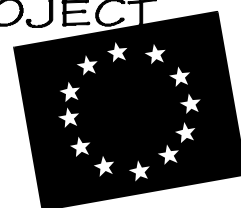


# TAMPEP

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



## TAMPEP 5

September 2000/February 2002

# FINAL REPORT

volume 1



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# General introduction

In this final report we indicate the activities of TAMPEP Network which took place during the period of September 2000 until February 2002, representing Phase 5 of the project<sup>1</sup>.

The complete report was divided in the following three volumes in order to make its handling easier:

1. **Final Report:** country reports
  2. **Regional Commissions:** North, Central and South European Commissions
  3. **General Meetings I and II:** Vienna and Amsterdam
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**S**pecific activities are being described in two General Meeting Reports, in the reports regarding the national meetings and in the report regarding the European mapping. The results of Regional Commissions meetings are enclosed in a separate report. As far as country reports are concerned, we chose for the following solution: the four TAMPEP founder countries (the Netherlands, Austria, Germany and Italy) prepared detailed reports about their activities, methodology and results as an example of the development of TAMPEP; the other members of the Network prepared concise country overviews and gave the description of the activities effectuated in the framework of TAMPEP. More details regarding countries situation and the activities of the partner organisations can be found in the reports of the two General Meetings and in the reports of Regional Commissions meetings. These reports should be seen as one entity, even if they are published separately. Additionally we published a manual “Services in the window” and the manual on cultural mediation “Cultural mediators in the Area of Prostitution/ Transnational Training”. A number of Case Studies are included in the national reports.

Moreover, a list of national seminars and regional meetings that have been carried out has been included in this Final Report.

Also the list of most important international seminars/conferences where TAMPEP project was presented or was the co-organiser has been indicated. In annex we enclose the list of information materials in 12 languages that TAMPEP has produced. This material is available in a CD Rom form.

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<sup>1</sup> Phase 1: September 1993 / August 1994

Phase 2: June 1995 / June 1996

Phase 3: October 1996 / September 1997

Phase 4: May 1998 / October 1999

Phase 5: September 2000 / February 2002

## Network Mission Statement

At the present time prostitution in Europe should be seen as a transnational phenomenon with common issues and common features. Typical characteristics are: the rapid development of prostitution, the specific forms in which it is organised, the presence of local and mobile sex workers, the extreme mobility of the various groups of migrant sex workers and the presence of local or foreign criminal organisations that organise and control the market. These features do not differ completely between Western, Eastern, Southern and Northern Europe (which came out very clear from the results of our questionnaire).

It is therefore important to introduce a European co-operation model among the various geographic regions and particularly TAMPEP's working techniques, which had already been developed and implemented as a model in other European countries.

TAMPEP's results proved that HIV/STI prevention/intervention among migrant sex workers is feasible, especially when the local structural influences (sanitary, prostitution and alien policies) are being considered. While working simultaneously in all European countries it is necessary to recognise and integrate this aspect in the prevention strategies and in the common issues which public health authorities face across Europe. In the situation of internationalisation of prostitution, the work and co-operation on an European level seems to be the only efficient and logical approach towards migratory prostitution which is characterised by a high national and trans-national mobility.

The network has directly contributed to primary prevention through facilitating access of migrant prostitutes working across Europe to appropriate services. The existing experiences and expertise are brought up together and strengthen up through the countries belonging to the Network. The Network facilitates exchange of knowledge and models of good practice among social, health and civil rights projects for sexworkers. The Network has worked in the strict co-operation with relevant international agencies involved in the area of health and human rights for sex workers in order to harmonize the strategies and to give recommendations for new policies. Therefore we worked in strict cooperation with key persons from EU, UNAIDS, UN and other relevant policy makers and transferred to them our results and experience.

The direct and active participation of NGO and GO programmes from associated and candidate countries in our project have made it possible to work in the real European dimension. Also, we involved in our Network the countries from CEE, NIS, Central Asia as our counter partners in various activities. The same concerns the so-called "observer countries" Norway and Switzerland who participated in all activities of the Network. We also cooperated with other relevant networks and sex workers' organisations and human rights organisations.

## The TAMPEP Project

**T**AMPEP (*Transnational AIDS/STI Prevention Among Migrant Prostitutes in Europe Project*) is an international networking and intervention project operating in 22 countries in Europe, including 8 countries in Central and Eastern Europe.

### Project's aims

- to advocate for the human and civil rights of migrant sex workers,
- to facilitate the sharing of knowledge, experience and good practice amongst the members,
- to develop and implement effective strategies of HIV and STI prevention amongst migrant sex workers across Europe.

### Project's activities

The role of TAMPEP project is to organise, co-ordinate, facilitate and carry out the following activities:

- continue to implement HIV/STI prevention among migrant sex workers in Europe based on TAMPEP methodology
- train the members of the network in:
  - basis principles of outreach work
  - setting up of a local network of services
  - developing instruments of social mobilisation
  - techniques of production of information/education materials
  - application of peer education programme
  - techniques of mapping of prostitution scene
  - methods of integration of social support for trafficked women within the outreach activities and health services
- facilitate the participation of CEE countries in the network
- organise lobbying and advocacy activities at the national, regional and international levels
- promote and organise international forums and platforms in order to carry out monitoring activities, formulate recommendations concerning the protection of health and well – being of sex workers, identify the barriers to their access to medical and social services in Europe and co-ordinate these activities with other international organisations and agencies
- carry out the research concerning prostitution and migration in the countries of the network with the help of questionnaire that is updated every six months. The co-ordination centre collects the data, works them out and spreads the results as soon as they are ready.

## Action points of TAMPEP programme and Network results

### 1. Introduce and implement a common working philosophy of the intervention for migrant sex workers in Europe among the members of the network.

Network result: identification of needs of migrant sex workers and of barriers to the protection of their rights and the employment of multidisciplinary strategies in the

interventions of the services belonging to the Network where the needs of women form a central point.

**2. Creation of a wide network of social-health care services (GO and NGO) for hard to reach groups of sex workers.**

Network result: identification and sensibilisation of medical and social services among the countries belonging to the Network, empowerment of NGOs on the national level, creation of a national networks, proper use of local resources and possibilities, cooperation with medical services providers.

**3. Creation of region-wide capacity to implement HIV/STI prevention among migrant sex workers in Europe in the framework of health promotion (within the structures of the 3 Regional Commissions).**

Network result: exchange of experience, knowledge and good practices amongst the member countries, identification of common gaps and the review of the situation of prostitution, working together on specific issues, carrying out of common training.

**4. Drawing of a detailed updated map of migration movements within the prostitution industry in Europe and assessment of factors that determine the situation of sex workers.**

Network result: using a questionnaire as a common instrument for a national mapping in order to get to know what happens in prostitution at the present moment and what are the trends in the prostitution scene, including legislative framework and the analysis of existing health and social systems.

**5. Formulating recommendations and advice to the national and international public health authorities concerning health, social and juridical policies in prostitution.**

Network result: social mobilisation and lobbying activities on national, regional and international levels.

**6. Standardisation and adaptation of already existing information material and manuals produced by TAMPEP for a wide use among member countries.**

Network result: spreading of the basic package of TAMPEP's ready to use information material, updating of the basic material, making the material accessible for the members of the network and the services in the countries of the network, production of new material. TAMPEP's educational material has been distributed among the members of the network who facilitated the further distribution to other organisation in their country. The co-ordination centre gives assistance to the network member countries who wish to adapt TAMPEP materials and who want to make new materials. The new revised material of TAMPEP that will be produced in the form of CD Rom will be spread in the same manner. In this way the distribution of material forms an integral part of our methodology and network activity.

**7. Diffusion of experience, instruments, training and knowledge for international agencies and organisations dealing with the migrant, mobile and trafficked sex workers.**

Network result: participation in strategical meetings of policy makers, giving support and advice to various GOs and NGOs, formulation and spreading of central recommendations to national governments and international agencies. Broad international diffusion of TAMPEP Position Paper and the Network Manifest.

## **Organisation and Structure of the Network**

### **International Level**

The whole network participants have the possibility to exchange experience in a bilateral and multilateral way with the support of the coordination centre of TAMPEP and in common gathering moments like General Meetings, conferences, national seminars and last but not least mutual visits to each other member country. Many members of our Network have bilateral working contacts and cooperation with projects in the mother countries of migrant sex workers. These countries are already involved in our parallel projects.

### **Regional Level**

The member countries of the network of TAMPEP are grouped in 3 Regional Commissions: North, South and Central Europe.

The tasks of these 3 commissions are principally:

- to observe common problems at region and trans-regional level, to carry out mapping of the prostitution scene and to compare the data
- to strive to find common models of intervention
- to organise common implementation activities within the Regional Commissions following the programme of TAMPEP (i.e. training programme for out-reach workers or production of specific material in various languages, etc.)

### **National Level**

The Network members are representatives of the Network in their country.

The tasks of the National Coordinator(s) are as follows:

- To monitor the situation in their countries
- To support the creation of the national platform
- To implement TAMPEP's methodology in their countries and to strive for a better coverage of services for migrant and mobile sex workers
- To disseminate the experiences and products of TAMPEP in their countries
- To disseminate information and expertise from the network on the national level
- To organise one seminar in own country in order to strengthen the development of responses at a national level. The seminar had different forms: practical (for example training for service providers), political (sensibilisation of policy makers) or instrumental (exchange and sharing of experience, knowledge and strategies with local projects).

These three “organisation structure bodies”: international, regional and national are not separated from each other, but work as operational instrument for the execution of the programme. In doing so, the Network has become a homogeneous and cohesive and was able to exercise influence in various levels.



### **Steering Committee**

The execution of the project was guided, monitored and evaluated by the General Coordinator in Coordination Centre in the Netherlands supported by the Steering Committee. The Steering Committee was formed by the four TAMPEP founders and three regional coordinators.

## **Network influence and lobbying activities**

**T**hrough the consolidation and further development of the networks operating at local, national and international levels, TAMPEP offers national and international policy makers the opportunity to understand the complex and rapidly changing environment of international prostitution, and how they can respond most effectively in meeting health and social care needs of sexworkers.

### **At European level**

Exchange and integrate various intervention strategies carried out in each countries, to inform on the possibility of primary prevention and social support for migrant prostitutes, to observe and compare similar and diverse developments of migrant prostitution, to agree on criteria of joint work with health authorities, to carry out European cooperation work and to structure a joint position in the dialogue with the European Union with other countries in the continents and with international organisms.

### **At local level**

Involve in each city and/or country the various organisations and public health services that work with migrant prostitutes, to sensitise them to their situation, to coordinate the various areas of work, to carry out joint actions both in direct intervention work and in the elaboration of new political and social proposals.

### **International networks**

Cooperate with organisations of migrant prostitutes' countries of origin, transit and of destination, in order to exchange information on the cultural and social background, about their migratory mechanisms, about the possible involvement of criminal groups and traffickers as well as the possibilities of protection and aid from their governments.

These above mentioned activities are described in detail in this report, here follows the summary of our area of activities:

## **Prevention activities with migrant sex workers**

**I**n order to understand and visualise the framework and principles of TAMPEP prevention activities as carried out originally in the four founder countries and the step to the implementation of them in the broad network of 21 countries, we have to recapitulate the main points of our working philosophy and the practices. These basic principles were worked out and adapted to the various realities of the partners in the network. The partner organisations formed a focal point for TAMPEP and they promoted our model, started pilot activities, provided trainings for service providers based on this methodology, introduced new elements (such cultural mediation and peer education) and particularly sensibilised the health care providers and policy makers towards the need to have a holistic approach to the new reality of sex work.

Firstly it was important to agree on common definition of what we mean by health promotion targeted for specific groups and to define the following:

- What do we mean by health
- What are the characteristics of this target group
- What are their needs and expectations
- What role do we assign to that social group in our health project
- What are our objectives
- What is the relationship between our objectives and the social group's needs.

In general, the standpoint that a service provider will take regarding each of these issues will determine the nature of the project, as well as its effectiveness.

Experience has taught us that not every health prevention project considers the subject as such, nor respects the group's specificity, taking into consideration its needs, nor really includes it in the project.

Thus, most projects on HIV/AIDS prevention for migrants and migrant sex-workers are not feasible in practice.

TAMPEP as a European project that combines research and active intervention with migrant sex workers sustains that health is defined taking the subject as the starting point, considering the subject "holistically" and not only as a body or an organ, or as an object of a disease. Health implies an interaction and an adequate balance among psycho-emotional, physical, and social factors.

TAMPEP considers migrant prostitutes as subjects of rights, among them, the right to health, independently of their legal status and understands that the work, social and legal situation of migrant prostitutes have direct consequences on their health situation. TAMPEP sustains that the participation of members of the target group in the development of the project is a necessary condition for the effectiveness of its implementation, as well as for a permanent interaction with it.

TAMPEP acknowledges and respects the characteristics and cultural differences of the different migrant groups, which are the basic factor to elaborate a health project within the framework of migration.

TAMPEP understands that a specific Health Project for migrant sex-workers must be based on the acknowledge of their situation as migrants, including them, instead of excluding them from the migratory movement. It must also acknowledge them as migrant sex-workers, regardless of any abolitionist, moralist, or regulatory consideration; including them instead of excluding them from society.

**Our first item of analysis** in defining a health project is that we are facing a migratory situation. This supposes in itself the experience of culture shock and a great effort to somehow adapt to radical changes in the new social and cultural sphere.

This process frequently generates a great physical as well as psychic tension that has negative consequences for (men and women) migrants' health.

Psychological health has a great significance, added to the risks posed on physical health, due to the difficulties of integration to a **new context** – especially when it is

aggravated by **discrimination**, and the difficulties in the access to a **legal status**. This situation becomes even more critical, when faced with the lack of social – cultural sensibility from the officers of health services, and the general difficulty of migrants to have access to them (Wilfried Kamphausen- European Commission – Health General Direction and Consumer's Protection – Seminar "Migration, A Health Risk" – Vienna's Administration – January 31, 2001).

**Our second point of analysis** is that we are facing sex work and migrant sex workers. This implies that added to the customary marginalisation of migrants in Western European societies, is the stigmatisation as prostitutes.

Sex work, as a result of its characteristics, isolates migrants from any possibility of contact with other social circuits. Added to this is their cultural and linguistic isolation. Such isolation is backed by their lack of legal status, which reinforces their dependence on club owners, pimps, clients, etc.

Migrant sex workers have no chance to gaining access to Health Services. The only existing services available to them - in some European cities - are STI/AIDS control services, which do not respond to their integral health needs.

## Migration and Prostitution

**P**rostitution in this moment can no longer be viewed as a local or national phenomenon, but as an international one, involving multi-cultural groups and international organisations.

The acceptance of prostitution and the process of internationalisation are important for effective health care and HIV/STI prevention for migrant sex workers. Above all, taking into consideration that, at present, in many areas within the EU and some associated countries, the number of migrant prostitutes is superior to that of local sex workers (see national reports).

This process is not new; it began 20 years ago. However, in spite of the deep transformation of the reality of prostitution in Western Europe, there have been no significant policy changes regarding HIV/AIDS prevention and protection measures for migrant sex workers.

The fact that migrant sex workers are, precisely, **migrant** implies that they are not only affected by marginalisation and stigmatisation, and subject to criminal or prostitution laws, according to the country where they reside, but that they are constantly threatened by the **restrictive migratory laws of Western Europe**.

The paradox is clear and dramatic. On one hand there is the demand for migrant prostitutes. On the other, the sex industry incorporates an increasing number of migrant prostitutes, and simultaneously, not only is there no legal protection for them, but also they are permanently penalised and threatened with expulsion from the country and with permanence prohibition.

The "**illegalisation**" of migrant prostitutes has severe consequences for their living and working conditions:

In the first place, their "**illegalisation**" leads to:

- dependency on pimps, club owners, husbands, and other people involved in the sex industry;
- exploitation through underpayment, 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 their temporary visa is expired, because they are taken by their pimps to another place, or because the threat of raids or police control, force them to look for another place of work;
- insecurity and fear, which might cause physical and psychological problems, frequent exposure to dominating and exploiting clients who force them to accept any offer: low prices, unprotected sex, unsafe working places.

Secondly, there is a lack of access to health care services:

- because of their illegal status they not have a valid health insurance, and consequently, they have no access to the health care system and health promotion measures;
- because of their insecure and marginal situation, they have no access to information about their rights and possibilities of getting HIV/AIDS/STI prevention and treatment, even if they are insured. Under those conditions, safe sex practices are not a priority anymore;
- because of the repressive policy towards migrant sex workers, they distrust all kinds of authorities, including health care services. This means that they do not make use of those services;
- because most health care services are not prepared to deal with a multicultural population, migrant sex workers are usually discriminated and misunderstood.

From the above, it might be concluded that migrant sex workers are highly vulnerable and, this vulnerability determines the different levels of damage and risk for their health and for their well-being

One of the examples demonstrating how the vulnerability is connected with health risk is the case that happens often: migrant sex workers without legal papers are deported even if they are sick and under treatment for the STI because it is not recognised as a valid reason to postpone or suspend the deportation process. The continuous fear of deportation limits also the motivation of women to undergo a STI/ HIV test or they are simply not free to leave their working place or they are afraid to move around in the city because they are undocumented persons. This example clearly demonstrates the extent to which repressive policies are an attempt against migrant sex workers, their health and the implementation of STI/AIDS prevention programmes.

## **TAMPEP Project Strategy**

**I**n view of this reality, TAMPEP carries forward its objective to develop models of health promotion for women and transsexual migrants who come to work in prostitution in Western Europe.

The focal point is HIV/STI prevention, but with a view to behavioural change, we are also concerned with the overall health of migrant prostitutes, as well as their social position and working conditions.

How can migrant sex workers attain access to HIV/STI prevention programmes and how can we implement such programmes with them??

## **OUTREACH WORK / STREET WORK**

This is the most effective working technique in initiating and maintaining contact with our target group, which is hard to reach. Street work must be organised according to the characteristics of prostitution in a country or city. The forms of prostitution in which migrant prostitutes most often work are street prostitution, sex clubs, bars, windows and private apartments.

According to our experience, street work must be systematic, frequent and intensive in order to build a relationship of trust with migrant prostitutes. Short-term street work projects have counter-productive effects, which generate false expectations in the target groups, and therefore, distrust.

Street work contributes to having a better overview of each specific situation, promoting safe sex practices, carrying out STI and HIV/AIDS prevention activities in an efficient way, influencing positive behavioural changes, boasting group cohesion and building up migrant sex workers self-confidence and self-esteem.

Street work must not be limited to handing out condoms, lubricating jellies or information material. The outreach worker must try to establish a personal contact with migrant sex workers and guide and support them, in social, legal and psychological issues.

The street work team must carry out regular assessments both of the work itself and of the changes that are being produced in the target group in the field of prostitution. In this sense, street work also has an irreplaceable information source on the reality and the transformations of prostitution.

The direct contact with migrant sex workers and the knowledge of their work world permit the development of grassroots activities tailored to each group and allow us to improve the health and well being of migrant sex workers.

## **CULTURAL MEDIATORS**

TAMPEP's street work is carried out by cultural mediators. According to TAMPEP's definition: "*Cultural mediators are a go-between who know the motivations, the customs and the codes of dominant culture in the host country, as well the conditions, social ethics and the scene in which a minority group finds itself*".

According to our model and experience they should be individuals capable of eliciting trust from the target group, and should be of the same ethnic group or nationality as the sex workers, which enables them to recognise and appreciate the cultural and social mechanisms that influence their behaviour and choices.

Cultural mediators are also educators and trainers, with a mandate to pass on knowledge and experience in the field of STI/AIDS prevention among sex workers.

The function of cultural mediators must not be limited to that of social workers or translator - although they also carry out those sorts of activities.

Cultural mediators are intercultural bridges and, in that sense, contribute to the decoding of cultural codes in order to facilitate their understanding, as well as the interpretation of non-verbal codes

Cultural mediation allows not only a more effective and direct dialogue with the target group, but can and should also function as intermediaries between the migrant and all possible service providers.

Cultural mediators have an important role regarding health care services, through their cultural "translation" of the perspectives and needs of migrant women and the staff.

## **PEER EDUCATORS**

In contrast to cultural mediators, peer educators are members of the target group, and therefore identify completely with that group. They play the role of leaders and articulate the interests of their peers.

Our experience has shown that there are some preconditions for effective peer education. Generally speaking, peer educators must have a base in the community, and must be recognised as leaders, while at the same time representing the project.

We think that the success of peer educators depends more on their identification with the role, and on their acceptance within the community, than it does on their specific position. They should be able to raise awareness among their colleagues, and to organise and conduct workshops on various themes related to prevention and safer sex practices in the field of AIDS/STI.

Peer educators must also distinguish between their community work and the private lives of their fellow sex workers and themselves. They must also be able to apply the concept of peer education to a community that is extremely mobile. Their primary focus is on mutual support among colleagues with a view to sustaining behavioural changes in adopting safer sex.

## **INFORMATION MATERIAL**

Together with street work and the two "professional actors" mentioned above, the development of specific information material is another essential link of our methodology. Much of the information material for migrant sex workers we know of are produced with a Western mentality, without taking into account the diversity and heterogeneity of the migrant women constituting the target group.

In order for an information material to be effective, it must take into account the fact that women from different cultural and ethnic backgrounds need totally different approaches. The production and use of information materials should be considered as a tool for the work and not an end in itself.

The materials should be created and developed together with the target group during workshops, street work and other kinds of regular meetings. This involvement of sex workers in production of information materials is necessary in order to:

- improve the learning process, as it is carried out for and with migrant sex workers,
- observe and incorporate the specific cultural differences within the group,
- increase awareness on HIV/STI and safer sex practices.

At the same time:

- their production must be very simple and inexpensive, so they can be modified or adapted, whenever necessary;
- they must be recognisable (logo, size, colour, etc.),
- they must be handy and easy to carry.

All of the above is in reference to the direct intervention methodology, as well as the professional actors necessary to carry them out.

Finally, another fundamental area in our strategy and one of the central pillars of TAMPEP's policy is: the constitution and strengthening of networks, given the extreme mobility of migrant prostitutes, the permanent transformation and the transnational and many-sided character of this phenomenon. As above mentioned, these networks have national, regional and international character.

## Combining research and intervention

In recent years the role of women in all the different societies has changed enormously, mainly as a result of world-wide economic changes. The amount of women opting for migration has dramatically increased, giving rise to what is called "*female labour migration*".

In this new international context, prostitution became an important labour option for a growing number of women, men and transgender persons all over the world. Prostitution has also become a very important economic factor for other people involved in prostitution.

In Europe, the impact of the internationalisation of prostitution can be clearly seen in the radical changes within the new structures of the European sex industry.

These changes are mainly characterised by an extensive mobility of and high turnover in migrants working in prostitution. The two things have led to the appearance of new forms of prostitution with a continuously changing of its population.

Therefore, in order to develop specific methods while working with migrant sex workers, there is a need for continuous evaluation of reality, that means, the changes in the current situation and their effects on the behavioural patterns of the target group.

For TAMPEP, a project whose main objective is to develop and implement effective and realistic HIV/AIDS/STD intervention schemes for migrant and mobile sex workers, the permanent exercise of observing, analysing and evaluating is the basis of its methodology.

Over the last seven years, TAMPEP has been developing different strategies in this field in order to accomplish its aims. This analytical process has enabled TAMPEP to become an active and wide-spread "*observational body*," keeping a constant eye on the situation of migrant and mobile sex workers in Europe.

