

# *hustling for* **HEALTH**



TAMPEP

**Developing  
services  
for sex workers  
in Europe**

European Network for HIV/STD Prevention in Prostitution

HUSTLING FOR HEALTH:  
Developing Services for Sex  
Workers in Europe

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This manual is based on  
contributions from the European  
Network for HIV/STD Prevention  
in Prostitution. It was prepared by  
Licia Brussa (TAMPEP), Sophie  
Day (co-ordinating centre),  
Deirdre Foran (editing group),  
Anna Green (co-ordinating  
centre), Hilary Kinnell (rapporteur  
of manual working group), Ruud  
Mak (1997 co-ordinating centre)  
and Helen Ward (co-ordinating  
centre). A full author list is  
included in appendix one

Rapporteurs of working groups  
were Camille Cabral  
(transgendered sex workers) Paolo  
La Marca (drug using sex  
workers), Hanka Mongard &  
Veronica Munk (migrant sex  
workers) and Sjef Ramaekers  
(male sex workers)

Design and layout by  
Paul Mason and Keith Hassell

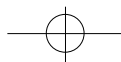
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information

Department of Epidemiology and  
Public Health, Imperial College  
School of Medicine, St Mary's  
Campus, London, UK

Department of Public Health  
University of Gent, Belgium  
TAMPEP International Foundation,  
Amsterdam, The Netherlands

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# *hustling for* **HEAL**

*This handbook offers a snap shot of various guidelines, projects and interventions from around Europe that we hope can be put to creative use by others*



## foreword

This handbook is the product of a network of projects working with prostitutes, supported by the Europe Against AIDS programme of the European Commission since the end of 1993. EUROPAP and TAMPEP were independent networks initially but merged in 1996, and now collaborate closely as the European Network for HIV/STD Prevention in Prostitution (see appendix two). We are concerned with the prevention of HIV and other communicable diseases, and with sexual health more generally. We are also concerned to provide appropriate, accessible and acceptable services for sex workers across the continent. The network has extensive experience in establishing and operating such projects, based upon collaborations both among ourselves and with sex workers who have participated as advisers, educators and experts.

The material in this handbook was gathered through a series of working groups that met during 1996-1997 and attempts to present our collective experience in the form of a practical manual, with ideas and guidance for those who would like to start and develop sex workers' health projects. Not all the models and suggestions described will be relevant to everyone; but even where a method which is used successfully in one country would be unthinkable in another, we hope that the range of examples and ideas given will be of interest. Projects are diverse and they evolve rapidly; often, they have a short life span because of a lack of governmental, charitable or other support. Similarly, the sex industry in Europe has changed dramatically during the period our network has been running, and is characterised by extensive mobility and flux. This handbook cannot hope to capture the dynamism and diversity in the field but it offers a snap shot of various guidelines, projects and interventions that we hope can be put to creative use by others. The network represented experience primarily with female sex workers. We set up working groups on male, drug using, migrant and transgender sex workers in 1996-97. Important areas have been neglected, such as projects for young.

In most countries, sex work is a marginalised, stigmatised activity, and some or all aspects are against the law. Sex workers may be hesitant to approach mainstream health services, and they may not even be entitled to health care if they lack the correct insurance. Many other factors prevent sex workers from using services that would help them protect their own health and the health of their customers: for example, language differences, ignorance, fear. In addition, services are not always appropriate to sex workers' needs. Hustling for Health is based on an acceptance and tolerance of sex work, which we believe make services more effective in the field of public health. The interventions described in this handbook are intended to benefit sex workers themselves, who we consider to be part of our communities and not a separate entity from whom society needs protection.

Hustling for Health considers that HIV prevention projects should treat all sex workers with dignity, respect and confidentiality; and aim to promote their health, safety, and civil rights.

**A note:** Sex work is often described as prostitution. The terms "sex work" and "sex worker" are preferred in this handbook, as they refer to the occupation itself and are considered by many to be less stigmatising.



*Here we identify some important and practical steps you can take when setting up new health projects for sex workers. You will need to:*

- *develop a proposal based on local needs with clear and realistic aims and objectives;*
- *make contact with sex workers in your area;*
- *describe the context in which you will be working;*
- *secure funding to support your work*

To get started, formulate a proposal for your project. This usually includes a statement of aims and objectives, with an account of the resources needed, linked to a budget. A project proposal is based on the findings of a needs assessment.

## **Can you identify gaps in service delivery?**

To do this, you need to consult different sources of information, you need to talk to all involved, you need to go out on the streets.

## **Talk to sex workers themselves**

It is essential to talk to sex workers directly about their needs for services. Do not rely on local rumour or the assumptions of professionals, since their perspective will inevitably be different from that of sex workers themselves.

Sex workers can advise on how to contact other sex workers, and provide expert insights on the structure of the local industry and problems which may develop.

## **Don't re-invent the wheel**

Make use of the experience that already exists in setting up and running sex work projects. Try to identify key informants who are knowledgeable and supportive of the aims of your project, and try to involve them at the planning stages.

You could also contact your country's EUROPAP/TAMPEP co-ordinators, who can put you in touch with nearby projects (see appendix two).

## **KEY SOURCES OF INFORMATION**

These groups could be consulted as they all may have relevant information to contribute:

- |   |  |
|---|--|
| ■ social services                             | ■ sex worker projects                      |
| ■ alcohol agencies                            | ■ transgender groups                       |
| ■ hospitals/medical schools                   | ■ prostitutes' rights groups               |
| ■ domestic violence units/<br>women's refuges | ■ HIV groups                               |
| ■ political parties                           | ■ police                                   |
| ■ housing/homelessness<br>agencies            | ■ social benefits agencies                 |
| ■ migrant organisations                       | ■ prisons/ young offenders<br>institutions |
| ■ youth projects                              | ■ charities                                |
| ■ women's organisations                       | ■ court and probation staff                |
| ■ legal groups                                | ■ religious groups                         |
| ■ local medical staff                         | ■ drug treatment agencies                  |
| ■ gay groups                                  | ■ rehabilitation centres                   |
|   | ■ local government                         |



Find out if there are any directories of services in your country

## Defining aims and objectives

Consider the following areas when defining your aims and objectives:

- ★ HIV and STD prevention
- ★ promotion of sexual health
- ★ health and social service provision
- ★ safer drug use/treatment/prevention
- ★ prevention of violence/exploitation
- ★ emancipation/civil/human rights
- ★ promotion of self-esteem/empowerment
- ★ counselling
- ★ information/advice services (eg. on legal issues)

Ask yourself :

- ★ Are these aims and objectives achievable?
- ★ Are the resources needed to meet these aims and objectives available?
- ★ Is it possible to evaluate outcomes - how will you know if you are being successful?

It may be difficult to define specific objectives at the start, as much will depend on the outcome of the needs assessment, but at least start with a mission statement and set a date to review aims and objectives.

## A mission statement

You may set out what your project hopes to do, and how you hope to do it, in a "mission statement". This is useful to show to sex workers and to other agencies, and helps team members to keep track of the project's priorities!

## Define the scope of your project

Sex workers of all ages and ethnicity; for male, female and transgender sex workers; for sex workers' clients, private partners, and "business managers"?

This must take account of resources, funding bodies' priorities, and what already exists in the area. It is also important to be flexible, as the situation will change over time.



In France a project set up for male sex workers found that it also made contact with female sex workers, so extended its service to include women.

## Where?

Define your catchment area and scope of outreach strategies. Remember that sex workers are a very mobile population who may not work and live in the same region.

## When?

It is important to recognise that there is constant recruitment into the industry, therefore projects have to be on-going if HIV prevention work is to be effective in the long term.

Projects often evolve through time moving through different stages and developing new components.

## The legal and political context of your work

Some projects aim to change laws relating to sex work; many act as advisers on how laws might be changed. Some are discouraged by their funding/management agency from involvement in any debate over political/legal issues. Whatever your project's position, it is important to review the legal context in which your project will operate.

Project staff do not have to be legal experts, although it is useful to have contact with an agency that can provide this expertise. But it is important to know how laws and law enforcement practices affect sex workers - especially their ability to practice safer sex.

- ★ Do police confiscate condoms when they arrest a sex worker?
- ★ Are condoms and safer sex leaflets taken as evidence for prosecution when a brothel is raided?
- ★ How might the legal framework affect the operation of a project?
- ★ Could project staff be prosecuted for encouraging prostitution?
- ★ Are staff legally obliged to report certain situations or individuals to the police or other authorities?

Whatever the particular legal context, the project's operations must not make matters worse and staff must feel secure that their actions do not expose themselves or sex workers to prosecution.

In some countries project staff would be obliged to report a sex worker below the legal age of consent for sexual intercourse to social workers.

Will using the project expose sex workers to legal penalties? For example, are police likely to observe the movements of project staff in order to identify sex workers? This would be very damaging to any project, but especially where there are sex workers who are illegal immigrants, or where there is a system of registration of sex workers.

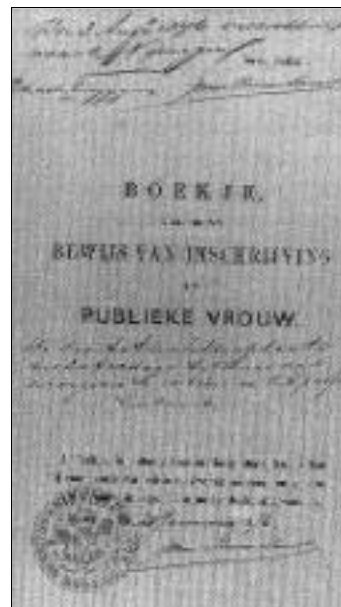
When starting a sex work project, it is wise to find out what support or opposition can be expected from politicians and other agencies or authorities in the locality. Try to conciliate potential opponents by seeking their views at an early stage and clarifying the intended aims of the project.

Sex work projects need to build links with other agencies, both to increase the availability of expert and appropriate services for sex workers and to build political support for what may be an unpopular cause. All the groups listed on page four of this manual may be able to offer support, advice and resources.

## Contacting sex workers

Methods of making initial contact with sex workers are the same as for an established service, however the focus in these early stages should be on developing familiarity and confidence.

- ★ Contact local projects which already work with sex workers. They may know people in your area who could help.
- ★ Advertise in a local contact magazine, or in the local press.
- ★ Outreach staff (see chapter three) need to familiarise themselves with places (streets, bars, etc.) and faces to get to know the "regulars" and observe what is going on.
- ★ Distribution of condoms, lubricants and information leaflets is an essential part of this stage: it creates an opportunity to discuss relevant topics, such as which condoms make you sore, which break most often, what other form of contraception are available, and so on.
- ★ In many contexts the role of the cultural mediator (see chapter four) is essential. Even where there are few differences in ethnicity or language between prostitute and mainstream culture, sex work is often a hidden, stigmatised activity, so professional workers cannot expect to be accepted in this milieu immediately.
- ★ Be cautious about which agencies or individuals you ally yourself with when



In some countries  
registration of sex workers is  
still required

starting out: people who claim to have good relationships with sex workers may not always be regarded in the same light by sex workers themselves. This can apply to police officers, staff in other agencies, managers of brothels, and even other sex workers.

## Action research may be linked to the start of a project

A lot of projects and sex workers are against research. However, it is often the basis for necessary needs assessment, action research and evaluation (see chapter twelve).

In some cases it is possible to link the start of a project to research, which may provide a tool to become acquainted with the field, with sex workers and with the general setting of a project. Different techniques exist:

- ★ Focus groups in which ideas are generated through group discussion.
- ★ Note books.

In Paris notebooks were given out for sex workers to write down their ideas anonymously. These notebooks were passed around from one sex worker to another, and then collected up by project staff. It was felt that sex workers were more at ease expressing their views in this way than in a one-to-one interview.

- ★ Semi structured interviews, where project workers carry out informal interviews with sex workers with some specific questions in mind, which at a later stage may be quantified.
- ★ Questionnaires can be useful tools for collecting information, but should be administered with caution. Completing questionnaires requires time, privacy and a sensible questionnaire. Take advice on what you will need to ask to produce the information required. Pilot your questionnaire and take advice from sex workers. Stick to questions that are relevant. Be aware that questions about personal histories, family circumstances, private partners and rates of pay may be considered too intrusive.

## Secure funding

Identify potential funding bodies: keep an open mind about where money might come from. Government health priorities change their emphasis from year to year, so frame funding bids with view to current priorities, and local and national objectives.

## Identify potential funding bodies

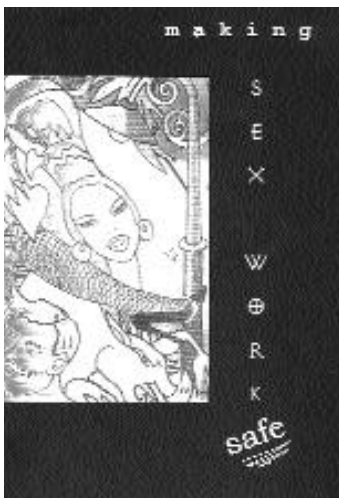
It may be possible to apply to any of the following:

- ★ health budgets (HIV, STD, reproductive health and contraception, drugs)
- ★ social welfare budgets
- ★ local governments
- ★ voluntary and Charitable sources

## Funding may be single or multi source

Obtaining funding from a single source simplifies administration and accountability, but should the one source of funds lose interest in sex work, or have more pressing priorities, the project will be vulnerable to abrupt closure.

Multi-source funding is more complicated and time-consuming; also different funding bodies may well have different, even conflicting agendas: one may demand evaluations that demonstrate reductions in risk behaviour, another may expect increased attendance at a clinic, for example. However, multi-source funding may put the project in a more secure position.



Make use of all available resources such as this excellent international handbook for sex workers (see appendix four for details)



## Making a case for funding

### HIV/STD prevalence

HIV prevalence varies greatly across Europe. Rates among sex workers tend to reflect rates in the general population. It is not necessary to demonstrate that sex workers have increased prevalence of HIV, only that they are vulnerable.

Sexually transmitted diseases, when untreated, can increase the likelihood of HIV transmission, and can lead to infertility, ectopic pregnancy, and increase the risks of cervical cancer, amongst other major sequelae. It is also clear that there has been a resurgence of syphilis in Europe, which at least in Eastern Europe is affecting sex workers.

If you can get local data on rates of STD amongst sex workers, this may be helpful in making your case for funding. Some projects would not wish to do this, in case it led to more condemnation of sex workers, and will collect alternative baseline measures.

### Cervical cancer

Cervical cancer has been associated with early sexual intercourse, multiple partners, some STD, and with smoking, all risk factors likely to apply to sex workers. The mobility of sex workers, and their often insecure living arrangements, make this a difficult group to follow up when cervical abnormalities have been detected, without the assistance of designated workers whom the sex workers know and trust.

### Reproductive health and contraception

Sex workers may make little use of mainstream contraception services. Almost half have been found to use no contraception other than condoms for commercial sex, and have no “back-up” method, should condoms fail. Migrant sex workers especially may not know about services, and may lack information about contraception and safer sex. Low take-up of mainstream services is a good reason to target health promotion efforts towards sex workers, and if necessary, to provide a specific service.

### Drug use

Where a high proportion of sex workers use drugs, or drug injectors sometimes use sex work to raise money, the argument for funding services is strong because of HIV risks. Drugs which are not injected also affect sex workers’ potential risks for HIV. Numerous drugs, including alcohol, have psychotropic effects which may impair control and decision-making; their cost may increase financial pressures and undermine condom use.

### Clients of sex workers

Clients of sex workers come from all strata of society, and are far more numerous than sex workers. They often have non-commercial sex partners with whom they may not use condoms. Information about the clients of sex workers, if it is available in your country, will strengthen the argument that addressing the health needs of sex workers is relevant to community health, not only to a small minority group.

### Coercion and rape

Various studies have reported on sex workers’ exposure to rape and other violence in the course of their work. Frequently violence or the threat of it is used to coerce the sex worker into unprotected sex. Rape rarely involves the use of condoms, may include anal penetration, and is more likely to cause trauma than consensual intercourse.

### Sex workers’ partners

Many studies have shown that sex workers’ exposure to STD is related to private sexual relationships, where condom use is rare. Helping sex workers to make healthy choices in their private as well as their commercial relationships needs to be addressed with considerable understanding of the complexities and requires the skilled intervention of dedicated workers.

## Be careful not to reinforce stigma!

*Emphasising sex workers’ exposure to risks of HIV, and risks to the wider population through their clients, can reinforce stigma. These arguments may convince funding bodies but they can also be used to justify compulsory registration, testing and examination, anti-sex work law enforcement and even harassment and violence towards sex workers.*

- **Equity**
- Discrimination against sex workers inhibits their use of mainstream services, therefore directing services towards them redresses inequalities in access to health care
- **Health promotion**
- Sex workers can and do act as health educators with their customers, so helping them to recognise symptoms of STD, understand transmission mechanisms and pass on accurate information can result in improved awareness of sexual health among the client population. Sex workers are skilled at eroticising safer sex, and have numerous faithful customers to prove it. Greater awareness of their skills may be of benefit to all sexually active adults.
- **How long will funding last?**
- Projects report frustrations with short-term funding and having to fundraise on their own behalf, especially because it takes time to build up trust with sex workers, and expertise within a project.
- If your project is just starting, a small amount of money can be used to finance a needs assessment, the results of which can then be put forward in a report for funding bodies, outlining the needs which have been identified.

*An ideal health care service for sex workers will have a holistic approach and combine STD and infectious disease screening and treatment, contraceptive services, other general health care and health promotion*

### **Health care services for sex workers**

All services should be provided with an understanding of the specific needs of different sex workers, and the impact of their working conditions on health problems. For example, if a sex worker has pelvic inflammatory disease, routine advice about abstaining from sex for two weeks is unlikely to be feasible, and therefore other options, such as encouraging non-penetrative sex, and an earlier follow-up visit, may be discussed.

### **STD and contraceptive services**

Prevention and treatment of STD, and promotion of general health are at the heart of HIV prevention. Some areas have good mainstream services, but these are rarely acceptable to all sex workers, and many projects have found that specific clinical services for sex workers are necessary.

Some sex workers prefer a service where their occupation is already known and where the professional staff understand their needs and lifestyle. However, in other situations separate services may be considered to increase the stigmatisation of sex workers, and it may be preferable to improve the accessibility and sensitivity of mainstream services.



In Lisbon, when Project staff found that sex workers, particularly drug users, did not make use of the mainstream service, it was decided to provide free STD care from the Drop in Centre once a week, via a staff team of doctor, nurse and clinical psychologist. This proved very successful, with nearly 400 visits made to the service in 1996.

A specialised STD service for sex workers can be offered within a mainstream clinic, which has the advantage of the clinic's full range of expertise and equipment, but careful planning is needed of times, staffing, procedures and publicity to ensure its success.

Many projects have found that it is important to accompany sex workers on clinic visits, and many STD services welcome accompanied visits. Those unfamiliar with the services may have anxieties about attending and a companion may give them moral support. In the case of migrant sex workers, it is important that they be accompanied by a cultural mediator (see chapter four) to translate and to explain what is going on.

It is the experience of projects where accompanied visits are standard practice that this strategy does not undermine the sex worker's motivation or independence, but rather helps to establish familiarity with the service, develops a habit of making regular visits, and empowers sex workers to acquire knowledge which can then be shared with peers.



In Villafranca (Verona) the public health service has opened its services to local sex workers, mainly non-Italian and casual workers. One afternoon a week, the public can attend free of charge and with full anonymity to be tested for HIV, STD, Hepatitis, TB; to be vaccinated, (especially Albanian women needing polio vaccination), have gynaecological examinations, contraceptive advice, abortion counselling, etc. A street unit travels around Verona informing sex workers about this service, making appointments, and accompanying them. Peer specialists talk to them about important issues such as



Some sex workers prefer professional staff who understand their lifestyles

*However it is provided, a clinical facility for sex workers should be free, voluntary, and should allow sex workers to be anonymous if they choose.*

contraception and vaccination while travelling in the vehicle. In three months, 50 women used this service and all returned of their own accord to get the results of their tests.

