%	41%	31%

This clearly shows:

Compulsory medical check-ups lead – as every other kind of repressive social measure against groups socially marginalised – to the manoeuvring of the target group into areas ever harder to access or to its feeling obliged to "hide out" to avoid risky situations. This isolation hinders moves to bring preventative care to these women. Repressive measures may achieve a great deal in the pursuit of law for law's sake, but they are counter-productive when it comes to strengthening the position and self-confidence of women – the first step towards successfully bringing across elementary preventative health care measures concerning HIV/STD to them.

## 1999

### Broader Evaluation

To update the data from the 1997 survey and to enable us to analyse the changes that have taken place on the scene, TAMPEP conducted a further survey in 1999. This time the range of target respondents was broadened:

The questionnaire was sent to 65 centres in 49 towns and cities.

The questionnaire was targeted at the following centres:

AIDS/STD counselling centres affiliated to local health authorities. The majority of these counselling centres were known to TAMPEP from the previous questionnaire and/or through various organized events. Some of them are already employing information materials developed by TAMPEP.

Various NGOs which work with migrant women and/or migrant sex-workers.

Response:

46 centres in 39 towns and cities responded. This is a response rate of 70%.

Type of centres: 32 out of the 40 AIDS/STD counselling centres approached answered the questionnaire, likewise 14 out of the 25 NGOs.

Geographical distribution: 12 out of the 14 in the north; 16 out of the 20 in the central region; and 11 out of the 15 in the southern. This distribution mirrors (as explained above) the differences in local regulations in Germany with regard to the practice of prostitution.

### **AIMS OF THE QUESTIONNAIRE**

1. Assessment of the current living and working conditions of the target group and analysis of any changes since 1997. The questions covered the following topics:

- Changes in the last three years in the distribution of the various nationalities of migrant sex-worker in each town, city or region.

- Changes in living and working conditions and any kind of change in behaviour
- The most common jobs occupied by migrant sex-workers
- The proportion of people with regular health insurance
- Links between GOs (health authorities, counselling centres, other government offices) and NGOs (organizations for migrant women and/or sex-workers)
- Mobility within and without Germany
- Drug consumption within the target group

2. Assessment of the materials produced by TAMPEP already in use at 24 of the centres questioned. 17 out of the 40 health authorities (HIV/STD counselling centres), and 7 out of the 25 NGOs (non-governmental organizations for migrant women and/or sex-workers) make regular use of the TAMPEP materials at their counselling centres and/or when doing streetwork. The following topics are to be evaluated:

- Where are the materials used?
- Do the target users need new materials?
- Observations regarding contents and form of the existing TAMPEP materials.

Regarding their actual use, the following questions were asked:

- How is contact with the target group established?
- Do the centres work with interpreters and/or cultural mediators?

## ASSESSMENT OF THE REGIONS

The following tables contain a summary of the most commonly mentioned facts concerning the above topics. These are followed by remarks and assessments which first address the general facts and then each region (northern, central and southern) separately.

Comments quoted directly from the questionnaire are designated through the underlining of the appropriate town or city (e.g., Berlin).

### Main changes in the last three years (1997-1999)

NORTHERN	CENTRAL	SOUTHERN
<ul style="list-style-type: none"> <li>■ More migrant women</li> <li>■ More women from Middle and Eastern Europe (The Balkans, Poland &amp; The Czech Republic)</li> </ul>	<ul style="list-style-type: none"> <li>■ More women from Eastern Europe, but also from Africa</li> </ul>	<ul style="list-style-type: none"> <li>■ More migrant women</li> <li>■ More women from Eastern Europe, but also from Africa and Thailand</li> </ul>
<ul style="list-style-type: none"> <li>■ Great fluctuation due to repressive measures (raids and deportations)</li> </ul>	<ul style="list-style-type: none"> <li>■ Great fluctuation due to repressive measures (raids and deportations)</li> </ul>	
<ul style="list-style-type: none"> <li>■ Increase in number of migrant girls in the border areas</li> </ul>	<ul style="list-style-type: none"> <li>■ Increase in the number of migrant children and young people, mostly in the border areas</li> </ul>	
<ul style="list-style-type: none"> <li>■ Increase in the number of Eastern European women married to German men</li> </ul>	<ul style="list-style-type: none"> <li>■ Increasing cases of HIV+ amongst migrant sex-workers</li> </ul>	

■ Although repressive measures have been taken against migrant prostitutes with increasing vigour, it has been proven that the number of migrant sex-workers has definitely increased overall throughout Germany, allowing for fluctuations. This can mean several things:

- The situation in the home countries has worsened. Women are prompted to migrate because of dwindling job possibilities in their home countries and at the same time the growing responsibility to ensure their families survive.

- The structures (links between individual national groups and offers of advice or touting/pimping organizations) which support or exploit these women on their way to the destination countries have become established and highly organized. Thus, most migrant sex-workers find work more easily in Germany, even if they are dependent somehow on some third person.

- The demand for migrant sex-workers has grown.

- Prostitution is one of the only jobs open to migrant women. That is why this form of work must be decriminalized and proper legal regulations must be established for it so that suitable working conditions can be offered to these women.

■ The fact that migrant children and young people are to be found working in the sex industry, mostly from Middle and Eastern Europe (as was proven the case in the border areas Anklam, Halberstadt and Adorf), shows that the social and economic situation in these countries is worsening at a rapid rate. Intervention at new levels (child rights, offices for juvenile affairs etc.) is an urgent necessity.

### **THE NORTHERN REGION**

■ The proportion of migrant women has been higher than the proportion of German prostitutes in this region for a number of years. This is partly to do with the structures mentioned above. Also, the legal regulations, which do not demand registration, offer the prostitutes a more secure working situation as access to medical care is substantially less problematic, for example, with offers of anonymous HIV and STD check-ups. The increased number of migrant women amongst the clients for HIV and STD counselling is proof of the efficacy of regular streetwork and intensified mouth-to-mouth propaganda whereby the high mobility of the target group has a positive effect.

■ The fact that more migrant women are marrying Germans has two consequences: On the one hand, it shows that women are looking for and finding other ways to be able to live and work legally in Germany and other EU states with all that that means in terms of security. On the other hand, this means that their status in Germany and the EU is only made available to them by virtue of the fact that they are married.

### **THE CENTRAL REGION**

■ Although only one counselling centre (Marl) mentioned the increase in HIV+ sex-workers, this throws new light on the situation. In our experience, most of those on the scene who were infected with the HIV virus were migrant transvestites/transsexuals (mostly from Latin America and Thailand) who, prompted by various social and psychological factors, engage in high-risk practices while working as prostitutes.

This also shows clearly that migrant sex-workers generally need more information on elementary preventative health care measures, i.e., more explanation and dissemination of information to clients encountered while on the look-out for them; that migrant prostitutes are under greater psychological and/or physical pressure, which raises the risk of their ignoring safer sex practices.

## THE SOUTHERN REGION

■ A new phenomenon in this region is the fact that the proportion of migrant women has increased despite the region's most repressive measures against prostitutes: viz. registration and regular compulsory medical check-ups. This could indicate that the demand is growing parallel to the hidden job possibilities for the sex-workers.