## TAMPEP's observatory role

### **ACTIVITIES**

Different activities are carried out simultaneously at different levels with the following objectives:

- To observe and collect data concerning the variations and dynamics of the transnational migration flux
- To investigate about the social and legal situation of migrant sex workers
- To investigate the living and working conditions of migrant sex workers and their degree of access to social and health service providers
- To observe the different power relationships developed between the different persons involved in the context, in order to understand what mechanisms of pressure they are exposed to
- To investigate the impact of external factors, such as: policies on migration and prostitution, working conditions and the mechanisms of trafficking, on the behaviour of migrant sex workers.
- To collect data concerning the needs, knowledge, awareness, attitude and behaviour of the target group with regard to safe sex practices and health promotion.

### **Ways & Means**

These activities are undertaken through two main *instruments*: outreach work and networking.

#### **Outreach work**

Outreach work is not only fundamental as an instrument to contact a group which is very hard to reach, but it is, if not the main instrument, one of the most important tools for collecting realistic data on the target group.

Therefore, outreach work has to be done continuously. This allows us to follow the changes that occur in the scenario and to recognise the needs and characteristics of the migrant sex worker population.

Regular streetwork, workshops, training of peer educators and the carrying out of questionnaires are all possible activities of field work.

A good example of one of these activities is a data collection system already developed by TAMPEP. Through this specific registration system carried out during fieldwork, it is possible to get a better overview of the different issues concerning the living and working conditions of migrant sex workers.

#### **Networking**

An active network is also a very important tool in understanding reasons and developments of already existent or new situations. Networking is done parallel at local, national and international level. Information is exchanged between NGOs, governmental institutions and international organisms in each country involved, that is to say, in the home countries of the sex workers, the countries of transit and the countries of final destination.

On one hand, networking serves to build up a reliable directory of different services available for migrant sex workers.

On the other hand, it is an instrument that can be used to influence policy makers towards the recognition of prostitution in its international dimension.

It then becomes quite clear that the “*observatory role*” and the different methods of practical intervention complement each other and are implemented simultaneously.



The collection of data provides a formal basis for the development of targeted intervention activities, while data obtained through outreach work will be incorporated in order to extend and deepen our awareness and understanding.

## **AIMS**

### **To act and react**

Through the development of a common methodology of evaluation it is possible to compare results, to keep the information updated and to recognise new situations.

A good example of such an instrument is the set of TAMPEP questionnaires which has been circulated among us over the last two weeks.

As a result, it allows TAMPEP to draw a quite realistic map of the different situations which, in turn, provides us with the basis for coming up with specific “*reactions*” to specific situations.

These “*reactions*” lead to the continuous development of new strategies in the field of health promotion, through the utilisation of a very flexible and dynamic methodology.

This methodology is able to adapt itself accordingly, is able to be compatible with the most different realities and prostitution scenes. And it is able to deal with a constantly changing target group, which has completely different cultural backgrounds and levels of educational.

### **To advocate**

This means that the knowledge of the structure, the movements, the living and working conditions of migrant sex workers also gives us the basis for developing different strategies in the political field.

The information gathered allows us to promote initiatives for the protection of migrant sex workers’ human rights.

It allows us to formulate guidelines for *good practice* regarding public health policies.

It also provides us with the arguments needed to sensitise police makers to improve the social and legal situation of sex workers.

## **European mapping and data collection**

**W**ithin the above mentioned practices of TAMPEP method that had been adapted by all Network members a comprehensive overview of the situation of prostitution in 21 countries of TAMPEP’s network has been produced covering a period from September 2000 till January 2001. The collected data and information are included in a separate report. This first European mapping of the general situation and data collection has been carried out through a questionnaire filled in by all 21 countries participating in TAMPEP network. Some specific studies can be found in some national reports.

As far as the carrying out of this TAMPEP’s European research mapping work is concerned, new instruments have been developed. Two versions of the questionnaire have been worked out: one addressed to public medical services and one to NGOs. They collected comprehensive data throughout their own country and diffused them to all organisations that are active in prevention activities towards prostitution and specific services for migrant sex workers. Such mapping provided TAMPEP with a valuable collection of significant and updated data and it was very useful for the partners as country instrument for assessment of services and policies.

The second common instrument of methodology was a database registration. A special registration form records all national contacts realised on the field with migrant prostitutes by outreach projects. This instrument was made available for outreach projects that used it for the systematic monitoring of activities. We hope that in the future we can use this instrument in a more comparative way. In this report a data base collected in Bulgaria and in Turin in Italy are enclosed.

## **Overview of the results of the assessment of the prostitution scene in the member countries**

**P**rostitution in Europe is in this moment an international phenomenon with common issues occurring in all countries such as: the rapid development and diversity of the sex industry, the presence of local and migrant sex workers, the extreme mobility of sex workers and the presence of criminal gangs that organize and control the sex industry.

### **Migration & Prostitution**

In the majority of the European countries (including CEE countries), female migrant sex workers constitute a significant percentage, in some cases as high as 70%, of the country's sex workers, however, the current legislative frameworks and health and social care services are too narrow and restrictive to respond to this new reality.

The TAMPEP network has registered that the number of new subjects entering prostitution in the Western Europe is constantly increasing as well as the number of nationalities among sex workers. During the first year of the TAMPEP project in 1993-1994, we have recorded the presence of 10 - 12 different nationalities within the EU countries. Last year 40 different nationalities have been recorded though coming from the same geographical areas: Latin America, Central and Eastern Europe, West Africa and Asia. The number of women migrating from Central and Eastern Europe and the Balkans to the EU countries is gradually increasing - in this moment the presence of Eastern European women and from the Balkan region in EU countries is on average 30 - 40% of the total sex workers population. Also, the networks of East European and Balkan women entering prostitution are expanding within these regions. As a result, there is a growing number of new ethnical groups entering prostitution, in the sense of groups of sex workers from various countries of origin or groups with very different starting situation and the context where they operate.

An important change in the prostitution scene results from the enormous migration flows from Central and Eastern Europe towards Western Europe and from the internal migration flows from Eastern Europe towards Central Europe. The countries of Central Europe play an important role in the prostitution flow in Europe because they are at the same time destination, transit and sending countries. For example many Ukrainian, Russian and Moldavian women come to work in the sex business in Poland, Hungary, Czech Republic and after some time either they move to the EU country or stay in the region of Central Europe. At the same time women from Central Europe leave their country and look for work in EU countries. From our assessment in the CEE countries we concluded that migration movements for the purpose of prostitution within the former Soviet bloc are as high as the ones from these countries towards EU.

That is why it was so important to co-operate closely with prostitution projects in these countries. Therefore TAMPEP emphasise the necessity of structural co-operation between Western and Eastern European Countries and put it in practice.

TAMPEP have observed that there is an increasing mobility of sex workers in Europe and that the patterns of mobility (i.e. travel routes) have become more complex. The same applies to the spread of nationalities in Europe. For example until two - three years ago, Albanian women were to be found only in Italy and Greece. Now, TAMPEP observe that there are less Albanian women in Italy, but in Belgium, France and Germany we see a sudden rise of their number. The similar thing happens to Bulgarian and Romanian women who start arriving in the countries where they had never been signalled before. We register that majority of migrant sex workers worked in at least two - three EU countries and in two – three countries within their geographical region. This pattern of mobility is determined by pimps/traffickers because they place and move the women into and between different countries, because the women are sold to different pimps/traffickers in various countries but also because they escape from their perpetrators. This means that they are exploited by different gangs and pimps in different countries. For example in our programme in Turin, Italy we support 5 Moldavian girls that in the time of 2 years had been sold 5 times. The first time from Moldova to Ukraine, the second time from Ukraine to Hungary, the third time from Hungary to Bosnia and Herzegovina, the fourth time from Bosnia to Albania and the fifth time from Albania to Italy, where they were encountered by our project.

In general the mobility has not only a transnational character but also migrant sex workers move or are moved (by pimps) between various prostitution scenes, cities and forms within one country. On average our teams are able to constantly follow the groups for a period of three to six months. Sometimes this mobility has a cyclic character, sometimes the destination becomes more definitive. The different kinds of mobility are mainly determined by the length of the stay in the first country of arrival, by connections with the prostitution world and by internal networks of fellow-countrywomen or traffickers. Parallely to this TAMPEP observe that this mobility is more and more caused by repressive actions undertaken by local authorities that decide to clean up the prostitution scene in a given place. These actions lead to the creation of new forms of prostitution, territorial spreading and augmentation of vulnerability.

On the other side we observe that the services in Europe are more and more confronted with the following issues: steady augmentation of the number of sex workers, problems of reaching them and the reaction of policy makers and police who choose for repressive policies which means in the first instance the cleaning of the streets.

### **Regarding changes in legislation**

Of course this application of the repressive policies cannot be based only on continuous police operations (in majority of the countries individual prostitution is not a criminal offence), so it is accompanied by the changes in legislation: from abolitionist system towards mixed system of prohibition and regulation. Moreover, this year's ratification of the UN convention of Palermo and of the anti trafficking protocol has obliged the governments to introduce a common anti trafficking article in their national penal codes. This protocol is very progressive and separates trafficking (as criminal act) from smuggling of persons (as criminal act) and is not against prostitution. But the problem is that the majority of the governments interpret it only as anti-smuggling and/or anti-prostitution instrument and not as a true instrument of the protection of the human rights of the affected women. Moreover, the European Commission defines trafficking in human beings and illegal migration (smuggling in persons) as the same criminal act.

This way the specific elements of trafficking for forced prostitution are associated and are defined as a form of illegal migration and not seen as two separate phenomena. The question is: if the objective is to fight against illegal migration, where are the humanitarian aspects of the protection of the rights of the trafficked women as such? And where is the recognition from the side of the EU of this specific form of violence against women?

TAMPEP observed that in various countries the combination of two priorities of policy makers (need of control and reduction of prostitution and combat against criminality) results in the following kind of argumentation: because we have to save the victims, and to combat the trafficking, we must combat prostitution as such and maybe with an alternative to tolerate (under strong control) only these forms of prostitution that the authorities perceive as not public order disturbing. It means that we face a very strange reasoning: all migrant prostitutes are victims and if they are not victims – they are simply illegal aliens. The solution proposed by the state is: either the women have to go out of prostitution (while entering the protection programme for the victims of trafficking), or they should go out of the country. Confronted with this specific reasoning means that we as an international network concentrate on efforts to advocate within the international agencies and governmental bodies for the protection of the rights and the safety of the women based on the human rights perspective, including the right of self-determination.

Facing these facts, TAMPEP Network calls for promotion of holistic approach to this new reality and advocate for anti-discriminatory policies based on human rights protection.

Migrant sex workers should be accorded human and civil rights within society that ensure they are not vulnerable to exploitation and abuse by their clients or controllers of the sex industry and traffickers. In addition they should not be perceived as primarily objects for exclusion and/or abuse by police, health and social care workers or immigration officials. It should be recognised that they are part of a process of internationalisation, as a result of the new world economy, over which they have little if any control. It is, therefore, essential to overcome the marginalisation of migrant sex workers and ensure the provision of effective legal, health and social care services that are mindful of their human rights and go beyond focussing on them solely as objects of sexually transmitted infections. Responding holistically to the needs of migrant sex workers is the most effective instrument against their exploitation and thus against trafficking in women.

The undeniable presence of migrant sex workers, in Western Europe requires a transformation in the thinking around women's migration, which is inclusive of migrant sex workers and considers them as part of labour migration of women.

TAMPEP has established that a repressive policy both on prostitution and on illegal immigration deeply undermines the prostitutes' chance to implement a strategy of self-protection (for their health and for their well-being) and self-determination in performing their activities as sex workers that makes possible safer sex practices.

The fact that migrant sex workers are, precisely, migrant implies that they are not only affected by marginalization and stigmatisation, and subject to criminal or prostitution laws, according to the country where they reside, but that they are constantly threatened by the restrictive migratory laws of Western Europe.

## Conclusions

As a conclusion of this section, we state what are the main principles of TAMPEP Network holistic strategy.

It is not only cultural diversity that accounts for diverse attitudes and behaviour of migrant sex workers. As important is the particular context in which migrant prostitutes are employed, the organisation of prostitution in the host country, and the prostitution and migration policies that affect the social and working conditions of a targeted population. The control that sex workers have over their sexual services and over their health in general is determined by the control they have over their working and living conditions, by their legal status in the prostitution and in a given country, and by their economical, cultural and national backgrounds. There must be a constant collaboration with the sex workers, and a space for them to define their own needs and priorities, to create their own materials and activities, and to make their demands within the ambit of European prostitution.

Those who work with migrant sex workers should ideally be of the same nationality and culture as the migrant sex workers themselves. This allows for effective dialogue between the prostitutes and the service providers. Results, implementation, materials and methods, need to be reviewed periodically to make them as effective as possible.

Leaflet distribution alone is not enough to change behaviour. Constant, intensive fieldwork is needed to establish trust. Individual and group counselling (also regarding social, legal and psychological matters) is necessary to facilitate behavioural changes. Helping migrant sex workers empower themselves in other respects, such as improving their living and working conditions, or securing their legal status, must also be part of any intervention, as this will enable them to control their own lives. Collaboration with health services is vital if information on safer sexual practices is to reach migrant sex workers. TAMPEP's role in this should be focused on mediation between the sex workers and the medical services, cultivating and shaping official backing for co-operative models especially adapted to the circumstances in each country.

Promoting safer sex practices alone is not sufficient. Informing migrant sex workers about the safest condoms, instructing them on their use, and teaching negotiations skills with clients need to be supplemented by direct fieldwork - actual assistance in purchasing condoms, or ensuring that they are supplied with condoms that are adequate. Similarly, informing sex workers of the value of regular preventive medical attention must be complemented with referral to addresses of empathic doctors. In other words, campaigns will have no effect unless they are combined with services.

Given the mobility of migrant sex workers within Europe, peer education is essential. This mobility itself can be advantageous: once peer educators have been trained in the fundamentals of safer sex and health promotion, they can function as 'health messengers' as they move through Europe. Ideally, they should be supported by an international network of projects.

Discrimination against migrant women and the burden of restrictive legislation around migration, exacerbated by the marginalisation of prostitution, excludes many migrant and mobile sex workers from legal, social and health care services and support. TAMPEP Network believes that the needs of migrant sex workers, in relation to health

and social care and human rights, cannot be met within the repressive policy frameworks currently operating within Europe in relation to migration and prostitution.

We must consider migrant sex workers as active social subjects and not simply as objects for exclusion, and in so doing recognize the cultural identity of migrant sex workers and the contribution that they have to make in the development of effective policies and interventions.

Cooperation and networking on local, regional and international levels between governmental services and the NGO services is particularly in this moment indispensable in order to understand the complex and rapidly changing environment of international prostitution, and to respond most effectively in meeting the health and social care needs of migrant sex workers

## Specific aspects of network activities

### **I**ntegration of CEE countries in the TAMPEP 5 programme

An additional focus of TAMPEP 5 has been the inclusion of CEE countries into TAMPEP's programme. We have realised it through different ways:

The first and most important is the direct participation in the Network of seven Central Eastern European countries as direct partners.

Moreover, we support and facilitate by additional resources for other countries to participate even if they are not directly members of the network. Through the working contacts with the NGOs in CEE and NIS countries, we effectuate the continuous exchange of information and support and provide instruments for interventions and sub-regional networking.

For this purpose we organised three important meetings.

**1.** The first one took place in September 2001 in Warsaw, Poland and it was organised by TADA and TAMPEP, more than sixty persons from fourteen CEE and eight EU countries participated. It was a very important seminar and a real starting point for transnational cooperation in the region of CEE.

**2.** Another example of starting of a successful transnational cooperation is the seminar organised by LEFÖ/TAMPEP-Austria in Prague where a very concrete plans of cooperation between the neighbouring countries such as Poland, Czech Republic, Slovakia, Hungary and Austria and Germany were created.

**3.** And finally the *Regional Meeting on HIV Prevention among Sex Workers* held in Kiev, Ukraine on 28-30 January 2002. In this meeting more than 60 projects and organisations providing services for sex workers in the CEE, Russia, Ukraine, NIS, Balkan and Central Asia countries have participated. It was organised by TAMPEP, UNAIDS, OSI, AIDS Infoshare and British Council in Kiev, Ukraine. The objective of the meeting was to form a network of projects. Its specific objectives were:

- to share information about the situation of sex work and HIV prevention among sex workers in the region

- to share knowledge and experience about effective approaches to HIV prevention among sex workers, and
- to identify priorities for international collaboration and support and to explore options for strengthening regional exchange, including the establishing of a regional network

The follow up of this meeting is the setting up of a network of active sex work projects in the region based on sub-regional action plans that had been agreed upon during the meeting. This development of the network will receive TAMPEP assistance.

A further strategy of integration and support for prostitution projects in Central Eastern Europe (including “New Independent States” NIS countries) is TAMPEP’s involvement and co-operation with UNAIDS/WHO/UNICEF’s policy and strategies in their role of regional agencies present and active in CEE countries. These organisations recognise TAMPEP as an actor for support to local NGOs and for policy development concerning health promotion and sex-work.

## **Complementary EU projects**

**A**nother important aspect of TAMPEP’s programme is to participate in other projects that are set up by the European Commission concerning social programmes against social exclusion, programmes against trafficking and vocational/ educational training.

Within these additional EU projects TAMPEP integrates social programmes and creates additional instruments that can be spread and implemented within the broad TAMPEP network. The four TAMPEP’s founder members, represented in TAMPEP International Foundation promote these projects and facilitate partnership with associated countries. That is, besides the EU countries TAMPEP integrates more than two associated countries as partners.

### **TAMPEP International Foundation / NETHERLANDS**

#### ▪ **Cultural Mediators in the Area of Prostitution/Transnational Training**

Within the *Leonardo da Vinci Programme*. Project partners: The Netherlands, Italy, Austria and Germany. Project period: from December 1998 to April 2001. One of the results of this project is the production of a manual regarding the training programme carried out in the four countries of the project.

#### ▪ **MATRA Project**

Is the promoter of MATRA project in Latvia (within the Dutch Ministry for Foreign Affairs) in co-operation with the Latvian Gender Problem Centre. It’s a 3-year programme of health promotion and social support for sex workers.

Within this pilot project we created two important models of co-operation: firstly we set up an outreach project with two drop-in centres. The structure of the project is based on close co-operation with the state and municipality institutions. They are represented in so called Support Group and their role is to integrate the results of the project in the national structure of institutions and policies. Secondly we choose for activation of local STD services in the secondary and tertiary prevention. The state STD clinic provides premises for a drop-in centre in the clinic where various activities are carried out. They include primary prevention, education, counselling, peer support activities, etc. Next to

this the project employs the deputy director (who is venerologist) of the clinic as an outreach worker and consulting physician.

Special aspect of the project is the carrying out of activities for sensitisation of the society and authorities towards prostitution while initiating various public manifestations. This project is particularly important as far as the multiplication possibilities of this model project in other CEE countries are concerned.

## **TAMPEP-ITALY**

### **▪ TRANSNET Project**

Strengthening existing networks and extending their sphere of action from the local to the transnational dimension, with respect to Europe and the countries of origin of women involved in the traffic of prostitution, while working closely and in an interdisciplinary way with local, national and European institutions, is an urgent priority.

The aim of this strategy is to create a network of associations for transnational actions along the entire itinerary followed by women involved in this traffic, while also considering the option of returning women to their country of origin. The transfer of know-how and experience from short, local networks to much longer European and transnational ones is one of the main goals of this project which, starting from the analysis of some important and already fully-operational projects (the Netherlands and Italy), aims to promote activities which permit a real exchange of competencies and information in order to create real opportunities for collaboration at the European and transnational level.

The TRANSNET project run from September 2000 to October 2001 and was financed by the EU Employment and Social Affairs DG: cooperation with charitable association programme. Partners of the project were: TAMPEP International Foundation/The Netherlands, ASS n.1 Triestina, the CVME of Ioannina/ Greece, Albanian Women's Forum and ARAS Costanza/ Romania. The book "*Services in the window. A manual for intervention in the world of migrant prostitution*" was published in 2001 and can be found in the website: <http://transnet.exclusion.net>. The manual is available in English, Italian and Russian.

There are still partnership with Local GO for conducting prevention projects on prostitution in the Commune of Venice, Commune of Modena, Provincia of Torino, Health Agency of Trieste, Commune of Trieste.

### **▪ TURNAROUND Project**

The project was financed by the Regione Piemonte. Aim of the project is to promote a better information and consciences about the traffic and exploitation that victimize migrant women, coming from developing countries (particularly Nigeria) and inserted in the sex industry in Europe. The project will run for one year and will operate to inform the women in the origin country about the risk of the illegal migration throughout the rackets of prostitution. To inform the Italian society and the Nigeria Community about the problem of sexual exploitation of the migrant women.

### **▪ Projects ANTARES and Stella Polare**

The Dipartimento Pari Opportunità, Presidenza del Consiglio dei Ministri financed TAMPEP-Italy to carry out the two projects during 2000 and 2001 in Turin and Trieste. The Projects ANTARES and Stella Polare aims are: social protection for helping self-determination and supporting people who call for escape from slavery conditions and sexual exploitation. The two projects are acting with the methodology of TAMPEP in



the health prevention work and in the street work, the team is made up of the TAMPEP trained operators and cultural mediators that give consultant assistance and accompaniment to local social and health services.

#### ▪ **FENARETE Project**

Within the *Leonardo da Vinci Programme*. Professional training and support for the insertion and employment of peer educators within interventions aimed at persons who prostitute themselves. TAMPEP Project partners are: Italy, The Netherlands, Germany, France, Poland and Lithuania. Project period: 2002-2004.

This pilot project is particularly important for the TAMPEP Network for two reasons: firstly, the module of the training can be multiplied in other countries and secondly, the clear definition of the vocational position of peer educators as new professionals gives a good precedence for recognition of the role of peer education in prevention activities. This would be an important step towards reaching our goal of direct involvement of sex workers in the execution of prevention programme. The training modules and the certificate of accomplishing of the training will probably be recognised as a professional accreditation.

### **TAMPEP-AUSTRIA**

#### ▪ **EQUAL Project**

A multi-year EU-project and the first phase started in November 2001. The project is run jointly by various partners in Austria and in the second phase an EU-partner must join the project. The aim is to build up a “basic” counselling centre for migrant prostitutes in Vienna, because the majority of the sex workers in Vienna are migrant women. LEFÖ/TAMPEP-Austria, as the only partner with experience in the work with migrant prostitutes, is responsible for the working content. The counselling centre offers will be: qualification for the labour market, health prevention and street work.

#### ▪ **SOLITAIRE Project**

Within the EU *Daphne Programme*, with the working methodology of case management. The main activities have been: fieldwork and data collecting in order to improve the social and health support for victims of violence, sex workers and victims of trafficking in women. LEFÖ/TAMPEP-Austria was working together with following project partners: Belladonna/Germany, MONIKA-Multicultural Women's Association/Helsinki and SPI/Berlin, Germany.

#### ▪ **Support in Building up an Intervention Center for Trafficked Women in Belgrade**

As experts, LEFÖ employees will – in cooperation with IOM-Belgrade and Austrian Ministry for Foreign Affairs – train the staff of the first Intervention Center for trafficked women in Serbia, build up in the year 2002. In order of the long term experience in working with Women affected by Trafficking, LEFÖ has been invited to give her input as experts in this field.

### **TAMPEP-GERMANY**

#### ▪ **Legal Agenda / FemMigration Project**

Within the EU *Daphne Programme* 2000 to 2003. Partners are the four TAMPEP Founder Partners - the Netherlands, Italy, Germany and Austria – plus France, Spain and Finland. In the third phase of the project, which will be carried out during the year of 2003, UK, Greece and Belgium are additional EU countries joining the project. The

project directly addresses NGOs and other support organisations dealing with women who want to migrate or who are already in the migration process.