However it is provided, a clinical facility for sex workers should be free, voluntary, and should allow sex workers to be anonymous if they choose.

It should also, if possible, include the following:

- ★ STD and HIV counselling, testing and treatment (or referral as appropriate).
- ★ Hepatitis (A, B, C) counselling, testing, vaccination and treatment (or referral as appropriate).
- ★ Cervical cytology and colposcopy (or referral).
- ★ Breast examination, pregnancy testing, counselling and referral for termination or antenatal care, reproductive health and fertility counselling and treatment/referral (contraception, family planning, infertility etc.).

## Follow up of partners

Sex workers will be exposed to re-infection if regular partners, with whom condoms are not used, are not followed up. It is vital that this is done in a sensitive way, which respects the sex workers' privacy and anonymity, and takes into account the realities of their lifestyle.

It is necessary to discuss with the patient the nature of the infection, the reasons why partner follow up is desirable, and to decide together the best method of getting partners to an STD service. Often the best person to contact partners is the patient, but sex workers may have good reasons why they cannot do this; for example:

- ★ the partner might respond violently
- ★ the sex worker may not want the partner to know s/he has an STD
- ★ the partner may refuse to attend an STD service
- ★ the sex worker may not know how to contact the partner

In these circumstances clinical staff or other project workers may be more successful in contacting partners.

Where a partner absolutely refuses to attend, some STD clinicians may, as a last resort, give medication to the sex worker to give to the partner.

## General health care

Some clinical sexual health services for sex workers include general health addressing immediate health problems, such as back ache, chest infections, drug related abscesses, minor injuries etc. Common needs include counselling and referral for drug and alcohol problems, and provision or referral for mental health issues. Such clinical services may facilitate a holistic approach to health needs among sex workers.

## Drug-related services

(See also chapter six on targeting drug using sex workers). In some areas the proportion of drug using sex workers is so high that it is essential for the sex work project to be able to respond to drug-related needs.



In Glasgow both sexual and general health care is given at the project's Drop in base, with particular focus on the needs of injecting drug users. It may not be the role of the sex work project to provide these services, but close liaison is then needed with a drug service. Projects need to be aware of potential conflict between drug using and non-drug using sex workers.



Either provide a range of contraceptives or referral to other services

It is recommended that the following services are available to drug-using sex workers:

- ★ safer injecting equipment
- ★ methadone prescription
- ★ counselling
- ★ detoxification
- ★ rehabilitation
- ★ safe houses

## HIV positive sex workers

HIV positive sex workers should have the same access to confidentiality, counselling, treatment and care as all other people with HIV. Specific issues include counselling about working safely (eg. through condom use), and about alternatives to sex work in order to reduce the risk to the sex worker of acquiring opportunistic infections from clients, as well as of transmitting infection.

## Social welfare provision

Any problem, from unpaid fines to drug dependence, which puts a sex worker under increased financial pressure could undermine commitment to safer sex, because the fastest way to make money is to offer unsafe sex. Problems which erode self-confidence can contribute to sex workers being pressured into risky behaviour.



Research in France amongst 355 female, transgender and male sex workers in 1995 showed that about half lived in precarious accommodation (hotel or no fixed address), and that precarious housing correlated strongly with lack of health insurance, and consequently lack of access to health care. Young people and transgenders had the most precarious living conditions.

Most projects offer a wide range of services to sex workers, which, while not directly focused on health care, contribute to sex workers' personal welfare, self-esteem, and ability to control their own lives, so improving their chances of being able to adopt a healthier life-style. These issues include:

- ★ legal advice
- ★ housing/homelessness
- ★ child care
- ★ social benefits and insurance
- ★ health insurance
- ★ civil/human rights
- ★ education
- ★ exit routes from prostitution
- ★ empowerment/assertiveness
- ★ domestic violence
- ★ childhood sexual abuse
- ★ exploitation/forced prostitution
- ★ introduction to other services and referral
- ★ advocacy

If resources permit, a wide range of services could be developed, from safe emergency accommodation to self-defence classes, legal advice sessions to child care facilities.

## A good referral system

Other agencies may be able to provide services which are beyond the resources of the sex work project. Unfortunately some "helping agencies" regard sex workers as an unpopular group, or may have rules which limit their accessibility to sex workers, for example, long waiting lists for counselling. It is important to build up a network of key people in other agencies who will handle referrals appropriately.

## Your fundamental rights:

- 1. You have a right to proper medical treatment, even if you're in Holland illegally. Your state of health is completely confidential.*
- 2. You are NOT obliged and you can NOT be forced to undergo an AIDS test or any other STD test. If you decide to get tested for AIDS, you have the right to have an anonymous test and the results stay confidential.*
- 3. If you apply for a job, you can't be forced to undergo an AIDS test. You have the right to say no.*

## A Dutch guide sets out the rights of prostitutes





Health education material from EUROPAP, Greece

## Condoms, lubricants and leaflets

Projects have to decide what should be given free to sex workers, what should be made available at low cost. All projects should supply appropriate condoms and lubricants. Projects must be able to provide a range of reliable condoms. A condom breakage is an occupational hazard for a sex worker. All condoms should comply with national or European safety standards. Other items will depend on funding etc.

Resources which may be provided include:

- ★ condoms for all types of penetrative sex
- ★ female condoms
- ★ dental dams for oral sex
- ★ water-based lubricants
- ★ latex gloves
- ★ leaflets, handbooks
- ★ educational audio and video tapes
- ★ coffee, tea, soup, food
- ★ emergency clothes
- ★ showers and toilets

Condoms to order:

- ★ extra strong
- ★ flavoured
- ★ extra large and extra small
- ★ non-spermicidally lubricated
- ★ hypo-allergenic

The provision of condoms and other materials does not always mean that safer sex is practised. Safer sex advice, workshops which may include role play, demonstrations and discussions about the suitability of different condoms are all key components of safer sex interventions.



In Finland project staff found that Russian and Estonian sex workers were used to poor quality condoms and needed to be convinced that those being offered were reliable. In some countries condoms are relatively cheap and are an established part of a sex worker's "kit". In other countries condoms are relatively expensive and may be difficult to obtain.

## Leaflets

Over time projects tend to acquire and give out leaflets on a wide range of issues from abortion to alcoholism, and testicular cancer to silicone implants. To start with, stock up with a range of simply written leaflets covering:

- ★ safer sex
- ★ condoms and lubricants
- ★ condom breaks and what to do if it happens
- ★ contraception including the "morning after" pill
- ★ drugs
- ★ contact phone numbers for your project
- ★ addresses and phone numbers of other services

Information material should be available in different languages and forms according to cultural and language needs of local sex workers.



In Denmark a sex work project developed a leaflet on condom breaks, including advice not to douche, and to use a spermicidal product as soon as possible after the accident.

## Health promotion

Health promotion for sex workers is currently mostly aimed at reduction of HIV infection. However issues around HIV are not always the priority for a prostitute, and

other problems may be more pressing.

Services which focus on HIV prevention alone may have difficulty establishing credibility, and HIV prevention work will not reach the target group.

HIV prevention should be placed in a wider context, taking into account other needs of sex workers and living conditions more generally.

Sex workers experience health-related problems similar to any other person as well as occupational risks, including violence, drug and alcohol misuse and homelessness.

The wider health promotion needs of sex workers can be met through information and education, access to a range of health, welfare and legal services as well as through skills training.

Projects can facilitate support and referral dealing with these issues in a number of ways:

- ★ maintaining up to date lists of organisations with named contacts
- ★ providing satellite services
- ★ accompanying sex workers on visits/appointments
- ★ training staff in other agencies on working with sex workers

Legal support can cover prostitution offences, petty crime, violence, child custody, immigration law and property disputes by:

- ★ running workshops on the law
- ★ providing regular sessions with a legal advisor
- ★ publishing guidelines on legal issues affecting sex workers
- ★ developing a list of lawyers and legal services which will assist sex workers in a non-judgemental way

Training activities can help to develop occupational skills as well as to improve sex workers broader quality of life. Example include:

- ★ self defence and conflict resolution
- ★ safer sex tricks
- ★ finance and business management
- ★ assertiveness training
- ★ health and nutrition
- ★ exercise and fitness classes
- ★ language courses
- ★ computing skills

Training may be facilitated by sex workers themselves, project workers and outside trainers.

Sex workers can and do act as health educators with their customers, so helping them to recognise symptoms of STD, understand transmission mechanisms and pass on accurate information can result in improved awareness of sexual health amongst the client population. Photographs may be useful although it is important to emphasise that infections do not all have visible symptoms.

## Safer sex tricks

Sex workers need to be experts on condom use. Practical information should be readily available on an on-going basis.

Sex workers are skilled at eroticising safer sex, and have numerous faithful customers to prove it.



A novel way of getting your message across

*Safer sex is not just about condoms. Include information on:*

- ★ *Lubrication*
- ★ *Problems of douching*
- ★ *Working while menstruating*
- ★ *Checking for infection*

*Marginalised groups have often been described as “hard to reach” in terms of access to services and outreach has been identified as an important tool for targeting these groups. Health services can be taken to sex workers through outreach*

### What is outreach?

Outreach involves actively making contact with potential or existing project users on their own territory, or wherever else they may be found, and not waiting for them to seek out project workers. It is a service as well as a method of service delivery. It puts the project firmly on sex workers' territory and as such is about taking resources to sex workers.

Outreach practice depends on local patterns of sex work, on the individuals involved, and how they perceive their needs. Outreach is NOT best conducted by flinging handfuls of condoms at as many people as possible in as short a time as possible.

Outreach to street workers may entail making contact with people presumed to be sex workers, on the streets, at night and day; establishing friendly contact and a modicum of trust; offering free condoms and advice about sexual health, in a short space of time, to people in a hurry to get on with their job.

Outreach could also mean making home visits or attending courts.

Outreach may entail visiting brothels, saunas and massage parlours, where the worker is greeted enthusiastically and assists with questions relating to sexual health, welfare rights, legal problems, childhood illnesses, drugs or dental hygiene. However, the establishment may have a manager who wants to manipulate the outreach worker's interactions with staff; who wants to lock up condoms and sell them to staff at a later date; who may pretend to support safer sex but discourage it in practice; who may try to pump the worker for confidential information about any STD treatment of members of the staff.

Outreach is neither easy nor straightforward. Workers engaged in outreach need recognition that it is not an easy role. They need time for feedback on how sessions have gone and time to rest.

Outreach workers are often, but not always, employed by agencies that provide services that sex workers can visit, for example STD clinics, drugs projects, or a sex workers' drop in. However, some projects only have contact with sex workers in outreach situations.

### How to do it

The fact that sex workers are an extremely mobile group and a population which constantly changes its profile (e.g. nationalities), makes outreach work necessary. Nevertheless, there are no fixed rules concerning the number of times one should do outreach work. It depends on various factors:

- ★ The size of the prostitution area you will work in (one street, several streets, several different areas of the town).
- ★ The number of active sex workers (full-time, part-time).
- ★ The number of different cultural groups in the area where you are going to work.
- ★ The type of prostitution (street, roads, bars, cabarets, clubs, brothels, window brothels, private apartments, houses, massage parlours, cinemas, escort agencies, saunas, peep shows, sex shows, etc.).

Taking into consideration those differences, there are some working places where women are more accessible to an outreach worker, just because they have more time



Outreach involves contacting sex workers on their own territory

*There is extensive ambiguity about the term "pimp". In law it often refers to sex partners who live off of sex workers' earnings. Only in some circumstances is that relationship abusive or exploitative. In many situations private partners of sex workers are also marginalised. This term, with its negative connotations, is not always appropriate.*

- available and are not under the pressure of managers, bar owners, clients or police.
- Apartments are a good example. Apartment work is a form of hidden prostitution.
- Women often live in the same place as they work and therefore, they stay there the entire day. When calling, it is possible to improvise spontaneous workshops about the use of condoms, lubricants, sponges, contraceptive methods, HIV/STD prevention and information about health clinics, etc.
- The important point about this kind of outreach work is that outreach workers should always be ready and prepared - in terms of time, materials and the necessary knowledge about health prevention and social/legal issues in order to be able to perform this sort of workshop.
- Unless local police are hostile to your project, inform them when you are going to do outreach: this should ensure that you do not get arrested, that the police do not interfere with your activity, and that they keep an eye out for your safety.



In Hamburg (Germany) outreach work has been carried out in apartments by cultural mediators *together with the medical doctors* from the local health care service. The results were very encouraging for several reasons:

- ★ Medical issues and questions could be dealt with immediately by the doctor
- ★ Sex workers felt much more at ease as they found themselves in their own surroundings
- ★ They know who they will meet subsequently at the health clinic and this gave them much more confidence.

- On the other hand, there are places where women are not so willing to lose time chatting with an outreach worker but are more interested in clients. In this case, outreach work has to be very concise and effective.
- In bars, for example, outreach work is often limited to just simple distribution of condoms and some small leaflets about how to reach the health clinic and the outreach team for further information.
- Outreach workers have to have a good knowledge of the prostitution scene in a given place. Preferably s/he should be (personally) acquainted with owners of sex clubs, window brothels, bars etc.
- During outreach work a field reconnaissance concerning activities of managers should be carried out. Contact with a prostitute may only be possible through her "pimp". In such a case it may be advisable to establish (friendly) relations.
- Outreach is not always carried out in the work place:
  - ★ Outreach workers can attend other services, such as satellite services, drug projects or family planning services, and make themselves available to discuss issues related to sex work.
  - ★ Outreach workers make themselves available to be approached in community settings such as cafes and bars.
  - ★ Outreach workers can meet sex workers in courts, prisons and police stations - but it is essential that they stay independent of these criminal justice services.

- For outreach a bag is needed for the materials to be distributed among the sex workers including condoms (for vaginal, anal and oral sex), lubricants, dildo for demonstrating how to use a condom, sponges and various information leaflets.
- In the absence of a drop in centre, the project should have a place or a room where meetings and workshops with sex workers can take place. These premises are ideally situated near the areas where sex workers work or live.

## Advice on making initial approaches to sex

### workers

- ★ Explain who you are and what you want.
- ★ Emphasise the confidentiality of the project.
- ★ Reassure sex workers and their managers or minders that you are not police or journalists.
- ★ Do not expect to fill in a questionnaire on first contact.
- ★ Do not interfere with “business” - wait until the sex worker is free.
- ★ Make an immediate offer of condoms.
- ★ Give a card with your name and the project’s name and phone number on it.
- ★ Have an official identity card available to show if requested and/or give the name and phone number of someone who can confirm your identity.
- ★ Be patient - building trusting relationships takes time.
- ★ Be persistent.
- ★ Be honest - know your limitations!

### Types of sex work

Outreach depends on the local organisation of prostitution. Below we describe different territories or sectors encountered across Europe with tips for carrying out outreach work in these different venues.

#### Outdoor work

Outdoor work includes streets, parks and other public places. These areas vary greatly from town to town; some are in pleasant residential neighbourhoods, some are in industrial areas. Sea ports often have an area near the docks. Some areas focus around city zones which have night clubs and strip joints. For male sex workers, the key areas may be close to known gay bars, or in parks known as cruising areas, or close to toilets used for sex encounters.

Assess activity in the area at different times of day and different days of the week; there will probably be variations in both numbers and the profile of sex workers present.

#### Indoor Work - commercial venues

The visibility of indoor sex work will vary with the laws and their enforcement in different areas. Where there is some level of toleration, establishments at which a number of sex workers do business with clients may advertise themselves as massage parlours, saunas, brothels or sex clubs/bars.

In sex clubs and bars, sex workers may be paid a minimum salary to dance, do striptease and generally entertain. In the other venues, they get no wages at all, but have to pay rent or “shift money” for being allowed to work from the premises. You can not expect a sex worker to leave a shift to attend a clinic, for example; she risks losing income and being sacked. Shifts may also be very long, up to 12 or 14 hours a day.

Phone up; ask to speak to the manager, explain what your project is trying to do and what it can offer. Be prepared for suspicion; emphasise your confidentiality; keep offering services.

- ★ try to find out how many sex workers there are and what their shift pattern is
- ★ try to arrange a visit when the establishment is not busy and/or when the shift changes - this way you will see more staff
- ★ try to get to talk to the staff directly, without the manager being present

If law enforcement officials are very hostile to this type of sex work, neither the manager nor workers are likely to be very open about the sexual services that are sold



Find out about  
the local sex  
work scene





You may contact women working in local bars and clubs

- on the premises. They may absolutely deny that such transactions take place, in
- which case it is better to try contacting an establishment which is not as nervous to
- start with - if you are successful in entering one establishment, the word will be
- passed around that your services are safe to use, and the more cautious ones may
- contact you.

### • **Indoor Work - informal venues**

- Not all indoor “group” situations are obviously commercial venues. Often groups of
- sex workers operate from a private flat or house, sometimes advertising a phone
- number (mobiles are now standard equipment for many), sometimes soliciting on the
- street and bringing clients back to the premises.

- These situations may be much like massage parlours without the sign outside, but at
- the most desperate end of the market, they may be derelict houses with a few filthy
- mattresses on the floor, places where drugs are sold and used, and sometimes places
- where sex is exchanged directly for drugs. If you hear of a place with this reputation,
- don’t attempt to visit unless you are accompanied by someone who is well known and
- accepted at the premises.

### • **Indoor Work - private**

- Many sex workers operate alone, from private addresses. Most will use some form of
- advertising, making contact with potential clients by telephone; they may also be on
- the books of an escort agency, going to meet clients in hotels or casinos; some also
- provide a “visiting” service, and they will go to a home or other venue at the
- discretion of the client.

- Some will operate exclusively by personal recommendation and never advertise; these
- tend to be older sex workers who have built up a client base, and also women who
- offer the minority interest sexual services that require a lot of expensive equipment
- (torture chambers, fantasy rooms, domination etc.)

- Because sex workers operating in this way are often more in control of their own lives
- than many street workers, it is often assumed that their needs for HIV prevention
- information will be less. However, outreach projects have found that many are very
- isolated; in preserving their privacy, they may have nobody to turn to for advice, and
- as a result may be less well-informed about safer sex issues than those whose
- occupation is more open.

- Even a “Madam” who never has sexual contact with her clients may want advice on
- how to sterilise her whips. Contact with a sex work project can be very good for such
- sex workers.

### • **Windows**

- Windows can be found in The Netherlands, Belgium, Germany and more
- exceptionally in other European countries. In windows, it is possible to make eye
- contact with the sex worker, she can invite you in or not. It is important not to
- disturb her interactions with clients.

### • **Hotels**

- Sex workers may be sent by escort agencies to hotels to meet specific clients, or they
- may freelance, waiting in the bar areas of hotels for chance encounters with
- residents.

- Whatever the official policy of the hotel, sex workers will usually find a way to operate
- on the premises. It is extremely important that outreach is done very discreetly or not
- on the premises.

## Escort Agencies

Escort agencies advertise in local newspapers, contact magazines and on the Internet. There are both male and female escorts, and male and female clients.

It can be very difficult to convince escort agencies of the benefit of contact with a sex work project, although they may agree to pass on leaflets about your project to escorts on their books.



A hot line for escort prostitutes in Denmark, finding it difficult to make contact with the agencies, instead established contact with a group of escort drivers. The drivers delivered small packages with condoms, lubricants and leaflets on the hot line service. A few of the sex workers then phoned the hot line for more information. Although the initial response was small, this approach could prove successful in a milieu where sex workers are anonymous even to each other.