## WORKING CONDITIONS

NORTHERN	CENTRAL	SOUTHERN
■ Isolated ■ Dependent ■ Competition amongst migrant sex-workers	■ Difficult to contact ■ Language problems ■ Fear, Insecurity ■ Somatic illnesses	■ Isolated ■ Competition between German and migrant sex-workers

■ The situation in which most migrant sex-workers live and work can be described quite clearly with the keywords *Isolation* und *Dependency*. The consequences have already been mentioned: *Difficulty getting to the women*, because they are tucked away in hidden corners. Also, *Language problems* make access to them problematic. Lots of migrant sex-workers are not very interested in learning the language. They only want to work temporarily, (so) they want to waste as little time (i.e. customers) as possible or they are not permitted to leave their place of work. *Somatic illnesses*, *fear* and *insecurity* are clear symptoms of such an existence.

Causes of these present living and working situations can be found in the very laws which try to prevent migration and criminalize sex-work. These laws force women /migrant sex-workers to be outlaws and prevent them from being able to protect themselves sufficiently against violence, exploitation and other kinds of undignified treatment.

■ Keyword *Competition*: this is a perfectly normal state of affairs, as in any other profession. In the northern region, where there are more migrant women, competition has grown amongst them and in the southern region, where the proportion of Germans is higher; competition is more about the relationship between Germans and migrants. In all three regions discrimination against other national groups can reach the levels of racism.

Individual remarks from the counselling centres:

### NORTHERN

Hannover: more readiness to use violence on the part of the customers, more dependency on pimps.

Münster: because of the pressure of competition, many offer sex without condoms.

### CENTRAL

Bochum: Situation has got worse, with an increase of unprotected working conditions.

Duisburg: The contact migrants have is almost exclusively with women from the same country. They are afraid of the local authorities and are thus difficult to reach for the health services, at least when the latter only send out German-speaking social workers. (i.e., without the aid of cultural mediators or at least translators).

## **SOUTHERN**

Freiburg: more competition, which means a drop in income, which, in turn, means giving in to the wishes of the customer (no condom) and longer working hours.

Furth am Wald (Border area between Germany and The Czech Republic): Czech women (50% of the women) have better working conditions, i.e. they receive more money, have shorter working hours, etc. The migrant women (40% from Ukraine and 10% from other GUS countries) receive only 20-30% of the Czech women's pay and have to accept longer working hours.

## **CHANGES IN BEHAVIOUR**

<b>NORTHERN</b>	<b>CENTRAL</b>	<b>SOUTHERN</b>
■ Have become more self-confident and more enlightened	■ Have become more self-confident, but not integrated	■ Have become more self-confident

■ It is very encouraging to see that a large proportion of the migrant women are more emancipated despite all the difficulties already mentioned here. Lots of them have become more self-confident, more secure and more independent as women, as migrants and as sex-workers and are therefore in a better position to demand their rights.

In the long term this state of affairs could also lead to their being able to take things into their own hands more, organizing their migration and working lives for the most part themselves. Unfortunately these capable women do not yet constitute the majority. Their insecure social status and high mobility makes it very difficult to work alongside these women long-term in collaborative solidarity for the purposes of strengthening their position.

## **NORTHERN**

Berlin: some are now more familiar with working conditions and the legal situation, some not at all.

Rostock: more self-confident, better informed, look to solve their problems themselves.

## **CENTRAL**

Gera: very isolated, these women do not seek out the counselling centres of their own accord.

Gütersloh: they are very reluctant to approach any "official places".

## **SOUTHERN**

Heidelberg: more solidarity between the women, more exchanging of information. There has been greater acceptance amongst German prostitutes of their migrant colleagues.

München: Competition between German and migrant sex-workers.

## PLACE OF WORK

	NORTHERN	CENTRAL	SOUTHERN
<b>Apartments</b>	<b>30%</b>	27%	<b>60%</b>
<b>Clubs</b>	<b>30%</b>	<b>33%</b>	20%
<b>Other places*</b>	40%	40%	20%

⟨ Bars, Streets, Escort Service, At Home, Brothels, Sex Clubs/Centres

■ The figures confirm that most migrant sex-workers look for jobs in Germany where they are least conspicuous or where they can "hide" themselves easily, because their illegal status and/or certain people (pimps and others) force them to. Their concealment constitutes an enormous hindrance to our reaching them with word of preventative care. In addition, their isolation makes them much easier prey to coercion.

The fact that they have no rights under the law means that they fall victim to demands for exorbitant rents (up to DM 200 per day) from their landlords. The sex-workers cannot take any legal action against these excessive demands. Because of the high rents, most work and live in the same place.

Clubs offer them the chance to work as a hostess and/or dancer. However, such an option means that the women must deal with growing and sometimes forced consumption of alcohol, as their commission is calculated on the basis of how much alcohol their customer consumes.

Bars and streets are less secure venues, because sex-workers have to leave their hiding places and show themselves. Escort services, home visits, brothels and sex-clubs/centres are almost totally inaccessible to illegal migrant sex-workers, because in most of these places they require some legal status or other as well as a certain command of the language and/or they have to be familiar with the area in order to be able to move about it freely.

## HEALTH INSURANCE

	NORTHERN	CENTRAL	SOUTHERN
<b>YES</b>	<b>3</b>	<b>3</b>	<b>6</b>
<b>NO</b>	<b>10</b>	<b>13</b>	<b>1</b>

■ The statements are from sex-workers most of whom sought out the counselling centres themselves.

As medical check-ups are compulsory in the southern region, only those women with health insurance that is valid in Germany can take up these offers. When having the medical check-ups, women have to present their name (via ID or passport) and address to get a stamp on their *Bockschein*. This allows the women to work. If a sex-worker does not go for regular check-ups, the local health authority is within its rights to seek out the woman at her home and initiate legal proceedings against her.

The question arises here as to how illegal migrant sex-workers get access to medical care.

■ In the northern and central regions illegal migrant sex-workers – although the majority has no health insurance – can get access to anonymous and voluntary health care that deals with HIV/STD.

- Most women who are insured get their insurance cover through being married to German citizens.

## **NORTHERN**

The vast majority of the STD counselling centres (amongst those who answered the questionnaire) offer free, anonymous and voluntary health care: HIV tests, counselling, check-ups and treatment for STD, Hepatitis B vaccinations, pregnancy tests and counselling on contraception.

In this region Braunschweig is the only exception. There sex-workers are obliged to show up for STD check-ups every two weeks and pay for the treatment.

Berlin, Bremen and Hamburg work regularly with interpreters and/or cultural mediators.

## **CENTRAL**

All the STD counselling centres who answered the questionnaire offer free, anonymous and voluntary health care: HIV tests, counselling, check-ups and treatment for STD, Hepatitis B vaccinations, pregnancy tests and counselling on contraception.

The STD counselling centres in Frankfurt/Main and Cologne are the only ones which work regularly with interpreters and/or cultural mediators.

## **SOUTHERN**

In this region medical check-ups are compulsory. Only in Bamberg, Heidelberg, Munich and Saarbücken are these check-ups free of charge. In the other towns and cities of the region sex-workers without health insurance have to pay.

None of the STD counselling centres which answered the questionnaire work with interpreters and/or cultural mediators.

## **NETWORK LINKS**

In this section we asked whether there were any links between GOs (local health authorities, STD counselling centres) and NGOs (for migrant women and/or (migrant) sex-workers) and if so, how they worked.

Our aim in asking this question was to ascertain to what extent (illegal) migrant sex-workers were supported in the area of social services (not so much covered by the local health centres, but mostly by NGOs) as a result of collaboration between governmental and non-governmental organizations.