The **Legal Agenda** on Internet provides these organisations with the most important legal information about the different legislation systems in the 7 European countries regarding migration, prostitution and trafficking in women issues.

The objective is to offer migrant women reliable information on their legal rights, their living and working options and also a list of support organisations in those countries.

The subjects dealt with in the **Legal Agenda** project are: migration issues like the right of entry, of residence, marriage, etc., labour issues, specially those concerning prostitution, social security matters, penal law, particularly those related to the victim's rights regarding trafficking in women, and legal matters concerning social and health assistance.

The NGOs and other support organisations will be able to pass on the information made available as basic data for guidance, for the purposes of prevention of trafficking in women, for publication as well as for networking.

The website [www.femmigration.net](http://www.femmigration.net) has been available since Februar 2002.

The Internet is the ideal means of informing the target group wherever they are – whether they are still in their home country, temporarily resident in a foreign country or permanently resident in a foreign country.

This project is particularly important for the TAMPEP Network members and other NGOs as it directly responds to the needs for information from the side of NGOs and supports them in their prevention activities regarding trafficking, exploitation and protection of human rights and for the organisations in mother countries because it offers them information for the women who plan to migrate on all aspects of migration, sex work and legislation.

## Communication channels within the network

**A** further important TAMPEP's working area is an active and horizontal (integral) communication among network's members in order to spread and exchange and/or transfer TAMPEP's research/collecting results and working methodology. This activity is an essential element of the functioning of the Network because it makes the Network homogeneous, active and the transmission of knowledge is perceived by the members as a necessary condition for strengthening of their capacity. The following channels were developed:

- a network communication through a mailing list,
- periodical newsletters
- production and dissemination of one common flyer on TAMPEP's programme,
- network mission statement and a network referential address list.
- Two General Meetings
- Three Regional Meetings of the three Sub-regional Commissions
- All seminar and international meetings that TAMPEP Network Members organise where the members of the Network participate.

Thanks to such an easy and quick system of communication the members exchange information, documents, requests of material, ideas, reviews/update on matters like legislation, practices, support from other partners. Through the mailing list everybody can follow and be simultaneously updated with other network members on network developments. For the same reason that a mailing list provides easy and quick information it is of vital importance to monitor the list (list-master) and to be guided by a co-ordination centre. Up to now, it has been an excellent active and a productive way

of mutual information. Next to this, previous to the beginning of the start of the project, all partners have undergone a detailed study and mutual introduction to each other so that all members could know each other. Especially in the beginning of the programme there was an intensive traffic of report and presentations containing profile of one own organisation, plan of activities and report on country conditions. Through this work all members now have a homogenous knowledge of each other, which has facilitated a quick implementation of TAMPEP's programme. The various (regular) meetings form a forum for the exchange of information, ideas, support, exchange of data , etc.

## **Dissemination of data and results on international level**

**T**AMPEP's methodology and its programme containing guidelines and recommendations is always presented and disseminated at various conferences and international activities. Further in this report a list of conference attended by TAMPEP has been included.

A particularly important activity has been TAMPEP official participation/invitation (previously to the beginning of TAMPEP 5's contract) to the World AIDS Conference held in South Africa. During this conference TAMPEP has been invited to hold a number of sessions among others within the "AIDS prevention track". At TAMPEP's PR-communication stand people could collect and consult all kind of material, documents, flyers produced by TAMPEP. The visiting range has been very high. In addition to it, after the conference, more than 50 NGOs from all over the world applied for material and/or information. Besides, more than 5000 copies of TAMPEP's book "Health, Migration and Sex Work" have been handed out. At World AIDS conference in Barcelona TAMPEP will have a stand and probably will present the results of the Network in one of the tracks.

## **Lobbying and social mobilisation activities**

**I**n order to have a network instrument for advocacy on protection of the human rights of migrant sex workers, and for national/international lobbying on policy development the network has produced a common Charter containing: TAMPEP network's mission statement thorough an analysis on prostitution, and recommendations on policies. The distribution campaign of the Charter started in September 2001 and is effectuated on the international level.

Moreover, TAMPEP some network's partners have an important role as advisers and experts in national and international commissions/working groups regarding effects of prostitution laws and immigration laws for migrant sex workers. All Network partners carried out various social mobilisation activities, such as influencing and informing parliament members and mass media. The National Seminars that were organised in every country and were attended by representatives of relevant ministries.

## TAMPEP NETWORK meetings

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### Vienna, Austria

- January 26-28, 2001

General meeting (see report)

Number of participants: 70

Participating countries: 22

### Milan, Italy

- May 24-26, 2001

Second Regional Southern Commission seminar

Participant countries: Italy, Portugal, Switzerland, Greece, Bulgaria, Romania, Spain.

The commission reviewed and evaluated the execution of activities that were included in the action plan set up December/January for the rest of the TAMPEP project. During the meeting in Italy, the practical implementation of the future common action has been decided. The members of the Commission have expressed the wish to receive training in order to be able to multiply the training in their countries for the local service providers. All aspects of outreach work including the techniques of peer education have been treated. (see report of the South Commission Meeting)

### Ioannina, Greece

- May 19-21, 2001

Seminar of the TRANSNET project (parallel project promoted by TAMPEP)

Participant: 24 persons from Greece, Italy, the Netherlands, La Strada Poland, Albania, Romania, Russia.

The aim of the Transnet project is to carry out training for setting up of a local network of services for the support and protection of trafficked women. The final product of the project will be the publication of a manual concerning the best practices and case study based on TAMPEP services in the Netherlands and Italy, the setting up of a local network of services (in Greece and Poland), exploring the possibilities of including Albania, Romania and Russia in this network. Other product of the projects is the creation of a web site and a discussion forum. During the seminar we also discussed the outlines of the manual and effectuated review of the situation in different countries. It is one-year project, the application for the continuation will be presented at the European Commission DG V (Employment and Social Affairs), in cooperation with the charitable association programme, in September.

### Vienna, Austria

- June 7-10, 2001

European Seminar "East-West mobility in Europe: Overcoming barriers to HIV prevention for migrant and mobile sex workers"

Participant countries: Austria, Belgium, Germany, Greece, France, Italy, Netherlands, Albania, Armenia, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Poland, Slovakia, Ukraine. The amount of participants was of 60 persons, 40 from EU and 20 from CEE countries. This seminar was carried out in co-operation with the network *AIDS & Mobility* and *AIDS-Hilfe* in Vienna. *AIDS & Mobility* was the financier and the technical organiser, the TAMPEP International Foundation and TAMPEP-Austria were the co-organisers and took care of the contents of the seminar and the

training. This seminar also gave an opportunity to invite and involve some CEE countries that are not the members of the TAMPEP network.

### **Warsaw, Poland**

- September 22-25, 2001

#### Second Meeting of Central Eastern Regional Commission

An international seminar which main goal is to review the situation of cross border prostitution in the region of CEE and create multilateral co-operation in this region (see draft programme).

Participant countries: The Netherlands, France, Austria, Belgium, Luxembourg, Poland, Hungary, Romania, Bulgaria, Czech Republic, Slovakia, Lithuania, Latvia, Estonia, Ukraine, Russia, Moldova, Belarus. Planned number of participants: about 60 persons. Co-financiers were the Polish National AIDS Bureau and the Soros Foundation.

### **Edinburgh, UK**

- October 12 –14, 2001

#### Second North Commission meeting and training seminar.

Participants: United Kingdom, Germany, Denmark, Finland, Lithuania. Regional meeting and training seminar for the members of the Commission. Focus of the training were the principles of outreach work and cultural mediation.

### **Prague, Czech Republic**

- December 6-7, 2001

#### International seminar organised by LEFÖ/TAMPEP-Austria “Prostitution as an international phenomenon”

Participants: Austria, Germany, Netherlands, Czech Republic, Slovakia, Hungary, Poland. Review of mechanisms of trafficking and the levels of dependency. Prostitution situation in some countries of the EU and CEE. Set up of a common programme for social support to sex workers.

### **Amsterdam, The Netherlands**

- January 11-13, 2002

#### Second General meeting of the TAMPEP network

Participants: 22 countries (see report)

Regional commission meeting (see report)

### **Kiev, Ukraine**

- January 28-30, 2002

“Regional Meeting on HIV Prevention among Sex Workers” In this meeting more than 60 projects and organisations providing services for sex workers in the CEE, Russia, Ukraine, NIS, Balkan and Central Asia countries have participated. It was organised by, UNAIDS, OSI, TAMPEP, AIDS Infoshare and British Council in Kiev, Ukraine. The objective of the meeting was to overview the coverage of sex work projects in the region, to carry out country and sub-regional assessment, strengthen the network of projects.

## Network's **NATIONAL** seminars

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**N**ext to these international and regional meetings, every country of the network organised one or more national seminars with the following aims: to create network of local services and NGOs, carry out training for service providers or to organise social sensitisation activities. The contents of the seminar had been prepared in consultation with the General Co-ordinator and are according to the programme of the Regional Commissions. These seminars were carried out parallel to the national TAMPEP programme based on the implementation of TAMPEP methodology as a regular activity. Each seminar responded to specific needs identified as a priority for action of every member country. In some of the national seminars a representative of four TAMPEP founder countries was present and helped the national co-ordinator with the organisation, with setting up of the goals and contents of the seminar and with facilitating the participation of other network partner.

### **AUSTRIA**

#### **Raach/Gloggnitz**

- November 10-17, 2000

National Seminar for representatives of organisations and institutions who through their work are confronted with the topic of women migration, migrant sex workers and trafficking in women (e.g. Women's shelters, deportation care institutions, intervention sites). The topics of the seminar were: women's rights, migration, prostitution and trafficking in women. The aims of the seminar were: was to specifically mediate the difficulties with the phenomenon of trafficking in women and migrant sex-work and to strengthen up the co-operation between the organisations working in this field.

#### **Vienna**

- March 13-14, 2001

Training seminar for authorities and police. The topic of the seminar: exchange of experiences and to optimise the communication between the experts, strengthen the co-operation, draw up a package of measures as fundament for the further co-operation.

#### **Puchberg/Wels**

- July 6-8, 2001

National Seminar for representatives of NGOs and organisations working in the field of migrant women, violence against women, women in general, trafficking in women and sex workers. The main topic of the seminar was: Migrant Sex workers and Victims of Trafficking – legal framework in Austria and other European countries and possibilities of a crisis-intervention. The aim of the seminar was to sensitise for this special topic, draw up a package of measures as fundament for a stronger future co-operation.

#### **Prague/Czech Republic**

- December 6-7, 2001

LEFÖ/TAMPEP-Austria organised this seminar with the support of the Women's Department of the City of Vienna and it's MILENA Network, and in close co-operation with the NGO La Strada in Prague.

Prague was chosen intentionally as the conference venue in order to highlight the relevance of East/West co-operation and to draw attention to the living and working

conditions of (migrant) sexworkers in the Czech Republic – as a country of origin, transit and destination – in a political dimension.

Co-operation was the keyword in this meeting that brought together more than 60 representatives of NGOs and GOs (ministries, municipalities, health authorities, police etc.) from 6 Eastern and Western European countries to exchange and to explore the different realities and approaches and to develop together new strategies in facing the phenomenon of the internationalisation of prostitution.

## **BELGIUM**

### **Brussels**

- March 16-17, 2001

The goals of the seminar: to assess the prostitution scene in Belgium, to form a platform of organisations from Belgium and neighbouring countries involved in provision of HIV/STI prevention for (migrant) sex workers, to revise existing information materials and agree which ones of them can be adapted for every country. A representative of TAMPEP Coordination Centre was present at the seminar.

### **Brussels**

- February 25, 2002

One-day national seminar on providing information for migrant sex workers. In this seminar most of associations in Belgium dealing with migrant prostitution and trafficking participated. The overview of the situation and assessment of the needs of the migrant sex workers have been effectuated. The execution of the programme of protection of the victims of trafficking has been revised. TAMPEP programme and information material have been presented and diffused among participating associations.

## **DENMARK**

### **Copenhagen**

- January 8, 2001

National seminar for social workers of different Danish NGOs and health care services, it was in the form of one day training: what to consider and how to initiate and develop effective work for and with migrant sex workers. The training was provided by TAMPEP-Germany.

## **FINLAND**

### **Helsinki**

- October 26, 2001

National seminar for various Gos and NGOs in the country. The topic of the seminar was “Invisible Thai Women”. Participants work with Thai women in prostitution in various settings and cities. The result of the seminar is the creation of a specific network of service providers in order to reach better the “closed” forms of prostitution.

## **FRANCE**

### **Paris**

- April 19-20, 2001

National meeting on sex workers’ projects from 11 cities. Assessment of the situation on sex works in France. Reviews of the activities of the projects and how the projects are directed towards the migrants sex workers. Political actions and platforms discussions. Recommendations and lobby actions regarding France’s policy on trafficking in women. Presentation of the TAMPEP programme, presentation and

reviews of the materials. Follow up activity. A representative of TAMPEP Coordination Centre was present at the seminar.

## **GERMANY**

### **Berlin**

- November 8-11, 2000

Seminar of the European UMBRELLA Network + SPI/Berlin: *AIDS/STI prevention: a cross-border challenge*. The seminar offered an exchange among participants of Western, Central and Eastern Europe regarding the different situations and prevention activities between boarding countries. TAMPEP-Germany participated in workshops with its experience with migrant sex workers.

### **Frankfurt/Main**

- November 24-26, 2000
- 29<sup>th</sup> German Prostitute's Congress

### **Plauen**

- June 2001
- 30<sup>th</sup> German Prostitute's Congress. TAMPEP is a full member of the German Prostitute's Movement and therefore a regular and active participant of the Congresses.

### **Berlin**

- July 2001
- 8<sup>th</sup> German AIDS Congress. TAMPEP-Germany took part on a round-table which discussed different issues about HIV/AIDS prevention in cross-border areas.

## **GREECE**

### **Athens**

- January 26, 2002

The topic of the seminar was: "Migrant prostitution and public health". The subject has been chosen because the new law about trafficking has been formed. Also the topic how access to health for migrant sex workers must be organised, and the consequences of the application of the new law. In the seminar participated 150 persons from 60 NGOs who work with migrants, women, refugees, prostitutes.

## **ITALY**

### **Naples**

- April 7-8, 2001

"*Stop exclusion. Dare to care*". The Region of Campania in co-operation with the WHO, in the context of the *World Health Day*, organised an international meeting dedicated to the issue of Mental Health. "*Developing and Connecting Networks for Mental Health*", for the development of a mutual acquaintance between networks, for the overcoming of social exclusion and for the right to care. TAMPEP provided a presentation of the European Network and the activity at national level.

### **Mestre- Venezia**

- June 9, 2001

The *International Convention of Sex Workers*, with the support of the TAMPEP International Foundation, organised the meeting *Prostitutes: the Sex/Nauts of Globalisation. New Economy & New Exclusion. The contradictions of the global society*



*through the looking glass of prostitution: reflections on migrations, the societies of consumerism and women in the new millennium.* Meeting in the City Hall with the participation of the public authorities and the representative of several NGOs and associations of prostitutes from the following countries: Italy, Germany, USA, Thailand, Cambodia, Taiwan, and Australia.

## **Prato**

- January-February 2002

Four conferences: “*Reti internazionali di donne e diritti delle persone che si prostituiscono* (International Networks of Women and the Rights of those Persons that Prostitute Themselves), “*Politiche locali per uscire dallo sfruttamento e dalla schiavitù* (Local Policies for Abandoning Exploitation and Slavery), “*Le buone pratiche: presentazione del case study sui servizi di TAMPEP* (Good Practices: Presentation of the Case Study on TAMPEP’S Service), and “*L’Italia e le politiche prostituzionali* (Italy and Its Prostitution Policies).

TAMPEP-Italy also provided a number of training seminars and lessons for outreach operators that were starting up new projects at the local level.

## **Courses for the operators of new prostitution interventions**

- Naples, Progetto la Gatta
- San Remo, Progetto Principessa
- Lodi, *Progetto intervento prostituzione donne migranti* (Prostitution Intervention Project for Migrant Women)
- Turin, Gruppo Abele, *Prostituzione e tratta delle persone: Che fare?* (Prostitution and the Trafficking of Persons: What to do?)
- Brescia, Università Clinica Malattie Infettive e Tropicali (European Master on International Health-MTI and HIV)

## **LUXEMBOURG**

### **Luxembourg**

- November 13 – 14, 2001

Topic of the seminar: “*Defining common strategies regarding policies towards prostitution*”. The contents of the seminar was the designing common services recommendations for policy makers regarding the recent changes of administrative law on prostitution. The representative of the Ministry for Women issues was present and the problems of migrant sex workers have been discussed with her. All organisations active in the field of services for prostitutes and for drug users, medical doctors from reproductive health clinic were present. Also a representative of sex workers was present and expressed her opinions and needs. A representative of the TAMPEP Coordination Centre was present at the seminar.

## **THE NETHERLANDS**

### **Groningen**

- January 10, 2001

National Symposium of service providers from the public sector on communication with sex workers. The symposium was organised by GGD Groningen. TAMPEP part: “*How to open the cultural barriers between migrant sex workers and local curative and preventive HIV/STI services*”. TAMPEP provided a general presentation on multi-cultural aspects of HIV/STI prevention for migrant sex workers and carried out a

training seminar on various aspects of cultural mediation, health promotion activities and on adequate response of medical services towards the health needs of migrant sex workers.

### **Drachten**

- November 28, 2001

One day seminar on HIV/STI prevention for asylum seekers and minor asylum seekers organised by public HIV/STI prevention services in Noord Holland and the health services for asylum seekers in this region. TAMPEP provided a workshop on various aspects of cultural mediation, health promotion activities and on adequate response of medical services towards the health needs of asylum seekers/minor asylum seekers who work (occasionally) in prostitution or are procured for prostitution.

### **Den Haag**

- November 12, 2001

Political debate on the rights of labour migrants in the Netherlands organised by OIKOS. In the debate various parliamentarians and national trade union (FNV) participated. TAMPEP participated actively in the organisation of the day and in the forum discussion about migration and sex work in the Netherlands.

Next to these seminars, trainings have been provided, for various groups of service providers in the framework of TAMPEP special programme for training on cultural mediation (a detailed description of this activity can be found in “*Cultural Mediators in the Area of Prostitution/Transnational Training. Manual*”, Amsterdam 2001) and participated in various national conferences and events.

The focus of TAMPEP public activities is attached to social sensitisation around the recent changes in the Dutch law and the consequences of the law on the situation of migrant sex workers.

- TAMPEP in the Netherlands co-ordinates a national platform of public health services in order to monitor the consequences of the law on the health and well being of migrant sex workers and the barriers to reaching the health and social services.
- TAMPEP was a co-organiser of a national public debate held in February 2001 in Amsterdam around the negative effects of the new law for local and migrant sex workers.
- TAMPEP is also a co-author of the sex workers’ manifest and participated in the activities for political support for the revision of the law in the aspects where migrant sex workers are being criminalized and excluded from the law of legalisation of sex work.

## **PORTUGAL**

### **Faro**

- October 23, 2001

1st National Seminar on prostitution: “*HIV/AIDS and STD’s Prevention among Sex Workers: A Migrant Reality*”. It was attended by workers of various projects for sex workers, mass media representative. The recommendations prepared at the seminar have been transmitted to the government. The activities of the few services for sex workers in this country are directed towards harm reduction for drug using sex workers and HIV positive persons or STI screening for general population of sex workers. The growing population of migrant sex workers from CEE countries and Latin America becomes perceived as a high priority for intervention. Considering this fact, the objective of the

seminar was to assess the national situation of migrant sex workers and to improve the capacities of services based on TAMPEP experience for rendering services to this group through setting up of a network. A representative of TAMPEP-Germany was present at the seminar.

## **SPAIN**

### **Madrid**

- June 22, 2001

National meeting of more than twenty organisations working in the field of providing medical and social services for prostitutes. Presentation of TAMPEP programme, review of situation of migrant sex workers in Spain, proposition of setting up of a national network of projects. Agreeing on common policies regarding respond to migrant sex workers needs. A representative of TAMPEP Coordination Centre was present at the seminar.

### **Gijón**

- December 13-16, 2001

*Congress of the National Network of Organisations and Projects regarding Prostitution.* This meeting was a follow-up of the previous national seminar where the national Network was set up. 53 persons participated at the meeting as the representatives of 32 organisations. At this meeting the final consolidation of the Network was effectuated; framed by a manifesto that defines its identity, the election of 8 representatives (2 per region) that will ease the co-ordination activities and the edition of the “Agenda” (the Network Newsletter). At the meeting the trainings on cultural mediation, migrant prostitution and changing public opinion were carried out. The representatives of TAMPEP-Germany and TAMPEP-Austria participated at the congress and provided training on cultural mediation and TAMPEP methodology.

## **UNITED KINGDOM**

### **Wolverhampton**

- November 27, 2001

The main aims of the seminar were to review the TAMPEP resources, identifying any further developments required and to explore the issues facing sex work projects in responding to the needs of migrant sex workers and identify areas requiring further development. It was attended by 11 sex work projects from 7 cities. The outcome of the seminar was to consolidate the network on the issue of interventions with migrant sex workers.

## **BULGARIA**

### **Sofia**

- November 29, 2001

The objective of the national meeting of service providers was to set up a common base for cooperation and interventions for sex workers. The participants were representatives of: Higher Institute for Preparation of Police Officers; City Dermato-venearological dispensary; National Police Service; Sofia Great Municipality; Sofia Department of Ministry of Interior; Animus Association Foundation; Initiative for Health Foundation; Open Society Foundation - Sofia; Centre for Sexual Health (Medicines sans Frontieres); Ministry of Health. The important outcome of the seminar was firstly the effectuating dialogue among various instances and institutions with very different profiles and the starting of a cooperation on national level.

## **HUNGARY**

The national activities in the form of creation of network and seminars have been carried in a structural manner spread over several months and been divided among NGOs and GOs. For this reason we report this extensive agenda.

Various national meetings have been realised with the aim of:

- Creation and managing of the national network, including NGOs who work with prostitutes on the street, other NGOs (Hungarian, and international) and the governmental organisations.
- Creation of national “Umbrella” of outreach work projects for sex workers and migrant women working in prostitution: Members of Sex Education Foundation (Budapest), Social Organisation of Street Helpers (Tatabánya), Periphery (Nyíregyháza), Sunshine for the Life (Miskolc), Ascape (Budapest). Recently the members from Győr and from Kecskemét (only a gypsy group) joined the “Umbrella”.

The aims of this working group are to work together on the streets in various cities as outreach workers for prostitutes and to operate as a national team of outreach work projects. The group meets once month and exchanges new information, for examples: about the directions and trends of migration within and outside the country, about assessment of the prostitution scene and about co-ordination of activities. Next to the above-mentioned meeting activities, several national seminars were organised in March and in April 2001.

### **Training for social workers**

#### **Forum with other NGO's: building up a network**

- Association of Hungarian Prostitutes
- NANE (Organisation against violence against women)
- Friends of Homosexual and Transsexual Persons
- International Organisation of Migration IOM

#### **Forum with the Governmental organisations**

- Ministry of Social Affairs and Family
- Ministry of Interior Affairs (Police)
- Ministry of Health – Institute of the National Health Promotion – the gypsy health program
- Ministry of Education prepared the special curriculum on sex education in secondary schools and in the universities

The Forum agreed with and will support the activities of prevention programme of the TAMPEP member in Hungary:

## **LITHUANIA**

### **Vilnius**

- March 8, 2002

The national seminar “*Social and legal problems of prostitution*”. It will be organised in Lithuanian Parliament, which proves the changes in attitudes of Lithuanian authorities toward sex work and trafficking in women. Participants of the seminar will include parliamentarians, members of Government, Municipality, Ministry of Health and Ministry of Social Security and Labour”, representatives of NGOs and mass media.