## Advertisements

These may be placed in the personal columns of local and national newspapers, in contact magazines, tourist information guides, as cards in telephone boxes, and increasingly, on the Internet. The advertisers may be sex workers working privately, massage parlours and saunas, sex clubs or escort agencies. The key words to look out for are massage, tonal therapy, stress relief, visiting massage and escorts.

A large proportion of those advertising will be sex workers. If the advert says "fun only" or "no fees", it is probably not a sex worker. Contact magazines usually take adverts from a wide geographical area. Also ask at your local sex shop for local contacts.



One project made contact with the publisher of several contact magazines. He was very supportive of the aims of the project, and agreed to print advertisements for the project in all his magazines without charge. This led to quite a lot of calls from sex workers' clients wanting information about safer sex and HIV, but also helped to introduce the project to sex workers who had not heard of it.

## Making contact by phone

Making initial contact by phone is hard work, as there is no eye contact, and a reassuring voice can be distorted. Don't be discouraged when people hang up on you; this will happen a lot, but once you have established a good contact, the word will pass around that you are genuine and it is safe to talk to you.

Phone up and ask if they would be interested in your project. Be prepared for suspicion. Emphasise health and confidentiality.



One project keeps a log book of all phone calls made, recording the response from the presumed sex worker, so that on subsequent contacts, the staff member making the call will know what happened before. This is especially useful when there are several staff making such calls.

## Court outreach

Court buildings can be a useful venue for outreach, and a good place to liaise with lawyers and probation officers to help sex workers sort out their legal problems. However, your association with court procedures may be viewed negatively by sex workers.



Sexual health workers in Greece made initial approaches to sex workers at court but decided it was better to use other locations, such as the STD clinic, to be sure that sex workers did not associate their prevention activity with the police.



Sex workers often work from private homes



## Prisons

Some projects have found prison visiting areas to be a good place to make contact with sex workers. Many projects keep contact with sex workers while they are serving prison sentences, but this is seen as “casework” rather than outreach.

## Sex work in small towns and rural areas

Sex work does not only occur in big cities or tourist areas, it happens everywhere. Sex workers and their clients often prefer large towns and cities, where there is more business and more anonymity, so it is not surprising that small towns and country areas have little or no open sex

## One project used Christmas cards to develop good relations with its local community

work. There certainly will be sex workers in these areas, but the work which are easy for health projects to identify.

In these situations it may not be appropriate to set up a separate project, but a project in a nearby urban area could extend its remit to include sex workers and clients living outside the main population centres.

## Trains and stations

In places where sex workers regularly travel from their homes or usual places of work, train and bus stations can be good places to make contact:



TAMPEP (Turin) carries out prevention campaigns, targeting Albanian and Nigerian sex workers from a camper van close to the railway station. The team accompanies sex workers on the train, making new contacts and providing health materials. This initiative reaches a large number of sex workers who use these trains to work in different cities.

Very young and homeless sex workers often use stations as meeting places, to keep warm and go to the toilet when they have nowhere else to go.

*Peer involvement and education are significant ways of empowering prostitutes, and important to health promotion strategies. Projects and sex workers alike have stressed the need for the involvement of sex workers in all stages of project development and management*



In this Chapter we include TAMPEP's manual on peer education which gives practical advice on training. This model, which has been developed specifically for migrant sex workers, addresses key issues of relevance to projects targeting different groups.

There are different models of cultural mediation and peer education, depending on local circumstances. The definitions also vary but the aim is one and the same: to provide a person who is a go-between, who knows the customs and the codes of the host country as well as those of the minority group, the conditions, the social ethics and the scene in which this specific minority group finds itself.

### Cultural mediator

- ★ S/he is a person of the same ethnic group or nationality as the sex worker and therefore capable of recognising and appreciating the cultural and social mechanisms influencing behaviour and choices. This person doesn't work in the sex industry, at least not currently.
- ★ S/he mediates and intervenes between two different cultures to facilitate communication and understanding. S/he is able to translate and communicate languages (including non-verbal signs) between both sides, and the different cultural, health and sexual values. Therefore s/he has a very important role regarding health care services, as s/he is able to call attention to and formulate needs and expectations for both sex workers and medical personnel.
- ★ Through a confidential contact, a cultural mediator is capable of eliciting the trust of the target group and facilitate contact with them. As a recognised supporter, s/he is required to promote and facilitate empowerment and counselling, as well as behaviour changes and self-esteem.
- ★ A cultural mediator works as an outreach worker together with health institutions (GOs) and/or NGOs.
- ★ A cultural mediator has a very clear autonomous, neutral and defined role which has to be clarified for both sides from the beginning so as to not build up dependency on the side of the target group, or false expectations of healers.
- ★ Cultural mediators should be considered as co-workers in a team of specialised persons (medical doctors, health assistants, social workers, lawyers, psychologists, etc.). Although they are neither social workers, nor health assistants, nor exclusively translators, they have basic knowledge about HIV/STD prevention, the legal and social rights and situation of migrants in the host country.

### Peer educator

- ★ In contrast with the cultural mediator, a peer educator is a member of the target group and identifies her/himself with the group.
- ★ S/he has to be recognised as a community leader while representing a particular project. She has to be clear about her role within the group and the project.
- ★ Peer education implies a didactic role. A peer educator should be able to organise and conduct a series of lessons on various themes tied to prevention and safer sex practices, as well as assist in raising awareness among her/his colleagues about STD and HIV/AIDS.
- ★ Besides the role in increasing responsibility, knowledge and self-esteem, the peer educator should, at the same time, make a distinction between her tasks within the community and her own and other sex workers' private and professional lives.
- ★ Peer educators have to be able to apply the concept of peer education to a situation involving great mobility.
- ★ The peer educator should be on an equal level with other team members of the project. S/he should be able to exercise influence on decisions concerning strategies

- and activities of the project.
- ★ The peer educator should receive financial compensation for her/his services.
- However, one should take into consideration that payment might be carried out in an
- unofficial way.
- 
- The remainder of this chapter is an extract from TAMPEP's *Peer Education Manual*
- 1997
- 
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# Peer education

## Introduction

The aim of the TAMPEP project is to develop models of health promotion for women from Asia, Latin America, Africa and Eastern Europe who come to work in the prostitution industries of Western, Northern and Southern Europe.

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

TAMPEP's methodology is based on two professional roles: cultural mediators and peer educators. They form the main principles of the preventative intervention of the project.

Cultural and linguistic mediators are professional field workers who have the same ethnic and/or cultural backgrounds as the members of the target group. They facilitate communication between members of an immigrant community with those who constitute the dominant culture. Cultural and linguistic mediation can help to support new models of intervention in Europe and can serve as a stimulus for the social integration of immigrants within the domain of public health services, an area of primary importance for the migrant population.

The methods of peer support and peer education are a good means of guaranteeing that a prevention message will penetrate the target group and thus it can help the process of behaviour change.

The similarities between cultural mediators and peer educators are born from the intermediary position which characterises both. Both figures attempt to facilitate access to and understanding of official health services for marginalised groups.

The following pages describe the experiences 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.

The next part of this manual describes preconditions necessary for an optimal application of peer support and education within an outreach project targeted towards migrant sex workers. The last part of the book comprises the texts of the lessons for the training course for peer educators. The lessons contain in principle the same basic information for every language group, but there are some variations in the text for every ethnic group according to their cultural and educational background.

At the end of the manual one can find annexes i.e. examples of evaluation forms and of questionnaires assessing the knowledge of the peer educators and other auxiliary materials.

## Main issues concerning peer education

### 1. The target group

Migrant sex workers are non-EU citizens who are involved in the sex industry of European Union countries.

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

In many areas within the EU, the number of migrant prostitutes is higher than that of local sex workers. However, migrant sex workers, being clandestine migrants with an irregular juridical status, frequently remain outside the reach of legal, social and medical services and therefore face enormous difficulties in gaining information which could improve their quality of life. This marginalised position leads to their victimisation, isolation and dependency.

### 2. The notion of peer education

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

Models and projects of peer support and peer education



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

In many parts of the world organisations of sex workers have been in the forefront combating the epidemic, often in collaboration with other groups and non-governmental organisations.

Peer-based projects involving marginalised communities (such as prostitutes and drug users) are clearly more appropriate and have higher chances of making an impact on those who are being targeted, especially if they are managed by non-governmental organisations as opposed to institutional agencies.

That is why TAMPEP's model of peer education is destined for NGOs or any basic organisations whose activities are directed towards representation of the interests of sex workers themselves.

The functioning of these organisations can ensure that such objectives as arousing self-esteem and establishing self-control among prostitutes can be achieved.

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

### 3. Peer education and peer support

As to defining peer models, we need to clarify the differences existing between peer education and peer support. Although there are many points in common between the two, there are variables which must be taken into account.

#### ● *Peer education implies a didactic role*

A group of selected sex workers is invited to attend specific training courses which would teach them all of the

skills necessary to function as competent educators within their own peer environment.

After having accomplished this formative course, they should be able to raise awareness among their colleagues about sexually transmitted diseases including HIV/AIDS and they should also be able to organise and conduct lessons on safer sex practices and preventive measures.

At the same time they should be able to function as members of the work-team and assist in the development of prevention materials adapted to the needs of the various nationalities of the target group.

As members they have the possibility of participating fully in the analysis and evaluation of the activities of the work-team which might stimulate their motivation and involvement further.



#### ● *The role of a peer supporter goes beyond that of a teacher*

The main accent of peer support is placed on the necessity of mutual support among colleagues concerning the adoption of safer sex techniques and the inherent and necessary behaviour changes of the sex workers.

A peer supporter functions not only as a vehicle for information within the target group, but her/his role must be put in a context of solidarity, support and understanding.

The tasks of the peer supporter show great diversity, including:

- distribution of materials and prevention messages
- identifying and reporting on the factors which might limit the possibilities of the women to practise safer sex
- facilitating access to health services through negotiations with sex club owners, if requested by the sex workers
- informing new arrivals of the existence of outreach projects and advising them to contact project workers/cultural mediators
- informing the project workers about the changes which occur in the field and about the new arri-

vals, new pimps etc.

- arousing awareness among groups of friends and members of their ethnic group regarding risk reduction

## 4. Problems concerning peer education

### ● *The proper use of peer education*

While the notion of peer education might represent a basic principle widely accepted on an international level, the concrete application of this concept is not always clear.

In many cases, peer education for sex workers has become a catchword for AIDS funding, but the practice of such education is different according to different contexts.

In some countries, the absence of spokespersons for the rights of sex workers or autonomous community-based organisations, makes it difficult for sex workers to intervene with funding institutions which could assist in initiating and managing peer support and education projects.



In such cases, projects are often initiated and controlled by governmental public health systems. And this might lead to situations in which a peer education group is ruled by a whole hierarchy of individuals from outside the "milieu". As a result, the members of the group might be obliged to adapt themselves to socially acceptable behaviour which could be counterproductive to their role. Often such hierarchically structured organisations omit elementary teaching on individual rights and empowerment and thus the members of the peer education group run the great risk of being further alienated and marginalised. This way they are in danger of becoming low-cost workers in the field of AIDS prevention, without a clearly defined professional position and mandate.

This absence of a clear definition of the concept of peer education can lead to more misunderstanding. For example it often happens that official service providers have a tendency to incorporate all sorts of things under the general term peer education. Their use of the term peer is intended to differentiate between health professionals and non-professionals, between individuals hired by the public health system and those external to this system, between natives of the host country and foreigners. This implicit misconception is a way of affirming that anything which is different from the official

and dominant method of performing one's professional tasks can easily be integrated into possible peer support and/or peer education programmes.

### ● *Too much expected of peer education*

Forming peer educators should never be considered as the main and only goal of the AIDS prevention project. It ought to be seen as one of the prevention activities among others such as seminars, workshops and regular field activities directed towards sex workers.

The peer educators are trained to influence the behaviour of their peer group. At the same time, it is unrealistic to expect that a sex worker could always effectively influence or act as a peer educator for clients or owners of sex establishments. After all, the educational work conducted by peer educators among sex workers is limited to this group and does not cover other audiences whose behaviour however indirectly conditions that of the sex workers. This model would be ideal only if, parallel to the interventions targeting sex workers, there were analogous projects involving other groups.

Frequently the sense of frustration experienced by those who work within peer education projects is

determined by an awareness of the causes of the unsafe working conditions in which their colleagues find themselves and by an awareness of repressive police measures which lead to dangerous and unprotected working conditions. In such situations, the peer educators are usually unable to significantly influence or intervene.

### ● *Relations within the group*

Another factor which might make the role of peer education difficult is the feeling of competitiveness and jealousy among the members of the target group - they might have difficulty in accepting that some of them want to show up well through more knowledge and power. The position of a sex worker/peer educator might create divided loyalties and a position between two stools: the peer educator is supposed to find a balance between being an insider and an outsider.

### ● *Mobility*

The dynamics of international migration within the sex industry is becoming more and more characterised by the extreme mobility of groups both in a transnational context (shorter or longer periods of residence in a variety of European countries) as well as within any single country.

This mobility is due to all kinds of factors, such as searching for better places to work, being a prey of criminal

organisations, repressive measures towards clandestine workers, adoption of new immigration policies, closing of sex work circuits, rivalry between the sex workers etc.

On the one hand, this frequent mobility may limit the impact of projects which base their effectiveness on repeated contact with the target group and on in-depth peer support and training to migrant sex workers. It also evokes the necessity of continuous repetition of cycles of activities for the peer workers because there is a constant stream of newcomers to their territory.

On the other hand, as we learned from our experience over four years at TAMPEP, such mobility can contribute to a further spreading of health promotion messages within that same circuit of migratory sex workers. This way the sex workers employed as health messengers are in an optimal position to spread the messages to a broad audience of colleagues frequently on the move between cities and between countries. If these movements are monitored (project workers might know how long sex workers usually stay in a given place and how often they return to cities where they once stayed), it might even be possible to maintain contact with these health messengers.

## Practical advice regarding organisation and carrying out of training for peer educators

This chapter contains practical advice and a detailed description of all the steps required to start and pursue a training course for peer educators. Here also the description of methodology employed during the lessons towards different ethnic groups of sex workers, can be found.

### 1. The role of the project worker/cultural mediator concerning the realisation of peer education course

The project worker/cultural mediator plays a very active and complex role during organisation, execution, evaluation and follow-up of the peer educators' training. During the course s/he is also the main trainer.

Her/his tasks include among others:

- conducting formation work during field activities, counselling about health matters, safer sex techniques, etc, gaining trust of the members of the target group
- identifying and selecting trainees
- recruiting an instructor who leads (some of) the lessons
- finding premises where the course will be held
- inviting guest speakers
- preparing materials needed during the lessons

- conducting (some of) the lessons
- guiding the instructor during the course and making her/him alert to the needs of this specific group
- adapting continuously the contents and progress of the course according to the educational level, expectations of the trainees and the situation they find themselves at a given moment
- following up the progress of the course and watching over group dynamics
- stimulating active participation of the trainees in the course
- mediating among the members of the group
- maintaining contact with the peer educators after the course and guiding them in their peer activities

### 2. Requirements regarding selection of instructors for the peer education course

The instructors should be qualified professionals, if possible medical doctors, highly competent in medical and social matters, preferably having the same ethnic and cultural backgrounds as the trainees. They should also have some pedagogical talents and be acquainted with the phenomenon of prostitution. Should there be no such persons available, others may fulfil this function, but they should be closely advised and guided by project workers/cultural mediators.

### 3. Requirements for selection and recruitment of peer educators

Characteristics desirable in a candidate for peer educator are given below. Obviously, it is difficult to find a person fulfilling all these criteria. However, the project worker/cultural mediator should strive to find persons who possess as many of these traits as possible.

The preconditions which qualify the peer educator are:

- *Peer educator is a member of the target group*  
The peer educator belongs to the same community base as her/his peers.

The elements which allow for a common identification as members of one community are of a different nature and vary among groups. In principle, these ties are based on the fact that the members are engaged in the same work (prostitution), have similar ethnic origin and legal status (mainly illegal migrants).

As an active sex worker s/he identifies herself/himself with the target group. Whilst being in the same profession, speaking the same language and having the same cultural background, s/he is better understood by and more persuasive to the other members than an outsider.

As we have learned from the experience of TAMPEP,

former sex workers are not very suitable to play the role of a peer educator. Their involvement in the project should be on another level: for example in organising field activities, participating in the working group, counselling, etc.

■ *Peer educator is of a similar ethnic origin to those in the target group*

In the multi-racial community of prostitutes with various nationalities and background, the peer educator should work only with persons having the same nationality as her/his own or belonging to the same ethnic group.

Common nationality or blood ties are stronger than ties created only by work and profession. One nevertheless observes that for example working for the same pimp, or sharing the common dwelling might also build strong relationships.



■ *Peer educator is a recognised leader of the group*

The candidate for peer educator distinguishes herself/himself from colleagues by playing a leading role within the group.

Her/his higher authority among the colleagues, admits of influencing behavioural change in the members of the group.

Sometimes the leadership role is apparent by the degree of dependency that other women/men and colleagues have in relation to the leader. One must be aware of all situations in which these links of dependency are maintained through personal interests of the leader, such as direct economic benefits, being an accomplice of a pimp or running a sex business of one's own. It is the role of a project worker/cultural mediator to reveal the nature of these contacts.

■ *Peer educator's position is completely and unconditionally accepted by the other members of the group*

This person must function as role model and enjoy a degree of credibility among colleagues as well as recognition of her/his role as educator and information agent.

■ *Peer educator's ambition and motivation are high*

The candidate for peer educator course shows active interest in the training and the future role as peer educator.

■ *The candidate for peer educator has a basic knowledge of health matters*

Although the contents of the course should be adapted to the educational level, ethnic origin and individual background of the candidates, only those possessing some knowledge of health matters (acquired beforehand from the project worker/cultural mediator during field work) should be considered. Therefore candidates' knowledge should be tested prior to the course.

■ *The peer educator has some pedagogical talents*

After having accomplished the training, the peer educator should be able to organise and conduct a series of lessons on various themes allied to preventive measures and safer sex practices as well as to assist in raising awareness among colleagues about STD and HIV/AIDS. In this, the peer educator should be actively supported by the project worker/cultural mediator.

■ *A peer educator has communication skills*

Only persons who communicate easily with other people can properly fulfil the role of peer educator or peer supporter. They should be able to approach their colleagues in a positive and open manner.

#### 4. Methodology of the training for peer educators

● *Identification of future peer educators and application of criteria for selection of potential peer educators*

Selection of candidates who might fulfil the criteria described in the previous chapter should be carried out during field work among sex workers.

● *Assessment of knowledge of future peer educators*

Prior to each course, an assessment of knowledge concerning STD, AIDS, reproductive female organs, contraception, the use of condoms and professional attitude should be performed among the participants. This knowledge is tested by means of a questionnaire specially developed for the purpose (see annex). The survey should also include questions about the individual wishes of the women concerning the contents of the course.

After the training, their knowledge should once more be evaluated.

● *Formation of trainee classes*

In general, one should try to limit the number of trainees per class to ten to twelve persons. A larger number would certainly be detrimental to the learning process.

● *Continuous evaluation of the course and of the progress of the trainees*

At the end of every training session, the participants should be requested to fill out an evaluation form (see annex) on the contents of the particular session. Questions should also refer to the conducting of the

lessons and suggestions about other subjects.

This evaluation not only permits the organisers to adapt the contents according to the wishes of the trainees, but also reveals how the members of the target group perceive the training and their own position in it.

This process of continuous evaluation and observation is an important tool for the trainer which helps him/her to stimulate the internal dynamics within the group and which reinforces a collective participation in training and sharing of mutual experiences.

#### ● *Active participation of members of the target group in the course*

Active participation of the trainees is the basis for the success of the course.

Their active participation should be asked for in all phases of the training, including the preliminary phase which comprises the organisation of the course. The sex workers themselves should decide when and where the course will be held, who will directly assist the trainer and the instructor (while for example taking part in the mime) and who will give the public lesson at the end of the course.