- Most STD counselling centres and/or local health authorities are connected to each other, i.e. they maintain contact with other STD counselling centres located in the same district, federal state or neighbouring regions. Thus, for example, the *Arbeitskreis Nord* is an association of such centres in Hamburg, Lübeck, Kiel, Rostock, Bremen and Hannover whose members meet regularly. Most, however, have little or no contact with NGOs that work with migrant women and/or migrant sex-workers. That might explain why so few STD counselling centres work with interpreters and/or cultural mediators despite growing demand for such things.

- Most NGOs that work with migrant women are linked to STD counselling centres regardless of whether the organization specializes in sex-workers, as most of these centres are the only places to which other illegal people and/or people without health insurance cover can turn for medical care. Most of the contact maintained is with

centres that provide anonymous yet free health care. If the NGO also deals with migrant sex-workers and carries out streetwork, the connection is more intimate.

NGOs that work with and for migrant women are mostly linked at national level, but also have connections with other NGOs in countries where their main clients come from. That means that NGOs work at an international level, too.

## **MOBILITY**

A matter of consensus within all three regions was the fact that the mobility of the migrant sex-workers has increased markedly within the last three years. The fast circulation of or turnover in women could be explained by the increase in repressive measures against them.

### **Countries already worked in or where mostly worked**

Germany	35%
The Netherlands	22%
Spain	11%
Others*	32%

*\* Italy, Greece, Switzerland, France, Austria, Belgium, Poland, in home country.*

These results show us three important things:

- Germany is a very important destination within Europe for migrant women who want (or are forced) to work in the sex industry. At the same time Germany is a half-way house for those who want to go further west.

- There is a huge demand in Germany for migrant sex-workers and there is an established, highly developed sex industry which deals adroitly with the question of supply and demand.

- Despite the repressive measures against them, many migrant sex-workers remain in Germany.

- These are the cities and their surroundings with the most NGOs for migrant women. They are home to the most well-established foreign communities. They also have the best provision of medical care for migrant sex-workers (anonymous, free and voluntary with the support of interpreters and/or cultural mediators), as well as the most well-organized sex industry for migrant sex-workers.

## **DRUG CONSUMPTION**

The consumption of hard drugs is not yet widespread amongst the migrant sex-workers, i.e. those involved in direct soliciting are mostly German women. However, direct soliciting is also growing amongst the migrant sex-workers. In these cases the drug most consumed is cocaine.

Alcoholism has also grown markedly and the addiction rate with it. One of the reasons is the working situation of hostesses in bars and clubs already mentioned where the consumption of alcohol is part of the job.

## NORTHERN

Hamburg: some Eastern European women are starting to work on the drugs beat in St. Georg.

## CENTRAL

Adorf (Area bordering on The Czech Republic): most work is done on the Czech side, because there are more urban facilities there (prostitutes on the streets, brothels and discos). Most women are Czech citizens or come from Slovakia and Ukraine. 99% of them are addicted to drugs. They get hard drugs from pimps or customers. In this way they are made dependent and their further work is guaranteed. Sometimes in winter, under the influence of drugs, the women stand on the streets almost naked for hours.

Frankfurt/Main: 95% of the sex-workers addicted to drugs are German, 5% are migrants, mostly Asians.

## A. Assessment of TAMPEP materials

In addition to questions concerning changes in the living and working conditions of migrant sex-workers, respondents were asked to evaluate their work with the TAMPEP materials presently in use.

These materials include leaflets in nine different languages for women (English, Spanish, Portuguese, Polish, Russian, Bulgarian, Czech, Hungarian and Thai), and in three languages for transvestites/transsexuals (English, Spanish and Portuguese). The leaflets cover the following topics: HIV/AIDS & Hepatitis B, STD, condoms & lubricants, pregnancy & contraception, work security, what to do if the condom rips or slips off, HIV/AIDS & STD for transvestites/transsexuals, hormone treatment, silicon, breast implants, etc. for transvestites/transsexuals.

### INSTITUTIONS WHICH USE TAMPEP MATERIALS

		NORTHERN	CENTRAL	SOUTHERN
Health Authorities	17 out of 40 respondents	6 Anklam, Bremen, Hamburg, Lübeck, Münster, Rostock	9 Chemnitz, Düsseldorf, Euskirchen, Frankfurt/Main, Gera, Gütersloh, Cologne, Marl, Wuppertal	2 Augsburg, Saarbrücken
NGOs	7 out of 25 respondents	5 Berlin (3), Frankfurt/Oder, Hannover	2 Adorf, Bochum	

On average, the materials have been used by these institutions for two years.

The materials are mostly used *at* the counselling centres, because only about half the co-workers do streetwork.

The contact between target group and institutions is mainly established through streetwork and mouth-to-mouth. On the one hand, that shows how important it is to go out and look for the women in this mobile group who live "hidden". On the other hand, it underlines how necessary TAMPEP's methodology of *peer education* is, i.e., the training of sex-workers as disseminators of the information. This is one of the main ways of spreading information.

Most STD counselling centres do not work with interpreters and/or cultural mediators. After distributing information materials in various languages, further counselling is by and large not possible. However, the fundamentals of primary preventative health care for migrant sex-workers cannot properly and comprehensively be brought across merely through the distribution of leaflets and condoms.

## **NEEDS**

Three areas were specially asked after:

Information which is directly connected with the social and legal situation of the women: laws on foreign nationals, rights of residency, family rights, labour laws, right of asylum, assistance available for social and health issues, insurance (mostly health insurance)

More direct tips on how to work in a more professional way so that the women's self-confidence is reinforced. This could be done through hands-on work with the target group, such as the staging of work-shops on specialized subjects. Information on the following topics was also requested: conduct during police raids, conduct in the face of compulsory HIV tests and gynaecological examinations.

More information on pregnancy, contraception and abortion. Although TAMPEP provides a leaflet on these topics, the scale of the problems is much larger than imagined and requires even more thorough information.

## **REMARKS ON THE CONTENT AND FORM**

Although the TAMPEP materials are evaluated on average highly favourably, we have asked those who have been working with them for some time for their particular constructive criticism and suggestions for improvement as feedback on how they come across to the target group.

## **THE CONTENT**

Anklam: more pictures of the illnesses HIV, AIDS and STD, such as initial visible symptoms of the illnesses, risks of infection

Bremen: the level of the language is too high for some

Frankfurt/Oder: information presented in more colloquial language and tips for work, such as how to negotiate with the customer

Rostock: less text and more pictures

Adorf: somewhat shorter text or generally less text

Düsseldorf: mention of preventative care through use of *Dental Dams* (or cut open condoms) for *Cunilingus*

Gütersloh: thorough going over of preventative care, symptoms and consequences of illness

Cologne: more detailed information on Hepatitis B inoculation, more on vaginal hygiene. There is a lack of information on HPV infection (Herpes virus)

Furth am Wald (Area bordering on The Czech Republic): more information is required on safety at work and clearer information on the situation in Germany. This is because many migrant women have no notion of their legal rights here. A simplified description of the legal niceties partly works as an advertisement encouraging women to come to Germany. In addition, the TAMPEP materials concentrate too much on the situation in Germany.<sup>43</sup>

Saarbrücken: need to address this information more personally to the women and need more pointers to the effect that the women should seek out the doctor, social worker and the counselling centre itself where certain problems can be discussed and medical facts can be learned.

### **THE FORM**

Frankfurt/Oder: the A4 Format with two folds is too big for those who work on the streets. For this specific target group smaller information leaflets are needed so that the women have something small enough (small cards would be even better) to carry in their trouser pockets.

Adorf: the colour paper should be smaller and be more easily held in the hand

Euskirchen: the titles should be given additionally in German on every brochure, because it is very confusing trying to tell the brochures apart.