## **POLAND**

### **Szczecin**

- December 13, 2001

One day seminar for local authorities about HIV/AIDS problems and policy towards the HIV prevention

### **Warsaw**

- September 21-23, 2001

International seminar: "*Prostitution in Central and Eastern Europe*" TAMPEP and Tada have organised a meeting in Poland, in which more than sixty persons from fourteen CEE and eight EU countries from the TAMPEP network participated. It was a very important seminar and a real starting point for transnational cooperation in the region of CEE (see enclosed report).

### **ROMANIA**

#### **Bucurest**

- April-May 2002 (due to political reasons, the national seminar planned for autumn 2001 had to postponed to spring 2002)

Because the major problem that the national TAMPEP team in Romania faces is related to the legislation for prostitution, which texts explicitly define it as criminal activity due to a penal measures, the first steps in lobbying activities have been effectuated by the TAMPEP partner to sensitise representatives of the democratic parties in the political space towards decriminalisation of prostitution and to put attention to this problem at the level of national policies. Considering the complex situation in Romania (high criminality, clandestinely, penalisation of sex works, including workers of outreach projects helping sex workers) the priorities are to support the outreach activities with more support by city authorities. For this goal a national seminar is being prepared for April-May 2002. The seminar is important for the country as far as the commitment of the authorities is concerned. For this reason, the preparations of the seminar take more time than previously planned in order to be able to involve the authorities. It will target city authorities, police and governmental bodies and sensitise them towards the importance of HIV/STI prevention activities for sex workers (local and migrant) and to reconsidering the actual policies on prostitution.

## TAMPEP INTERNATIONAL meetings

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In the various international conferences to which TAMPEP is invited to give a lecture or is invited to set up the conference we present the programme, the network and TAMPEP policy and data regarding migration and prostitution.

The most important conferences in which TAMPEP actively participated:

### **Germany, Gelnhausen**

(TAMPEP-Austria)

- October 26-29, 2000

AGISRA network-seminar

### **France, Marseille**

(TAMPEP-Netherlands)

- November 24-26, 2000

Conference on sex work, historical, ethical and political aspects of sex work issues. National conference organised by *Autres Regards Association* from Marseille with European forum of sex work projects. TAMPEP was involved in organisation and gave a lecture of legal context of legalisation of prostitution in the Netherlands and the consequences of various prostitution policies in Europe.

### **Czech Republic, Prague**

(TAMPEP-Netherlands and TAMPEP-Austria)

- December 4-6, 2000

Conference on Trafficking in Women from Central and Eastern Europe (STOP Programme). The conference was attended by policemen from France, the Netherlands, Belgium, Germany, Poland and Czech Republic and the NGOs from the Netherlands, Austria, Luxembourg, France, Hungary, Poland, Czech Republic, Belgium, Germany.

### **Denmark, Copenhagen**

(TAMPEP Coordination Center and TAMPEP-Germany)

- December 4-6, 2000

WHO-UNAIDS-UNICEF. Second Strategy Meeting to Better Co-ordinate Regional Support for National Responses to HIV/AIDS in Central and Eastern Europe and Central Asia.

### **Italy, Bologna**

(TAMPEP-Austria)

- February 8, 2001

Visiting projects in Emilia Romana. Comparing and exchange between different methodologies in European projects.

### **South Africa, Johannesburg**

(TAMPEP-Italy)

- February 19-20, 2001

“*South Africa Conference on Commercial Sex Work, the health issues*”. In a international conference, participant were drawn from all sector of society including national and provincial departments of health, health care providers, academics, and with a large number of people representing African NGO. During a panel discussion the

project TAMPEP was presented as a model of intervention in Europe working closely and in an interdisciplinary way with local, national and European institutions. On the second day conference attendees were charged with the task of discussing and making recommendations on the health sector response to the needs of sex workers. These recommendations will be available and used by the Minister of Health to further inform policy formulation in the health sector.

### **Spain, Las Palmas Canaria**

(TAMPEP-Italy)

- March 3-4, 2001

Medicos del Mundo conference on: “*Prostitution and Health*”. Presentation of the TAMPEP data about the impact of the migration on prostitution and HIV/STI.

### **Slovakia, Sienica**

(TAMPEP-Netherlands and TAMPEP-Austria)

- April 26-28, 2001

Training Seminar: *Combating Trafficking in Women - Co-operation between the police and NGOs*. International training for Slovak policemen from anti-trafficking units. 40 Slovak policemen were trained by teams composed of a policeman and a worker from organisations which help victims of trafficking from Austria, Germany and the Netherlands.

### **Croatia, Stubicke Toplice**

(TAMPEP-Italy)

- May 21-22, 2001

Seminar in the Republic of Croatia for Developing Activities Against Trafficking of Women and children. Participants: Croatia, Italia, Kosovo, Albania, Macedonia. The presentation of the TAMPEP work in the project Stella Polare of Trieste, focusing the borders problems between EU and Eastern country.

### **Austria, Vienna**

(TAMPEP Coordination Center)

- May 14-15, 2001

Meeting on responses to sex work, trafficking and HIV prevention among sex workers in Central and Eastern Europe, organised by UNAIDS (see above). Co-ordination meeting.

### **Belgium, Brussels**

(TAMPEP-Austria)

- May 17-18, 2001

European Commission: First Meeting of the EU Forum on the prevention of organised crime. Workshop: Application of the concept of prevention to trafficking in human beings.

### **Spain, Madrid**

(TAMPEP Coordination Center and TAMPEP-Italy)

- June 21-23 2001

International seminar on prostitution. Organising by *Instituto de la Mujer and Universidad Nacional de Education a Distancia (UDED)*. TAMPEP gave three lectures on Migration, Health and Sex Work: the TAMPEP programme, on the typology of the

clients of sex workers and on the prostitution law in Italy. This seminar was very significant for the discussion in Spain about policies on prostitution and migration.

### **Hong Kong**

(TAMPEP Coordination Center)

- June 27- 30, 2001

International conference: Building an Effective Network in the Service of Migrant Sex Workers in East and South East Asia. TAMPEP presented the paper: "*TAMPEP work with migrant sex workers*". International conference which goal was to create a network of sex work project in South East Asia. International discussion forum on sex work issues organised by University of Hong Kong. TAMPEP presented the paper: "*Legalisation of exploitation of prostitution; a new situation in the Netherlands*".

### **Ukraine, Kiev**

(TAMPEP-Austria)

- September 17-18, 2001

International Conference: "Trafficking in women – innovative strategies and tools for action" (organized by the International Helsinki Federation for Human Rights in Co-operation with La-Strada-Ukraine). TAMPEP-Austria made a short presentation about the actual situation in Austria.

### **Germany, Gelnhausen**

(TAMPEP-Austria)

- October 26-28, 2001

AGISRA network seminar

### **Italy, Roma**

(Tampep Italy)

- October 29-31 2001

International Workshop organised by the *Istituto San Gallican, Servizio di medicina preventiva delle migrazioni e del turismo "Cultura, Salute, Migrazioni"*/San Gallican Institute, Preventive Medicine Service for Migrations and Tourism "Culture, Health, Migrations".

### **The Netherlands, Den Haag**

(TAMPEP Coordination Center)

- November 5, 2001

International conference organised by IOM: *Orderly Migration – Visions and challenges for the 21<sup>st</sup> century*. International conference on all aspects on migration policies including anti-trafficking policies. TAMPEP presented paper "Trafficking in persons: reality and response".

### **Belgium, Brussels**

( TAMPEP Coordination Center )

November 23-25, 2001

The European conference "Civil society agenda for the future of Europe" organised by The Association for Gender Issues (AGI). The Conference is organised within the framework Belgian Presidency of the European Union and under the auspices of the Secretary General of the Council of Europe. The aim of the conference is to formulate recommendations for the European Commission and all European institutions in the



name of civil society regarding the various aspects of European policy. The final recommendations were presented at December summit of Laeken and transmitted to the European Commission and European Parliament.

TAMPEP presented paper: “Migrant sex workers in Europe: STI/HIV prevention, health and rights” in the framework of the workshop “AIDS – sexual reproductive health and rights”. Three central recommendations of TAMPEP Network are integrally included in the final document.

### **UK, Milton Keynes**

( TAMPEP Coordination Center and TAMPEP-Italy)

- January 18-20, 2002

Conference: “*Sex work and health in a changing Europe*” organised by Europap and ENMP. TAMPEP presented the paper: *STI/HIV prevention, health and rights for migrant sex workers in Europe* and carried out two training workshops.

### **Bosnia Herzegovina, Sarajevo**

(Tampep- Italy)

- February 11-13, 2002

Seminar “Action Plan Workshop” organised by UNICEF/OSI Regional. TAMPEP have supported to develop the action plan on sex workers harm reduction programme and presented the paper position on migration and sex work.



## TAMPEP Position Paper on Migration and Sex Work

## The TAMPEP project

TAMPEP (*Transnational AIDS/STD prevention among Migrant Prostitutes in Europe Project*) is an international networking and intervention project operating in 22 countries in Europe which aims to act as an observatory in relation to the dynamics of migrant prostitution in Europe. The project's aims are:

- to advocate for the human and civil rights of migrant sex workers,
- to facilitate the sharing of knowledge, experience and good practice amongst the members,
- to develop and implement effective strategies of HIV and STD prevention amongst migrant sex workers across Europe.

## The TAMPEP network

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## RETHINKING THE PARADIGM OF MIGRATION AND PROSTITUTION

The unparalleled increase in international migration in the second half of the last century, primarily from economically deprived countries to economically advantaged countries, came as a direct result of the changing global economic structure and increased mobility opportunities. In addition, the increase in wars and civil unrest across many regions of the world has uprooted many peoples from their homes and contributed to many hundreds of thousands of new migrants and refugees. The structural, political, economic, and social transformation in many regions in the world such as Latin America, Southeast Asia, Africa and the Central and Eastern European countries has resulted in an unparalleled increase in migration around the world, and particularly towards Western Europe in the last decade.

### Women & Migration

The lack of social and economic opportunities in economically deprived countries has remained the primary cause of migration and since the 70s there has been significant increases in the number of women who migrate alone in search of new prospects for their own survival and to sustain their families in their countries of origin. The global trend of poverty amongst women has directly affected the "feminisation of migration". Experience has taught us that an approach that operates solely within the framework of "illegal migration", offers no contribution to humanitarian responses to the situation of migrant and trafficked sex workers. Such approaches have resulted in the increased vulnerability of both migrant and trafficked sex workers. The inflexibility and harshness of new legislation around migration, has worsened the situation and exploitation of migrant women within Western Europe, but has managed to reduce neither their influx, nor their presence. It must be recognised that migrant women, as a result of the lack of opportunities in their own countries, have come to integrate themselves in the labour market: to offer something and receive something in return. For this reason, we characterise this migratory movement as **labour migration of women**. Migrant women who work in prostitution in Western Europe, regardless of their country of origin, are no exception.

***The undeniable presence of migrant female sex workers, including transgender sex workers, in Western Europe requires a transformation in the thinking around women's migration. Migrant sex workers should be considered as part of the labour migration of women rather than thinking of all migrant sex workers as victims of trafficking and sexual slavery.***

Prostitution must now be seen as an international phenomenon with common issues such as: the rapid development and diversity of the sex industry, the presence of non-migrant and migrant sex workers, the extreme mobility of sex workers and the presence of criminal organisations that organise and control the sex industry.

### Prostitution & Repression

Traditional perspectives have been repressive, moralising and controlling, perceiving sex workers and their clients to be objects rather than active subjects, excluding them from discussions and decisions around policy and legislation. The marginalised and often illegal status of the sex industry within our societies has led to the social exclusion of sex workers. Health and social care cannot be effectively provided within a repressive or judgemental framework. Sex workers continue to struggle to get their health and social care needs met.

The social exclusion of sex workers exacerbates the situation of migrant sex workers who in addition face the pressure of restrictive migratory legislation, which often excludes them from the limited legal, social, and health care facilities available to non-migrant sex workers. These characteristics do not differ significantly across Europe and other regions of the world.

A prerequisite of the **social inclusion** of migrant and transgender sex workers is the recognition and implementation of the **human and civil rights** of all sex workers as women, as migrants and as sex workers.

### Migration & Prostitution

In many Western European countries, female migrant sex workers constitute a significant percentage, in some cases as high as 70%, of the country's sex workers, however, the current legislative frameworks and health and social care services are too narrow and restrictive to respond to this new reality.

Migrant sex workers should be accorded human and civil rights within society that ensure they are not vulnerable to exploitation and abuse by their clients or controllers of the sex industry and traffickers. In addition they should not be perceived

as primarily objects for exclusion and/or abuse by police, health and social care workers or immigration officials. It should be recognised that they are part of a process of internationalisation, as a result of the new world economy, over which they have little if any control. It is, therefore, essential to overcome the marginalisation of migrant sex workers and ensure the provision of effective legal, health and social care services that are mindful of their human rights and go beyond focussing on them solely as objects of sexually transmitted infections. Responding holistically to the needs of migrant sex workers is the most effective instrument

against their exploitation and thus against trafficking in women for the purpose of prostitution.

The undeniable presence of migrant female sex workers, including transgender sex workers, in Western Europe requires a transformation in the thinking around women's migration, which is inclusive of migrant sex workers and considers them as part of labour migration of women rather than thinking of all migrant sex workers as victims of trafficking and sexual slavery.

## RETHINKING THE PARADIGM OF MIGRATION AND TRAFFICKING

Both the European Union and the United Nations have highlighted that migrant prostitution is one of the areas in which trafficking in women has become rooted, and is on the increase. Whether female and transgender migrants working in prostitution have been deceived or not, whether they work in prostitution voluntarily or by force, they face extreme isolation, vulnerability and lack of rights, which is paralleled by the isolation, vulnerability and lack of rights of ALL sex workers. Such social and political exclusion of sex workers is one of the primary causes for the expansion of trafficking in women for the purposes of prostitution and of the impunity of traffickers.

***The social and political inclusion of migrant sex workers is an important preventive measure against trafficking in women.***  
***A prerequisite of the social inclusion of migrant sex workers, including transgender sex workers, is the recognition and implementation of their human rights:***  
***as women,***  
***as migrants and***  
***as sex workers***

The social and political inclusion of female sex workers, particularly migrant sex workers, is an important preventive measure against trafficking in women.

When we talk about trafficking in women, we are not referring to the few cases that reach the media or courts, but to the significant, hidden and complex problems arising through such exploitation in the sex industry, among others. This indicates that governments must re-think the consequences of their policies, which result in the exclusion of migrant sex

workers, including women who have been trafficked, from support services and deny them fundamental human rights.

## THE SOCIAL & POLITICAL INCLUSION OF SEX WORKERS

### Responding to Sex Workers Needs & Rights

Fundamental to the social and political inclusion of sex workers, including migrant and transgender sex workers, is the recognition of their needs and rights. For sex workers needs to be responded to and their rights to be respected, they cannot be treated as 'objects' excluded from any discussions - whether their status is legal or illegal, whether they are migrant or non-migrant. There must be an on-going dialogue with sex workers - through organisation of and for sex workers, where they exist. Such

dialogue and inclusion of sex workers over the last two decades has resulted in the establishment of health and social care support services in which health and social care workers work in partnership with sex workers to ensure that services are effective in responding to the reality of sex workers lives. Such interventions in order to be successful should be non-judgemental and non-authoritarian and operate within an ethical framework that is respectful of the civil and human rights of all sex workers.

Health promotion and social inclusion initiatives, which are mindful of sex workers human and civil rights, whose focus is on societal and individual harm reduction, while accepting an individuals right to self determine, are not always seen as morally acceptable in the context of prostitution. Some argue that such interventions promote and condone prostitution and that sex workers should be offered compassion and charity but should also be asked and expected to recognise themselves as 'victims' and repent. For all that compassion and charity are worth, if sex workers are only recognised as victims, such an approach fails sex workers when they are not accorded the same civil and human rights, as a matter of policy, as other human beings. If the issues raised by prostitution such as: violence; exploitation and access to legal, health and social care services are to be tackled then it must be recognised that working in the sex industry can be an individual choice and that such a choice should not deny any sex worker the human and civil rights guaranteed to other human beings.

***Beyond  
tolerance  
and  
compassion***

Prostitution legislation is often repressive, following either an abolitionist or regulatory models. The abolitionist model deprives women who have made a decision to become sex workers of the rights granted to other 'respectable' citizens, which directly impacts upon their perception of themselves and their living and working conditions. While the regulatory models are often discriminatory and do not accord sex workers equal rights with other workers and/or citizens, they focus on the control of the sex industry and sex workers without taking into account employment rights or the role of the clients.

**Responding to Migrant Sex Workers Needs & Rights**

Within the legislative context it is important to recognise that female and transgender migrant sex workers are primarily controlled and dealt with under migration legislation rather than prostitution legislation. Migrant sex workers are not only impacted upon by the repressive enforcement of prostitution legislation, within both the abolitionist and regulatory approaches, but in addition are both

legally and socially disadvantaged as a result of their illegal migrant status.

As a result, the social and political inclusion of migrant sex workers and women who have been trafficked for the purpose of prostitution is even more complex, as often they do not have legal status or right of residence within the countries and

are therefore not entitled to the civil rights and access to services and support accorded to other citizens. However, their illegal status should not automatically deny them their fundamental human rights of access to health and social care. The phenomena of women migrating in search of work and a better life has had a major impact

on the sex industry in Western Europe, with significant increases in the number of women who when migrating have decided to work in prostitution as a means to a better life and women who have been trafficked (i.e. deceived or forced into working in prostitution) As a result of the above migrant sex workers are forced into living and working in extremely disadvantaged circumstances and face even greater isolation, vulnerability and social exclusion than other sex workers. There is a growing recognition of the need for legislation that offers assistance to women who have been trafficked for the purposes of prostitution in addition to the current legislation that prohibits trafficking in humans. However, the repressive legislation governing prostitution thwarts the fight against trafficking and thus restricts any positive social interventions that can encourage and support women to escape their exploiters. All legal means available must be used to strike against and dismantle the organised criminal networks which derive profit from the poverty, misery, exploitation and abuse of women trafficked for the purpose of prostitution. Women who have been trafficked for the purpose of prostitution should be offered realistic options that support them in achieving a safe environment, free from fear of further abuse and exploitation.

It is essential that we consider and construct legislation and policy that respects human rights and dignity and eliminates the stigma of prostitution.

## ADDRESSING THE NEEDS OF MIGRANT SEX WORKERS

Discrimination against migrant women and the burden of restrictive legislation around migration, exacerbated by the marginalisation of prostitution, excludes many female and transgender migrant sex workers from legal, social and health care services and support. TAMPEP believes that the needs of female and transgender migrant sex workers, in relation to health and social care and human rights, cannot be met within the repressive policy

frameworks currently operating within Europe in relation to migration and prostitution.

TAMPEP considers migrant sex workers as active social subjects and not simply as objects for exclusion, and in so doing recognizes the cultural identity of migrant sex workers and the contribution that they have to make in the development of effective policies and interventions.

### In light of this TAMPEP and it's members will continue to:

- lobby for the inclusion of female and transgender sex workers in the development, implementation, monitoring and evaluation of interventions and policy, at national and international levels.
- seek to influence policy and legislation, at national and international levels, ensuring that is inclusive and responsive to the needs of female and transgender migrant sex workers and women who have been trafficked for the purpose of prostitution.
- monitor and report on the changing patterns of female migrant prostitution within Europe.
- lobby for the rights of female and transgender migrant sex workers and women who have been trafficked for the purpose of prostitution to access health and social care services and support within the countries in which they are working.
- monitor and report on the barriers that exclude female and transgender migrant sex workers and women who have been trafficked for the purpose of prostitution from accessing health and social care services across Europe.
- facilitate the exchange of knowledge, experience and models of good practice between members of the TAMPEP network.
- facilitate the exchange of knowledge and experience between countries of origin and countries of destination of migrant sex workers.
- liaise with anti-trafficking, migrant rights and human rights organisations to develop models of good practice in relation to effective interventions.
- consolidate and further develop the TAMPEP network to coordinate efforts across Europe in ensuring effective interventions that respond to the legal, health and social care needs of migrant sex workers and women who have been trafficked for the purpose of prostitution.

Through the consolidation and further development of the networks operating at local, national, and international levels TAMPEP offers national and international policy makers the opportunity to understand the complex and rapidly changing environment of international prostitution, and how they can respond most effectively in meeting the health and social care needs of female and transgender migrant sex workers.



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# TAMPEP

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



A European  
project that  
combines  
research  
and active  
intervention,  
with the  
direct  
involvement  
of sex  
workers



## TAMPEP

**TAMPEP** is a project which started in 1993 and spans EU countries and countries in Central and Eastern Europe.

It is a model of intervention, reaching more than 40 different nationalities of women and transgender sex workers from Central and Eastern Europe, South East Asia, Africa and Latin America.

TAMPEP is financially supported by the European Commission DG V in its programme *Europe against AIDS* and by local financiers. Goal of the network-members is to implement the methodology of TAMPEP in all 23 countries belonging to the network.

## THE PROJECT

- Provides HIV/STD education
- Increases empowerment
- Educates establishments
- Observes dynamics of migration
- Investigates living and working conditions
- TAMPEP provides migrant sex workers with culturally appropriate HIV/STD education, resources and materials. It has developed specific information materials in 12 different languages.
- It seeks to increase empowerment and self-esteem among migrant sex workers.
- It educates social and medical establishments to respond better to the needs of migrant sex workers' health and well-being.
- TAMPEP is a reference point for migrant sex workers as it observes the variations and dynamics of migration in the countries served by the project.

- It investigates the social, legal and working conditions of migrant sex workers through fieldwork in the different areas of prostitution.
- The project works with two TAMPEP trained professionals: the cultural mediator, a person from the migrant community who acts as a bridge between members of that community and social and medical institutions, and the peer educator, a sex worker who receives training to pass on information and increase empowerment among her peers.

## RIGHTS

- Denying rights is an obstacle to proper care
- Exploitation prevention should not mean prostitution prevention
- Migrant sex workers' illegal status forces them into insecure and marginalised situations

TAMPEP national teams (cultural mediators of different nationalities and peer educators), contact and support migrant sex workers while carrying out fieldwork in various prostitution areas in the project countries. We initiate national networks of specific services for migrant sex workers and give technical support to other service providers. The continuous acquisition of empirical data allows us to draw an updated map of migration movements within the prostitution industry in Europe and a map of the demographic composition of the groups. We promote initiatives for the protection of the human rights of migrant sex workers.

## CONSEQUENCES OF IMMIGRATION LEGISLATION

- Dependency
- Exploitation
- Isolation
- Mobility
- Insecurity and Fear
- Exposure

## HEALTH CARE

- The lack of access to health care services hinders the access to information, prevention and treatment.
- Most health and social care services are unprepared to deal with migrant sex workers

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

- AIDS/STD prevention must be included in a broader framework of general health promotion, and the development of such a framework should be recognised as a present priority.
- A broad spectrum of community based initiatives, directed at empowerment of migrant sex workers, can have a major impact on primary prevention inasmuch as it allows sex workers more scope in their contractual position with clients, brothel owners and pimps.