The trainees should be encouraged to ask questions and share their experiences with other colleagues. This will benefit the learning process and also enhance the credibility and acceptance of the information passed on when a colleague-prostitute shares her/his knowledge with the other participants under the guidance of an expert. At the same time one ensures that the future peer educator, while transferring her/his knowledge, gains educational experience.

Concluding the course, the trainees/sex workers might wish to produce (written) didactic material which focuses on the knowledge which they gained during the course.

#### ● *Guest speakers*

During every training course, some guest speakers, such as physician from the local clinic, an employee of a contraception counselling centre, trained peer educator or a social worker should be invited to share their experience with the trainees.

#### ● *Economic compensation*

Course participants should be compensated for attending the training. This (small) amount of money rewards the time and energy put into the training, as well as covering possible loss of earnings during the course.

#### ● *The title of the course: "Prevention and Hygiene"*

For migrant sex workers (including those who attend the peer educators' course), work in prostitution represents a means of survival and is an activity which they practice

out of sheer economic necessity. It is seen as a temporary condition and in no case as an identity. One should avoid name, title, invitations and all other formal issues being associated with the profession of the sex workers: hence the name "Prevention and Hygiene".

#### ● *Public lesson*

During the last session a public lesson might be conducted by one of the trainees. This should be treated as an exercise for a future peer educator in passing on knowledge to her/his peers. The contents of the lesson should cover the material treated during the course.

#### ● *The diploma*

At the end of the training all participants are awarded a certificate marking their completion of the course. This serves as a sign of recognition not only vis-à-vis the colleagues of the peer educators, but also vis-à-vis members of public service agencies of various countries where the peer educators stay.

#### ● *Monitoring the effects of the course*

After the course, the project worker/cultural mediator should maintain frequent contact with the peer educators in order to supervise and support their activities.

These follow-up activities include:

- facilitating contact between peer educators and their peer group
- 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
- providing peer educators with folders and other materials

#### ● *The duration of the course*

The migrant sex workers are a very mobile group. That means that all activities concerning organisation and realisation of the training for peer educators should not take up too much time. From experience of TAMPEP we have learned that a period of two to three months is needed for completing all activities related to selection of (future) peer educators, conducting the course and realising follow-up activities.

If possible, repetition of the course should be organised shortly after termination of the previous course.■



*Projects often combine a variety of methods of service delivery so as to reach as many sex workers as possible. Day time drop ins may be used by sex workers on night shifts for example but inaccessible to flat workers on day shifts, who may be best contacted using other methods*

Queremos  
conversar  
contigo.  
Faz uma  
pausa e  
vem ter  
conosco.  
Temos  
espaços  
só teus.  
Aparece!  
Telefona!

Sex workers are invited to visit a drop-in

## Drop in Centres

A drop in is usually in an area of prostitution for easy access to local sex workers, and open at times when sex workers are active, offering a place to talk to project staff and each other, pick up condoms, use the toilet and relax. Drop ins provide a welcoming environment.

A range of services which can be provided is outlined below, what is feasible for any one project will depend on staff, buildings, and resources:

- ★ Meeting room with coffee and tea (food if possible) where sex workers can relax and talk to each other or to staff.
- ★ Counselling room for private discussions between sex workers and staff
- ★ Condoms and lubricants.
- ★ Emergency phone numbers, especially for emergency accommodation and rape counselling.
- ★ Drugs support, advice and sterile injecting equipment. If drug-dependent sex workers predominate amongst the drop in users, it would be a good idea to arrange services on site.
- ★ Toilets – if possible including a shower.
- ★ A drop in facility could also be the site for a dedicated STD and contraception service and/or general health services, if space and resources are available.

Drop in should be a safe place for sex workers. It should be somewhere sex workers can come and talk about their own concerns without encountering hostility from other users (or staff). Sometimes it may be preferable to run separate services for different target groups (eg. men, transgenders, young people, drug users).



In Portugal some female sex workers were uncomfortable sharing the drop in with transgenders because they regarded them as males.

Sex workers may prefer a building which is used by other people; this gives a degree of anonymity, because anyone entering the building is not immediately presumed to be a sex worker.

Female sex workers may prefer to have a women-only centre or sessions. A drop in may be the only place where sex workers can meet and talk about their work openly, in a serious but not in an apologetic way, and this is perhaps the most important reason for having a separate session for sex workers. Their occupation is a common factor, one which stigmatises and isolates, but it also provides the opportunity to meet together and develop or express a sense of solidarity and mutual self-respect.

## Child Care Facilities

Child care facilities will make your services more accessible to women with children. Sex workers are often with their children in the daytime.

## Satellite Sessions

Satellite sessions can be arranged for sex workers in other agencies (eg. drug treatment, homeless, or youth services). However, staff running these sessions must be sensitive to the fact that some sex workers may not wish to identify as such in these other settings.



A mobile van can be driven to wherever sex workers are to be contacted

## Mobile Units

A mobile unit is a vehicle which can be driven to wherever sex workers are to be contacted. It can function as a drop in, a base for outreach workers, or both. The unit will provide a space for sex workers to stop and have a chat, to collect supplies and may also offer space for counselling and even clinical facilities.

It may be a very suitable way of providing services where working areas change frequently, or where the project wishes to work in more than one part of the city. Mobile Units vary from small camper vans to the double-decker bus used by the *Bus de Femmes* in Paris; Manchester has a purpose built articulated trailer unit, and in Utrecht a converted coach is used, while other projects have used old ambulances.

The size and visibility of the vehicle must be suitable for local conditions, including the size of the streets, the services provided and the numbers of sex workers who will be using it. Whatever vehicle is used, it will need maintenance, insurance, running costs, a secure place to park when not in use, and drivers. In some residential areas, local people may oppose the use of visible mobile units and therefore consultation should be considered before setting up such a project.

## Phone Lines

Most projects will use telephones extensively for contact with project users. Telephone calls can be used to make initial contact with sex workers whose existence is only known about through advertisements. Some Projects also publicise their details to encourage existing or potential project users to make contact.



In Denmark a 24 hour telephone counselling line exists for female sex workers. This is especially useful for those who operate privately, and for those with particular concerns about their anonymity. It has been very successful when used in conjunction with outreach work, but is rarely used without an initial outreach contact. There is a separate phone line for male sex workers.



In Finland a phone line has operated for some years, taking about 600 calls a year. Projects in France also operate 24 hour phone lines.



In Ireland and the UK projects advertise in the contact magazines and other publications in which sex workers advertise themselves.

Where the telephone is used as a major tool for communication with sex workers, it is important that those answering the calls have training. Most countries have AIDS information lines, and other organisations with much experience in telephone counselling who can be approached to provide training.

Some training should be given to all staff, since difficult calls may come through on a general line, for example to administrative staff who may not have the necessary skills and knowledge to answer questions about HIV, or to handle a call from someone who is very distressed. These staff need training in how to refer callers to another member of staff, or to get them to call back at another time. Abusive and angry callers are difficult even for experienced telephone counsellors. Role play techniques provide especially helpful preparation for such calls.

Ensure that information about HIV is consistent with that given by other agencies in the area. Callers often test an agency's quality of advice by ringing other services and comparing the advice given.

A phone number publicised for sex workers will attract other people: journalists, clients, people with a hatred of sex workers, even sex workers' mothers: try to establish who the caller is and why they are calling before you say too much.

Be aware that every help line, especially those associated with sexual issues, will get nuisance calls.

*Sex workers include women, men and transgendered people of all ages, sexuality, nationalities, and ethnic backgrounds. In this chapter we first make some general comments on targeting as a project strategy and then provide more practical guidance for those working with male, transgendered and drug using sex workers*

Services designed for specific groups may be appropriate in certain situations:

- ★ where there is hostility between different groups of sex workers
- ★ where different groups of sex workers operate in very different ways or in different neighbourhoods
- ★ where there are migrant sex workers who are cut off by language and cultural differences

It is important to be flexible, as the situation may change over time.

Sex work is a highly stratified business with those involved being denigrated by “insiders” as well as by wider society. Projects need to be sensitive to the fact that existing and potential project users may not wish to disclose “identities” (eg. as drug users or transgendered prostitutes) for fear of being further marginalised.

Project workers need to be particularly aware of issues about disclosure of sex work when carrying out work in settings not primarily associated with the sex industry, such as gay clubs and drug-using venues.

Strategies should be designed to include existing project users whose involvement in activities such as drug use may be hidden and therefore not addressed. Broader health promotion approaches can address stigmatised issues (such as injecting drug use and homosexuality) alongside other issues which are not viewed so sensitively within a service for sex workers.

Close liaison with other specialist services can provide support and expertise needed by specific groups of sex workers and project staff (see chapter two). This may include active referral networks, joint community based initiatives and satellite services.

Below we include examples of male, drug using and transgendered sex workers; identified as vulnerable groups exposed to additional health and social problems, including HIV risks.

## Male sex workers

Male sex work projects do not exist in many parts of Europe and service provision does not always reflect patterns of male sex work. Men who sell sex are often less visible than female sex workers. There are two main reasons for this:

- ★ less is known about men (or boys) who have paid sexual contact with men or women
- ★ taboos surrounding homosexuality

Projects should not assume that male sex workers who have sex with men are homosexual. Homosexuality includes not only homosexual behaviour but also an identity and lifestyle. Not all men who sell sexual services to men identify as gay.

Young men (15 – 25 years) who sell sex to men may be particularly vulnerable as a result of developing (adolescent) sexual identities, being exposed to infection, violence and homelessness.

Cultural attitudes and laws on homosexuality will effect the organisation and conditions of male sex work and of projects. In southern European countries where there are strong traditional taboos against homosexuality, there are few initiatives targeting male sex workers compared with northern Europe and Scandinavia where

Male sex work territories include:

- ★ homosexual scenes (gay bars and clubs)
- ★ heterosexual settings (cinemas and car parks)
- ★ different types of sex work (streets and escort agencies)
- ★ cruising areas (parks, swimming pools and toilets)

These may all be a focus of outreach initiatives.

• gay associations have an influence on wider society, (with the exceptions of Sweden and Finland).

• Projects can advocate for more favourable conditions for men who sell sex who are often persecuted and for whom laws against homosexuality limit support (including safer sex advice).

### Settings

• The organisation of male sex work will depend on local conditions. Work settings are sometimes associated with sexual identity. Men who sell sex via escort agencies often identify as homosexual and have access to the gay scene. Those working on the streets are generally more marginalised because of drug use, homelessness, young age or being an illegal immigrant.

• Male sex work territories are diverse and include gay and heterosexual scenes:

- ★ homosexual scenes (gay bars and clubs)
- ★ heterosexual settings (cinemas and car parks)
- ★ different types of sex work (streets and escort agencies)
- ★ cruising areas (parks, swimming pools and toilets)

• These territories may all be a focus of outreach initiatives.

### Condoms

• Passive and active anal intercourse is practised in commercial sexual contacts. This carries a high risk of HIV and/or STD transmission. Not all existing sex worker projects provide condoms for anal sex. Projects should supply condoms which are suitable for anal sex.

• Migrant male sex workers “carry” their own cultural attitude toward homosexuality and men who sell sex. This will influence perceptions and experiences of the host country. Involvement in sex work may be a “survival strategy” for illegal immigrants in Europe (see chapter seven on migrants).

• Strategies for contacting male sex workers will depend on local conditions as described for all sex workers in this manual. Projects can map local male sex work territories to assess appropriate contact methods.

• Men who buy sex can be included in HIV prevention initiatives. Customers who do not identify as homosexual will not be reached by HIV prevention activities organised by gay organisations.

• The guidelines on providing health care services and HIV prevention initiatives described throughout this manual are generally relevant to both male and female sex workers. Targeted health education materials can be developed for men.

• You can contact the European Network on Male Prostitution (ENMP) for more information and support concerning male sex workers: Katrin Schiffer project manager on +31-206721192.

### Drug using sex workers

• (see also chapter two on project activities)

• Drug use is linked to organised crime and to AIDS. Drugs are present in all aspects of contemporary society (regardless of nationality, social class, cultural environment, etc.), including the sex industry.

• Links between sex work and drug use vary:

- ★ some sex workers work to pay for their drugs
- ★ for others, drug use is a feature of their work
- ★ for some, there is no particular connection.

There is increased opportunity for sex workers to enter into drug use as a result of overlaps between drug and sex work settings (eg. where sex is sold and drugs are consumed).

## Drug use and safer sex

Drug-effects can modify behaviour (eg. lower attention to safer sex practices) and momentary lack of a drug (eg. withdrawal crisis) can increase occupational risk taking (eg. poor judgement in client selection). However safer sex practices are not necessarily affected by drug use.

## Injecting drug use

Injecting drug use is a key concern because of risks of infection, including HIV and Hepatitis. Estimates of the proportion of injecting sex workers vary between and within European countries.

Information from seven local surveys in the UK suggests the proportion of IDU varies enormously (8% – 71%), and also HIV prevalence (0% – 26%).

Some form of needle exchange service is available in most European countries. Where injecting drug use by sex workers is high injecting equipment can be distributed through sex worker projects.

Injecting drug use is not the only form of drug use which affects health and safer commercial sex. Project staff need to be aware of local drug patterns and of changing trends. Crack use by sex workers has been identified as a new concern in some parts of the UK, France and Germany. Staff can participate in training on drugs education/prevention and be informed on different drug actions and effects, use patterns, side effects and the impact of these on commercial sexual transactions as well as on health and welfare in general.

The misuse of legal drugs is also a problem, including psychoactive medical drugs (Benzodiazepines, Prozac, etc.), tranquillisers and amphetamines (slimming pills). Heavy alcohol consumption should also be a key concern. Alcohol is often a feature of sex work.



A German sex worker project, Madonna, attends a local drug agency to contact sex workers and to provide a sensitive approach to their needs. A drugs worker attends a UK project's (the Praed Street Project) drop in, on a weekly basis to offer support to women on drugs who are reluctant to use drug agencies.

## Outreach

Outreach kits should include the following in case of contact with drug users:

- ★ Information materials (on [side] effects of different drugs and related risks for health, communicable disease transmission routes, safer injecting practices, different methods of drug use, HIV, Hepatitis C, unplanned pregnancy and contraception, Health centre/Drug-project referrals, etc.).
- ★ Prevention materials (clean needles/syringes, distilled water vials, ascorbic/citric acid, variety of condoms, water-based lubricants, natural sponges, etc.).

In the presence of a double edged problem it is vital to have clear priorities. Services need to respond to specific needs which may be directly or indirectly linked with drugs. Some drug using sex workers cannot prioritise health status and safer sex, or even recognise HIV/STD prevention, when their basic needs (which may be for the next hit of a drug) are not fulfilled.

Drug using sex workers should have access to a range of drug related services. How



Provide information for drug using sex workers



A booklet specifically for transgendered sex workers

- these are provided will depend on local circumstances. Close liaison with drug agencies is important. Project staff should be in a position to facilitate access to a range of drug services including syringe exchanges, substitute prescribing, counselling, detoxification, rehabilitation and crisis services.

- Sex worker projects are well placed to support female drug users who face specific health and welfare problems which are often not addressed elsewhere.

## Transgender sex workers

- Transgenders (both male to female and female to male) are people whose genital sex does not match their psychological sexual identity (gender). A transgender may or may not have undergone sex change surgery.

- The proportion of transgender sex workers among the general transgender population is thought to be high. Transgender sex workers face specific problems associated with their gender identity whilst sharing many of the other experiences of male and female prostitutes.

## A question of identity

- Gender identity issues will underlie much project work with transgenders. The main issue influencing the social integration of transgenders is having their legal name and gender status concordant with their psycho-social gender. The legal framework is complex. Some countries have adopted specific laws which have facilitated the acquisition of a new first name and gender status as shown on one's ID card and passport. To change one's birth certificate is more difficult. Today sex change surgery remains the only way to have one's civil status changed on legal papers. This situation fosters the marginalisation of many transgenders who are unwilling to undergo surgery.

- It is often assumed that countries which facilitate change in civil status for transgenders also greatly improve the social situation of transgenders and thus decrease the prevalence of sex work. The cause of transgender prostitution does not lie solely in whether one is able to get a civil status which fits with one's appearance, the following factors need to be considered:

- ★ cultural and religious factors
- ★ knowledge of transgenderism in the wider society
- ★ the extent of sexual emancipation
- ★ the personality of individual transgenders; the need to seduce and/or to get paid may be comforting for one's femininity

## Safer sex tips

- Projects for sex workers need to be aware of the sexual practices, associated risks and safer sex needs of transgender sex workers:

- ★ The high prevalence of anal sex increase risks of HIV and other STD transmission. Health messages should be clear – condoms and gel should always be used when practising anal sex.
- ★ Insertive and receptive fellatio (oral sex) is common practice. Condom use should be promoted as high numbers of clients increase risks of STD such as hepatitis, gonorrhoea and syphilis.
- ★ Transgenders who have undergone male to female surgery are at increased risk of condom breakage (the neo-vagina is formed out of the skin of the penis and the big and small lips are formed with the scrotum). The use of water based gel is thus highly recommended.
- ★ Sado-masochistic practices, anal massage and sex toys should be discussed when safer-sex advice is given. Condoms should be used on dildos, on the hand, on the finger!! Condoms can replace rubber gloves and can even be used as "dental dams" for cunnilingus, anilingus (sucking the vagina or the rectum) by cutting them lengthways. Condoms will prevent contact between the tongue and the lining of the partners' genitals.

## Health Information

Health information addressed to transgenders should mention the risks of surgery, silicone injection and hormone intake – these need to be carefully monitored by a competent practitioner.

### Sex-change surgery

Surgery does not always improve the social, sexual and intimate lives of transgenders. Surgeons must expose clearly all the possible effects of the operation, both at a physical and psychological level: urinary problems may occur, sexual drive can be affected, orgasm can be rendered more difficult, hormonal treatment is often highly recommended for M-F transgenders who have undergone surgery to prevent osteoporosis. Vaginal sex often remains difficult, and above all, surgery is irreversible.

Other solutions exist: transgenders can instead adopt feminisation: through hormonal therapy, plastic surgery, voice training, hair removal etc. Transgenders often aim to be convincing in their appearance so as to lead a normal social life in keeping with their gender.

It should be made clear that surgery is never a miracle solution: it does not in itself foster happiness, guarantee access to a better job, or lead to more social respect. Surgery should remain one possibility among others.

### Hormone therapy

Transgenders are often so strongly motivated by the prospect of being like a woman that they buy hormones on the black market, without consulting a doctor. As a result, necessary precautions are often not taken and the potential side-effects of therapy not understood. Furthermore, it should be made clear that the syringes used for injecting hormones should not be shared due to the risk of HIV or hepatitis infection.

### Silicone injection

Silicone is a chemical substance which has an oily texture and which is used in plastic surgery: breast implants, treatment of wrinkles, lips, scar-erasing. Silicone can only be used properly and safely in a licensed medical setting. To inject silicone without medical supervision is very dangerous; the negative consequences can either be immediate or appear later on; they include necrosis, allergic reactions, varicose veins, and fibroses. Needle-sharing can also lead to the transmission of infection including HIV and Hepatitis B/C



TAMPEP (Hamburg) and the PASTT (Paris) have published leaflets about the dangers of hormone therapy and silicone injection when not carried out by medical practitioners.

## Lobbying for change

In the present context, to have sex change surgery remains the only way to change one's civil status on legal papers. Surgery should not be imposed on transgenders. The right to change gender or not on ID cards and passports should instead be accessible to all transgenders who have been living psycho-socially according to their gender for at least two years.

'Transsexuals' should be removed from the Diagnostic and Statistical Manual International Classification of Disease and no longer considered as a behavioural abnormality or a pathological sexual identity.