Gütersloh: there should be translations in German of the content for those who do the distributing.<sup>44</sup>

Cologne: more graphics.

Useful and important points for TAMPEP. But also for all those who want to develop new information materials for this area or want to change the already existing ones.

## **A LOOK AT HAMBURG**

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**T**AMPEP has developed four six-month projects since 1996 in collaboration with the Hamburg Office for Work, Health and Social Welfare (*BAGS/ Behörde für Arbeit, Gesundheit und Soziales, Hamburg*).

Our main aim was always to evaluate the need for HIV/STD preventative care for migrant women sex-workers who work in apartments. First, their situation was

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<sup>43</sup> It might be that this is referring to the working conditions and reality.

<sup>44</sup> A translation of this into German, and into French, was produced by the health authorities in Cologne in 1998 and 1999 and put at TAMPEP's disposal free. This German version was passed on to all appropriate centres.

researched and their living and working conditions evaluated. The next stage of the project was to react to the changed conditions with appropriate measures of intervention. The projects were limited to operations involving going out and looking for the women in apartments, because in Hamburg most migrant women work in such circumstances.

The observations and analyses were carried out through regular streetwork. Twice a month on average a cultural mediator from TAMPEP would go looking for migrant sex-workers accompanied by a doctor or social worker from the *Central Counselling Bureau for Sexually Transmitted Diseases (CCB)*<sup>45</sup> or a representative from *Amnesty for Women*<sup>46</sup>.

■ **Phase I, 1996:** Research into the living and working conditions of Middle European and Eastern European sex-workers. Since the beginning of the nineties nationalities from these areas have made up the majority of the sex-workers in Hamburg.

■ **Phase II, 1997:** Building up of a picture about the general prostitution scene in Hamburg apartments. One of the results was the identification of five distinct areas with a lot of such apartments where mainly migrant sex-workers worked.

■ **Phase III, 1998:** Carrying out of specific preventative care work in these five areas where there are large buildings with 10 to 20 apartments and also small buildings with 1 to 2 apartments. By concentrating our efforts in these areas, we were hoping to be able to make contact with more women than would be possible otherwise.

■ **Phase IV, 1999:** Training of peer educators and carrying out of workshops in blocks of flats where a lot of apartments of migrant women prostitutes were to be found.

#### QUANTITATIVE COMPARISON BETWEEN the projects in 1997, 1998 and 1999

	VISITS	Women contacted*
1997	339	458
1998	367	305
1999		

\*Women and transvestites/transsexuals from Middle and Eastern Europe, Latin America, Africa and South East Asia.

The discrepancy between the figures for the *visits* (each apartment looked for) and the number of *women contacted* can be explained by the raids staged regularly by the police since March 1998 and 1999. We established by means of the visits that at least one third of the addresses we looked for were closed, did not exist anymore or were no longer recognisable.

<sup>45</sup> The CCB, a department of HOWHW, is the local centre for check-ups, treatment and counselling for/on HIV/AIDS and STDs for prostitutes. In addition, they offer pregnancy tests and counselling on pregnancy and cancer prevention. Those who use the service can do so anonymously, voluntarily and without paying any fees. That explains why 95% of the centre's clientele are migrant sex-workers and why CCB staff work alongside five cultural mediators for Russian, Polish, Bulgarian, Spanish and Thai.

<sup>46</sup> *Amnesty for Women* is a NGO in Hamburg for migrant women in general. *AfW* offers advice and counselling on and moral support in social and legal matters through the medium of nine languages and also runs German language courses.

According to the police, these raids were supposed to fight both the trafficking in women and *organised crime*. Unfortunately, they have other consequences that on the whole adversely affect the women:

The repressive measures against migrant sex-workers lead to a deterioration in their living and working conditions. They are forced to retreat into the underworld more and more, to move around in illegal circles, to fall victim to pressure from and/or dependency on third parties and to live and work under the threat of violence and/or psychological and physical exploitation.

The health situation of the women is a very problematic affair, as it is made very difficult for us to do any preventative care work for AIDS or STDs and the risks to their health are increased, because they have to work in secret. That in turn means a situation of increased risk for the target group itself as well as for the sex-workers' clients.

The access to information, counselling centres etc is made difficult, if not impossible, for the target group.

These circumstances breed a great deal of anxiety on the scene. This explains why lots of potential contacts did not open their doors to the mediators, although it was obvious that they were at home. It takes regular visits by the teams to establish trust. This same anxiety has also led to the names on doors which obviously advertise the services of migrant sex-workers being camouflaged by means of name-plates with ordinary-sounding German surnames on them (Sommer, Winter, König, Stern, etc.). This makes the job of finding these women even harder.

This situation has produced two new phenomena peculiar to the scene.

- a higher concentration of sex-workers in larger buildings/apartment blocks where they (perhaps) have more protection. Although their very proximity to one another increases competition, it can also foster a sense of solidarity between them through which they then feel empowered to take more initiative in organising their lives.
- pressure to live and work in even greater secrecy which has led to the emigration of many to the far suburbs of the larger cities or to small towns in the country.

The mobility of the women has increased steadily, a fact evidenced by our finding new women each time one and the same address was visited.

The vast majority of addresses which were closed were those in smaller buildings with 1 to 2 apartments in them.

A further obvious consequence of the repressive measures of the Hamburg police is the increasing number of women who work using mobile telephones, making them even less traceable, as well as the increasing incidence of outside visits (hotel & home). (See the *Hamburger Morgenpost* assessment).

These two ways of working have greatly hindered access to the target group.

As far as the execution of the projects is concerned, the upshot of these changes on the scene is that it has taken us longer and longer to carry out the actual work of looking for and finding the women.

Lots of addresses of potential contacts remain to be investigated. Lots of addresses had to be visited several times. The team workers had to be prepared at all times to deal with any nationality of sex-worker, i.e. they had to have at hand the leaflets and like materials in every possible language. They had to be creative and capable of

improvising in order to make themselves understood or get through to any degree to women of different nationalities and languages.

## MOPO ASSESSMENT

The *Hamburger Morgenpost* is (alongside the *BILD Zeitung* newspaper) the daily newspaper in which sex-workers prefer to advertise. It served TAMPEP as a source of addresses.

The above-mentioned changes brought about as a result of police raids are reflected in the advertisements.

### Average entries in a daily edition

	1997	1998
Advertisements	0	3
Women*	5	7
Investment/Transsexuals		
Men		
Couples		
Partments		
Telephone sex		
Home & Hotel		
Mobile phone		

\* Migrant women, Germans, EU Citizens, SM specialists etc.

## 1998<sup>47</sup>

### PHASE III

This phase was carried out from July to December 1998 by the cultural mediators from TAMPEP and the social workers from *Amnesty for Women*. The search for contacts was made in the five main areas<sup>48</sup>, i.e. those areas of the city with the largest concentration of migrant sex-workers.

### MOST COMMON NATIONALITIES AMONGST THE SEX-WORKERS CONTACTED\*

Middle/Eastern Europe	Latin America	South East Asia	Africa
Russia	Dominican Republic	Thailand	Ghana
Poland	Ecuador		Nigeria
Ukraine	Colombia		Kenya

\* Entries are in order of percentage presence

<sup>47</sup> For more exact data on Phases I and II, please see the TAMPEP final reports 1996 and 1997.