## CONCLUSIONS

- Policies nowadays do not reflect the changes in the sex industry
- The effects of policies are mostly counter-productive, because they are not in the interests of safer sex or public health.

In light of this TAMPEP Network continues to:

- Liaise with anti-trafficking, migrant rights and human rights organisations to develop models of good practice in relation to effective interventions.
- Facilitate the exchange of knowledge, experience and models of good practice between members and between countries of origin and countries of destination of migrant sex workers
- Consolidate and further develop the TAMPEP Network to coordinate efforts across Europe in ensuring effective interventions that respond to the legal, health and social care needs of migrant sex workers and women who have been trafficked for the purpose of prostitution.

# TAMPEP

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



**TAMPEP 5**



**COUNTRY  
REPORTS**



## TAMPEP 5, a new stage

**T**AMPEP 5 inaugurated a NEW STAGE within the NETWORK, extending it to 17 new countries, including countries in Eastern Europe.

The importance of this new stage is expressed in the fact that it had a direct effect on Lefö/TAMPEP Austria's political work.

### NOT ONLY...

\*...because of the possibility of extending TAMPEP's philosophy and methodology in other countries; of increasing the quantity and quality of the opportunities of sharing experiences between the new partners; and of obtaining rich information about different contexts in the field of prostitution, migration and intervention models.

### BUT ALSO...

\*...because the first General Meeting of the NEW EXTENDED NETWORK took place in Vienna, in January 2001.

In this event, the national and community sanitary authorities as well as health officers in charge of political responsibilities and institutions that work on the area of AIDS/STD prevention had the opportunity to inform themselves directly about the situation of prostitution and migration in other European countries. It was also important to realise that this is not a problem only of Austria but it has a European scope, and they could verify themselves the quality and extension of TAMPEP's work at the European level in the last eight years.

\*...In this line, Aids and Mobility, TAMPEP and the "AIDS-Hilfe" organised a meeting on "East-West mobility in Europe: Overcoming barriers to HIV prevention for mobile and migrant sex workers" in June 2001 in Vienna. The meeting updated – on the Austrian political level – the situation of migrant women who work in prostitution in Europe and the urgent need to extend and strengthen the work of prevention.

\*...In December 2001, Lefö/TAMPEP Austria organised a seminar in Prague together with the Milena network on "Prostitution as a Transnational Phenomenon", with the participation of representatives from Austria and other (neighboring) CEE countries, of both institutional and NGO sectors. The seminar had the objective of RAISING AWARENESS about the massive presence of migrant prostitute women in Austria and other European countries and about the need for close co-operations between institutions and NGOs, at national and transnational levels.

\*...Within TAMPEP's framework, the realisation of regular visits to the main cities in Austria (in order to observe the development of prostitution, to verify the presence of migrant sex workers, their origin, workplaces and living conditions) should be pointed out. Furthermore, these visits also served to strengthen the co-ordination with the respective health offices, to introduce TAMPEP's work and to update information in

different languages (work as *National Focal Point*). The visits were carried out to Innsbruck, Salzburg, Graz and Eisenstadt.

\*...In this direction, a survey about the situation of migrant sex workers was carried out at a national level through a questionnaire sent to Health Offices in charge of the prostitutes' "obligatory examination" and to the only two NGOs working in this area in Austria (Linz).

Though in some provinces the questionnaire was not well received and few answers were returned completed, it has been a first step towards a baseline data collection at a national level. Also it has been a tool to motivate sanitary authorities in order that they consider the situation of vulnerability of migrant sex workers. (*see also Annex III*)

**The events and activities described above give an account of Lefö/TAMPEP Austria's work at a national level. Work oriented towards raising awareness of the transnational nature of prostitution, the need of new prevention methods considering cultural backgrounds and the working and living conditions of migrant sex workers that have a direct impact on their health.**

## Prostitution in Austria

### THE LEGAL FRAMEWORK

In Austria, there is the so-called „regulatory system“. The legal situation of prostitutes is extremely complex, especially for migrant prostitutes who are subject to *prostitution* and *immigration* laws.

#### Laws Pertaining to Prostitution

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

According to article 118 of the National Constitution, the prostitution issue belongs to the provincial sphere. However, there are also **National Laws** that regulate prostitution:

#### NATIONAL LAWS

##### In the Health Control Sphere

- Sexually Transmitted Diseases Law (BGBl. 591/11993) states that prostitutes must undergo a weekly health check-up.  
During the first health check-up, women receive a credential to exercise their job (in practice, provinces have different procedures).  
In case that any of them has a sexually transmitted disease, the credential is withheld until she is cured. The sex worker can be fined or arrested if she does not abide by the law. After she is cured, she can return to work.
- AIDS Law (BGBl. 293/1986 - 728/11993) states that prostitutes must have an HIV Test every three months.

##### In the Criminal Law Sphere

- A law dating from 1885 (*Landstreichergesetz*) ruled until 1975. It left it to the judgement of police officers to – “under some conditions” – tolerate or penalise

prostitution. From January 1<sup>st</sup> 1975, a new criminal law in which prostitution is no longer a punishable activity entered into force. However, other actions related to prostitution are punishable:

- *Promotion of prostitution* (Art. 215) and *pimping* (Art. 216) are criminal offences. In this context “promotion” means that a person is introduced to prostitution, for example, through introducing her into a brothel or to other prostitutes, or through making accommodations available for the exercise of prostitution. By this standard, “introduction” is more than advising or demanding that a woman turn to prostitution; rather she must be persuaded and “actively aided”. Whether prostitution is exercised legally or illegally is irrelevant in this context. The prostitute is not subject to punishment. Pimping occurs when a person takes advantage of a prostitute with the intention of receiving a regular income from her work as a prostitute. “Taking advantage” means that the pimp benefits from prostitution, but provides nothing or very little in return for such benefit. “Exploitation” is defined as taking advantage in a ruthless manner that is against the prostitute’s vital interests.
- Article 217 of the Penal Code refers to “Trafficking in Human Beings” and is related to prostitution because it reduces this crime to sexual exploitation intentions. It is defined as any person who introduces another person to prostitution in a state where this second person does not reside in or does not have citizenship. It also refers to anyone who recruits a person for prostitution under the same circumstances, regardless of whether the recruited person has been a prostitute prior to the recruitment or not. And for that purpose deceives or coerces him/her through violence threats to travel to this other state, or uses deception or violence to transport him/her to this other state.

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

- Since January 1<sup>st</sup> 1983, prostitutes are included within the General Tax Law on Profits and Income.
- This regulation does not include the Social Security System (health, unemployment, nor retirement benefits).

### **PROVINCIAL LAWS**

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

In some provinces (e.g. Upper Austria, the Tyrol, Styria), prostitution can only be exercised in brothels that have a specific licence. In other provinces (e.g. in Vienna, Lower Austria, Burgenland), prostitution does not circumscribe to brothels: street prostitution is permitted, given the sexworkers are registered.

All provincial legislation have two common aspects:

- Prostitution is against the law for those under 19 and for care-dependent individuals.
- Prostitution cannot be performed near schools, nursery schools, churches or public places.

### **Laws pertaining to immigrants**

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

- With the present law, as was the case with the previous law, migrant women (or men) can obtain a residence permit and can work in Austria if they are married to an Austrian citizen.
- With the previous law an artist (including dancers) could obtain a permit of stay if they could demonstrate that their income was sufficient to maintain themselves (in practice, this was an advantage for owners of clubs and other businesses).
- With the present law (of Residency and of Foreigners' Occupation -1998), artists can also obtain a Residence and a Work Permit (*Fremdengesetz*, Art. 19; *Ausländerbeschäftigungsgesetz*, Art. 4-a).
- However, there is a later decree that modifies Art. 4-a with respect to the definition of "artist", which **excludes** Go-Go-girls, as well as vaudeville dancers, strip-teasers, or any other performer whose representations pertain to sexuality.
- The legislation that refers to the "illegal" exercise of prostitution is maintained in the Immigration Law of 1998.
  - According to Art. 33.2.3 a woman can be deported from the country if she is caught exercising prostitution without any type of permit of stay.
  - According to Art. 36.2.4, for the same infraction, she may be prohibited from entering Austria for a certain period of time.

## **Decree on Show-Dancers and Prostitutes**

### **Opportunity to Obtain a Permit of Stay**

In June 2001, the Ministry of Interior systematised legal norms and defined the conditions to obtain a limited permit of stay for people who plan to work in prostitution and as Show Dancers (Peep Shows, Go-go bars, etc.).

These norms have an indicative but not an executive nature. In other words, they are not legally binding.

### **In relation to prostitution**

The report of the Ministry of Interior indicates that with these norms, prostitution and non-formal economy in this area will be controlled.

In relation to the current Immigration Law, this "permit of stay" can be framed under article § 7/4/4 referring to a class of permit of stay for "persons who perform independent work without residence" (otherwise, it would be in conflict with penal code regulations on pimping et. al., Article §214 Austrian Penal Code).

The permit of stay does not include residency ("independent work without residence").

### **Duration**

The first permit will only last for two months maximum. The first request should be filed abroad. It is possible to request an extension, for a maximum of one year. Applications can be filed in the country at the respective Immigration Police, District Capital Office or Federal Police Authority (according to one's place of residence). Continued renewal is possible.

### **The following documents are required for the first request:**

- Birth certificate
- Valid passport
- Health insurance
- Sufficient means to cover the period of stay of the first permit of stay and return trip
- Proof of accommodation and/or details of location of work
- Health certificate

**Required documents for renewal:**

- Same as for first application
- Taxation is being controlled

According to the Immigration Law, in addition to the norms described above, provincial legislation should be observed (Note: in Austria, the exercise of prostitution is regulated by provincial laws).

There is no quota regulation that applies.

**In relation to Show-Dancers**

Immigration norms for a permit of stay for Show dancers define them as: “A show dancer is a person who - through artistic dance shows - provides entertainment to guests in discotheques (“closed”), Peep-shows, Go-go-Bars and other similar (evening) locations”.

The permit of stay can be issued according to article § 90/4 of the Immigration Law and receive a permit of stay as artists.

This permit of stay does not include residency in Austria.

**Duration**

The permit of stay will be issued for a maximum of three months. The application has to be filed abroad. After this term, it is possible to get a new permit of stay.

**Conditions are:**

(In addition to the general conditions for a permit of stay)

- Studies or experience as dancer
- Work contract with an Agency of Artists.

Furthermore, any and all other (independent) activities (e.g. prostitution) are prohibited, as they would not relate to the granted permit of stay. In addition, they are included within the General Tax Law, which means they have to pay taxes.

There is no quota regulation that applies.

**Comments on Legislation**

- While prostitution is de-penalised in the Penal Code, in provincial legislation it is related to morality and good manners, or even more, it is part of the legislation of the provincial criminal police (*Polizeistrafgesetz*).
- The dispositions of the National Health Law in practise only refer to a part/percentage of the sexworkers. The number of registered sexworkers show a downward trend (e.g. in Vienna, only an estimated 10% of the sexworkers are registered).
- In some places within the country, the certificate of the doctor that regularly visits the brothel or the one to whom the women visit is accepted. These health check-ups are not always effective.
- The confiscation of the credential of a sick woman is useless in terms of the global concept of public health, since the customers are the ones who ask for unsafe sexual practices. In summary, through obligatory controls women are made responsible for the customers' sexual conducts.
- Penal Code articles 215, 216, and 217 (among others) penalise specific crimes related to prostitution where migrant prostitutes are frequently the victims. However, practice shows that women are not in the condition to report appropriately, not only because of fear of or dependency on those who make profits



from them, but also because of the risk of deportation due to the status of migrant prostitutes. In practice, the Immigration Law is prioritised over the Criminal Law.

- Undoubtedly, it is important and necessary to have precise legislation that allows migrants to work autonomously in prostitution with a permit of stay, independently of the good will of managers or owners of these premises.

## THE PROSTITUTION SCENE

### **T**he Effects of Control

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

- the enormous growth of migrant prostitution outside the established systems of control;
- the lack of protection of migrant sex workers;
- the legal, social and health exclusion of most migrant women who work in prostitution in Austria;

The existing legislation cannot cover the phenomenon of migrant prostitution, which grows and transforms itself. It is not effective to reduce migrant prostitutes to the area(s) of organised crime or illegal immigration.

Even the obligatory health check-ups, performed by an official institution, are a control mechanism because the information gathered on migrant sex workers with a weak legal status can be handed over to the police. For many women, showing up for this exam implies exposing themselves to deportation. In regions where there is no obligation to register with the police (*Salzburg*), the attendance of migrant women to obligatory exams in the Health Offices is more frequent.

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

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

### **The Presence of Migrant Women**

The presence of migrants in the prostitution scene date back, as in other European countries, to the beginning of the 80's and has increased without interruption throughout the country. **Field work research by Lefö/TAMPEP-Austria as well as interviews by the counselling services and information collected and systematised in workshops indicate that around 70% of prostitutes in Austria are migrants.**

In Vienna and Linz, as well as in bordering towns, the percentage of migrants is even greater. In many small towns of the provinces, the percentage of migrants is 100%. In Ybbs, where TAMPEP does regular visits, only Dominican women work since approximately 10 years, changing frequently.

While the number of Latin American sex workers, mainly Dominican, is staying more or less stable, the number of Eastern European sex workers has increased greatly. Dominican women, as well as many Hungarian and some Asian women belong to earlier migration waves and have been living in Austria for several years now. The youngest women and those who have only been here for a short time come from Eastern Europe. However, this does not mean that migration from Latin America has stopped. In the past years, Eastern European women have constituted the majority of migrant sex workers. At the same time, the percentage of African women from Nigeria, Ghana and South Africa is increasing. The major group among Eastern European women is constituted by women from Hungary, the Czech Republic and Slovakia, who do not need tourist visas and come from bordering countries. In the second place are Polish women (who do not need tourist visas either) and to a lesser extent, Ukrainian, Romanian, Bulgarian, and Russian women.

### **Dependency and Marginality**

While the sex industry grows and produces big profits thanks to the work of migrant prostitutes, the situation of the women themselves is increasingly more vulnerable. The current legislation, already mentioned, leads women to a greater dependency on all kinds of intermediaries.

The increase in forms of control, raids and deportations, resulting from restrictive immigration policies, produce greater insecurity and mobility. In the same way, the intensification of measures against trafficking in women, frequently is transformed in measures **against women**, who are rapidly deported, before they can file a demand and without adequate investigations.

Migrant sex workers, margined from social spheres other than their work, are exposed to every type of exploitation and violence, both from the different intermediaries and from their customers.

The growing racism and discrimination against migrants in Austria, is aggravated for migrant sex workers - **as migrants and as prostitutes** - deepening their marginality. Women experience racist attitudes on a daily basis in every aspect of their lives. The **dependency and marginality** in which migrant sex workers live and work, allows society to profit from their services and the benefits derived from them, without offering any legal, social or health protection.

### **Access to Health Services**

Within the Austrian health service there are no possibilities to have access to doctors, health services or hospitals for free. It is only possible to access these services through health insurance plans.

Those who do not have health insurance must pay these services on their own, and they are very expensive.

According to **TAMPEP's research** most migrant sex workers do not use health services unless they are in extreme danger:

- The first difficulty why migrant sex workers cannot access the health services is that generally they do not have an insurance (except those who have been living in Austria for a long time, are married to an Austrian citizen and are informed about their rights. These are a minority).

- The second difficulty is the lack of knowledge about their possibilities in relation to social security, whether they are married to Austrians or have stay permits.
- The third and the most important difficulty is their marginalised situation, common to most migrant sex workers. The women have no contacts outside their jobs, they cannot speak German fluently, and they do not know where to go.
- The fourth difficulty is the negative experiences they have had in health services, because they were not well cared for, were victims of racism and/or the personnel made no effort trying to understand their basic German.
- The fifth difficulty is related to cultural differences, different ideas about health and different ways to access doctors and health services. For many women (especially for those of other continents) the Austrian system is completely different from what they know, they do not trust it because it lacks a more personal care.

This indicates that most of the migrant sex workers lack regular medical care, even though they are generally in a risk situation because of their work.

Some travel to their countries once or some times a year (depending on the distance) and they use this opportunity to consult about their health problems.

### **Health Check-ups**

For the enforcement of the Laws about Sexually Transmitted Diseases (STDs) and AIDS, mentioned earlier (*see “Legal Framework”*) there are health offices in province and district capitals of Austria. These belong to the Municipal Health Service and are responsible for the health check-ups of sex workers.

Some health offices, as **in Vienna** for example, perform proper and efficient health check-ups for sex workers, including migrant sex workers. In other health offices, these check-ups are a mere routine formality.

Generally, there are no possibilities of a gynaecological treatment for diseases that are not “sexually transmitted”.

Independently of the way this check-up is carried out, the aim of it is to exercise control over sex workers and it does not respond to a prevention policy.

Also the number of migrant sex workers who go to these obligatory health check-ups are a minority and the numbers decreased in the past years.

**According to TAMPEP's knowledge and experience, for an efficient AIDS/STD prevention work and a comprehensive health care for migrant sex workers, an adequate cultural mediation and health services that respond to the real necessities of women are indispensable.**

## **LEFÖ/TAMPEP's-Austria work on a national level**

**I**n the team of TAMPEP-Austria, the multiplicity of cultural perspectives and backgrounds are present in the Multicultural Team, which is, precisely, the basis of **cultural mediation**. Through the work experience of the team, a more adequate understanding of the differences in each target group was possible, as well as the implementation and adaptation of the TAMPEP methodology.

## AREAS OF INTERVENTION

- Street work
- Training
- Municipal health offices
- Counselling centre

### Streetwork

Streetwork, as a direct intervention methodology and as a research subject, is the first step in the work of TAMPEP-Austria.

Street work as a source of information facilitated observation and direct knowledge of the prostitution setting in Austria, as well as of the living and working conditions of migrant prostitutes; more specifically:

- The situation of women in businesses in the central areas and in the suburbs, their different work modalities in brothels, entertainment businesses, clubs, massage parlours, and peep show businesses, and the scarce presence of migrant prostitutes in the street.
- The distribution of migrant prostitutes in Vienna and in businesses in the provinces, determining the areas where the majority of them work, as well as their origins, fluctuation and mobility.
- The confrontation with women brought to Austria by pimps, intermediaries or traffickers who do not even know the name of the city where they live and work.
- The insecurity and vulnerability of migrant prostitutes in terms of their working conditions and health.

Street work as direct intervention methodology in the working place of migrant sex workers is based on the following objectives:

- To deepen, maintain and expand the contact with migrant sex workers.
- To offer migrant sex workers appropriate information - in their respective languages - on HIV/STDs, as well as on preventive health and contraceptive methods, the appropriate use of condoms and safety measures in their work.
- To inform them about the possibilities of anonymous advisory services in LEFÖ/TAMPEP, on health, social and legal issues.
- To provide advice about the quality of the different brands of condoms and lubricants, and to facilitate access to them.
- To offer the possibility of the medical care network from TAMPEP.

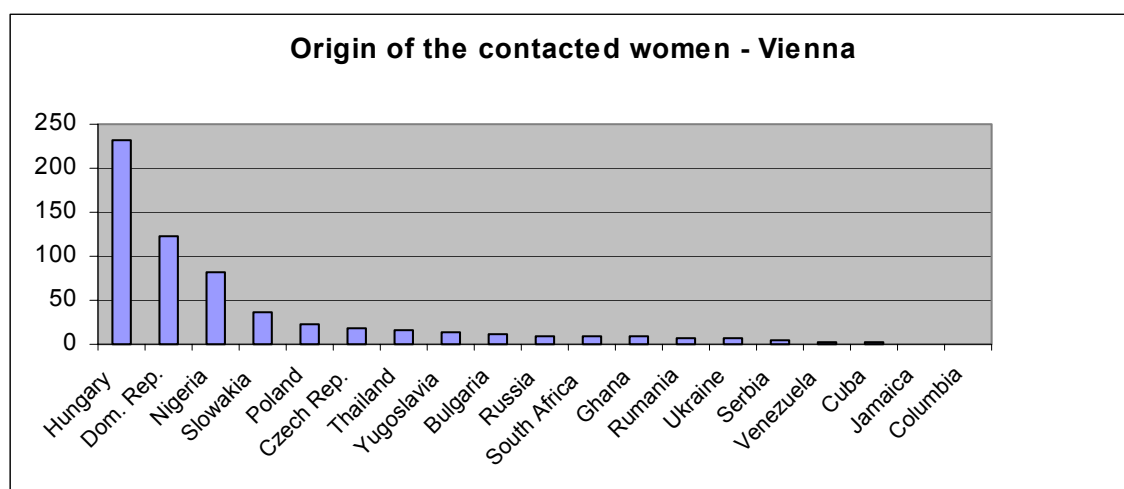
Streetwork was carried out in the following regions:

### In Vienna

In Vienna, the TAMPEP Austria team continued with systematic streetwork in the redlight districts (carried out twice a week): in the traditional prostitution areas of the 2<sup>nd</sup> district, the city belt (Gürtel), the 15<sup>th</sup> and 10<sup>th</sup> district as well as regular visits in other areas (3<sup>rd</sup>, 21<sup>st</sup> etc. district).

Recently, with the contacted women, there had been an increase in the number of African women and women from Eastern European countries (with a short-term visa for prostitutes/show-dancers).

Throughout TAMPEP 5, the team contacted 558 women in 150 premises (brothels, clubs, bars).



### **In the provinces: TAMPEP as National Focal Point**

As part of its work as National Focal Point, the TAMPEP team in Austria systematically visited different cities in the provinces, with the aim of establishing and improving contacts with relevant organisations and institutions to build a nation-wide support network for migrant sexworkers. Also, it was important to observe the respective prostitution scenes and to note changes in and special features of the different areas.

Many brothels in the provinces work only with migrant prostitutes, many of them from Eastern European countries and from Latin America. Often, they live in their work places, sometimes they commute daily (in bordering areas). In general, they are more marginalised and isolated than in the cities, since they are easily identifiable.

Two main **difficulties** were present in the field work: The acceptance on the part of sex workers, mainly those from Eastern Europe, who did not know LEFÖ or TAMPEP. The contact with them required more time than with Latin American women. Many sex workers established distances with cultural mediators, since they could not talk about their work because they did not identify themselves with it. Also, with the high mobility of the migrant sexworkers, it is extremely difficult to establish a trusting relationship between the cultural mediators and the migrant sexworkers.

The other difficulty sometimes is with bar owners, bar keepers etc. who would not allow cultural mediators into their premises.

### **Wiener Neustadt (Lower Austria)**

In Wiener Neustadt, systematic work (cultural mediation & streetwork) is carried out at the bars, clubs and brothels (4 x per year). The majority of the contacted women are from Hungary and Slovakia. They have a short-term legal status (2-3 months) and perform their work within the frames of the “decree” on prostitutes and show-dancers (see: Legal Framework).

### **Eisenstadt (Burgenland)**

Eisenstadt is the capital city of the Austrian province of Burgenland which is bordering to Hungary. Thus, the majority of migrant sexworkers are Hungarian women (80%); 20% are women from Slovakia and the Dominican Republic. Streetwork is being carried out 4 x per year in the 5 premises that exist in Eisenstadt.

### **Innsbruck (the Tyrol)**

In Innsbruck (the capital city of the Tyrol), part of the prostitution scene is located close to the train station. The majority of the migrant sexworkers are women from Eastern European countries. During the period of TAMPEP 5, the Austrian team begun to establish first contacts there with the aim of intensifying the work in the province, getting access to the migrant sexworkers and gaining a better overview on the working and living conditions.