The European Parliament is currently considering the possibility of establishing a "Contract for Civil Union" (contract for legislation of cohabitation-oath) which could be accessible to all couples independent of their sexual orientation. If this becomes reality, transgenders would be able to benefit from this Union Contract and acquire to civil rights which now remain unattainable (inheritance, adoption, etc.). Each member country of the European community would then be invited to abide by this new law. Transgenders would no longer have to be forced to undergo surgery before being able to legally acquire a status as living together with a man or a woman.



Health messages should be clear and explicit

*The mobility of sex workers within and between countries is a feature of European prostitution in the 1990s. Here we make recommendations for developing initiatives for migrant sex workers drawing on the practical experiences of TAMPEP*

In 1997 a working group was set up to develop guidelines and strategies concerning AIDS/STD prevention with and for migrant female prostitutes working in the European sex industry, especially women coming from Eastern Europe, South East Asia, Africa and Latin America. A questionnaire was produced and completed by members of our network between January and March 1997 (see appendix three for results)

A migrant sex worker is a person who works in another country through choice, economic circumstances or coercion.

## Migration and mobility

The presence of migrant sex workers in the European sex industry constitutes a reality which has changed all aspects of the market. This international phenomenon involves an increasing number of women coming from Africa, Asia, Latin America and, more recently, from East European countries.

In many areas within the EU, the number of migrant prostitutes is greater than that of local sex workers. However, migrant sex workers frequently remain outside established legal, social and medical structures and therefore face enormous difficulties in accessing information about ways in which they could improve their quality of life and work. This marginalised position increases the likelihood of migrant sex workers becoming involved in criminal activities, the illegal trafficking of women, and feelings of isolation and dependency; factors which do not serve to improve either safer sex practices or public health policies.

The possibilities for migrant sex workers to have optimal control over their work and the promotion of their health in general, is determined more by the control they have over their working and living conditions (which are often a consequence of their legal status in Europe) than by their cultural and national background.

Migration takes different forms, and involves individuals who:

- ★ come voluntarily, through personal contacts, with the aim of working in the sex industry who might end up working for themselves or be obliged to share their earnings with others
- ★ come through agencies, with artist's visas, to work as dancers in cabarets and end up, voluntarily or through force, working as prostitutes
- ★ come through marriage and again, voluntarily or through force, end up working in prostitution
- ★ come through false promises and are clearly forced into prostitution which means that they are victims of trafficking in women
- ★ come for temporary work as domestic workers, au-pairs, students, asylum seekers, and end up in prostitution

Whether they become involved in prostitution voluntarily or not, the majority do not know much about the sex industry.

Many migrant sex workers have no previous experience of prostitution and had no intention, upon migration, of engaging in this trade. Most of those involved in the sex industry do not identify themselves as sex workers and consider their work to be temporary.





TAMPEP booklet in Spanish



In Hamburg (Germany), street workers decided to hand out visiting cards with a telephone number for further information and services which at first seemed to be a good idea, but the initial reaction to them was quite negative as the card stated that it was for prostitutes.

## Prevention work

Interventions promoting safer sex practices alone are not sufficient. Informing migrant sex workers about the right brand of condom, instructing them in its proper use, and teaching negotiating skills need to be supplemented by direct fieldwork. Similarly, informing sex workers of the value of regular preventive medical attention must be complemented with referral to sympathetic doctors and health care services.

## Cultural mediators

(see chapter four for TAMPEP's detailed definitions of cultural mediators and peer educators)

Cultural mediation is a key principle of intervention with this specific group i.e. those who work with migrant sex workers should ideally be of the same nationality and culture themselves. Cultural mediation allows not only a more effective and direct dialogue with the target group, but cultural mediators can and should function also as intermediates between the sex workers and potential service providers.

Continuous collaboration between cultural mediators and health services is crucial in ensuring that information on safer sexual behaviour reaches migrant sex workers. One of the roles of cultural mediators is that of shaping and gaining official backing for co-operative models to be adapted to local circumstances in each country.

## Peer educators and peer supporters

The mobility of migrant sex workers within Europe calls for peer education to be adapted and used in a positive way.

Peer educators – are sex workers themselves, specially trained in the fundamentals of safer sex and health promotion. They can function as health messengers as they move through Europe. Peer supporters – are sex workers too but not specially trained as health messengers. They transmit the basic information at an informal level.

Ideally, they should be supported by an international network of intervention projects, because the possibilities for non-European sex workers 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 foreign sex workers.

## Methodology

To be able to develop effective and efficient work for migrant sex workers, it is necessary to take account of the fact that women from totally different backgrounds (cultural, religious, health and sexual values) need different approaches, strategies and information materials.

However it is not only the diversity of cultural backgrounds which determine a diversity in attitudes, but also:

- ★ the particular context of the sex industry in which these women are employed
- ★ structural factors regarding policies on prostitution and migration in the host country where they are temporarily residing,
- ★ health policies which influence the social and working conditions of a marginalised population

Four main issues should be considered when working with migrant sex workers.

### 1 An on-going process of 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 each country as well as in nationalities represented and the degree of mobility. Therefore it is important to follow and observe these constant changes within the groups in order to be able to adapt and develop appropriate activities through continuous:

- ★ assessment of living and working conditions
- ★ observation of migratory flux within and between EU countries
- ★ analysis of the influence of different European legislation and policies concerning migration and prostitution

### 2 Continuous fieldwork

Regular and intensive outreach activities (street work/fieldwork) are essential. Because of their marginalised situation, isolation and mobility, fieldwork is of crucial importance in building up a trusting relationship between the target group and service providers.

### 3 The direct involvement of sex workers

Sex workers' collaboration and participation must be constant and active as the creation of a base community structure will reinforce the group's unity. In this way, a space is created which allows them to define their own needs and priorities; and by using their mobility as a network of contacts, information can be disseminated using snowball methods.

### 4 Development of specific information material

Many projects employ strategies and materials designed for Western eyes. The production and use of information materials can be seen as a tool for the work and not as an end in itself. The materials can be created and developed together with the target group during workshops, street work and other kinds of regular meetings. This way they become an important didactic material during the training of peer educators/supporters. Sex workers are involved in the production of information materials in order to:

- ★ improve the learning process as it is done for and with migrant sex workers
- ★ observe and incorporate the specific cultural differences within the group
- ★ increase awareness on HIV/STD and safer sex practices

The materials should be:

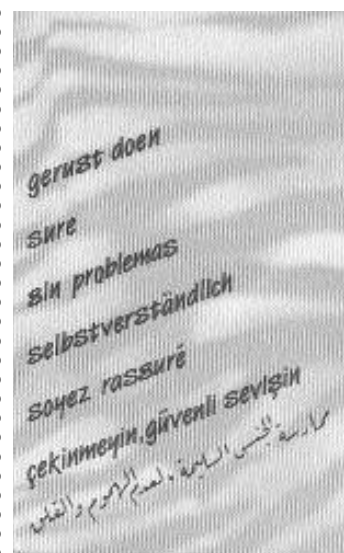
- ★ international (can be used in any country)
- ★ simultaneously developed in every country
- ★ continuously adapted and developed
- ★ produced for different educational levels (e.g. audio-cassettes for illiterates)
- ★ produced cheaply, which means that their contents can be changed and adapted
- ★ easily recognisable and be an appropriate size (eg. pocket sized)

### Outreach work

In about half of the EU countries, according to our 1997 working group participants, outreach work is not implemented in prevention activities for migrant sex workers. However, because of the mobility and high turnover of those involved, locations associated with migrant sex workers need to be visited in all countries on a regular and intensive basis.

#### Aims

- ★ to contact women who are often extremely isolated and marginalised
- ★ to gain insight into the state of health, working and living conditions of migrant sex workers
- ★ to identify possible peer educators, select and train them



Materials need to be available in different languages

- ★ to raise awareness of available social and health services and improve access to them
- ★ to encourage and support the reporting of cases of trafficking in women and any other kind of exploitation or abuse
- ★ to inform migrant sex workers, especially the uninsured, about their rights and legal situation during their stay in the country
- ★ to support and encourage them to develop self-confidence, self-awareness and self-esteem
- ★ to inform politicians and policy makers about the problems migrant sex workers are confronted with, while staying in a given city/country

### Points to watch during outreach work with migrant sex workers

- ★ The outreach worker should speak the same language as the target group. This person will have to be able to make the first contact and, afterwards, develop a trusting relationship.
- ★ It is not sufficient to act as an “interpreter”, but rather one should be a cultural mediator or a peer supporter.
- ★ Because of the insecure social and legal status of migrant sex workers, it is important to make it very clear from the beginning whom you represent (organisation, project, etc.), i.e. not the police or any other type of institution of control.

Ideally the outreach worker should be accompanied by a cultural mediator or a peer supporter/educator. They should spend an afternoon or evening visiting sex workers in different areas of prostitution.

- ★ Two outreach workers who speak different languages will be able to reach several groups at the same time, this will prevent feelings of discrimination.
- ★ For safety reasons teams always work in pairs. TAMPEP recommend self-defence training for outreach workers and sex workers.
- ★ The high turnover among migrant sex workers requires that all information on safer sex practices, HIV/STD prevention, birth control, Tuberculosis, condoms, lubricants and personal hygiene should be given at the first meeting.
- ★ Educational/information materials should be distributed in the languages of the target groups. Wherever possible these should include addresses where the migrant sex workers can obtain immediate, free and anonymous social and/or health assistance, which is supported by qualified interpreters.
- ★ During outreach work, a field reconnaissance concerning the activities of possible pimps should be carried out. Contact with a prostitute may only be possible through her pimp, and so is advisable to establish (friendly) relations.

### Language courses



In Hamburg (Germany) there are language courses for migrant sex workers inside their working area. The course is given by a cultural mediator who teaches the host country's language alongside matters relevant to migrant sex workers. Parallel to German classes, she performs workshops on health promotion and safer sex practices, distributes condoms and information materials. The course has become a meeting point for migrant sex workers who also seek counselling and support.

### Co-operation between a mobile unit and the drop in centre



In Italy mobile teams initiate contacts with street prostitutes. Sex workers are encouraged to visit a drop in centre. The drop in is a counselling centre for sex workers where all kinds of activities are carried out including workshops and the training of peer educators which has contact local residents interested in the project itself.

Nevertheless, one point has to be very clear: while working with migrant sex workers



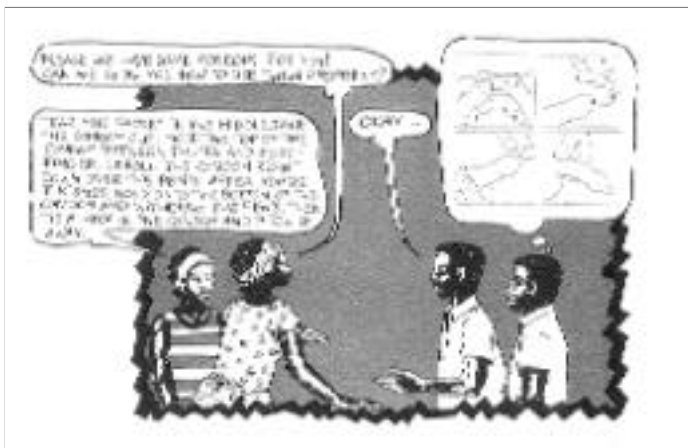
Cartoons can be very

one should keep in mind that it is often difficult for members of the target group to keep appointments or to make plans in advance (workshops, visits to the doctor, etc.). This is due to their unstable living and working conditions which result in changing priorities.

## Immigration legislation

There are no specific laws concerning migrant sex workers in the EU member countries. They are ruled by the Alien (Immigration) Laws of each country, i.e. every country applies this according to its own interpretation. In some countries, there are differences between states in the application of the law.

- ★ Without legal status, migrant sex workers cannot get a work permit and are therefore forbidden from performing any kind of work. When chased by official authorities, it is not because they are working in prostitution (as it is not recognised as work), but for not having a permit. They can be deported.
- ★ An artist visa gives a migrant woman a limited residence and work permit, but does not allow her to work in prostitution. If she is caught doing so, she can also be deported. This type of visa is quite tricky: on the one hand, the woman has a legal status for a determined time but, on the other hand, she finds herself in a position of complete dependency on the bar, cabaret or club owner with whom she made the contract, as any moment s/he can dismiss her. As a consequence she immediately becomes "illegal". In such a situation she can get a contract from another entertainment place or she has to go back to her home country and apply for a new visa.
- ★ In most countries, a migrant woman obtains, automatically, a work permit if she marries a local citizen, which allows her to work anywhere, including in prostitution. But marriage makes a woman very dependent and vulnerable too. The law offers her little protection before qualifying for a definitive residence permit, what can take from 3 to 5 years, depending on the country. If she wants, for example, to divorce before having obtained her definitive papers, she risks losing her permit and may have to leave the country.



General health materials can be used with sex workers



In Greece, if a migrant marries a Greek man, the residence permit has to be renewed every year and only after 2 years of marriage may the migrant apply for a work permit.

The working situation of migrant sex workers varies a lot from country to country:

- ★ In some countries (including Austria and Greece) women can only work as sex workers if they have a legal status and are registered as such.
- ★ In others, prostitutes do not have to register but have to have a legal status in order to be able to work (Holland).
- ★ In others, again, there are some appointed areas in each town where they can work, whether or not they have a legal status (Germany/Spergebiete).



In Sweden, any foreigner who is found working in prostitution within 3 months of entering the country is deported. After 3 months a residence permit can be applied for, but even with a residence permit a migrant can be deported within the first 2 years if found working in prostitution.



In Denmark, it is illegal to have earnings from prostitution as the only source of income – a person has to have a regular job and/or be married to a person who can maintain her.

*Because of their irregular status many migrant sex workers have no access to health care in many countries*

## Consequences of immigration legislation

Immigration legislation regarding migrant sex workers has very severe consequences for their living and working conditions:

### 1. An irregular civil status

- ★ Women with irregular civil status who live in an extremely vulnerable situation can become abused. Because they cannot go to the police or defend their rights in any other form, they have to seek the protection of others, which can result in all sorts of dependency situations.
- ★ Dependency on pimps, bars/cabarets/clubs owners, husbands and other people involved in the sex industry, as well as debt bondage.
- ★ Exploitation through underpayment, costs of services offered, long working hours, unprotected and unsafe working conditions.
- ★ Isolation because of cultural differences, language problems, lack of information on social and legal rights.
- ★ Mobility, because they may be in an illegal social situation, because their temporary visa has expired or because they are forced and taken by their pimps to another place.
- ★ Insecurity and fear, which might cause physical and psychological problems (alcohol and other forms of addiction, self-medication, depression, etc.).
- ★ Frequent exposure to dominating and exploiting clients who force them to accept any offer: low prices, unprotected sex, unsafe working places. This leads to further dependency and protection by pimps and makes them vulnerable to all forms of exploitation, including by the police.

### 2. No access to health care services

- ★ Because of their irregular status they do not have valid health insurance, and consequently, no access to the health care system in many EU countries.
- ★ Because of their precarious, insecure and marginalised position, they have no access to information about rights and possibilities of HIV/AIDS/STD prevention and treatment. Under these conditions, safer sex practices are not prioritised.
- ★ This situation increases the likelihood of self-medication and of a black market developing through which sex workers can buy medicines, including antibiotics, or makes them dependent on the “club-doctor”.
- ★ Because of the repressive policy towards migrant sex workers, these women distrust authorities, including health care services, and do not make use of services.
- ★ Most health care services are not prepared to deal with a multi-cultural population, i.e. they do not make use of cultural mediators. Migrant women/sex workers are usually discriminated against and misunderstood. Some do not even have interpreters.

## Health services for uninsured persons

An uninsured person has no valid health insurance for the country where s/he is living at that moment and therefore has no access to the general medical care system, unless s/he pays for the usually very expensive services.

In some countries, such as the UK, insurance is not necessary to acquire many forms of health care.

The high mobility of migrants and their instability influence safer sex practices and causes physical and psychological problems. All these unfavourable circumstances lead to an increasing number of STD, HIV, TB and unplanned pregnancies.

A lot of these women turn out to work seven days a week, 10 to 15 hours a day. As they have incurred large debts to be able to come to Western Europe, there is strong competition among them.

If a client is willing to pay more for sexual contact without a condom, some prostitutes might accept. They often take antibiotics, which can be bought on the black market or which are sent from their home countries to prevent STD infection.

## Recommendations to projects in Europe

Facing these problems and also knowing that STD facilitate HIV infection, we strongly recommend:

- ★ Anonymous and free STD and HIV/AIDS check-ups and treatment.
- ★ General medical care services for uninsured migrants/sex workers and if non-existent, prepare corrective proposals to national and /or municipal health authorities.
- ★ Support for uninsured migrants/sex workers with HIV/AIDS.
- ★ The inclusion of cultural mediators in the health care system aimed at migrant sex workers, i.e. as street workers/field workers and as co-workers inside health clinics.
- ★ The creation and development of specific information materials on HIV/AIDS/STD prevention aimed at migrants/sex workers while considering the different cultural, health, sexual, ethnic and linguistic backgrounds of these sex workers.
- ★ The inclusion of social workers inside health care services that are charged with the dealing with migrants' problems (aliens laws, residence and work permits, marriage, divorce, asylum, adoption, etc.), and establishing contact with professionals like lawyers, psychologists, medical specialists, workers in women's shelters, etc.
- ★ The establishment of co-operation between health service functionaries and peer educators/supporters.
- ★ Service providers should be aware of the fact that while working with members of minority groups, they should be very flexible and understand that not all activities can take place according to established rules and guidelines.
- ★ Spreading health promotion messages alone is not enough: this activity should be supported by specific offers of health care.
- ★ There should be close co-operation between various service providers. They should form a network of support services for the target group.
- ★ To establish working contacts with local medical personnel which originate from the countries of target group members.



Health care should be made available to all sex workers



In Germany, the fact that an uninsured person is HIV positive or has AIDS is no reason for deportation, but many of those infected and already ill are afraid of seeking support or going into hospital in case they are reported and deported. The consequence is that the majority look for help when it is already too late.

## Trafficking and exploitation

In the last two decades, trafficking in women has become more visible within EU countries. The illegal nature of prostitution and of migrant sex workers places these women in an extremely difficult position, which facilitates the activities of criminal organisations and traffickers in women. The lack of access to social and health care make women vulnerable to all kinds of violence and/or abuse.

Policies against trafficking in women are often not based on the rights and needs of women. Therefore we recommend that policies should be based on:

- ★ Recognition of woman's agency, i.e. the right of women to have control over their own life and body, the right to travel and the right to migrate.
- ★ Measures should first and foremost address violence and abuse, as these constitute the central issue for the women involved.
- ★ Measures should address the root causes, including the international unjust

economic order, restrictive immigration policies and racist and sexist culture.

To establish the definition of trafficking in women, policies should address:

- ★ Trafficking within and across national borders.
- ★ Trafficking in all spheres of women's lives and work, including marriage, domestic labour, prostitution and other (in)formal work.
- ★ Trafficking in the sense of abusive recruitment and brokerage practices related to migration as well as forced labour and practices like slavery, in the sense of abusive living and working conditions.
- ★ The prohibition of all forms of coercion and gender-specific violence, or threat of violence, physical and mental abuse, deprivation of freedom of movement, fraud and deceit regarding conditions or nature of work, blackmail, abuse of authority, confiscation of passports, debt bondage and practices amounting to debt bondage, appropriation of the legal identity and/or physical person of any individual.

To guarantee basic legal protection and possibilities for redress to victims of trafficking, we recommend:

- ★ Access to adequate, confidential and affordable health, social, legal and psychological care.
- ★ Access to competent translators in social and legal advice centres (GOs and NGOs) and health care services.
- ★ Abolition of deportation practices.
- ★ Encouragement, adequate financial resources and legal protection for self-help organisations of the women affected, as well as for those who work in solidarity with them.
- ★ Legal protection for all street workers.