<sup>48</sup> Area 1: Altona, Ottensen, Bahrenfeld, Eimsbüttel  
Area 2: City centre, Hoheluft, Rotherbaum, Harvestehude  
Area 3: Barmbek, Uhlenhorst, Hohenfelde, St. Georg, Hammerbrook  
Area 4: Barmbek-Süd, Wandsbek, Eilbek, Hamm, Horn  
Area 5: Harburg

#### **ROUGH PERCENTAGE OF SEX-WORKERS IN HAMBURG**

##### **BY REGION OF ORIGIN**

	<b>%</b>
Middle and Eastern Europe	50
Latin America	25
South East Asia	15
Africa	10

This distribution is rough and is liable to change at any time due to the circumstances elucidated and the mobility of the migrant sex-workers.

#### **WOMEN AND TRANSVESTITES/TRANSSEXUALS (TV/TS) CONTACTED**

Women	261
TV/TS	44

No TV/TS from Middle or Eastern Europe or Africa were encountered. They came exclusively from Latin America or South East Asia.

#### **NUMBER OF "OLD" AND "NEW" CONTACTS**

Old	154
New	169

Old: those whom the CCB and/or TAMPEP already knew.

With a total of 305 migrant sex-workers contacted, it can be safely assumed that at least double that amount of women were reached as a result of this streetwork, because each person contacted handed the information on to at least one other person.

This fact is also reflected in the number of **new** patients located by the CCB in 1998 in comparison with 1997.

- 1997 ca. 500
- 1998 ca. 800

#### **Time of day when contact visits made**

Of the total number of contact visits made, (apartments visited), 2 out of 3 (267 out of 367) were conducted in the afternoon (between 3pm and 6pm), because experience confirmed that the afternoon was the most convenient time for the target group. As the sex-workers mostly start work between 10am and 11am, the morning tends to be very short. Around noon the women are very busy, as lots of clients come during their lunch-breaks. In the afternoon the women have more time for (longer) conversations.

#### **Length of visits**

It has been established that 2/3 of the conversations in the apartments last, as a rule, less than 30 minutes. As most of the visits are short, it is necessary that very precise and relevant information be put across, but that, at the same time, the women be given the opportunity to ask questions.

### Main topics addressed\*

Middle and Eastern Europe	Latin America	South East Asia
Safer sex	Safer sex	Families & Partnerships
HIV & STD	Pubic hygiene	Safer sex
Contraception, Pregnancy, Abortion	HIV & STD	Health insurance

\* Order of entries reflects frequency of questions arising.

The distribution of the topics showed that migrant women's priorities and information needs vary, when they work in prostitution. South East Asians (here Thai women) seem to be particularly in need of information and counselling on family matters. The reason for this may well be because they have been established longer in Germany or that they have been working as prostitutes longer and therefore issues about the organization of work are no longer of central importance to them.

## 1999

### PHASE IV

This phase was carried out from April to September 1999 by co-workers from TAMPEP and *Amnesty for Women* and by a doctor from the *CCB*. The aim of this phase was to hold workshops on medical and social topics in the eleven largest apartment blocks where migrant women work.

For the specific purposes of workshops on medical issues a portfolio was developed to assist the cultural mediators in the absence of the doctor. The portfolio contains visual materials (pictures and drawings) about the menstrual cycle, contraception and various STDs (gonorrhoea, syphilis, herpes etc.).

The topics addressed were the same as those most often enquired about in Phase III: Safer sex, HIV/AIDS, STDs, pubic hygiene, contraception, pregnancy, abortion as well as social and legal questions.

At the end of April 1999 the police intensified their regular (almost monthly) raids. Their targets were mainly the apartment blocks which TAMPEP was going to visit. They were, for the most part, closed which meant that new addresses had to be found.

The nervousness, anxiety and insecurity amongst the migrant sex-workers was all too evident. They did not open their doors to us, any sort of contact was rejected. Although the job of finding the women was impeded by the enforced closing of several apartments, not all the women disappeared. This is borne out by the figures for new clients showing up at the *CCB* which did not drop at all at the time, but rather, on the contrary, increased somewhat. As a result of this huge fluctuation, there were always new women present.

To combat this situation a new, more rigorous campaign of streetwork was mounted in May and June and workshops were held spontaneously. A further six planned workshops were held from June to August: three targeting Middle and Eastern European sex-workers, three targeting Latin American sex-workers. But it was not possible to

maintain a continuous course of training for peer educators due to this new situation. Restricted funds also prevented us from including South East Asian women this time.

### **Nationalities contacted**

<b>Middle and Eastern European</b>	<b>Latin America</b>
138	76
Ukraine Russia Baltic countries (mainly from Estonia)	Ecuador Dominican Republic Columbia

## **Middle and Eastern European Sex- workers**

**T**he raids mentioned above mostly affected Eastern European women, as they form the largest group amongst the nationalities and generally work in sex-worker flats. The raids were mounted mostly against the larger apartment blocks in which the majority of women working are from Eastern Europe, but raids were also mounted against smaller enclaves. This state of affairs persisted from April till August this year. Through streetwork TAMPEP could see that the fear of raids had scattered the women from Eastern Europe anew. They are now to be found working more in clubs, right next to the street or on the street. This used to be the exception for women from Eastern Europe. There is still a marked tendency for women to move their field of operations to hotels. Many of them work with mobile phones and receive their clients at the hotels or they are themselves resident at the hotels which makes it even harder for us to get to them to pass on the information. It is also not unusual for these women to live with their pimps.

Changes in their home countries and in their age group were also in evidence. Whereas at the beginning of 1999 the numbers of Ukrainian and Byelorussian women were noticeably high, later in the year the number of sex-workers from the Baltic countries rose. This can be explained partially by the greater ease of entry into Germany: just like women from Poland, women from Estonia, Latvia and Lithuania have been able since January this year to enter and stay in Germany for a limited period without a visa. This "partial legality" affords the women greater independence. They are less reliant on the intermediary services of pimps and recruit their clients through their own advertisements. These women are, however, very difficult to contact for the purposes of doing preventative care with them.

It was also evident that there are clients who exploit the nervousness and the insecurity from which these women suffer. According to the women, some clients try to haggle over the price of the women's services or insist they have sex without safer sex precautions. This pressure also feeds increased competition between the women. As a result of contact with some of the pimps, it was recognised that there was a regrettable increase in the readiness with which some clients take recourse to violence

against the Eastern Europe women. The tense working situation and the concomitant financial burdens are carried by the women.

These insecure working conditions account for the high turnover in women. The number of young women (under or around twenty) has risen. New faces, increasingly younger, make up the scene. This turnover makes it difficult to maintain momentum in our educational work, although there is a blatantly obvious need for it.

Eastern European women brought up the matter of psychological problems more often than any other national group; problems such as psychosomatic syndrome, depression or anxiety attacks. They also brought up the topic of violence much more often than they used to. The women relate experiences of being attacked by their clients, robbed and raped. The women's lack of legal rights is partly responsible for their not reporting these crimes and also for the fact that the perpetrators can walk away without being punished.

In Phase IV TAMPEP observed a switch in emphasis. At the beginning the Eastern European women asked more questions about medical matters, but questions on social and legal issues successively came to the fore. The women were concerned with the consequences of their illegal status – things such as passport problems or leaving the country were the most common questions – as well as how to behave when caught in a raid. Psycho-sociological problems also came up: in such difficult working conditions, many women's income has dropped. As a consequence, many have come under increasing pressure from their pimps who are becoming more and more violent and unscrupulous.