### **Salzburg (Salzburg)**

As streetwork in Salzburg is fairly new, it is still difficult to make concrete comments on the situation. In order to really access the prostitution scene there and offer support and empowerment to the migrant sexworkers, a continuation of the systematic fieldwork is necessary. Observations of the prostitution scene so far showed that the migrant sexworkers are women from Eastern European countries who work in one of the 10-15 premises located in the city.

### **Ybbs and Krems (Lower Austria)**

TAMPEP chose Ybbs and Krems as localities to do follow up work. Cultural mediators visit twice a year to continue the systematic work with migrant sexworkers who are peer educators/multipliers and disseminate information to their colleagues who in these rural areas are more exposed, vulnerable and isolated than in bigger cities.

The main **achievements** of our continuous and systematic field work are:

- TAMPEP has access - with varying degrees of difficulty - to 150 premises (out of 290) in Vienna, which are visited regularly and where the team of cultural mediators works with the women;
- 40% of the bar owners in Vienna accept without difficulty TAMPEP's AIDS/STDs prevention work;
- Strengthening of prevention work with Latin American sex workers in Vienna and in the rural areas;
- Consolidation of prevention work with African (esp. from Nigeria), Hungarian, Czech and Slovakian sex workers in Vienna and Wiener Neustadt;
- Access to brothels in the rural areas mentioned above;
- More acceptance and use of TAMPEP information material by the women;

### **Statistics TAMPEP 5 – Austria**

<b>Streetwork in:</b>	<b>Percentage of contacted women</b>	<b>Health and social counselling at bars, clubs, brothels, etc.</b>	<b>Social counselling at the Lefö/ TAMPEP office</b>	<b>Phone counselling</b>
Vienna	558	355	128	360
Eisenstadt	59	41	-	-
Ybbs/Krems	42	42	-	-
Salzburg	10	8	-	-
Innsbruck	30	22	-	-
Wiener Neustadt	65	60	-	12
<b>TOTAL</b>	<b>764</b>	<b>528</b>	<b>128</b>	<b>372</b>
<b>TOTAL # of contacted women:</b>	<b>764</b>			
<b>TOTAL # of counsellings/contacts:</b>	<b>1.028</b>			

## **Training**

### **New cultural mediators**

The work of Lefö/TAMPEP Austria continued with Latin American sexworkers, intensified with women from Eastern European countries and recently also focused on women from Africa. Thus, new cultural mediators were trained for the the new target groups.

Training comprises:

- a perspective on feminine labour migration and, within that, on prostitution
- a review of the policies of the EU on this issue
- overview on the Austrian prostitution legislation, introduction into the new legislations
- an introduction to the TAMPEP methodology as well as to the key lines of work in HIV/STD prevention with migrant prostitutes

All new cultural mediators participate simultaneously in training on the new legislations concerning migration and prostitution and on developments concerning health awareness work, as well as in the annual seminars organised by Lefö/TAMPEP.

### **Workshops**

4 open workshops were organised by Lefö/TAMPEP Austria for migrant prostitutes: 1 in Wiener Neustadt with Hungarian sexworkers, 3 in Vienna for Latin American, Czech and African women.

The aim of the workshops is to provide migrant sexworkers and/or multipliers (peer educators) with adequate information concerning health prevention measures – especially for their working conditions.

### **Peer educators training**

Lefö/TAMPEP Austria continued it's systematic work with peer educators (sex workers) from different migrant backgrounds.

Usually, the content deals with issues around: body – body awareness – sexuality – health – prevention measures – HIV/AIDS and STDs – working and living conditions – immigration laws/legal situation – social issues.

The evaluation of the courses with peer educators is highly positive, not only due to the interest and participation of the women, but also because of their multiplication effect in a greater use of TAMPEP's informative material and the opening of new contacts.

Peer educators who have had to leave Vienna, have multiplied their work in other cities and remain in contact with TAMPEP.

### **Municipal Health Offices (or STD Clinics)**

Given the Austrian prostitution system and the role of the Municipal Health Offices (*see "Legal Framework"*), it is of CRITICAL importance to carry out joint work with them and TAMPEP.

With the health offices in **Vienna** and in **Wiener Neustadt**, we established deep and very systematic contacts and co-operations. In the other provinces, there are also systematic contacts – with the migrant sexworkers as well as with the staff of the health offices. But often, the registered sexworkers in the provinces are very few and attend the examinations at different times which makes it difficult to reach them; street-work –

directly at the premises – thus proves to be more efficient as a mean to reach the women.

TAMPEP has organised meetings with the responsible parties of the health offices, has launched letter-writing campaigns on various consecutive occasions, explaining TAMPEP's objectives and methodology, and has offered the co-operation of cultural mediators in prevention work.

Only a few health offices have accepted the participation of TAMPEP cultural mediators during the office hours for health check-ups of migrant prostitutes.

In our perspective, a continued and broader co-operation with the Municipal Health Offices is crucial, in order to provide TAMPEP methodology to migrant sexworkers.

<b>Statistics: Health Offices</b>	<b># of contacted women</b>
STD Clinic Vienna	101
STD Clinic Wiener Neustadt	54
STD Clinic Innsbruck	14
STD Clinic Salzburg	15
STD Clinic Eisenstadt	12

## **Counselling Centre**

The counselling service (besides the street work) has improved the quality of TAMPEP prevention work. The confidence created through many years of street work and the worsening of the legal, social and health conditions increased the number of sex workers attending TAMPEP's counselling centre. In the framework of the counselling centre and due to existing needs in the fields of health and prevention, TAMPEP has organised a "medical care network".

The network has a group of gynaecologists and dermatologists, as well as abortion clinics and general practitioners. The doctors of the network are aware of the living and working conditions of migrant prostitutes, charge a minimum fee (to women who do not have health insurance) and maintain regular contact with the TAMPEP team.

## **TARGET GROUPS**

### **Migrant sex workers from Central and Eastern Europe**

**E**mpirical research work carried out by TAMPEP shows that the majority of migrant sex workers from Central and Eastern Europe are women from the neighbouring states. The sex workers contacted by TAMPEP come mostly from Hungary, Slovakia, the Czech Republic, often also from Rumania and Poland, but relatively seldom from the States of the former Soviet Union. Still, there are more and more women coming from Lithuania, the Ukraine and Russia. The target group has changed in the course of time in some aspects which will be explained in more detail later on.

The socio-economic situation in the former Eastern block states drastically changed during the last years. After the fall of Communism, the old structures remained for some time. At the time, the majority of women had a professional qualification and a good chance to get a job. At present, many women attain only the compulsory education level and have to work as unskilled workers.



Mobility is very important in this target group. Some women had already worked in other EU member states as prostitutes before they came to Austria. Others start to work in Austria as prostitutes and then travel to other EU states. Others are commuting between their country of origin (often a neighbouring country) and Austria: either they usually stay for a period of 3 months, or they are moving every week-end or once a month.

However, the mobility of the women is rising not only between the EU states, but also within one country. Only a small percentage of the women works in the same bar or brothel for a long time, most women change their working places every few weeks or months. Sometimes, bar owners are forcing the women to change their workplace, in order to fill the clients' changing demands. There are sex workers who in a couple of months have worked in 5 - 7 different towns. The women get information about the bars mostly through word-of-mouth or through pimps.

The majority of women who came to Austria before or shortly after the fall of Communism could make use of the Immigration Law which was less restrictive in those days. They have a legal residence permit (on account of another job or of marriage) and some of them have obtained, in the meanwhile, the Austrian citizenship.

The big majority of the women who came to Austria since middle of the nineties came with a tourist visa. Some women (mostly from the Czech Republic, Slovakia and Hungary) have a residence permit on account of prostitution which they have to extend every three months (see chapter: Legal Framework).

Concerning health, the majority of the women often suffer from infections and gynaecological problems (e.g. inflammation of the ovaries), from alcohol abuse, stomach troubles (due to bad nutrition), eating problems. Many women need psychological help.

The different types of insurance and their specific consequences for the women from Eastern Europe:

- The women who work as non-registered prostitutes in general do not have social insurance and must pay the medical fees themselves. The majority of sex workers from Slovakia, the Czech Republic and Hungary travel to their home countries to receive medical treatment.
- The sex workers who have a residence permit on account of prostitution can have a private health insurance which costs approx. €190,- for 3 months. However, it is usually only for health prevention and, unfortunately, does not cover neither gynaecological nor dental examinations/treatments. That is why these women also are often forced to travel to their home countries for medical treatment.
- There also exists the possibility of being insured at the regional health insurance company (*Gebietskrankenkasse*), but this type of insurance costs more than €220,- per month. Besides, one has to pay the insurance premium for 6 months and only then one has a legitimate claim to the insurance benefits. A reduction of the premium is only possible if the women declare exactly what kind of work they are doing and how much they are earning. This kind of insurance, though, can not be used by women who are living illegally in Austria, as the most important requirement for it is a valid residence permit.
- Women who are married to Austrian citizens can be included in their husbands' insurance policy. But there are only a few women within the whole target group who could use this possibility.

In Vienna and in the provinces the average prices for the different services are approximately the same everywhere. But, of course, there are differences depending on the category of the premise and on the part, the women themselves receive. The majority of the brothels and clubs belongs to the lower (e.g. cheap) category. Usually, the women also have to motivate the customers to drink alcohol as the consumption of alcohol is a very good additional income for the club or brothel.

With the working hours, one has to be aware that there are many different possibilities – the only ones that really can be “proved” are the ones in the premises (in the bars, brothels etc.). There, the women usually work seven days a week, generally from 7 p.m. until 5 a.m. If they urgently need money, they sometimes even work the whole day. Then they often take holidays and travel home for some days every 2 or 3 weeks. They seldom have a longer holiday or make a trip abroad.

The women come to Western Europe in order to search new socio-economic perspectives and the majority supports their families in the home countries. Many women (mainly the ones who newly arrived) have pimps – not necessarily in the traditional sense, sometimes it is also the bar owner – to whom they have to give up to 50 percent of their income. In many cases, the pimps are parents who are earning a living for their families by "transporting" women from Eastern Europe to the West and making them work for them there.

In the course of the 90's, traditional pimping has clearly changed. Pimping has become more and more an international business where men are bringing women from Central and Eastern European countries to Western Europe in order to make money off them.

The women who have been working for a longer time in the sex industry, usually rent a flat or they live together with their husband/boyfriend/pimp.

But many sex workers, especially in rural areas, live either in the same building where the bar/brothel is situated or in a house which is rented by the bar/brothel owner for them where they have to pay rather high rent.

Most women have very few social contacts and remain isolated in the narrow environment made up by bar owner, colleagues and clients. Sometimes, the working atmosphere is far from ideal as there is a lot of tension, competition and frustration among the women. The women often suffer from loneliness; they seldom speak with other people about their work. Because of the strong stigmatisation of prostitution, they are often living “double lives” and cannot talk about issues concerning their work with family and friends; this, of course, also generates stress and reinforces their isolation.

In general, the women do not identify with their work. Women who are working for a longer time in the sex business are no longer too shy to speak about their occupation, about their feelings and about their plans for the future. But it is very difficult to get in touch with the “newcomers” who do not want to be identified as prostitutes.

Nearly all of the women want to return to their home countries. The big majority is not integrated in the Austrian society and has only few social contacts outside work. Because of their massive isolation, it is also very difficult for them to obtain sufficient language skills. This isolation is not only due to the stigmatisation of sex work in

society but also to the fact that these women are migrants in a country with rapidly growing racism and xenophobia.

### **Sex workers from Central and Eastern European countries in Austria: a homogenous target group?**

It is extremely important and should be stressed that one must not ignore the fact that women from the different CEE countries also have different backgrounds (socio-economic, political, religious etc.). Through our work and experience, it became clear that it is truly not possible to speak only about ONE target group, assuming homogeneity (e.g. concerning religion there is a big difference in its importance between Polish and Slovak (or Czech, Hungarian,...) women.

In this target group there are women who came to Austria before or shortly after the fall of Communism and who have been working as prostitutes for many years. They have built the centre of their lives here and practise prostitution as their profession. Only in very few cases those women want to return to their home countries.

Others came to Austria 3 or 4 years ago in order to work – where prostitution presented one of the only possibilities. They wanted/want to save up money and return to their countries of origin as soon as possible. Nearly all of them learned a profession in their home countries and have worked in it. They do not identify with prostitution, but consider it as a stopover or as an interim solution.

The women who arrive in Austria nowadays also have other features. They are young, between 18 and 20 years old, many had already worked in their home countries in the sex business and they generally depend on pimps. Only a few of them have a professional qualification; in general, they only finished the compulsory school education. In their home countries they do not have an outlook for the future or a chance to a well paid job.

However, there is one common feature to all the women working in the sex industry: the lack of access to appropriate and adequate services in the areas of health prevention, education, advice, care and self-help.

### **Latin American Sex Workers**

**E**ven though in Austria there are sex workers coming from different Latin American countries such as Colombia, Cuba and Brazil, exceptionally from Peru or Argentina, the predominant group are the Dominican women. They are one of the oldest and most extended group of migrants who work as sex workers in Austria, from Vienna and other big cities to the smallest villages of the rural areas. Since the 80's, new migratory waves of Dominican women have been coming to Austria constantly.

Most of these women live in Austria around 10 years. Some live more than 15 years and others have just arrived in the last years. Their age is between 20 and 55 years.

Even though most Dominican women have been affected by the trafficking in women mechanism – in one way or another- after so many years, they have achieved their independence, working autonomously in some way. However, many of them are still having a strong dependent relationship with their husbands, who frequently are their pimps, or the local owners, that decide on conditions, prices and schedules.

Most of them are strongly connected to their country of origin: they have children, in addition to parents, siblings, etc. in the Dominican Republic, to whom they send money regularly. Many travel every year (or almost every year) to the Dominican Republic, and stay there around two months, during the European winter.

This target group, compared to others, has more stability. It is important to distinguish, however, between established Dominicans and newer groups.

Women of recent arrival frequently change clubs and/or work places to protect themselves from raids or disappear in “new circuits” that must be investigated.

Mobility in general is rather high. If the women don't have relatives, they move to another city or locality, according to their work conditions, the pressure from the police, the flow of customers. If they have relatives, they change localities within the same city or its suburbs.

As to legal status, among Dominican sex workers there are all the possibilities: from those who have the Austrian nationality and work as registered prostitutes, does who are not registered, those who have a very weak legal status.

Due to the fact that the previous Immigration Law was more flexible, some sex workers got an unlimited permit of stay or a permit of stay for many years. Others depend on their marriage status; they must obtain a permit of stay every year. These women depend on their husbands' will.

A great group depends on the owners of the businesses who generally “negotiate” their permits or obtain limited permits of stay for them (*see: Legal Framework*) if they can pay for it, even though this transaction “legally” should be for free.

Finally, new migrant groups are strongly dependent on traffickers or other intermediary groups, or depend on friends or acquaintances. In both cases, they remain illegal, at the mercy of these groups, as well as of police raids.

Some Dominicans, because they are married to an Austrian citizen have a health insurance, but this does not mean that they will go to the doctor nor that they are going to have health check-ups.

Many brothels or businesses have a gynaecologist who check these women weekly of every two weeks. But these women have no possibilities of receiving medical treatment in case of a serious illness. The same thing happens in many STD Clinics. Some go to private gynaecologists who are not aware of their living and work conditions or to the TAMPEP medical care network.

Most women with short-term permits of stay or an overall weak legal status – some of them arrived in the last years – do not receive any medical care. Many of them are highly dependent on medication; they self medicate themselves or receive medicine from their friends and colleagues.

Many Dominican sex workers suffer from chronic illnesses because of the deficiencies in their living and working conditions. Poor dietary practices, the compulsory consumption of alcohol (in entertainment businesses), night work, and the general stress and pressure of their lives, are important factors that damage their health. Many women are stressed out and would like to change their job which turns out to be very difficult, even though they do have a legal status. There is almost no possibility for them to

change their profession: they only get unskilled jobs (as do most migrant women) which do not allow them to provide for their families etc.

In some brothels it is a “normal” practice to work without condoms. At the same time, many Dominicans do not use condoms with their boyfriends, even if they have been former customers, belong to the milieu, or have sexual relations with other women.

With the working hours, one has to be aware that there are many different possibilities – the only ones that really can be “proved” are the ones in the premises (in the bars, brothels etc.). There, the women usually work seven days a week, generally from 7 p.m. until 5 a.m. but sometimes also dayshifts. If they urgently need money, they sometimes even work the whole day.

Dominicans who work in businesses in the suburban districts or in the provinces frequently must perform extra tasks, such as cleaning, washing, etc. These businesses are not provided with a convenient sanitary infrastructure.

Most Dominicans do not identify with their work, even if they have been practising it for a long time. Many of them express a feeling of guilt, and at the same time, they are afraid of society and their families. The double standard and social stigmatisation reinforce these feelings.

Dominicans who had contact with LEFÖ, hid their work for many years, referring to it only in an indirect way as “night work”. Those who have talked about their work have described it without been able to name it (“*I work.*”). Our work with Dominican women indicates that they take preventive measures (practising safer sex) to the extent to which they take their work for what it is.

## **African Sex Workers**

**T**he group of migrant African sex workers is fairly new and developed around 3 years ago. The women work mainly in Vienna but also in some other parts of Austria (e.g. Eisenstadt). They usually work in bars but also in street prostitution. The majority originates from Nigeria, but there are also women from South Africa, Ghana etc.

A considerable number of the African sexworkers attends regular health examinations at the Municipal Health Office in Vienna, sometimes accompanied by our cultural mediators.

Usually, this group of African sex workers is even more isolated than the other target groups (described above): as it is a rather new phenomenon, there is no strong back-up community of migrant African women in Austria yet and also no “tradition” of it; this results in a lack of support and networking and heightens their vulnerability even more.

Rapidly growing and increasing racisms and racist structures also impede on their situation and influence their working and living conditions to a huge extent.

For efficient intervention and support measures, further research and observations as well as continued systematic work with the target group are necessary and will be conducted.

## OTHER ACTIVITIES

### New information materials

Lefö/TAMPEP Austria published new information material to cover new needs and work areas:

- **Guide for migrant women in Austria;** brochure with legal information on visa, permits of stay/residency, marriage, violence, permits for prostitutes, artists and show-dancers, trafficking and expulsion, published in 4 languages (English, Spanish, Hungarian and Polish);
- **Folders on Hepatitis and Contraception;** production of health information materials tailored to the needs of the target group in Spanish, Polish and Czech;
- **Information on Austrian Citizenship,** for migrant women in Spanish;

### Bilateral Contacts

With the aim:

- to consolidate and improve the co-operation of the enlarged TAMPEP network and its members
- to implement TAMPEP methodology and disseminate TAMPEP materials
- to introduce and exchange on different approaches in direct intervention work with (migrant) sexworkers
- to exchange information and experience and to strengthen bilateral co-operation with the aim of empowering (migrant) sexworkers
- to observe, compare and evaluate the reality of the working and living conditions of migrant sexworkers, both in the countries of origin and of destination and to establish and improve contacts with them.

In light of the above aims we, TAMPEP Austria, invited the organisation ARAS/TAMPEP Rumania to Vienna for a first exchange meeting, from 31<sup>st</sup> January – 3<sup>rd</sup> February 2002. Two representatives of ARAS/TAMPEP Rumania met with three team members of Lefö/TAMPEP Austria.

The meeting focused on the following issues:

- detailed presentation of the work of both organisations, as well as explanations on difficulties, limitations and possibilities in intervention work in the area of prostitution;
- visit at the Municipal Health Office of the City of Vienna, discussions and exchange with the socialworkers and the head of the department on health prevention and examination activities in the area of STIs;
- visit to the Lefö/IBF – Intervention Site for Women who are Affected by Trafficking: general introduction to the legal situation in Austria concerning trafficking, discussion on social and economical background of Rumanian women who might be affected by trafficking, description of the work in the shelter and with the police;
- introduction into the work of TAMPEP Austria: history, methodological approaches, materials; discussion on the legal situation; comparison of materials; development of common strategies and future co-operations;
- streetwork in Vienna with the TAMPEP Austria team: introduction to the prostitution scene in Vienna, explanations on different premises (clubs, bars, brothels, street prostitution etc.), strong presence of migrant sexworkers; streetwork; discussion and exchange on the experiences made, comparison of different realities and working environments;

## National Contacts

### **One day Seminar with the project “Lena” (from Linz) in Vienna, Sept. 9<sup>th</sup> 2001.**

- Getting to know each other; project presentations; activities
- Exchange on: philosophy/methodology, strategies, practical work with prostitutes
- Reflections on the prostitution scene in Vienna and Linz; influence of legislation on the living and working conditions of sexworkers; evaluation of the Austrian political situation concerning prostitution; possible future co-operations.

## OTHER FIELDS OF WORK

### **Public Awareness Activities**

**A** methodological priority in Lefö/TAMPEP Austria’s work is the dissemination of information about the situation of abuse and exploitation of migrants, specifically migrant sex workers. Another priority is a joint publication on this issue with institutions and organisations that work in the fields of migration, health, and prostitution. This methodology has been proposed to create networks, exchange information and working techniques that promote new forms of intervention in the work with migrant sex workers; as well as to raise awareness and to sensitise politicians and officers of different sectors who are responsible for the situation of migrant sex workers, about the urgent need to implement new health prevention policies.

Some of the main activities in this field have been:

#### 5<sup>th</sup> Lefö/TAMPEP-Austria Annual Seminar

#### **Developments and Limitations in Working with Women who are Affected by Trafficking**

**10<sup>th</sup> – 12<sup>th</sup> November 2000**

The annual Lefö/TAMPEP Austria “Education Seminar” is aimed at staff/team members of organisations and institutions that – in their work – are confronted with issues of women’s migration, trafficking in women and prostitution (e.g. women’s shelters, migrant (women) organisations, deportation care organisations etc.).

Content of the seminar:

- Women’s rights, migration, prostitution and trafficking in women in Europe – International documents;
- How does the “Intervention Site for Women who are Affected by Trafficking” operate/work?
- What is trafficking in women? – Definitions of trafficking in women and recognising women who are affected by trafficking.
- How can different institutions (deportation care organisations, women’s shelters, migrant (women) organisations etc.) co-operate to recognise women who are affected by trafficking and to be able to offer them adequate support.
- Comparison of some European victim support centres for women who are affected by trafficking (what are they focusing on, legal situation, what kinds of co-operation exist);

#### 6<sup>th</sup> Annual Lefö/TAMPEP-Austria Education Seminar

#### **Invisible – Women who are Affected by Trafficking. Where and Who are They?**

**6<sup>th</sup> – 8<sup>th</sup> July 2001**

Content of the seminar:

- Profile of a woman affected by trafficking – theoretical input;
- Legal framework for women who are affected by trafficking in Austria;
- Trafficking in women – into prostitution, domestic work and marriage: migrant women between dependency, stigmatisation and recognition;
- Possibilities of crisis intervention in work with women who are affected by trafficking;

### **Lefö/TAMPEP Austria Newsletter**

LEFÖ/TAMPEP published the first issue of its Newsletter in December 1996, basically with the aim of spreading the voice of migrant women and sex workers on their problems and demands. It is also a means of information on migration and the criticisms and proposals related to the new female migration. The newsletter has a circulation of 800 copies and is sent to Austrian governmental offices in the provincial and federal offices responsible for migration, health and security, and to the NGOs that work on women's issues, migration and health in the German speaking European countries.