## Network

It is fundamental to build up and develop a network of GOs (including health care services) and NGOs (migrant women organisations) at a regional, national and international level, in addition to links with organisations in the countries of origin. This is also very important when a project is time-limited for financial reasons. The network will enable the project to disseminate results and build on experience.

The importance of a European network:

- ★ To be a contact point of different service providers (social support and health care services) for women while they are on the move within and across European countries.
- ★ To create and distribute an address directory with the different service providers.
- ★ To become a European observatory of variations and dynamics of migration and migrant prostitution.

The importance of an international (European and world-wide) network:

- ★ To inform women of support they can expect when returning to their home countries.
- ★ To exchange information in advance on the level of knowledge (health prevention, health care, etc.) women bring when coming to the host country.
- ★ To inform different international organisations in the home countries about the realistic social and political situation in different European host countries, about the difficult social and living conditions for migrant women/migrant sex workers, about racism and discrimination. This will serve to take away any kind of illusion, so that women have a better idea about what they should expect, and be properly prepared to act and react to the different situations they will have to face during migration.

## Recommendations for Developing Initiatives with Migrant Sex Workers

- ★ Cultural mediation is an important strategy for working with migrant sex workers. Projects can realise its potential in relation to the provision of and access to health care services.
- ★ Mobility can be used positively as a tool for carrying out HIV/STD prevention. Sex workers may for example act as health messengers.
- ★ HIV/STD prevention and health promotion initiatives and materials should be developed to address the specific situation of migrant sex workers.
- ★ Projects should understand how legal frameworks and migratory patterns affect living and working conditions, and lobby for a more favourable environment.
- ★ Projects should facilitate links, including effective referral, between health care services and NGOs dealing with migrants.
- ★ Links should also be made with sex worker projects, organisations and networks in the countries of origin of migrant sex workers.
- ★ General health care services should be made more accessible to migrant sex workers.
- ★ National and international support networks should be built up for HIV positive uninsured sex workers, and for those with AIDS.

## Useful contacts for migrant sex workers

We have compiled a list of useful contacts for migrant sex workers in the 15 EU countries which includes details of migrant organisations, sex worker projects and other health care services. You can contact your country representative (see appendix one) for more information and contact details.



Sex workers often exchange health information informally



*The management of sex work projects is not easy and differs greatly from more mainstream health promotion projects. These guidelines and suggestions cover staffing, team development, safety, employing sex workers and media policy*

## **Staff Recruitment**

Who should be employed in a sex work project? Working in this field does not suit everyone, whatever their personal background. It may be advisable to give all staff, an initial probationary period. Nonetheless many still can become skilled, often in different aspects of outreach, with appropriate training and support.

## **Gender**

A male outreach worker may have more difficulties than a woman in approaching female sex workers. A relationship of trust and confidence can be established over time but care will need to be taken with new contacts. Sex workers who have been exploited by men can find it helpful to meet men who are not exploitative.

Female outreach workers may also have problems approaching some male sex workers, but many projects have found that there are positive aspects to having a balanced team, with both men and women represented, whatever the gender or sexual orientation of the project users.

## **Personality and communication skills**

Not everyone can do outreach. The term “street wise” sums up much of what is required for outreach: confidence when interacting with people who are suspicious of anyone in authority; a sense of which interactions are just noisy, testing, or chaotic, and which are potentially dangerous – and the ability to stay cool-headed if a crisis does arise; sensitivity to mood and situation – knowing when to probe and when to back off and the ability to speak and understand the language that is being spoken.

Being able to function in a counselling situation, or in a clinical setting, does not necessarily mean that the same person can be a successful outreach worker.

Sometimes staff employed in other capacities or with other skills have been designated to “Go and do some outreach with sex workers” and this may not be appropriate for everyone.

A worker who is unhappy doing outreach may be reluctant to approach sex workers, may be hurried, may communicate anxiety to those s/he does speak to, and perhaps appear offhand or even rude. Outreach sessions may be cut short, or frequently cancelled for a variety of apparently good reasons, and the root of the problem will be lost in a welter of excuses.

The ability to put medical information into ordinary language is important, without lapsing into jargon. Where sex workers have a different language and/or culture from the mainstream, outreach workers need specialised language skills and familiarity with the appropriate ethnic/cultural milieu.

## **Attitudes**

A non-judgmental approach to sex work is crucial to good service provision. This approach is a skill that is facilitated and developed through training and on-going of all project staff. Acceptance and patience are crucial attributes in staff of sex work projects. Training can also be used to help staff to cope with the occasional indifference, hostility, and self-destructive behaviour of clients, and to offer a good service to the difficult cases as well as to those who are friendly, enthusiastic and receptive.

*Sex workers can help with gaining the trust of other sex workers, bridging the gap between the project and sex workers, teaching other project workers about the sex industry and specific health issues, and helping to provide insight into the dynamics of prostitution.*

## • **Employing sex workers**

• Some people with experience in the sex industry may be extremely good project workers due to their knowledge, experience and skills. However, like any other worker, they will need training and professional development in order to carry out the work of the project.

• There are some practical and operational considerations in relation to the employment of sex workers:

- ★ Care should be taken not to exploit the sex worker for the credibility s/he gives to the project without providing suitable wages, conditions and professional development.
- ★ Current sex work may interfere with the employee's time commitment to the project and to relations within the project and with service users.
- ★ Employment may attract public criticism of the project and expose the individual.
- ★ The worker's former status may be something they prefer to keep private: this has implications at many levels, from what is put on application forms to how the project publicises its peer work.

## • **Training**

• In-service training is essential for all staff both in acquiring relevant knowledge and in improving team development. There are few courses or certificates that deal specifically with sex work, and projects will have to use many different approaches, including attendance at general training on health and sexuality, management and teamwork, counselling, communication etc. In addition, visits to established projects are invaluable.

• Staff without pre-existing qualifications should be encouraged to study for nationally-recognised qualifications.

## • **Supervision and support**

• Workers in this area are exposed to challenging and difficult life experiences, relating to sexuality, disease, mortality and violence with which they may need help. This may take the form of individual supervision or counselling, or team support groups. There may be a need for specific counselling around particular traumatic incidents.

## • **Team development**

• Project workers must allow themselves time and space to be together as team. This is essential to the running of the project, for planning, sharing information, discussing problems, and for giving each other personal support. Regular project meetings may be useful.

• It is also helpful to have occasional additional project meetings, away from the project and concerned with strategic development and training needs, where the team can reflect on issues, progress and problems.

## • **Lone workers**

• In some places, projects are essentially a single worker attached to an agency with other target groups, or working with a voluntary committee and volunteers. Where possible, such lone workers could link up to an established sex work project team.

• A lone worker does not have to be a lonely worker. Support networks can be set up between different projects so that groups meet and support each other by phone; and organise training jointly.

## • **Staff safety**

### • **Safety risk assessment**

• This may examine the following:

- ★ Places visited; transport used; type of project users contacted; times of day outreach takes place; whether workers are alone or in pairs, etc.
- ★ Health hazards, such as contaminated sharps, TB, passive smoking, stress.
- ★ safety equipment available, eg. mobile phones, personal alarms, first aid kits, spillage kits.
- ★ Safety procedures currently in operation.
- ★ What workers regard as the real risk factors in their jobs.
- ★ What incidents have actually taken place (if any), and what factors and skills were important in preserving or undermining safety.
- ★ What training has already been given to workers and what needs updating or amplification.

### Safety policies

Safety policies and procedures will deal with a range of issues. These may include:

- ★ accidents within the project
- ★ needle-stick injuries
- ★ fire
- ★ potentially violent situations in the project or on outreach
- ★ outreach in environments that the workers do not control – streets, public places, pubs, toilets, saunas, private addresses

Outreach work poses specific problems for safety and insurance, given the likely contact with people involved in illegal activities and the flexibility of work (eg. it can be difficult to say in advance where a worker will be during their shift).

It is useful for projects to keep records of all accidents or incidents involving violence or aggression towards project staff so policies and practice can be reviewed regularly.

### Code of conduct

Sex work projects will find it useful to formulate an explicit code of conduct for all staff and volunteers.

### Confidentiality

What does confidentiality really mean? For someone who has had previous experience of health or social work, this may seem obvious, but someone who has previously viewed sex workers as friends, colleagues or competitors will need to think through all the situations when preserving project users' confidentiality may prove difficult.

The team will also need to decide whether there is to be individual confidentiality, when a project user tells one worker something in confidence and expects that it will not be shared with the team, or whether there is to be group confidentiality, whereby private information may be shared within the team or other relevant settings such as the clinic, but not outside it.

Allowing individual confidentiality may seem the right policy where close relationships have been built up between individual workers and project users, but it may put individual workers under a lot of pressure if they feel unable to ask advice from other team members or the line manager regarding difficult situations. It may also breach codes of conduct in regard of other people.

Sex work projects are often in contact with people involved in illegal activities. It must be accepted that staff will have knowledge of criminal behaviour which they will NOT report to police or other authorities, except in extreme circumstances, such as murder or the sexual exploitation of children.

### Impartiality

It is important that project staff do not take sides in disputes between project users, which will arise from time to time. Projects should aim to provide an equal service to all project users, and should discourage users from bringing their private disputes



A brochure demanding that prostitution be accepted as a job

*Projects should aim to provide an equal service to all project users*

into the drop in, clinic or other project facility.

### **Professional boundaries**

Staff should be wary of over-involvement or inappropriate involvement with project users. This may be especially difficult for inexperienced staff and for those who have previously had unrestricted friendship networks with the user group. Such staff need advice and support in working out where professional boundaries will affect and change their usual modes of interaction.

### **Alcohol and drug use**

For some projects, a total ban on staff use of alcohol or drugs during working hours will be an unquestioned policy; but others may feel that outreach in bars or pubs is compatible with limited use of alcohol. Also, some projects employ recovering drug users. What is the policy to be if a worker has a legal script for methadone? Should this be regarded any differently from a worker who has to use insulin?

These questions need careful consideration, and the project rules need to be made explicit to all staff, whatever their role in the team.

### **Volunteers**

Some projects rely on volunteer co-workers to extend the personnel and scope of their work.

Use of volunteers may enable more work to be done within a limited budget, and may be a good way to involve supporters in a project.

However, volunteers have to be vetted, trained, and supported with as much care as paid employees, and will need their expenses reimbursed. All these things cost money, so volunteers should not be seen as a free resource. Training for volunteers is important.

Volunteers who are giving their own time out of commitment to the needs of sex workers – whom they may also regard as friends – may be even more vulnerable than paid staff to over-commitment. Paid workers, no matter how dedicated, will usually have some sense of how many hours in the week they are actually paid to deal with other people's problems, whereas volunteers, because their commitment is voluntary, may feel that there is no limit to the demands that project users can make on them.

Volunteers may be available for short periods only, and relationships that have been built up with project users will then need careful renegotiation.

Volunteers could be required to sign a contract which binds them to the same standards of behaviour while engaged on project work as paid employees. This may cover confidentiality, drug use, hours to be given to the project, etc. They should also be required to conform to the same occupational health guidelines, eg. Hepatitis B vaccination.

Whatever precautions are taken to ensure that volunteers act appropriately while engaged in project work, they may be less accountable than paid staff. Someone who is not on the payroll cannot be subject to disciplinary procedures if they behave badly. Volunteers have been known to be prosecuted for breaking confidentiality, but if things have to go this far, obviously damage has already been done.

### **Media policy**

The media are commonly interested in sex, and in sex workers, so project workers are liable to spend a lot of time talking to journalists whether they intend to co-operate.

If the project is part of a governmental or other public organisation, staff may be compelled to collaborate with all journalists who contact the project. Even then, the project should set limits on time spent on media contact. Alternatively, managers or boards of larger institutions may express special wishes or limits to the content of the

Safer sex project for prostitutes, Denmark



project's media contact. Some employing authorities ban all media contact. There may be more of a choice for NGOs.

If a project decides not to respond to specific incidents or calls, the media may run the story anyway; the project then has no input, and misleading or damaging coverage can result.

It is a good idea to develop a policy on contact with the media. This could include:

- ★ who is authorised to give information
- ★ how myths about sex work can be addressed
- ★ protection of sex workers' anonymity
- ★ the circumstances under which information will be provided to the media

Most journalists share common stereotypes of sex workers, and need to be "educated". "Story hunting" journalists exist in all countries but sex work projects also have experienced a sincere interest among many journalists to get the story right. Some appreciate the opportunity to have the project workers go through the text before it is published.

It is then important to give the positive comments you may have and to stick to only a few critical ones. Special care should be taken with quotes attributed to a project member. If more than one person handles media contacts, time needs to be set apart for a general clearance of main messages to disseminate and pitfalls to avoid.

A few specific terms, eg. "prostitute" or "whore" may cause offence to project users. Discussing this with the journalist before the story is written will give you less to complain about in the end.

Illustration of articles can also be discussed in advance, and stereotyping images avoided.

Sex workers are often stigmatised and some hide their involvement from friends and family. It is therefore vital to guarantee anonymity. Great care must be taken not to reveal any kind of personal information, including any work alias, that could lead to their identification.

If a journalist asks for personal interviews with sex workers, the project should never hand out addresses or phone numbers directly. If you judge that some sex workers might be interested in having their say in the media on the issue, give the journalist's contact details to the sex workers and they then can decide whether or not to go ahead.

## Sex workers and the media

If sex workers are employed by the project or serve as voluntary workers they will have to decide from the beginning how to present themselves. If they do not wish to go public about their actual or former status, the project needs to protect them from media contact. For instance, full lists of persons employed in the project cannot be published if it has been announced that (ex) prostitutes are employed.

## Benefits of the media

Projects can benefit from collaboration with the media. A serious article on the project or related issues can be an effective way to get a service announced or results disseminated. Approaching the media when the project actually has news to announce makes it easier to economise with resources of the staff. Journalists are likely to call the following days for additional information before the news finally becomes history.

There may also be opportunity to brief a few known journalists to attend a press



Not all media reporting is bad

conference. In this situation, it is fairly easy to reach agreement about commenting on texts or tapes before they go out.

### Funding agencies and the media

It should be established from the start whether funding bodies and institutions wish to have their names mentioned in the media as supporters of the project. Some will be disappointed if not mentioned, others may wish to be mentioned, or want a say in the content of information disseminated.



In Denmark, some sex work projects have a good relationship with the media. They have developed a protocol which includes the right of the project to check newspaper articles and tapes before they go out. If a journalist is not willing to agree to this protocol, the project does not co-operate. It is extremely rare for journalists to misuse the agreement but if this happens, there will be no second interview.

### Working with juveniles

The legal age of consent to sexual intercourse varies across Europe so offering sexual health services to juveniles will be more of a problem to some projects than others. Some countries and some employing agencies have strict rules that when a young person is found to be involved in sex work, the correct authorities must be informed.

If these rules apply to the sex work project, there may be difficulties. Young people will either avoid the project, or lie about their age, so their needs may not be met. To avoid this, some workers do not ask young people their age, but this means that the extent of juvenile sex work will not be known, and appropriate resources will not be allocated.

Several projects in different countries of Europe have found that, while many adult sex workers report that they first became involved in sex work below the age of consent, the projects have little contact with the very young. If useful interventions are to be developed, young sex workers need access to responsible adults and to services that can contribute to their health, safety and resistance to exploitation, without further exacerbating their alienation and distrust.

A balance should be sought between respecting the young person's confidentiality where s/he appears to intend to continue sex work, and contributing to the protection of their health and safety. For example, by giving condoms and interventions which seek to remove the young person from their situation and directly prevent their involvement in sex work.

All team members should be involved in training staff



*Clients, managers, and private sex partners have great influence on the behaviour and sexual health of sex workers. Few projects will have the resources to engage these groups in direct HIV prevention activities, but outreach workers will certainly encounter them*

Handling encounters with clients, managers and private sex partners successfully is important to the project, and to the safety of both sex workers and project staff.

### Private partners

It is a mistake to think of every private sex partner as a pimp, or to imagine that sex workers are “promiscuous” in their private lives. Private relationships vary greatly: they may be gay, lesbian or heterosexual; relationships may be loving or abusive. Private relationships are just as precious to sex workers as they are to everyone else and perhaps particularly for sex workers, having a relationship that is seen as essentially loving provides an important counterbalance to the depersonalising nature of working relationships.

It is sometimes argued that sex workers’ private relationships are of no concern to sex work projects, since it is their commercial relationships that projects are set up to influence. However, an STD acquired by a sex worker in a private relationship is still an STD, and can affect working behaviour, HIV risks, etc. Partners are not always monogamous and condoms may not be used in private relationships.

Counselling sex workers about ways to make their private sex lives less risky is a major skill for staff on sex work projects to develop. Some heterosexual female sex workers find that a Femidom is more acceptable than an ordinary condom with private partners, and the possibility of using dental dams and flavoured condoms for oral sex can also be explored. Fertility issues and contraception may also be key issues with regard to private partners.

### Clients

Even if a sex worker has only ten regular clients, who all visit once a week, the clients outnumber the sex worker by 10 to one. Most European studies have shown sex workers to average 15 or more clients per week, and clients to visit less frequently than 52 times a year.

### HIV prevention with clients

In developing a strategy to reach clients, it is important to recognise the potential role of the sex worker’s role as the client’s educator. Projects may also influence national health promotion policies, and press for improved sexual health education for all men and boys.

Clients may be contacted in the same venues as sex workers. Verbal contact may be more successful than written materials, because many people do not want to take written materials with them. At indoor venues such as brothels and massage parlours, written materials may be made available to clients in the waiting area, or in the



An Italian poster campaign targeting clients (right)



## *I'm a Safe Sex Worker*

- Please do not ask me to have sex without a condom.
- Condoms protect both of us from HIV, syphilis, herpes and other diseases.
- I use condoms without exception. If I did not, I would not be safe. And neither would you.
- For more information about safer sex call this helpline number: \_\_\_\_\_



In Australia a prostitutes collective endorse some businesses where working conditions are good

form of posters – the card “I am a safe sex worker” (left) has been made into a small poster at the request of indoor sex workers, to display at their premises.

Projects around the world have designed cards for sex workers to give to clients to promote client co-operation with condom use. The following examples originated in Canada and Malaysia.

### **Safe house stickers**

In parts of Australia brothels have been legalised, so sex work projects have been able to assess each establishment's commitment to safer sex and staff welfare. Those brothels that

- meet with the projects' approval are awarded a “Safe House” sticker (left) which they can display in their windows or use in advertising.

### **Campaigns directed at clients**

- In Italy, project investigations revealed that nearly half of clients demanded unsafe sex (without condoms) offering two or three times the going rate as an incentive. This resistance to condom use was especially marked in men between 40 and 50. In response, sex worker organisations launched a major public information campaign, run by an advertising agency, and endorsed by some local administrations.

### **Client surveys**

- Sex workers can be very enthusiastic about collecting data on their clients. One method is to give sex workers questionnaires to distribute to or administer to their clients. This worked well in Birmingham, UK some years ago, but it took a year to collect 130 questionnaires.
- Another method is to ask sex workers to collect consecutive records on all their clients over a certain period or up to a limited number. Because street sex workers cannot carry large amounts of paperwork with them, especially if they work outdoors or in cars, this method may predispose towards collecting information on clients who use off-street workers. However, some street sex workers take their clients indoors, who could be approached to take part in the research to give it balance.
- The following pro-forma is an example of one client survey. These were designed to be kept in a nice filofax, which the sex worker could then keep, once the data collection was complete. Each sex worker participating in the research would have one copy of the instruction sheet and as many data collection sheets as were required during the study period.



## Instructions

Thank you for agreeing to help us with this survey of clients. Please fill in a sheet for each separate client visit, even if a client visits more than once in the study period. As long as it does not cause offence, ask the client for the details mentioned, otherwise estimate age & ethnicity, or put 'not known'.