A noticeable difference between women from countries (Poland, The Czech Republic, Hungary) with few restrictions on entry into Germany and those from other Eastern European countries is that the former are more self-confident and more open than the latter. The former have an easier time getting hold of legal papers to stay in Germany and thus they are under less pressure from outside. As a result of this, most of them are more informed on medical, social and legal circumstances in Germany, as they can move around with greater confidence and can engage in exchange with people here. These women often work independently of pimps, although many of them have been victims of trafficking in women. This is because, the women say, getting one's first job in Germany, even with a good knowledge of the German language, is nearly impossible without a pimp.

## **Latin American Sex-workers**

**I**n the last two years there has been an obvious change in the affairs of Latin American sex-workers in Hamburg. The number of Ecuadorian women in prostitution has increased. In the larger and most well-known apartment blocks the Ecuadorian contingent was the largest group amongst the Latin American sex-workers and they were also to be encountered elsewhere in bars and on the street.

However, the largest national group overall amongst the women working in the apartment blocks was that of women from the Dominican Republic. The second largest were Colombians and Brazilians, followed by Peruvians and Venezuelans. These women were to be encountered everywhere where there was a chance of working (apartments, bars, cinemas, the street).

The police raids already mentioned above had the following effect on the Latin American scene: many have taken to soliciting on the street, up to now predominantly the domain of German sex-workers and drug-addicts. Many Latin American sex-workers have been deported. Both factors have led to great insecurity on the scene. Migrant women, who work on the street, are substantially more nervous, less calm and more suspicious which makes them less open to conversations with others.

Latin American transvestites/transsexuals mostly work in bars in St. Pauli, although some are also to be encountered in apartments. In comparison with 1997, when most were from Peru, the majority come from Ecuador and Colombia.

The group of sex-workers from the Dominican Republic, who work in apartments, are mostly to be found in Harburg (Area 5). They have built up their own informal structure over the past few years. They have organised work stations and working hours. Some work with pimps who, in this case, are to be regarded as being more like guardians and bodyguards. They live in groups in one apartment which is very useful when it comes to exchanging information on preventative care. Many of them have ceased having problems with residency permits, as they are already established here and have worked as prostitutes for a long time.

The majority of the Latin American women work independently, i.e. without a pimp, although many of them work illegally. Most, therefore, do not have fixed working hours and only work sporadically, whenever they get the chance. Many of the women who are relatively new to this life were in Germany before starting as prostitutes, but were employed in different jobs (e.g. in households). The reason they changed was because prostitution brings in more money more quickly.

Many of the women encountered who have been working for a long time as sex-workers in Hamburg spoke German well, were relatively self-confident and knew about safer sex. Amongst the very young women new to the job in Hamburg, many were very insecure and worried, did not understand German and knew very little about safer sex. The call for information was very great, both on medical and on social issues.

There again, we also observed that the women avoided the workshops, thinking they were "lessons". Many had no experience of workshops and how they work and were unwilling to take part in something they considered to be "a lesson". Their tendency to fixate on their priorities (i.e. only the current problem at hand should be solved or be taken account of) often makes doing preventative care work and other work aimed at the future very difficult.

## **SOUTH EAST ASIAN SEX-WORKERS<sup>49</sup>**

**A**s approx. 99% of Asian women, transvestites and transsexuals in Hamburg come from Thailand, the following observations refer to this group.

Some of the Thai women working in apartments share waiting rooms to save on the rent. Thus they can rent a larger apartment that has at least two rooms. Many work in the same apartment block, sometimes on the same floor. Some of the women not only work in the apartments, but live there as well so that they can receive customers round the clock. Many women are independent and have neither pimp nor partner with whom they are obliged to share their takings. However, these days they can no longer rake in massive earnings. They earn just enough to pay the rent and have something left over.

Many Thai women have moved from Berlin to Hamburg. Some work from Monday to Friday here and go back to their families in Berlin at the weekend.

In comparison to the other national groups, there was noticeably more emphasis placed on questions concerning family and partnerships. This is partly a function of their social situations: most Thai sex-workers are married and have children in Thailand and/or in Germany, which prompts many questions, not least on the matter of financial welfare. These conversations on family matters and the like constitute a useful way of introducing the health issues involved in sexual practices. If we launched into the health issues, especially touching on safer-sex and HIV, without some sort of introductory preamble, the Thai women would regard this as too direct.

On average the Thai women are between 30 and 50 years old. Some women live in very isolated circumstances, because they only work in Hamburg on week days and go home at the weekend. They hardly have any contact with other women here. Language also has a considerable effect on their lives. Many of the women do not speak German, although they have been here a long time.

## **German language courses & meeting place for Latin American TV/TS**

**T**he German courses for beginners at the KaffeeKlappe, an organisation for German sex-workers in St. Pauli, have been put on or supported continually by TAMPEP since 1994. It is aimed at women, transvestites and transsexuals (TV/TS) who work as sex-workers in this part of Hamburg.

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<sup>49</sup> This is only valid for Phase III

As it has turned out, from the very beginning it has only been Latin American women and mostly TV/TS who have shown any interest in these courses. The courses lasted three months and were attended by five to ten students.

The aim of the courses was twofold: 1) to teach the sex-workers German and 2) to involve them in the development of effective methods of doing preventative care. The German course provided ideal conditions for this purpose. The courses not only provided the sex-workers with knowledge of German which helped them in their work and daily lives. They also became a place to turn to for many sex-workers when they needed advice on health and legal issues. The close contact with the sex-workers could also be used as an extended opportunity to teach them more about preventative care. For advice on medical and legal queries they were referred to the CCB or Amnesty for Women. In addition to all this, workshops were put on concerning the use of silicon, hormones and related issues.

The time (once a week from 3pm to 5pm), the venue (somewhere on the prostitutes' beat) and the low tuition fees were three factors which the women and the TV/TS often named as very positive and decisive when considering attending the courses. Courses which were held in the mornings were out of the question for them, because they had to work at night. They do not want to go far away from where they live, because, as they live secluded lives, they do not know their way around town and because they are scared of police checks.

The regular execution of streetwork also contributed positively to attendance. Some women who showed interest in attending the course at the first or second encounter, but who then did not turn up for some reason or other, did in fact come to the course at a later juncture after repeated invitations to do so.

## **NETWORK MIGRATION & AIDS**

**I**n Hamburg, as in many other cities in Germany, the health authorities offer HIV tests which are anonymous and free of charge and for that reason most of those who take up this offer are migrant women without health insurance. However, medical treatment in the eventuality that the result is positive is not available free of charge for this target group.

A growing number of illegal migrant sex-workers in Hamburg, mostly transvestites and transsexuals, are being confronted with the fact that they have tested HIV+. To support this target group, a group comprising doctors and people from like state institutions as well as representatives from migrant and prostitute initiatives was established in June 1997 at TAMPEP's instigation with a view to establishing a network.

The aim of this group is to support migrants who are HIV+ or ill with AIDS and who do not have health insurance by providing them with anonymous and free of charge counselling and with medical check-ups and by arranging medical treatment. The reason why this group was founded is because the national and local AIDS support organizations hardly get through with their campaigns for AIDS prevention to migrants

and even less to those who have no residency status. Furthermore, illegal migrants only get medical help when they are in an acute state of ill-health, not, however, when they have a chronic illness such as HIV infection.

The Network *Migration & AIDS* has been run by TAMPEP since the beginning of 1998 and its sessions taken by various doctors on an unpaid voluntary basis. The costs for laboratory tests are borne by the Hamburg *Spendenparlament* (Donations Committee).