In October 2000, the issue focused on migrant sexworkers who are affected by trafficking, using a case documentation of the Lefö/IBF Intervention Site for Women who are Affected by Trafficking. It also included information on the developments around the “ad hoc Committee on the Protocol to Prevent, Suppress and Punish Trafficking in Persons” (UN Crime Commission) and the position of the NGOs on this matter.

In October 2001, the main topic of the issue was on prostitution as a transnational phenomenon and on the working and living conditions of (migrant) sexworkers in Europe – a comparison of countries: Austria, the Netherlands, Sweden and Germany.

### **MILENA News**

Co-operation with and contribution to the issue of the *MILENA news* (newsletter of the MILENA network) on “Migration and Prostitution” (# 7; October 2001), published by the Women's Office of the City of Vienna. Articles were compiled and submitted on the topics of prostitution and migration, as well as input (articles) added from partner organisations from Poland, Slovakia and the Czech Republic. The issue had its focus, content-wise, on the up-coming seminar on “Prostitution as a Transnational Phenomenon” (6<sup>th</sup> & 7<sup>th</sup> December 2001, Prague).

### **Political Work**

Regular meetings with different representatives of the Viennese Municipal Council concerning a possible change of the Viennese prostitution legislation.

Intervention in the political scene is a priority for TAMPEP, both in relation to EU policies related to prostitution and their concrete implementation in each country, and in reference to the concept of “public health” seen from a new social dynamics, as the “internationalisation of prostitution”.

Systematic co-operations with the “Platform for the Rights of Sexworkers” that Lefö/TAMPEP Austria initiated in 1997 (*for the declaration of the Platform for the Rights of Sexworkers, see TAMPEP 4 report*).

### **Networking**

Networking with organisations at the national and international level is a priority in order to carry out, in those levels, a comprehensive work with the contribution of different approaches and perspectives. At the two General Meetings of all partners of



TAMPEP 5 first contacts were initiated and established with the new partner organisations of the enlarged network.

### **Furthermore...**

In Austria the work is carried out jointly with:

- Women's organisations
- Organisations that work with prostitutes
- HIV/AIDS Organisations
- Human Rights Organisations

### **In Europe**

Since 1991, Lefö and later Lefö/TAMPEP Austria participate in the AGISRA Network. This network meets every year in Frankfurt (Germany) with different organisations that work in the sphere of prostitution of migrants and Trafficking in Women. This is the most important Network in the German speaking countries and constitutes a centre pole of reflection, analysis, and elaboration of European policies related to migration, prostitution and trafficking, as well as a space to elaborate common strategies.

From the organisations that participate in the AGISRA Network, Lefö/TAMPEP Austria works especially with: AGISRA (Frankfurt), AGISRA (Cologne), PHOENIX (Hannover), FIZ (Zurich), SAPAUE (Berlin), BELLADONNA (Frankfurt/Oder).

### **In Eastern Europe**

Contact and exchange with: La Strada Network and C.A. Odysseus (Slovakia)

### **In other countries**

Due to the origin of most of the Latin American migrant sex workers, Lefö/TAMPEP Austria has permanent contact with CHAME (Salvador de Bahia/Brazil) and Mulher da Vida (Recife/Brazil), and works jointly with COIN (Santo Domingo/ Dominican Republic). Collaboration consists of the exchange of specific material on health prevention for Dominican prostitutes, mutual support in case of the arrival or deportation of women or staff exchange for fieldwork.

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### **Team: TAMPEP 5 in Austria**

#### **Co-ordinator**

Maria Cristina Boidi

#### **Cultural Mediators**

Doris Cordova

Faika Anna El-Nagashi

Sylvie Sebelova ('til March 2001)

#### **English Correspondence**

Faika Anna El-Nagashi

Edith Schwarzbauer ('til December 2000)

#### **Administration**

Faika Anna El-Nagashi

Edith Schwarzbauer ('til December 2000)

## ANNEX I

### Case Study/Legal Framework

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#### Decree on Prostitutes and Show-Dancers

Area: Legislative Measures

Name: *Decree on Showdancers and Prostitutes (April 2001)*

**N**ote: The regulations covered in the *Decree on Showdancers and Prostitutes* used to be (in major parts) integrated in the framework of the former Immigration Law (1993). After a review in 1998, these were excluded from the Immigration Law and compiled into the now existing decree (with a few additions). One has to stress that now, although the above decree does have a certain formal character, it is non-binding and thus completely non-committal!

Examining: Summary on regulations concerning showdancers and prostitutes;  
3 different examples of practice (comparison);

#### Showdancers

A showdancer is a person who – through artistic dance shows – provides entertainment to guests in discotheques, ("closed") Peep-Shows, Go-Go-Bars and other similar (evening) locations. Any and all financial transfer between the showdancer and location-owner is prohibited as it would imply employment (other than independent). Furthermore, any and all other (independent) activities (e.g. prostitution) are prohibited as they would not relate to the granted permit of stay. Migrant women, who would like to work as show/go-go-dancers in Austria, might receive a permit of stay as artists [no quota] for a maximum of 3 months, whereas the application has to be made from abroad.

#### Prostitutes

It is recognised that prostitution – by the very nature (sic!) of it – is an independent activity (otherwise it would conflict with penal code regulations on pimping etc.). However, since it is a paid activity, a permit of stay is necessary. Migrant women, who would like to work as prostitutes in Austria, require a permit of stay being "independently working without residence" (*selbständig ohne Niederlassung*) [no quota]. This might be granted for a maximum of 2 months (1<sup>st</sup> application; from abroad). *For detailed information see Appendix.*

#### Examples of Practise

##### **Eisenstadt (Burgenland)**

Eisenstadt is the capital city of the Austrian federal province of Burgenland, which is bordering on Hungary. It is a small city with an estimated population of approx. 13.250. Currently, there are only 4 Bars operating in the city. Due to the geographical proximity to Hungary, over 90% of the sexworkers are Hungarian women. Officials (Municipal Health Office) claim the number of registered sexworkers to be 15 (!). Although extremely unrealistic altogether, this number only refers to registrations in the city and does not take into account peripheral areas.

The overall situation of the vast majority of the migrant (Hungarian) sexworkers is one of constant motion and mobility. They often do not live/reside in the city and have to

accommodate daily travels across the boarder, thus do not have the possibility of starting a life in Austria. The community is small, their identity well-known (border crossing, obligatory health check-ups etc.) and stigmatisation and prejudice ever existent. They find themselves in a situation of extreme dependency on the bar-owners who manage all necessary procedures around their visa resp. permit of stay and taxes. In exchange for this "service", the women pay the owners a monthly sum of sometimes up to EURO 900. This makes it even more difficult for them to change to another bar, also the bar-owners often are backed by other influential groups.

The size of the city makes control in general easier or at least somewhat possible and there is a willingness to practise more tolerance in order to gain some sense of control. The women have to go to the official HSP (Municipal Health Office) for the obligatory health check-ups, after which their details are being reported back to the Immigration Police. As there is no possibility though at that local HSP to conduct (blood) testing, the sexworkers are obliged to pay extra for that at other facilities, which can end up being quite cost intensive.

Not all the migrant sexworkers in Eisenstadt are registered. Some do "animation" or similar work in bars with no brothel license. Some move through Eisenstadt to other cities. Others work without the necessary visa. Although the possibility to work legally in prostitution for migrant women does exist in theory, it's praxis involves all of the above obstacles (paying "taxes", high level of dependency, control), plus depends greatly on the relationship that exists between the bar-owner and control authorities. And, through it's very tolerance-based nature, it is above all not something that a migrant sexworker could indeed claim independently – as the name ("independently working without residence") would actually suggest. In practise, one could say that it is another instrument of the bar or brothel owners to get limited permits of stay for the women who work in their premises.

### **Wiener Neustadt (Lower Austria)**

Wiener Neustadt is a district capital city in the Austrian federal province of Lower Austria with a population of approx. 35.134. The migrant sexworkers here almost exclusively originate from Hungary or Slovakia. According to our information (gathered through street-work and cultural mediation at the Municipal Health Office), since 1999 most of them (20-25) are "independently working without residence" and thus are registered.

In fact, there are many similarities to the situation in Eisenstadt, although here, most women do actually live in the city. Stigmatisation, marginalisation and discrimination because of their work are strongly feared, especially due to the geographic proximity to their country of origin (i.e. Hungary). Again, the bar-owner takes care of the visa procedures which, again, puts the migrant sexworker in a situation of extreme dependency – one of the many reasons for high fluctuation rates over the past years: Also, the women's visa only last for 3 months, the geographical closeness to neighbouring countries allows constant and easy access to "replacements" and – due to well-known global (economical) factors – there is a steady arrival of new migrant women whose integration into the labour market is strongly determined by the fact whether they meet the demands (younger etc.) or not. Independent work this truly is not.

## **Wien (Vienna; Capital City)**

Vienna is the Capital City of Austria with an estimated population of approx. 1,5 Million. In June 2001 – according to official claims – the number of registered sexworkers (migrant and non-migrant) was 518. It is safe to assume that the majority of these registered sexworkers (80-90%) are national sexworkers. The number of clandestine sexworkers should be estimated to be around 5.000-6.000, a majority (80%) of which would be migrant sexworkers (according to official sources as well as our own experience and research).

The concept of "independently working without residence" is not working in Vienna, due to a multitude of reasons, among which one is that Prostitution Law is much more restrictive in Vienna than in other provinces. When registering, women first have to go to the Security Police (!) and endure a registration procedure, complete with the taking of fingerprints and other data. For registration purposes and the health and benefit of all only, of course. This desperate grasp at control unfortunately is not only completely ineffective (as the low number of registered sexworkers suggests) but also fosters the criminalisation of sexwork and hence, of the sexworkers themselves.

Migrant sexworkers who are not registered might be married to an Austrian/EU citizen and thus entitled to a permit of residence. Their working as prostitutes is illegal though as they are not registered. With the majority of those with no permit of residence or stay, there is no possibility to work at all, let alone as a sexworker – as one cannot even apply for a working permit for sexwork anyway.

## **Appendix / Prostitutes**

- A permit of stay as prostitutes is only possible working *independently*, otherwise it would conflict with penal code regulations on pimping et. al. (§ 214 ff StGB).
- The permit of stay states "independently working without residence" (§ 7 Abs 4 Z 4FrG).
- There is *no quota* regulation that applies.
- Definition: Prostitution is the practise of immoral actions (the endurance of sexual acts) on one's own body or the execution of it, given it's character is gainful.
- 1<sup>st</sup>/Initial application: has to be made from *abroad* whereas a permit of stay can be obtained for a *max. duration of 2 months* (§ 14 Abs 2 FrG).
- Required documents for 1<sup>st</sup>/initial application: birth certificate, valid passport, proof of sufficient means of subsistence, health insurance, accommodation and/or details of location of work, health certificate.
- A *renewal* – for a maximum of 1 year – is possible: application can be made in the country at the respective Immigration Police, District Capital Office or Federal Police Directorate (according to one's place of residence).
- Continued renewal is possible.
- *Required documents for renewal*: as with 1<sup>st</sup>/initial application – although taxation is being controlled.
- Compulsory registration at the Federal Ministry for Internal Affairs: Authorities have to communicate certain data (personal data, validity of permit of stay) to the Federal Ministry for Internal Affairs in written form, both at 1<sup>st</sup>/initial application and renewal(s).
- The activity has to be conducted under *control by authorities*.
- Immigration Law as well as provincial laws and regulations apply.

#### Prostitution as a Transnational Phenomenon

6<sup>th</sup> & 7<sup>th</sup> December 2001, Prague/Czech Republic.

Seminar organised by Lefö/TAMPEP-Austria,  
with the support of the Women's Office of the City of Vienna  
and it's MILENA Network,  
in co-operation with La Strada Prague.

Intentionally, we chose Prague as the conference venue: to highlight the relevance of East/West co-operation and to draw attention to the living and working conditions of (migrant) sexworkers in the Czech Republic – as a country of origin, transit and destination – in a political dimension.

With it's strong focus on East-West co-operation, the seminar also presented a continuation of our work and a follow-up to the "East-West-Seminar on Trafficking in Women" that took place in 1998.

Co-operation was the keyword in this meeting that brought together more than 60 representatives of NGOs and GOs (ministries, municipalities, health authorities, police etc.) from 6 Eastern and Western European countries to exchange and to explore the different realities and approaches and to together develop new strategies in facing the phenomenon of the internationalisation of prostitution.

#### Background

Prostitution in Europe nowadays has to be perceived as a transnational phenomenon, with the following typical characteristics:

- the fast development of the prostitution scene
- the specific forms in which it is organised
- the presence of local and mobile sex workers
- the high mobility of the different groups of migrant sexworkers
- the presence of criminal organisations who organise and control the "market"

Herein, one encounters similarities in all parts of Europe: in the East, West, South and North. Thus, the aims of the seminar were:

- exchange and discussion on recent developments on national and international levels
- comparison of political and juridical aspects concerning sexwork
- development and intensification of common strategies in prevention work
- identification of possibilities to support sexworkers in their women's rights – development of social and political strategies to improve the situation of the sexworkers
- enlargement and intensification of a permanent co-operation network

#### Target groups

- representatives of NGOs who work with female sexworkers (migrant and non-migrant)
- representatives of municipal and/or regional administrations
- representatives of the executive body
- representatives of the juridical body

### **Target countries**

- Czech Republic
- Hungary
- Slovak Republic
- Poland
- Germany
- Austria

The above countries were chosen primarily because of the various connections that exist between Austria and these countries (of origin) concerning the presence of migrant sexworkers; but also as a comparison – with Germany and Poland as an example for high East/West mobility within the sex industry.

### **Structure of the seminar**

The 2-day-seminar relied mainly on the following working methods:

- input lectures in plenary, with discussion
- (3 parallel) working groups
- reports, discussion and conclusions in plenary

#### Input lecture:

#### **The internationalisation of sexwork calls for international networking**

The lecture gave an overview on the development of transnational sexwork and its presence throughout the whole world since the 1970's.

It also gave insight into the experiences of the European network TAMPEP in this area which confirm the increasing mobility of sexworkers in EU countries and the important role that Central European countries have that – at the same time – are countries of origin, transit and destination.

The situation of migrant women in prostitution, their weak social position and the lack of accessible health services, are the downside of the phenomenon of internationalisation of sexwork.

The necessity of the implementation of new common measures in the health and social area were also stressed.

#### Input lecture

#### **Profiles of migrant and non-migrant sexworkers – based on examples from CEE and western european countries**

The lecture presented an introduction into outreach work with sex workers in the area of “harm reduction” and the situation of sexworkers (mainly Roma-women) in the Slovak Republic – of both migrant and non-migrant women – and the specific challenges that they are facing.

The importance was stressed of streetwork as a measure to reach out to women, to support them and to inform them about examinations and treatments (if necessary) – whereas the use of adequate information material is very important.

Finally, it was called upon the importance of co-operation between NGOs and municipalities and other institutions in the health sector.

#### Working Group I

#### **The phenomenon of internationalisation and its consequences for the working and living conditions of sexworkers in CEE and western european countries**

## **Structure**

- How do migration and sexwork appear in our work?
- What do we know about migrant sexworkers, migration processes and internationalisation?
- What are the resulting changes in the health/social/legal/political sphere?
- What are the resulting consequences for the working and living conditions of (migrant) sexworkers?

## **Conclusions**

The results of the working groups confirmed the different manifestations of the phenomenon of internationalisation of prostitution (in the different countries), the necessity of the recognition of migrant women in prostitution, their empowerment and the adherence to their rights as Women's Rights/Human Rights. The recognition of these rights shall also imply a de-criminalisation of migrant sexworkers.

Furthermore, the lack of adequate (and accessible) social and health services for sexworkers – especially for migrant sexworkers – was noted. This support in the social and health area for migrant sexworkers shall be established – independently of their legal status.

## Input lecture

### **Developments according to legal, health and social conditions – a comparison of countries.**

The lecture gave an overview on the situation of migrant women from Central and Eastern European countries who work and live in The Netherlands.

Inflexible and repressive laws around migration in European countries do not manage to stop neither the influx nor the presence of migrant women in Europe; on the contrary: they worsen their situation and lead to their exploitation.

## Input lecture

### **Developments that already came about and new ways and tools in future co-operations.**

In this lecture it was stressed that the only analysis of prostitution – as a transnational phenomenon – is to be made within the framework of Human Rights.

Co-operation between NGOs and health authorities:

- Sensitisation and adopting of a client-centred approach based on recognition of rights and dignity of the sex workers;
- Overcoming the gaps by the existing health and social policy towards sex workers (migrants) through establishment of alternative low threshold services accessible for non-insured (illegal) sex workers;
- Setting up close co-operation between teams of outreach workers and health professionals for provision of comprehensive care and individual case management of the specific problems of the sex workers;

Transnational co-operation (east-west):

- Philosophy
- Research
- Methodology
- Information exchange
- Training and exchange project/services visits

- Provision of culturally relevant support
- Empowerment of the groups of sex workers

## Working Group II

### **Which paths do we have to walk and which tools**

### **do we require, also with regard to intensifying co-operation?**

- Multidisciplinary regional co-operation (NGOs/(health) authorities)
  - Are there good practises in multidisciplinary and regional co-operation, with the aim of improving the working and living conditions of (migrant) sexworkers?
  - Are there difficulties in multidisciplinary and regional co-operation, with the aim of improving the working and living conditions of (migrant) sexworkers?
  - What are the needs in multidisciplinary and regional co-operation, with the aim of improving the working and living conditions of (migrant) sexworkers?
  - What strategies can we use/propose in multidisciplinary and regional co-operation, with the aim of improving the working and living conditions of (migrant) sexworkers?

**AIM: to give impulse for concrete co-operations**

- Transnational co-operation (east-west)
  - Are there good practises in transnational co-operation, with the aim of improving the working and living conditions of (migrant) sexworkers?
  - Are there difficulties in transnational co-operation, with the aim of improving the working and living conditions of (migrant) sexworkers?
  - What are the needs in transnational co-operation, with the aim of improving the working and living conditions of (migrant) sexworkers?
  - What strategies can we use/propose in transnational co-operation, with the aim of improving the working and living conditions of (migrant) sexworkers?

**AIM: to improve communication and exchange**

## **Conclusions**

The necessity of close co-operations was stressed. This co-operation has to be developed and enforced on a regional and transnational level between countries of origin and countries of destination – with the involvement of all relevant organisations and institutions, in order to enable an understanding of the cultural, political, social and legal background.

The distinction between the reality of migrant women working in prostitution on one hand and trafficking of women as a criminal act on the other side, shall be demanded and stressed.

## **General Seminar's Conclusions**

The conclusions have been based on the acknowledgement of the fact of the internationalisation of prostitution.

Participants stressed that their common aim is to give more visibility to this phenomenon of internationalisation of prostitution and to raise awareness on it.

It was also agreed upon that one necessary step to achieve this is to detach prostitution from the criminal sphere.

As a main aspect, it was important to see that the co-operations – which were the main theme of the seminar – should use the current situations and realities and should not be



identified with unrealistic and far away aims. This very pragmatic approach was important to all representatives and it showed that the seminar itself was an example for such a co-operation.

It was also expressed though that such projects and co-operations should always involve the (migrant) sexworkers themselves.

The need for exchange between countries of origin and countries of destination on general information, social, cultural, legal, political background etc. – was felt and expressed by participants. A solution to this shall be close co-operations, on different levels:

- seemingly “simple” co-operations, in order to provide immediate assistance and support to a woman (e.g. an HIV infected migrant sexworker);
- on an international level, to together lobby, to develop common strategies and common approaches;
- on a national/regional level, co-operation should not be restricted to a regional or national level, co-operations between governmental bodies should reach a transnational level as they then have a different impact;

Also, it was stressed again from all sides that in this topic there has to be a clear distinction between trafficking as a criminal act and the life reality of migrant sexworkers. Even if we know that there might be sexworkers who are victims of trafficking, these two issues must not be assimilated! – and this approach also implies a different political perspective.

Finally, on behalf of the organisers, Lefö/TAMPEP Austria repeated and underlined it’s commitment to – in light of a political approach and position – continue to give such impulses to intensify co-operations for the empowerment of sexworkers and their rights.

## LEFÖ/TAMPEP-AUSTRIA QUESTIONNAIRE EVALUATION

### The Working and Living Conditions of Migrant Sexworkers

In co-operation with the Austrian Federal Ministry (for Social Security and Generations/Health Department), the questionnaires were sent out to all Federal State Councils of Health (*Landessanitätsräte*), with the request to forward them to all those Municipal Health Offices and Departments that are in charge of the controls/examinations for sex workers.

Unfortunately, the return of the questionnaires was very poor – despite support from the Federal Health Ministry of State.

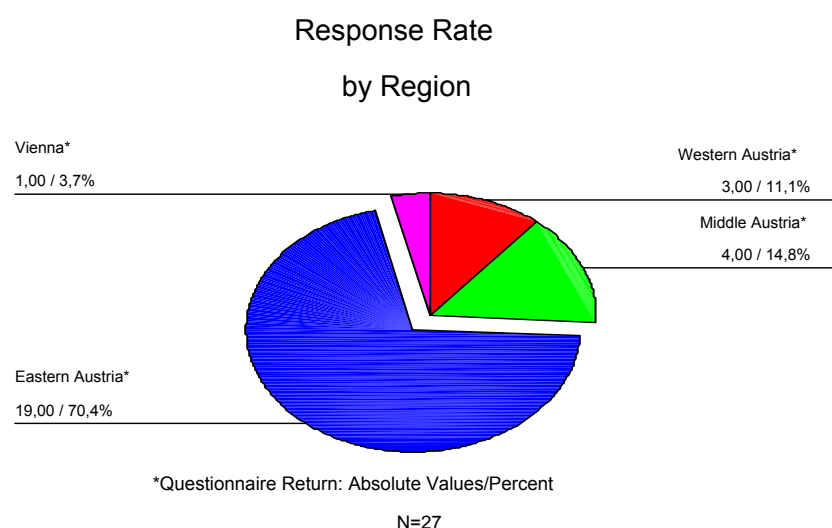
The questionnaires were sent to 65 district authorities (*Bezirkshauptmannschaften*) in 9 provinces, who then forwarded them to the health offices in the municipalities. Altogether, 24 health offices or health councils answered/completed the questionnaires, 11 questionnaires were returned without being completed.

As reasons for non-completion it was commented that there were no prostitutes registered in the relevant district.

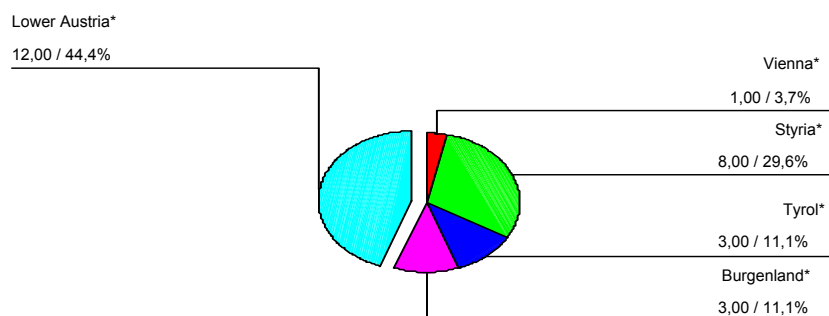
The district authorities of Baden, Vienna Surroundings (*Umgebung*) and Lilienfeld answered in letter-form.

In total, data from 27 district authorities was included in the analysis.

One should note that the communicated data from the health offices only refers to those women who are working as registered prostitutes – which are the minority of sex workers. Thus, the data are corresponding with the informations of the health offices but they do not reflect the reality of the living and working conditions of migrant sex workers.