- Ethnicity means racial group, eg. white, black, Asian, oriental.
- Service given today: please be specific.
- Protection used: please record any breaks, slippage etc.
- Your Ref. No is
- When you have completed 50 sheets, or if you have any queries, please contact:

## Client profile

(one sheet per client visit)

Age

Sex

- ☐ Male
- ☐ Female
- ☐ Transgender

Ethnicity

Occupation

Area of Residence

Marital Status

Regular Client?

- ☐ Yes
- ☐ No

Service given today

Protection used?

Your ref. No:

*Thank you!*

*Sex workers are often exposed to violence in the course of their work. Projects can help sex workers to protect themselves in a number of ways including: posting bulletins of bad clients, education, training and advocacy*

## Safety tip leaflets

Sex workers have been involved in collecting safety tips and the design of leaflets relevant to the local scene (right).



## Bulletins of bad clients

Sex workers can report incidents of violence which can be made into broad sheets – descriptions of the assailants, car makes and numbers, which can then be displayed in the drop in, or circulated to all sex workers in contact with the project, hopefully to enable them to look out for dangerous characters and avoid them.

These should not include names or addresses of those involved (sex worker, manager or assailant) because of legal and libel issues. Projects should also be aware of problems of racial stereotyping.

Having a report sheet for violent incidents helps to jog the memory for details which may help to identify the attacker:

Projects can help sex workers to look out for each other's well-being and safety. Some encourage "buddy systems" where sex workers look out for each other. Projects can also offer self defence classes and training in personal safety. While the extent of violence varies from country to country and from city to city, where it is a common problem, action around safety issues will be of great concern to sex workers, and may engage their interest more than issues of sexual health.

Sex work projects can also act as advocates for better police response to crimes against sex workers (see chapter eleven on law enforcement).

## UGLY MUG REPORT SHEET

Things to record if a sex worker reports a violent incident:

- Date of report
- Date of incident
- Time of incident
- Place of incident

### DESCRIPTION OF ATTACKER

- colour
- build
- height
- eyes
- age
- beard/moustache,
- hair
- clothing

■ other distinguishing features (eg. scars, tattoos)

### DESCRIPTION OF CAR

- make
- colour
- registration no.

### WHAT HAPPENED?

Reported to:

Reported by  
(name not to be publicised but kept on file)

Details which may help to identify attackers

*The legal framework has a big influence on the life and working conditions of your target group (and on your life and working conditions too)*

Without a common legal framework inside the EU as a whole, every project deals with their own specific laws. All staff should be well informed about relevant legislation and kept up-to-date with any changes may occur, in order to keep project users informed of laws affecting them, and to be prepared for problems that may develop.

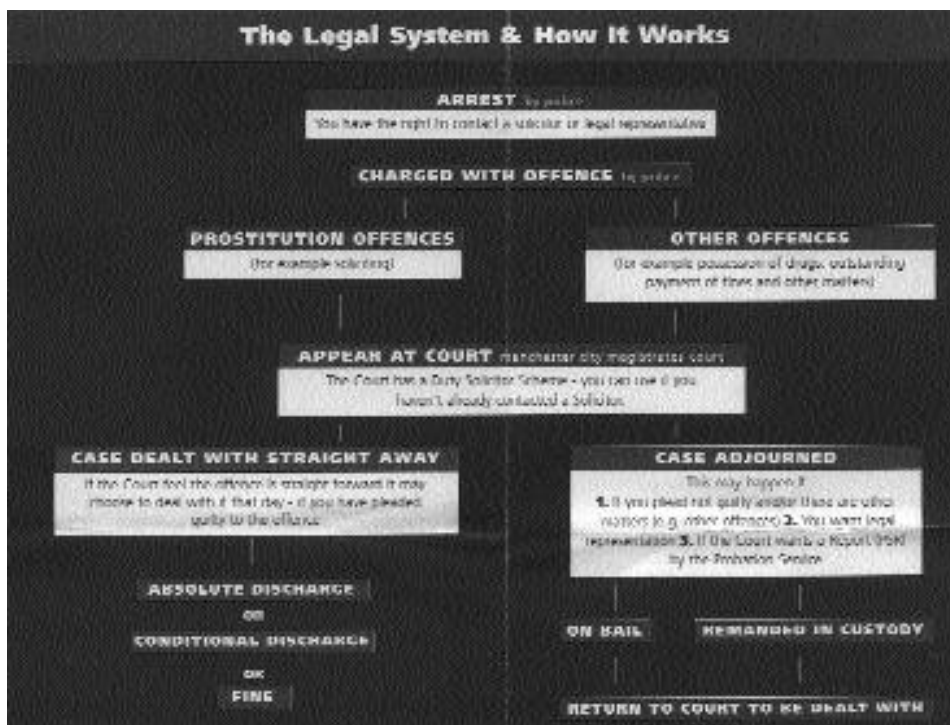
## Legislation

There are many aspects of legislation which may affect your work, for example relating to:

- ★ sex work specific legislation
- ★ homosexuality
- ★ transgenderism
- ★ trafficking
- ★ STD and HIV
- ★ availability of injecting equipment
- ★ health care and social benefits for migrants/visitors
- ★ age of consent to hetero and homosexual intercourse
- ★ drug use
- ★ sexualised violence (rape)

## Laws relating to sex work

For more comprehensive details of European legislation surrounding sex work, refer to the EUROPAP book (*European Intervention Projects AIDS prevention for Prostitutes*, edited by RP Mak, 1996). Sex work is not illegal per se in most European countries but there is a sharp discrepancy between reality and theory.



This leaflet was the outcome of a joint initiative between a sex worker project and probation

### • HIV/STD policy

- Laws which require mandatory HIV/STD testing (along with registration, for example) will drive sex workers away from health services: studies suggest that compulsory HIV/STD testing is not appropriate in preventing the spread of infections;
- marginalising non-registered sex workers, leaving them with no referrals and thus increasing risks for health and transmitting a false sense of security with regard to HIV/STD risk taking.

### • Exploitation

- Laws which punish exploitation are not always clear: in Germany and in Italy, according to the technical interpretation of the law, parents along with partners and relatives could be charged with exploitation as well as clients who develop close relationships with sex workers.

### • Kerb crawling

- Laws against kerb crawling (as in the UK, for example) shorten the time for negotiating a service between sex workers and clients on the streets. This could seriously decrease sex workers' ability to insist upon condom use and safety measures.

### • Brothels

- In France, many brothels have been destroyed as part of an attempt to "clean up" neighbourhoods. Prostitutes have been forced to work in the woods where they are more likely to become victims of crime. In the UK, any situation where more than one woman works from an indoor address is deemed a brothel, and subject to more severe legal penalties than street work. Many indoor workers work alone, with negative implications for their own safety.

### • Immigration

- Repressive laws on immigration increase fear and marginalisation: migrants without legal status are denied access to health insurance (in some countries doctors must report identity data of immigrants to the Police). Furthermore, difficulty in accessing social security makes it hard for sex workers to achieve legal status.

For public health purposes, and to reduce the incidence of infectious disease, basic health support must be guaranteed to all persons, irrespective of legal status (HIV/STD testing, health and gynaecological support, drug treatment). Repressive laws will have negative effects also on ever more frequent relationships between migration flows and trafficking of human being (often minors), making them harder to discover.

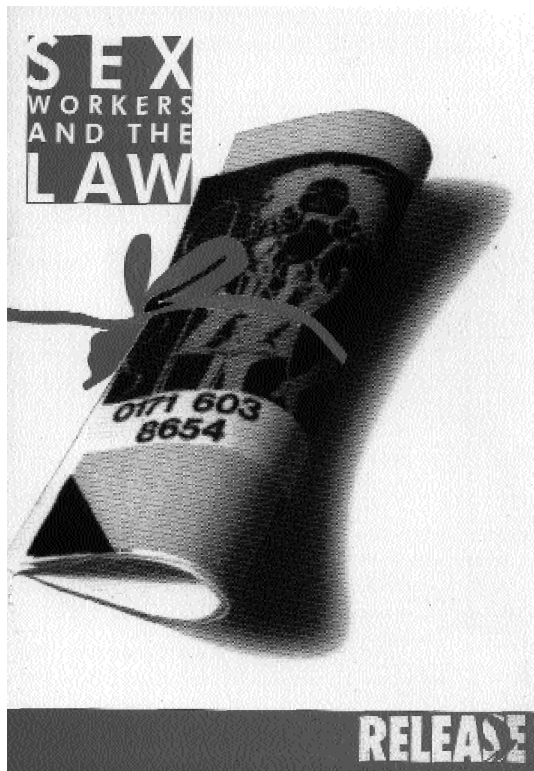
### Drugs and injecting equipment

In some countries, the distribution of sterile injecting equipment, paraphernalia and information materials on safer injecting contravene legislation. Furthermore, laws on drugs do not take account of continuity of care between prisons and the community: all EUROPAP Local Co-ordinators reported that drugs do enter in European prison, while clean syringes and condoms do not. Methadone treatment in prisons is still rare (and rarely directed to sex workers).

### Law enforcement

Outreach activities involved in EUROPAP have great experience in dealing with law enforcement. Here are some suggestions:

A practical guide for sex workers who need information about the laws affecting their lives



★ Don't assume that police will be against you. Many regard the enforcement of legislation against sex workers as a pointless waste of police resources (while some try hard to "save" sex workers who they perceive as victims). It is pointless to antagonise local police if you can achieve a reasonable *modus vivendi*. Sex workers could need police to receive protection against the violence to which they are exposed, and to get redress for crimes against them.

★ Projects can address and mediate conflicts between sex workers and police, for example where police raid a drop in, where police demand sexual favours from prostitutes, or confiscate/destroy condoms and/or injecting equipment.

★ There may be opportunities to influence policy through involvement in the training of police, magistrates, probation officers.



The project in Dublin organised a two day seminar for members of the *Gardai* (police), and the liaison which resulted led to a female *Garda* coming to the project every month to give advice to sex workers on reporting assaults and to build confidence between the women and the *Gardai*. This initiative has been much appreciated by project users, with increasing numbers seeking *Garda* support.

★ Don't wait for the police to give you permission to do things - you might wait for ever.

★ Don't be so friendly with the police that sex workers perceive your project as to be in league with law enforcement. Police may offer to have project leaflets at the police station to give to sex workers they arrest. Think carefully before doing this, as apparent police approval of your project may not do you any good.

★ Advise the local police station of the names and vehicle details of your outreach team to avoid them being stopped for "cruising" red light areas.

★ Stolen property and illegal drugs have to be kept out of the drop in and project vehicles - you put yourself and your project at risk. Obviously these things can happen without your knowledge, but you have to make it clear publicly that this is unacceptable.

*Monitoring and evaluation are essential for providing high quality services: they are tools for describing accurately both project activity and client profile; for monitoring changes over time, and, most importantly, for assessing whether the project is achieving its objectives*

Outcome measures should be thought about in advance, so that relevant data can be collected. One of the important questions to ask is what will funding bodies regard as evidence of success? Be sure that their expectations are realistic, and that you have the resources and skills to collect and analyse the relevant data.

## Evaluation

The interpretation of the word evaluation varies for health care workers, administrative staff, epidemiologists, research workers in others fields and funding bodies. Most project teams consider that an evaluation is an investigation to be undertaken for the funding bodies. It is important to realise that evaluation also benefits both project users and staff.

Evaluation should be able to tell you whether you are achieving your objectives and what project users think of your service. What do you want from an evaluation? Do you want to know what your most popular sessions are? Do you want to know if black women find the service as useful as white women? Do you want to target an age group, or find out the gaps in aspects of knowledge about HIV transmission and what health promotion resources seem most effective? Evaluation tools will depend on the type of information you want.

Analysis of data collected by routine monitoring can be used for some aspects of evaluation, for example, has the project succeeded in contacting young sex workers; has a regular and reliable outreach service been established, etc.

Questions about the needs of project users for sexual health and drug related care, patterns of condom use or changes in behaviour and knowledge are most appropriately obtained by in depth interviews repeated at fairly wide intervals. Outreach workers can administer questionnaires very successfully, but the process puts a heavy demand on workers' time. It is also possible that a long term project user may hesitate to reveal continuing risk behaviour because she may feel she is letting the worker down. External interviewers, however, may not be able to gain the trust of the project user sufficiently for useful and accurate information to be obtained.

Qualitative information is needed to describe the context in which the project is set, how the strategies have been developed and carried out, the experience of the various people involved, the relationships between the team, the field workers, the partners who were chosen (medical services, other agencies) or imposed (police, clients), and external factors which have a positive or negative effect on the project.

A project diary or log book is recommended for gathering of this type of material.

## Appropriate objectives for evaluation

### Contact with the target group

This is a fundamental measure when working with hidden, stigmatised populations. It will not be possible to measure what proportion of the target group has been reached because there is no sure way of determining its overall size. It may be important to be able to demonstrate that efforts are being made to contact new project users, and that work is not solely focused on existing contacts. If the project's objectives specify particular aspects of sex work, for example, juveniles, migrants,

- indoor workers, etc. it is important to collect the relevant data so that success in achieving these objectives can be measured.

#### • **Needs of sex workers**

- In order to assess needs related to the prevention of STD, it would be useful to collect data on sexual practices during commercial and private sex, on the frequency of certain situations which may make the person vulnerable, such as engaging in sex work while experiencing withdrawal symptoms or while threatened by violence.
- Alternatively data can be collected on methods most effective for promoting safer sex.

#### • **Needs of users**

- Are the chosen strategies and the resources available appropriate? If there are problems in reaching defined objectives, evaluation can be used to identify the difficulties and the means to overcome them. For example, what has been achieved to improve safety in areas used by sex workers? Has sex workers' access to health and social services improved?

#### • **Changes in health behaviour**

- The changes in behaviour or skills could be identified by assessing the decrease in frequency of certain STD, unplanned pregnancies, the increase of safety (use of condoms and lubricants with clients and also with other sexual partners, not sharing injecting equipment), the increase in levels of knowledge, ability to negotiate the use of condoms with sexual partners, etc.

#### • **Services provided**

- Evaluation of the acceptability of the service to project users can be achieved in various ways, from a simple suggestions and complaints box, to detailed questionnaires. Numbers of contacts made will show to some extent how useful sex workers find the project: attendance at a drop in or clinic is an even better measure of acceptability, because it is the sex worker's choice whether to come through the door or not.

#### • **Principles for evaluation**

- The evaluation must be beneficial to the project and to project users. How will results and statistics be used? Will research be publicised?
- Statistics should always be presented in a way that does not harm project users.
- Evaluators and project staff must be clear about the importance of confidentiality and anonymity. Sex workers must be informed that an evaluation will start.

- The evaluation must contribute to decision making in order to adapt the objectives and resources during the project and, where necessary to develop plans for the future.
- The evaluation should allow the project team to adapt its strategies and objectives at any time, so needs to be repeated or continuous:

- ★ define the objectives
- ★ define the information which needs to be collected and the collection methods
- ★ interpret the information
- ★ distribute the result of evaluation

- Data collection should not become too much of a burden for the team and should not be at the expense of outreach work. Funding bodies must recognise that collection and analysis of data needs time and expertise, and this must be budgeted.

#### • **HIV data**

- HIV prevalence and incidence may not be useful for evaluation. The factors which might influence such measures are so numerous that it would be impossible to decide whether any change over time was due to the presence or absence of a prevention programme. You may choose to collect other baseline outcomes such as of other STD.

*Evaluation should be undertaken in co-operation with the project team. If an external research team undertakes the evaluation, it is important for the project and the research team to work together constructively, and for project teams to participate in all phases of the evaluation*

If you collect HIV data be sure of the implications:



In Greece in 1984 a research programme found 12 sex workers to be HIV positive. Health services were offered to them, but the authorities withheld their licenses, and health workers subsequently lost contact.

## Monitoring

Monitoring is a record of project activity, and details of the sex workers contacted. Some kind of computer database is helpful for ease of data analysis. Hand analysis is possible where numbers are small but this becomes time consuming and inflexible. Check out Data Protection legislation in your country.

If record keeping is to be done well and consistently, it needs to be kept simple.

PSP Outreach									
Date:		Location:							
Place/Time	Name/ Identifier	PSP No.		Clinic No. issues	Preseting	Outcome (advice, HP, ref, other)	Ethnicity Client	New coding (clinic codes)	KC60 Other (eg.DOB)

Variables to record on each project user contact could include:

- ★ new/repeat contact
- ★ sex worker or other contact (eg. manager, client, passer by)
- ★ sex, age, ethnicity
- ★ venue of contact (eg. street, bar, parlour, flat, drop in, clinic)
- ★ area of residence
- ★ main working style
- ★ use of drugs or other specific issues (eg. migrant status, transgender)
- ★ type of intervention (eg. condoms; needles; information, vaccination)

This level of monitoring describes the essential characteristics of the target group; it also reveals seasonal variations in project activity, which drop in sessions are most popular, whether project services are used by the full range of project users etc., so that it also has an evaluative function.

Data can also be collected on the needs expressed by project users and the solutions found by the team in order to measure the appropriateness of the actions in relation to the needs.

A monitoring form used by a project in London



## A note of caution

*“The increasing reliance on monitoring systems to monitor performance, service users needs and outcomes of service interventions, needs to be met with caution. Monitoring systems are inherently reductionist in their nature, therefore they cannot address the quality of service provided, nor reflect the complexity of need of the target population. They cost time, money and resources for an organisation if they are to be effectively maintained and this can provoke a conflict in terms of development priorities for community based initiatives. The conclusion is that whilst quantitative monitoring data can play a role in indicating need, it cannot demonstrate need, which requires more qualitative data to gain a deeper understanding of the quantified results.”*

*Siobhan Riorden,  
PIAA The Drugs and  
Irish Mobility Project  
1994*

### • Social requests:

- ★ renewal of identity cards
- ★ applications for national health insurance
- ★ child benefit and child care problems
- ★ accommodation
- ★ residence permits
- ★ training

### • Legal requests:

- ★ reduction in fines
- ★ nationality
- ★ change of sexual identity

### • Medical requests:

- ★ STD clinic appointments
- ★ applications for free health care
- ★ substitute drug treatment
- ★ screening tests (hepatitis B and C, HIV)
- ★ hospitalisation
- ★ termination of pregnancy
- ★ fertility treatment

• The information noted could include the referral departments contacted, details about accompanied visits to referral departments, the difficulties encountered, and whether a network of social and health care partners could be identified.

• It is also important to assess the human and material resources invested in the

- ★ projects including:
- ★ number of condoms distributed
- ★ number of people in the team and their skills
- ★ development and/or distribution of prevention material
- ★ setting up of specific services such as an HBV vaccination campaign
- ★ organisation of training sessions for staff and/or project users
- ★ setting up of a specific testing site for screening STD including HIV.

# appendices



## What is EUROPAP?

EUROPAP stands for European Intervention projects AIDS prevention for prostitutes. It is a project supported by the EU DG V under its programme "Europe against AIDS". EUROPAP was launched in 1993.

EUROPAP aims to support and develop intervention to reduce HIV, STD and other communicable diseases in prostitution and to assess the most successful and appropriate approaches for sex workers.

EUROPAP has built a European network based on local co-ordinators in all EU countries. These representatives have built, developed and strengthened networks of projects in their own countries.

During 1994/5 local co-ordinators reviewed projects in their countries using indicators developed by EUROPAP. Since 1995 the network has been reinforced by international exchange visits.

In 1996 EUROPAP produced a book (*EUROPAP: European Intervention Projects AIDS Prevention for Prostitutes* edited by Rudolf P. Mak, 1996) with reports of prostitution and HIV prevention in each country, along with recommendations for interventions, models of good practice and suggestions for project evaluation. Information is also now shared via the internet.