The Network holds anonymous and free of charge counselling sessions called "HIV Outpatients" in rooms at the CCB twice a month. Simple lab tests, e.g. taking blood for basic blood tests (*BB-Profi*), T4 cells and virus presence, as well as substantial medical help and referral to prophylactic therapy are all on offer. In recent months it has become necessary to initiate guidance on anti-retroviral therapy for patients who are already in an advanced stage of the illness. The funds to do this will be provided by donations from the pharmaceutical industry.

*HIV Outpatients* has been looking after 20 migrants since February 1998 (women, men and transvestites/transsexuals) who work or have worked in the sex industry and who come for regular counselling and check-ups. HIV Outpatients is for many patients the only place where they can get information on their infection. Here they are given room to speak confidentially and in their own native language about the issues.

The illness in some patients was identified at an early stage through testing blood samples and that meant that appropriate therapeutic measures could be taken to treat it. As well as medical treatment, another important matter was the notification of other institutions who took upon themselves the job of dealing with the social and legal issues concerning the patients.

## FURTHER ACTIVITIES

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### ■ INTERNATIONAL WORK

Germany belongs to the regional Northern Commission within the EUROPAP TAMPEP network alongside Denmark, Sweden, Norway and Finland. The priority of the analytical and practical work done in these countries was the development of ideas and input on the problem of how to deal with increasing numbers of migrant women on the prostitute scenes in this region. The Scandinavian countries see themselves confronted by quite a challenge, as organised structures that can deal with migrant sex-workers have hardly been developed and in some places simply do not exist.

TAMPEP visit to Oslo: This meeting was arranged, because the number of Latin American women working in the sex industry has increased. Those present were the co-workers from *Pro-Centret* in Oslo, an organisation which has started making contact with this target group. They were given practical hints and tips on streetwork and making contact with the target group as well as help on the specific development of materials and the use of the TAMPEP materials already available.

Meeting of the Northern Commission: Three meetings of the Northern Commission were arranged: Copenhagen (January 1999), Helsinki (May 1999) and Hamburg (September 1999). Participants discussed the implementation of the various projects for migrant sex-workers in the five countries involved. A particularly important factor affecting the projects in Scandinavia is the wave of abolitionist sentiment directed towards prostitution<sup>50</sup> and the various laws on foreigners which oppose migration even more vehemently<sup>51</sup>.

- In Oslo Latin American women are establishing themselves slowly. Eastern European women, mostly Russian women, who work in the north of the country without any support have serious problems.
- In Sweden new legislation has made the women even less accessible to those who wish to bring them the benefits of preventative health care.
- In Finland the number of women from Russia and the Baltic States has increased markedly.
- In Denmark Thai sex-workers (the largest group) have established themselves and spread out from Copenhagen to other towns and cities.

## ■ TRAINING FOR cultural mediators

In September 1999 three women who work regularly as interpreters at the local health authorities in Cologne were trained by TAMPEP as cultural mediators. The three women - a Pole, a Russian and a woman from the Ivory Coast – work at the AIDS/STD counselling centre whose clientele is by and large migrant sex-workers.

The three-day training course in Hamburg covered the following areas:

■ Theoretical discussions on the meaning of cultural mediation for migrant sex-workers in the health service as well as the problems of migrant women in connection with economic migration and sex-work.

■ Practical workshops on: the legal and social situation of migrant sex workers, on the preparation and implementation of workshops for and with migrant sex workers as well as on the significance and development of specific information materials for this target group.

■ Streetwork in apartments, clubs and on the soliciting beat in St. Georg

■ Conversation and exchange with the cultural mediators and the social workers from the Central Counselling Bureau for Sexually Transmitted Diseases in Hamburg.

## ■ SEMINAR AT THE Hamburg Technical College

This year the Sociology Faculty of The Hamburg Technical College is offering, a second time, a two-semester project on *Prostitution as a Job for Women*. TAMPEP was invited to put on two seminars as part of this in 1999:

- the internationalization of prostitution: living and working conditions of migrant sex-workers
- cultural mediation in the health service: social work with migrant sex-workers

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<sup>50</sup> See Swedish legislation which criminalizes the purchase of sex services from 1<sup>st</sup> January 1999.

<sup>51</sup> See current changes in Finnish law as of 1<sup>st</sup> May 1999.

## ■ MATERIALS DEVELOPED

Two specialized materials were developed during this fourth phase of TAMPEP in Germany:

■ **If a condom slips off or splits:** a small leaflet with information on the necessary measures to be taken immediately, if a condom splits or slips off. This leaflet is directed towards female and male prostitutes. It was translated into six languages (English, Spanish, Portuguese, Russian, Hungarian and Polish). The text is a reduced version of the informational literature for sex-workers developed by the Berlin whore project *Hydra*.

■ **Medical portfolio for streetwork** – A special portfolio of information materials on medical matters was produced during Phase IV of the collaborative work with BAGS in Hamburg. The aim was to produce instructional materials that were visual in nature – pictures and drawings – covering the subjects of menstruation, pregnancy, contraception, abortion, HIV and STD, so that clients encountered during streetwork could be handed the necessary information in a concrete form. On the one hand, the various processes of the female body and the methods of preventative health care to be implemented during sex are represented in a clear way. On the other hand, the sex-workers are familiarized by means of drawings of STD symptoms in men with how to recognize diseases in their clients and thus they can improve their own security in their work. The portfolio was also used by the cultural mediators in the apartments for workshops. Two of the four portfolios are in Russian, two in Spanish.

## ■ MARKETING OF THE HANDBOOK

### ***Gesundheit erstreiten* in Germany**

The handbook *Hustling for Health* produced by EUROPAP and TAMPEP was published in German under the name of *Gesundheit erstreiten* with the financial assistance of the *Deutsche AIDS Hilfe* (AIDS counselling organisation in Germany). Translated from English by: Christine Dröbler<sup>52</sup>, layout: Brigitte Reinhardt, printed by: Motten Druck, Hamburg.

The handbook was published during the press conference at the end of the 26<sup>th</sup> Whore Congress in June in Berlin and publicised via (more than 200) information letters sent to various institutions, organisations, counselling centres, libraries, individuals etc. throughout the length and breadth of Germany. The information package also contained the German version of the EUROPAP TAMPEP *Richtlinien zu Sexarbeit & Gesundheit* (Policies on Sex Work and Health) and the leaflet with the network representatives of EUROPAP and TAMPEP.

## ■ PARTICIPATION, NETWORK, PUBLICATIONS

### **PARTICIPATION ON SEMINARS, CONFERENCES, MEETINGS**

■ *12th World AIDS Conference*, Geneva, Switzerland, June 1998

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<sup>52</sup> Degree in sociology, formerly directrix of the whore project *HWG/Huren Wehren sich Gemeinsam* in Frankfurt/Main which ceased to exist in February 1999.

- TAMPEP The Netherlands and TAMPEP Germany in charge of the working group *Migrant Sex-Workers & AIDS* during the forum *Prostitution & AIDS*, organized by *Aspasie*, Geneva, Switzerland, June 1998.
- *24th German Whore Congress*, Frankfurt/Main, July 1998.
- VII Forum for Medical Development/ Migration in and from developing countries (*VII. Entwicklungsmedizinisches Forum/ Migration innerhalb und aus Entwicklungsländern*). Presentation by TAMPEP within the working group *Sexuality, Trafficking in Women, Prostitution*. Organized by: UKE/Hamburg, DED/Deutscher Entwicklungsdienst, Academy for The Public Health Service Düsseldorf, Karl-Arnold-Stiftung, Bonn, September 1998.
- *East-West Conference on Trafficking in Women*. Organized by LEFÖ, Vienna, Austria, October 1998.
- *AG Recht/ Deutsche Hurenbewegung*. A regular working group of the German whore movement which publishes political and legal proposals and tracts on various topics to do with prostitution such as legalization, discrimination, violence, etc., Nuremberg, October 1998 and May 1999/ Bochum, October 1999
- *General Meeting* EUROPAP TAMPEP, Eastbourne, Great Britain, October 1998
- Presentation by TAMPEP at Imperial College, Centre for Research on Drugs and Health Behaviour, London, Great Britain, November 1998
- SPI Seminar: HIV/AIDS and STD prevention inside the various prostitution scenes in Germany (*SPI Fachtagung: HIV/AIDS- und STD-Prävention in verschiedenen Prostitutionsszenen in der Bundesrepublik Deutschland*). TAMPEP did a presentation in co-operation with the Zentralen Beratungsstelle Hamburg, Berlin, November 1998.
- 6th National Meeting of *Netzwerk AIDS & Migration (Network AIDS & Migration)*, Cologne, November 1998.
- *25th German Whore Congress* where TAMPEP led a working group on the subject "Working with migrant sex-workers within the whore project", Munich, November 1998.
- Minimal hope, major fears: those neglected in the world of AIDS (*Wenig Hoffnung, Viele Ängste: Die vernachlässigten Betroffenengruppen im AIDS-Bereich*). TAMPEP described the situation of migrant sex-workers. Organized by various GOs and NGOs in Hamburg which work with HIV and AIDS, Hamburg, November 1998.
- HIV prevention specifically for migrants working in prostitution (*Zielgruppenspezifische Prävention zu HIV für Migrantinnen in der Prostitution*). TAMPEP did a presentation on cultural mediation in the health service. A series of events organized by the health authorities in Cologne, December 1998
- Presentation by TAMPEP at Network Women, Girls and Health of Lower Saxony, Hannover, December 1998.
- Presentation by TAMPEP during the fund-raising event, Big Spender, a group which supports the AIDS projects financially, including TAMPEP Germany, Hamburg, 1998.
- Seminar *Women's health in co-operative development* (Arbeitsgemeinschaft Frauengesundheit in der Entwicklungszusammenarbeit), Heidelberg, December 1998.
- A series of events on *Health & Migration*, presentation by TAMPEP, Hamburg, February 1999.
- *AG Recht/ Deutsche Hurenbewegung*, Nuremberg, March 1999

- National meeting of *Netzwerk Frauen & AIDS*, Reinhausen, May 1999.
- 26th German Whore Congress, now known as *Prostitution Forum*, Berlin, June 1999.

## Network

**National network:** TAMPEP Germany participates regularly in events, conferences and the like on the subjects of HIV/AIDS preventative care, Migration and Working in the Sex Industry etc put on at venues across the length and breadth of Germany:

*Frauen & AIDS* (National network on women and AIDS)

*AIDS & Migration* (National network on AIDS and migration)

*Deutsche Hurenbewegung* (German prostitute movement/ Network of all prostitute self-help organisations in Germany)

*HAKA/ Hamburger Arbeitskreis AIDS* (Network of organisations in Hamburg dealing with AIDS)

*AG St. Pauli* (Network of organisations dealing with prostitution in the St. Pauli district of Hamburg)

*AIDS & Politik/ AIDS meets culture* (network of organisations in Hamburg which aim at sensitising policy-makers to the subject of AIDS)

Symposium *Die vernachlässigte Betroffenenengruppe im AIDS-Bereich* (Network of organisations in Hamburg dealing with AIDS in marginalised communities).

**International network:** Apart from European links via EUROPAP, TAMPEP Germany has established other contacts:

To the organisations *Irmanas Oblatas* and *Ambito Prevención* which work with prostitutes and promote preventative care in Barcelona, Spain, July 1998

Organisation *REDEN* for drug addicts, sex-workers, Copenhagen, Denmark, July 1999

Organisations *La Strada*, *Pro Fem* and *Roskosz bez Rizika* in Prague, The Czech Republic, August 1999.

## Publications

"Migrant women in Prostitution", Carmen Valdivia

in: *Handbuch Migration für AIDS-Hilfen, AIDS-Fachkräfte und andere im AIDS-Bereich Tätige* (Manual on migration for all of those involved in or working with AIDS). Produced by the *Archiv für Sozialpolitik e.V/ Deutsche AIDS-Hilfe e.V.*, Berlin 1998, S.379-390.

"Migration und prostitution", Carmen Valdivia

in: *FrauenLesben Stadtlesebuch Hamburg: Die Stadt Verführerin*; Publisher: Rasch & Röhning, Hamburg 1998. (*Manual for women and lesbians about the city of Hamburg*)

Big Spender Newsletter, May 1999

Nationwide working group on migration and public health, newsletter, May 1999

Symposium *Die vernachlässigte Betroffenenengruppe im AIDS-Bereich* (Those neglected in the world of AIDS), Reader, August 1999

# Summary

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**T**he contradiction between, on the one hand, the structured nature of HIV/AIDS and STD primary preventative care for a socially marginalised group and, on the other, legislation which constantly puts pressure on this group, i.e. forcing them to hide themselves away in hermetic isolation from the rest of society, gives rise to very negative consequences which have an all too concrete effect.

As far as migrant women working in the sex industry are concerned, this contradiction is felt mainly at local level and across borders due to the mobility of the women. The negative consequences at the domestic (German) level as well as the European level are:

As they effect society and health: The deterioration of living and working conditions as a result of legal pressure, forcing women to go underground, leads to increased risks to health.

As they affect politics: As a result of increasing discrimination and stigmatisation, the migrant women of the target group cannot take legal action to secure their rights. Their living and working conditions have little to do with basic human rights.

As they affect the public health service (Public Health Policy): The practical possibilities of useful primary preventative care are severely limited.

Ergo: HIV/AIDS/STD primary preventative health care and repression do not go together. The contradiction inherent in this health and social policy is damaging and dangerous for all concerned, because migrant sex-workers and other marginalised groups need regular and continual primary preventative care.

The question arises: How can preventative work be carried out if the target group is increasingly inaccessible?

The answer could be: Only through a clear attitude which promotes the decriminalisation of prostitution and the recognition of same as a professional occupation can the living and working conditions of migrant sex-workers "normalise". A sensible course of primary preventative care for HIV/AIDS and STD could thus be made possible. Recognising prostitution as a profession is *one* step in the right direction. Current attempts to come up with liberalising legislation must, however, involve and take migrant women working in the sex industry into consideration at social and political levels:<sup>53</sup>

*"Recognition of prostitution as a profession must not mean that criteria for this profession may be established which migrant women are then **unable** to fulfil. Therefore, it should also include the recognition of prostitution as gainful employment.*

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<sup>53</sup> In *Amnesty for Women* and TAMPEP's press release of 6<sup>th</sup> August 1999. On this day the Minister of Families, Christine Bergmann (SPD), delivered a speech on the possible recognition of prostitution as a profession.

*Migrant sex-workers should be able to get a work permit, which, in certain circumstances, could be set with a time limit, such as is the practice with seasonal workers. The demand for foreign sex-workers is a reality and must not be ignored.*

*Any changes in the law must bring about the decriminalisation of the women who work in this sector of the service industry. As a result of the recognition of prostitution, they should get residency and work permits which enable them to work legally. Being independent would prevent such women having to take recourse to third parties.*

*Not acknowledging the existence of migrant sex-workers when drawing up legislation leads to (...) a situation whereby women are forced to live and work in secret and thus expose themselves to increased risks of things such as violence, exploitation and disease."*