In 1996-7 the combined network (EUROPAP/TAMPEP) established joint expert group to develop this manual (*Hustling for Health*) of good practice for HIV/STD prevention in prostitution.

In the current phase (1998-1999) there will be a strong focus on implementation of previous recommendations.

## What is TAMPEP?

TAMPEP (Transnational AIDS/STD Prevention among Migrant Prostitutes in Europe) is a European project of research and action which was set up in 1993 to implement and disseminate new strategies and methodologies for AIDS/STD prevention work with migrant prostitutes in Europe.

The target groups are women and transvestites/transsexuals (man to woman) from Central and Eastern Europe, Southeast Asia, Africa and Latin America. Since 1993 some 30.000 prostitutes of 23 nationalities have been contacted by TAMPEP workers.

TAMPEP's focus is on prostitutes from outside the EU, has given the Project varied means of developing materials and methods of intervention which might serve as a model for related projects in other countries. Partners of TAMPEP are located in the Netherlands, Germany, Italy and Austria. They are a point of reference in four countries for migrant sex workers and they constitute a base community.

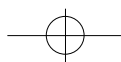
International working groups are composed of personnel from multiple disciplines which include amongst others the two TAMPEP-trained professional figures: the cultural mediator and the peer educator.

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

- .....

[illegible]

• • • • •



# *hustling for* **HEAL**

## appendix two

*Below we have listed participants within the European Network for HIV/STD Prevention who may be able to respond to any queries you may have relating to Hustling for Health.*

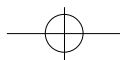
### **European Network for HIV/STD Prevention in Prostitution Contacts 1998 - 1999**

Co-ordinating centre contacts  
Helen Ward and Sophie Day  
Imperial College School of Medicine, St Mary's Campus  
Norfolk Place  
London W2 1PG  
Tel: + 44 171 594 3303/3304  
fax: + 44 171 402 2150  
email: h.ward@ic.ac.uk  
s.day@ic.ac.uk

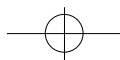
### **EUROPAP network contacts**

Current participants were members of our 1996-7 working groups with the exception of Denmark. Marianne Høgsborg was Denmark's local co-ordinator (1993-1997).

<b>Country</b>	<b>Name and address</b>	<b>Phone, fax and email</b>
Belgium	Christ'l Praats Kromme Elleboogstraat 12 2000 Antwerpen	tel: + 32.3.232 7667 fax: + 32.3.232 7667
	Ruud Mak, M.D Department of Public Health University of Gent De Pintelaan 185, 9000 Gent	tel: + 32.9.240.3616 fax: + 32.9.240.4994 e-mail rudolf.mak@rug.ac.be
Denmark	Annalise Kongstad PRO-Centret, Nørre Voldgade 94, 3.sal DK-1358 København	tel: +45-33-33-98-00 fax: +45-33-33-85-71 e-mail: Pro_per@post6.tele.dk
Finland	Taru Kaivola Pro tukipiste (Prostitute Counselling Centre) Mäkelänkatu 45 00550 Helsinki	tel: +358-9-72-62-877 fax: +358-9-72-31-02-50 e-mail: jaana.kauppinen@pro-tukipiste.inet.fi
France	Christine Ortmans Centre Européen pour la surveillance épidémiologique du SIDA Hôpital National de Saint-Maurice 14 Rue du Val d'Osne 94410 Saint-Maurice	tel: +33-141-79-6806 fax: +33-141-79-6802 e-mail: c.griffault@ceses.org



Germany	Maya Czajka MADONNA Gusstahlstrasse 33 44793 Bochum	tel: +49-234-68-57-50/51 fax: +49-234-68-55-95 e-mail: czajka@madonna.bo.eunet.de
Greece	Anastasia Roumeliotou Athens School of Public Health, Department of Epidemiology and Medical Statistics 196 Alexandras Avenue, P.O. Box 14085 Athens 115 21	tel: +30-164-44-870 +30-164-51-752 +30-164-47-941 fax: +30-164-44-870
Ireland	Mary O'Neill Deirdre Foran Women's Health Project Baggott Street Clinic 19 Haddington Road Dublin 4	tel: +353-1660-22-71/21-89 fax: +353-1668-00-50
Italy	Pia Covre Comitato per I Diritti Civilli Delle Prostitute Casella Postale 67 Pordenone 33170	tel: +39-348-261-0228 fax: +39-434-640-563 email: lucciole@iol.it
	Dr. Vittorio Agnoletto and Paolo La Marca L.I.L.A (Lega Italiana per la Lotta contro l'AIDS) Via Rogoredo 41 20138 Milano	tel: +39-02-51-0023 fax: +39-02-51-5095 email: lila@ecn.org
Luxemburg	Henri Goedertz Christine Stabelmann Aidsberodung Croix Rouge 94, Boulevard Gen. Patton L-2316 Luxembourg	tel: +352-40-6251 fax: +352-40-6255 e-mail: henri.goedertz@handitel.lu christine.standermann@handitel.lu
Norway	Liv Jessen The Pro-Sentret Tollbugt. 24 0157 Oslo	tel. +47-23-100-200 fax +47-22-410-544 email: prosntrt@online.no
Portugal	Dr Jorge Cardoso (Dr J Azevedo and Irene Santo) Administração Regional de Saúde de Lisboa Centro de Saúde da Lapa Consulta de Doenças Sexualmente Transmissíveis Rua De S. Ciro 36 1200 Lisboa	tel: +351-1-3957973/4/5/6 fax: +351-1-3957979
Spain	Pilar Estébanez Medicos Del Mundo Fernandez de la Hoz, 7 28010 Madrid	tel: +34-15-93-42-78 fax: +34-15-93-35-46 email: mdm.sec-admin@apdo.com
	Maria Jose Barahona, Co-ordinator of Prostitution Risk Reduction Programme Médicos Del Mundo Corredera Baja de San Pablo 25 28004 Madrid	tel: +34-15-23-41-16 fax: +34-15-22-38-73 e-mail: mdmcartomundo@ctv.es
Sweden	Elisabeth Pettersson Prostitution Unit, City Units Stora Nygatan 29 S-411 08 Göteborg	tel: +46-31-85-11-99 fax: +46-31.85.19.59 e-mail: Elisabeth.Pettersson @centrum.goteborg.se



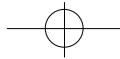
The Netherlands	Thérèse van der Helm GG&GD - soa polikliniek Groenburgwal 44 1011 HW Amsterdam	tel: +31-20.555-5715/822 fax: +31-20.555-5751
	Lucie Van Mens Stichting soa-bestrijding Postbus 8198 3503 RD Utrecht	tel: +31-30-23-43-700 fax: +31-30-23-31-713 e-mail: stsoa@knoware.nl
United Kingdom	Anna Green Department of Epidemiology and Public Health Imperial College School of Medicine St Mary's campus Norfolk Place London W2 1PG	tel: + 44 171 594 3308 fax: + 44 171 402 2150 email: europap@ic.ac.uk
Austria	Maria Cristina Boidi LEFÖ Lateinamerikanische Exilierte Frauen in Österreich Kettenbrückengasse 15/4 1050 Wien	tel: +43-1-581-1880 fax: +43-1-581-1882

## TAMPEP network contacts

Germany	Veronika Munk Amnesty for Women Grosse Berg Str.231 22767 Hamburg	tel: +49-40.38.47.53 fax: +49-40.38.57.58 email: amnesty_women@fenestra.comlink.de
Italy	Pia Covre Comitato per I Diritti Civilli Delle Prostituite Casella Postale 67 Pordenone 33170	tel: +39-434-572-902 fax: +39-434-640-563 e-mail: claps@system.abacom.it email: lucciole@iol.it
The Netherlands	Dr Licia Brussa, Mr. A. de Graaf stichting Westermarkt 4 1016 DK Amsterdam	tel: +31-20.624.7149 fax: +31-20.624.6529 email: mrgraaf@pi.net
Austria	Maria Cristina Boidi LEFÖ Lateinamerikanische Exilierte Frauen in Österreich Kettenbrückengasse 15/4 1050 Wien	tel: +43-1-581-1880 fax: +43-1-581-1882

## Additional participants of 1996-7 working groups:

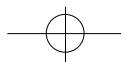
Angel Almeda	Spain)
Valentina Akuhidor	(Portugal)
Terry Baele	(Belgium)
Jo Bernardo	(Portugal)
Martine Claeysens	(Belgium)
Doris Cordova	(Austria)
Carla Corso	(Italy)
Miek De Jong	(The Netherlands)



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Ana Maria Garcia	(Austria)
Barbara Gibson	(UK)
Izkra Grozlekova-Kiossew	(Germany)
Francoise Guillemaut (	France)
Eveline Jacobs	(The Netherlands)
Ramzy Jaffan	(France)
Nana Friis Jensen	(Denmark)
Lars Kamsteeg	(Germany)
Helen Kornarou	(Greece)
Raija Laihi	(Finland)
Per Larsen	(Denmark)
Els Leye	(Belgium)
Bernard Le Goff	(Luxembourg)
PG Marcasciano	(Italy)
Alexandre Masse	(France)
Ulrike Mentz	(Germany)
Simbi Mohammed Nofisatu	(Italy)
Manion Patoommat	(Denmark)
Katrin Schiffer	(The Netherlands)
Torgny Sjogren	(Sweden)
Christine Stabelmann	(Luxembourg)
Herwig Teugels	(Belgium)
Carmen Valdiva	(Germany)
Jan Visser	(The Netherlands)
Angelika Voskaki	(Greece)
Anna Zaczek	The Netherlands
Abnna Ziersch	(UK)





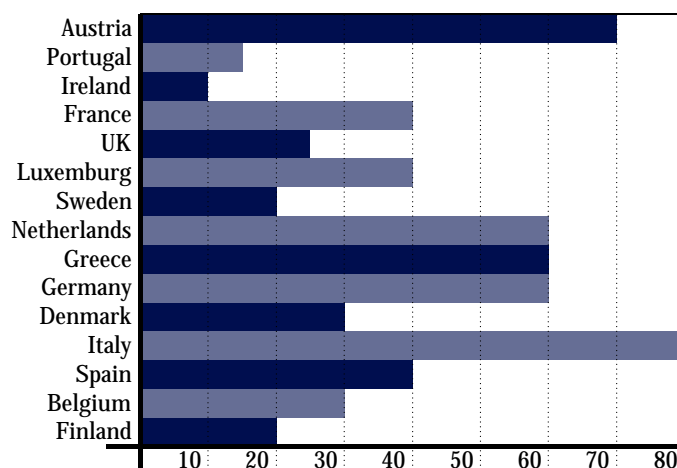
# *hustling for* **HEAL**

## appendix three

### Migrant sex workers questionnaire data

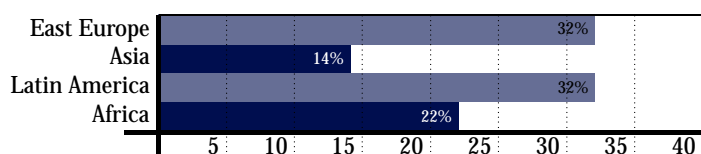
**In your country, what is the proportion of migrant sex workers within prostitution?**

Approximately 40% of female sex workers in Europe are migrants. TAMPEP believes that this is an underestimate and that migrant sex workers make up at least half of the European prostitute population.



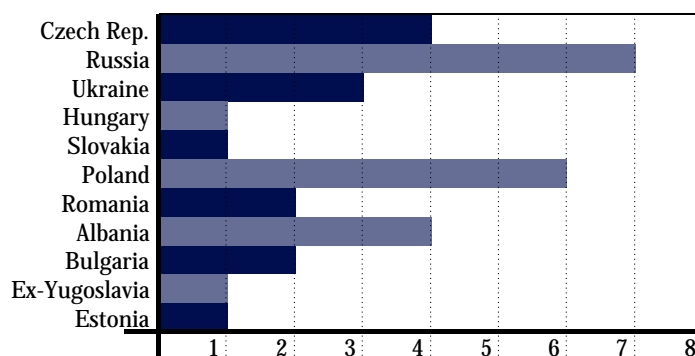
**In your country, from which regions do migrant sex workers originate?**

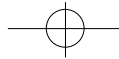
The picture has changed a lot in the last 5 to 6 years due to increased numbers of East European sex workers. Inside each European country, the proportions, however, can vary a lot because of geographical and/or historical reasons. In Germany, for example, East European women currently represent at least 50% of all migrants working in prostitution.



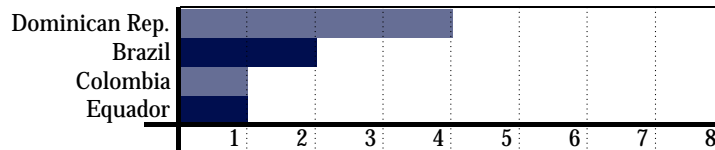
**East European countries described to as countries of origin**

The high number of Russian women may be explained by Russian speaking women of different nationalities being wrongly classified, for example, Ukrainians also speak Russian.

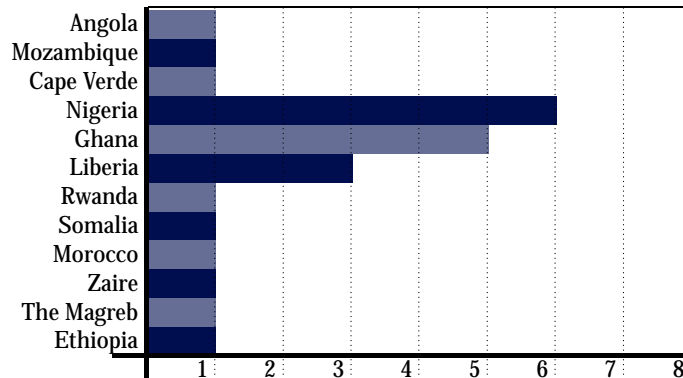




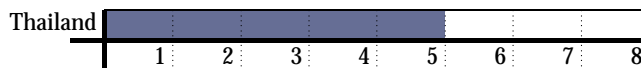
**Latin American countries described as countries of origin**



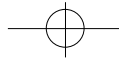
**African countries referred as origin countries**



**Asian countries referred as countries of origin**



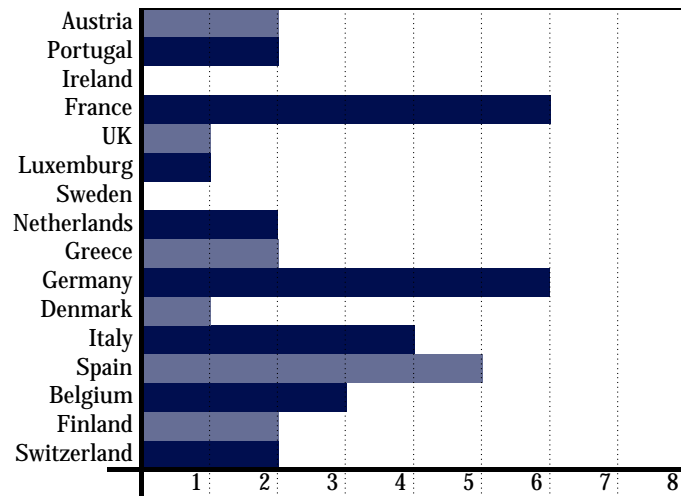
This shows very clearly changes inside the scene: about ten to fifteen years ago, Philippine women had an important role as migrant sex workers in Europe. Nowadays, however, the majority of Philippine women who migrate work as maids or in other forms of domestic labour.

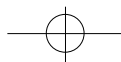


### In which countries have migrant sex workers worked before coming to your country?

This chart shows the importance of some countries over others regarding mobility. The countries can be seen as points of entry, as well as for a temporary and/or for a permanent stay. These differences are due to:

- geographical position (for example, Germany and the East European border)
- their welfare state
- the demand of the market for migrant sex workers
- language facilities (for example, Spain as arrival point for Latin Americans)
- an existing network due to an already established community (for example, the Nigerian community in Italy, the Brazilian transsexual community in France and Italy, the Thai community in Germany)
- different laws concerning prostitution, and not the Aliens Laws, as those are quite similar inside the European Union, mainly for those members of the Schengen Agreement.





### Illustrations

Cover: Photograph of Prévention Action Santé auprès des Transexuels et Travestis (P.A.S.T.T) mobile unit, Paris, France

p 8 *Sexual Health Services for Prostitutes in the UK* is a directory of services produced by EUROPAP UK, 1995.

p 9 Registratieboekje van een prostituee uit Zwolle, 1876. In *In het Leven, vier eeuwen prostitutie in Nederland* by Marieke van Doorninck and Margot Jongedijk. City archives of Zwolle.

p10 *Making Sex Work Safe* published by Network of Sex Work Projects in collaboration with AHRTAG, London, UK in 1997. Copies available from AHRTAG, Farringdon Point, 29-35 Farringdon Point, London EC1M 3JB, UK. Single copies free to developing countries. £12/US\$24 elsewhere (including postage).

p13 Photograph of project staff from Praed Street Project interview in *FORUM* vol. 22 (7), 1989.

p14 From a booklet called *Prace a zdravi* produced in 1996 by Stichting soa-bestrijding, Netherlands.

p15 Your Fundamental Rights from *Work and Health* a booklet produced by Stichting soa-bestrijding (Dutch Foundation for Disease Control) 1997, Netherlands.

p16 STD quiz on page 15 in *Safe Sex* a booklet published by PAYOKE and PASOP with the support of the Minister of Employment and Social Affairs of the Flemish Community, 1992.

p17 Health education material, EUROPAP, Greece.

p20 *The Rubber Woman* leaflet produced by the Community Drug Team, Cardiff, UK.

p22 Dinie Boogaart, *Bordeelscene*, 1993, olieverf op doek. coll. Boogaart, Nijega.

p23 Photograph of the SAFE project outreach, Birmingham, UK.

P24 Christmas card produced by the SAFE project, by Andy Stuckhouse, Birmingham, UK.

p25 *Augusta's Way: Sabina the Peer Educator*, TAMPEP health material.

P26 - 31 Extract from TAMPEP's *Peer Education Manual*, 1997.

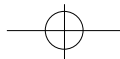
p33 Health education material, EUROPAP Portugal.

P34 Photograph of P.A.S.T.T mobile unit in Paris.

p37 - 39 From *SEXE a moindre risque* a booklet for transgender sex workers produced by P.A.S.T.T, Paris, France, 1996.

p42 Front cover of *Dichos and Diretes* booklet produced by TAMPEP, 1994.

p44 Cartoon from *Work and Health* a booklet produced by Stichting soa-bestrijding



- (Dutch Foundation for Disease Control) 1997.
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- p44 Cartoon from *Dichos and Diretes*, TAMPEP 1994.
- 
- p45 *AIDS? Your Gun for Protection is a Condom!* Folder produced by Buro GVO, Amsterdam, 1993.
- 
- p47 Cartoon from *Safe Sex* a magazine published by PAYOKE and PASOP, with support from the Minister of Employment and Social Affairs of the Flemish Community.
- 
- p49 Cartoon from *Dichos and Diretes*, TAMPEP 1994.
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- p53 Front cover of *Prostitution: job, beruf, arbeit*
- 
- p54 *Safer Sex Pamphlet*, EUROPAP, Denmark.
- 
- p56 P.A.S.T.T. workshop, Paris, France.
- 
- p57 *Tutti I Clienti Senza Preservativo ce L'Hanno Piccolo* poster produced by Comitato per i Diritti Civilli Delle Prostitute, Italy.
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- p63 A UK leaflet on prostitution and the law produced as part of a joint initiative between Manchester Action on Street Health (MASH) and Greater Manchester Probationary Services, 1995.
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- p64 *Sex Workers and the Law* by Penny Cotton and produced by RELEASE, which is the National Legal and Drug Advice Service in the UK., 1997.
- 
- p71 Praed Street Project, London, UK monitoring form being used to record clinic, drop in and outreach contacts.