## Response Rate by Federal Provinces



\*Questionnaire Return: Absolute Values/Percent

No Reply: Upper Austria, Carinthia, Salzburg and Vorarlberg

## Geographical Spread

District Authority	Population	Geographical Area
Wien	1,8 Million	Vienna
Graz Umgebung	131.528	Eastern Austria
Hartberg	6.516	Eastern Austria
Leibnitz	74.439	Eastern Austria
Leoben	25.800	Eastern Austria
Liezen	45.000	Central
Murau	34.000	Central
Radkersburg	20.000	Eastern Austria
Weiz	8.966	Eastern Austria
Schwaz	74.985	Western Austria
Kufstein	93.795	Western Austria
Innsbruck Stadt	113.826	Western Austria
Eisenstadt Umgebung	38.837	Eastern Austria
Jennersdorf	18.009	Eastern Austria
Oberwart	53.612	Eastern Austria
Krems/Donau	23.733	Eastern Austria
Waidhofen/Thaya	28.241	Eastern Austria
Wr.Neustadt Stadt	37.626	Eastern Austria
Wr.Neustadt Land	72.181	Eastern Austria
Kematen/Ybbs	2.464	Central
St. Valentin	8.994	Central
Baden	127.080	Eastern Austria
Lilienfeld	27.180	Eastern Austria
Melk	75.432	Eastern Austria
Neunkirchen	86.049	Eastern Austria
Wien Umgebung	102.170	Eastern Austria
Bruck/Leitha	9.800	Eastern Austria

To enable a better overview of the situation in Austria – and as our TAMPEP partners in Germany did – the evaluation was divided into 3 regions (west-central-east).

The data from Vienna is visualised individually as the situation of the capital city in Austria should receive special attention: naturally, because of the size of the city, there also is a higher number of sex workers. In Vienna however, it is possible for them to access examinations in the Health Office (*STD Ambulatorium*), independently of a registration or their legal status.

The majority of questionnaires was returned from the Eastern region of Austria. Concerning the dissemination of the completed questionnaires, “representative” comments – if possible at all – can only be made regarding Lower Austria. There is no information available from Upper Austria, Vorarlberg, Salzburg, the Eastern Tyrol and Carinthia.

### **Aims of the questionnaire**

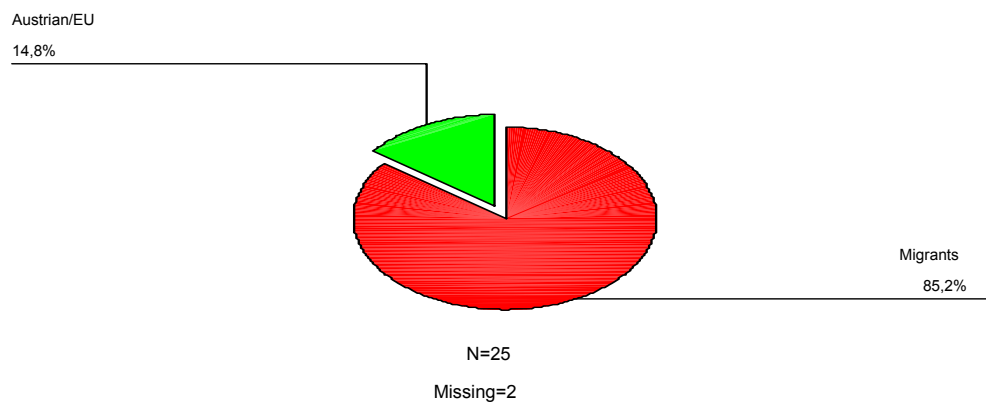
- The main aim of the questionnaires was the assessment of the living and working conditions of the target group. The questions covered the following topics:
  - most common jobs/working environments occupied by migrant sexworkers and working conditions
  - changes concerning living and working conditions as well as changes in behavior
  - health situation of the target group
  - evaluation of health services and prevention activities
  - mobility within the target group
  - drug consumption within the target group
- Assessment of the materials produced by TAMPEP, the following topics were evaluated:
  - Use of materials
  - Need for new materials
  - Experiences/observations with the TAMPEP material

### **Ad: Quality of the data**

Because of the poor response rate of completed questionnaires (N=27), it has to be emphasised that all comments on these data lack any nationwide (Austrian) representativity. But the gathered informations do give an insight into problematic areas and reveal tendencies – still, interpretations should be made in the light of them not fulfilling the statistical lower limit of 30 questionnaires.

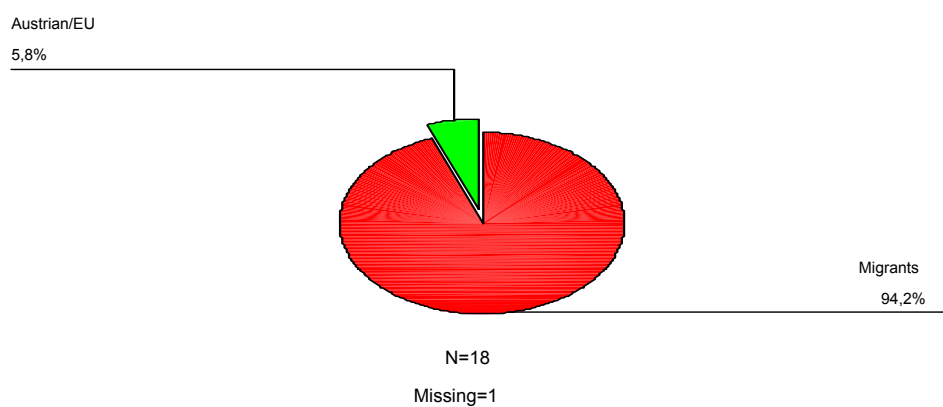
## Sex Workers in Percent

### Austria

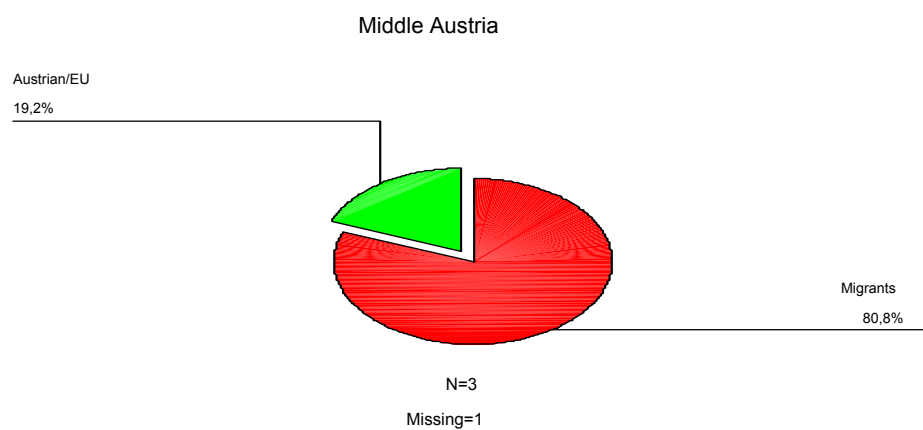


## Sex Workers by Region in Percent

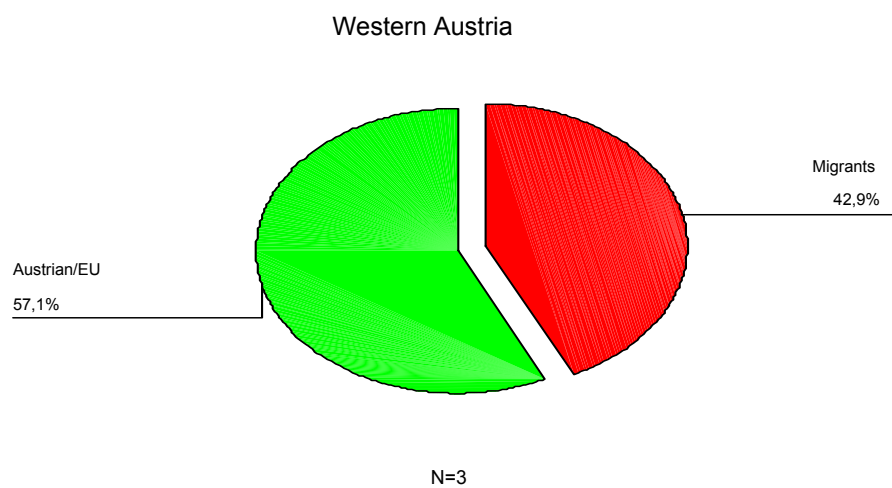
### Eastern Austria



### Sex Workers by Region in Percent

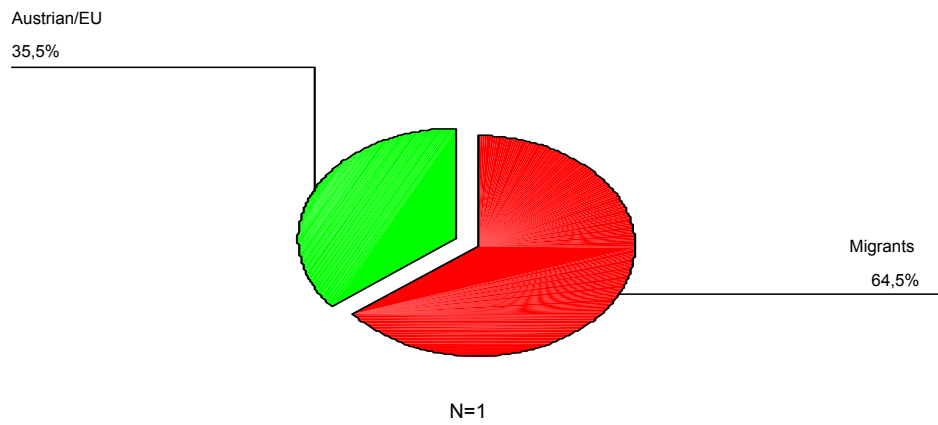


### Sex Workers by Region in Percent



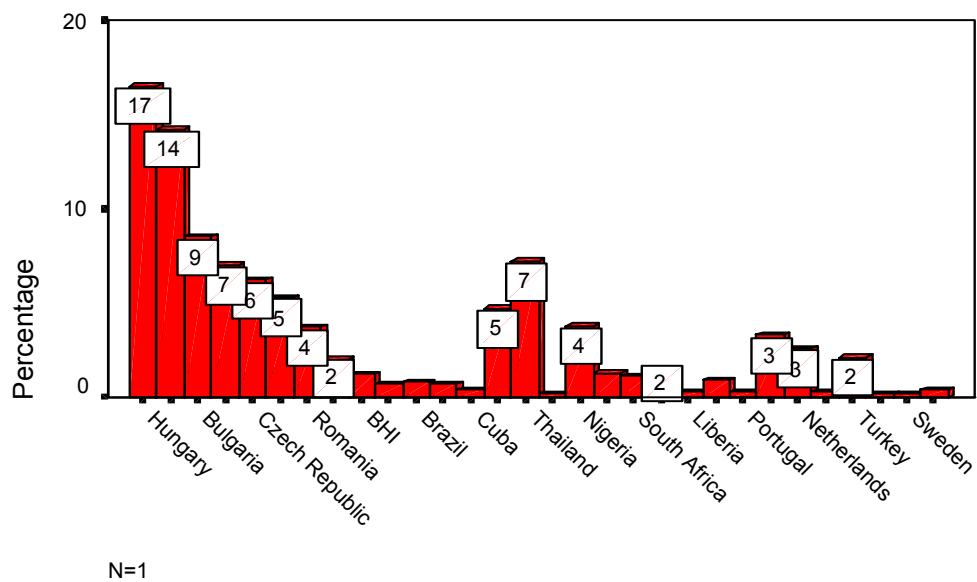
## Sex Workers by Region in Percent

Vienna



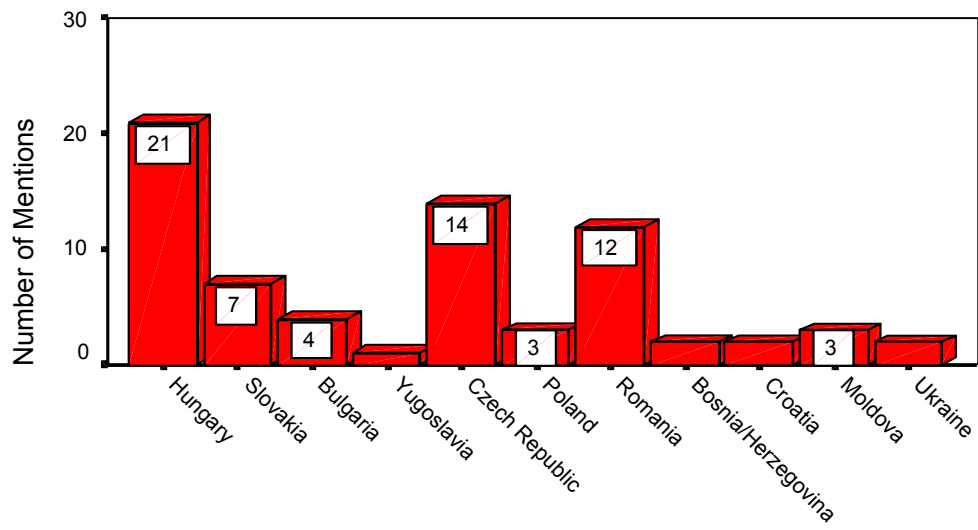
## Distribution of the Mentioned Countries

in Percent (Vienna)



## Mentioned Countries in Numbers:

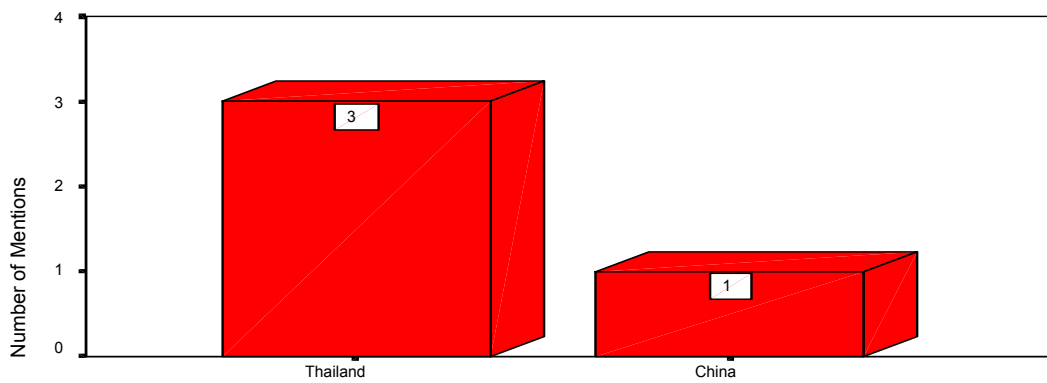
### Eastern Europe



N=27

## Mentioned Countries in Numbers:

### Asia

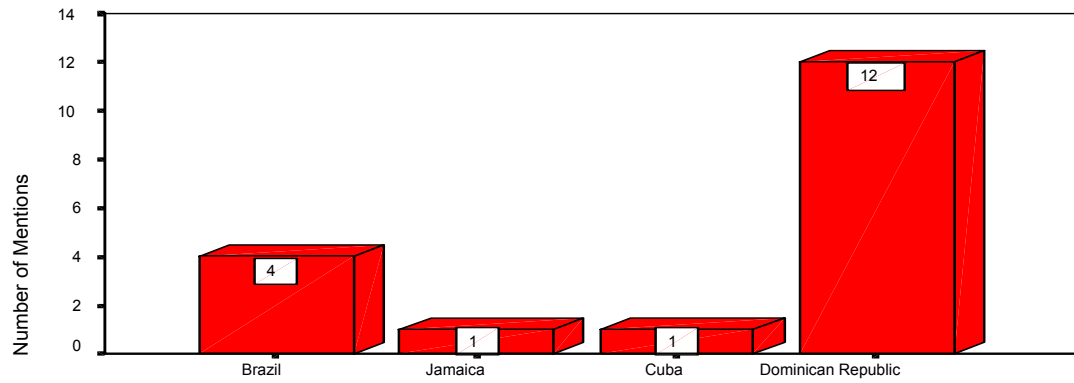


N=27



### Mentioned Countries in Numbers:

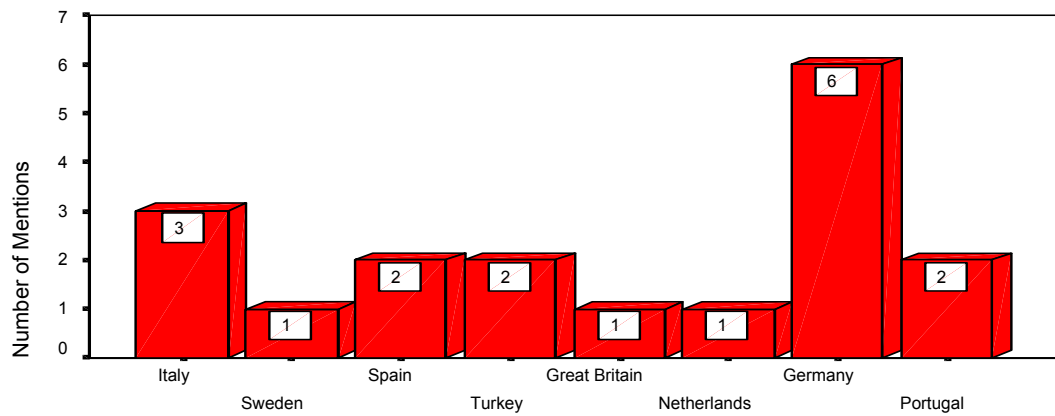
#### Latin America



N=27

### Mentioned Countries in Numbers:

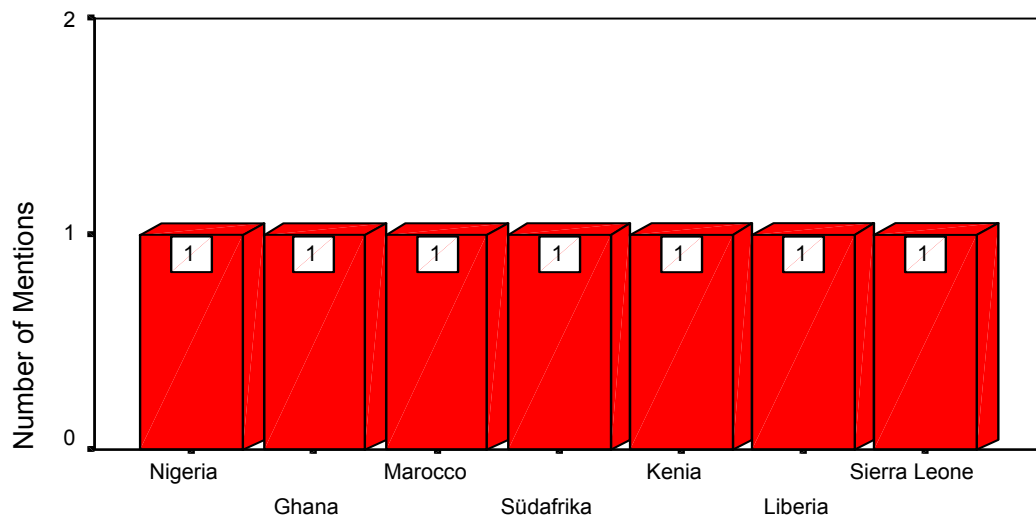
#### European Union



N=27

## Mentioned Countries in Numbers:

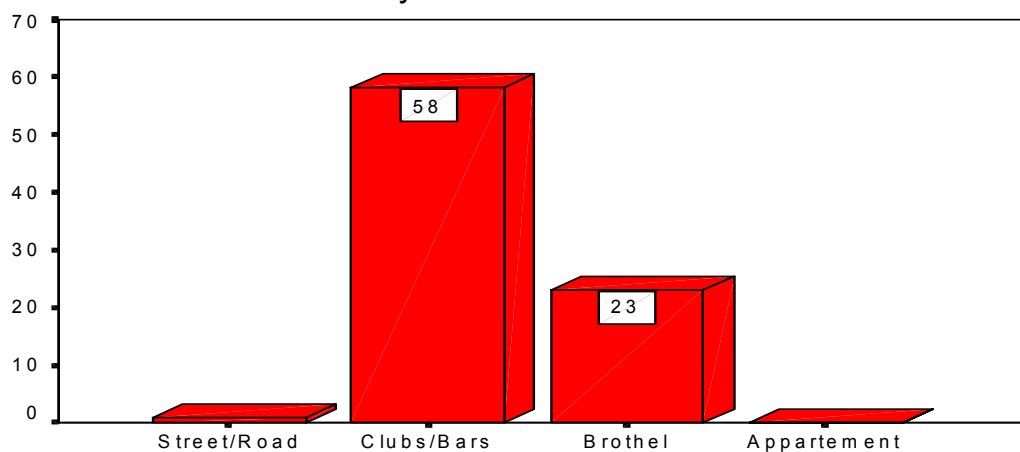
### Africa



N=27

## ***Working Environments of Sex Workers***

### Migrant Sex Workers in Different Activity Sectors



N = 27

The numbers show that most migrant sexworkers are working in bars or brothels.

## **Safety**

It seems that migrant sexworkers prefer clubs, bars and brothels to other working environments mainly for safety reasons. Mostly, they are “recruited” by the bar-owners in their home countries and find a “relatively safe” space in the clubs.

Migrants in street prostitution are a phenomenon that only is visible in Vienna, approx. 20% of sex workers on the streets are migrants. They mainly work for pimps and have to give up an average of 50% of their income to them.

From the city of Innsbruck it is reported that an estimated 35% of the sex workers in brothels are migrants. They are related to be well integrated and their working conditions are supposed to be safe.

Critical areas in Innsbruck are 2 Peep-Shows and a Night Club where repeatedly migrant women are working on a short-term basis. The health office has no access to these women and their working conditions are partly very bad.

According to the comments of the majority of the health departments, migrant sex workers usually are faced with the same working conditions like their national counterparts. However, it seems to be much more difficult for migrant sex workers to work legally; they are highly dependent on bar owners and are often forced to accept low prices and to practise unsafe sex.

## **Change in behavior**

It should be positively noted that the Municipal Health Office in Vienna states to have noticed an increasing awareness concerning health within the target group. This is due to continuous and systematic streetwork in bars and on the streets.

Hartberg (a city in Styria) reports an improvement in the working conditions of sex workers; e.g. they do not have to accept every client anymore.

On the question of minors in prostitution: All district authorities answered no on the question whether the number of minors in prostitution had increased. Prostitution of youth seems to take place illegally and outside the sphere of influence of the health offices. The Municipal Health Office in Vienna is co-operating with youth welfare services in order to facilitate better interventions.

## **Drugs**

The use of hard drugs is not common among migrant registered sex workers. In provision prostitution still mainly Austrian/national sexworkers are working. However, sexworkers who work in bars and clubs do consume relatively high amounts of alcohol. The main reason for this is that the women are proportionally involved in the alcohol consum of the clients; their working situation includes alcohol consum as „activity“.

## **Health Insurance and Evaluation of Health Services**

In Austria, registered sexworkers have to undergo regular compulsory health examinations in order to be able to work. In most cases, these examinations are not anonymous which means that their data is on record and they become known to the police.

Migrant women who do not have a health insurance in Austria usually have to pay for the examinations themselves (private) or they use health services in their countries of origin. As many sexworkers wish to remain anonymous and the mistrust of governmental institutions/authorities is very high in general, many prefer not to register. Here the question is how this population is provided with medical care at all.

## **Western Austria**

Those 3 health offices in the district authorities that completed the questionnaires (Innsbruck, Schwaz and Kufstein) offer free-of-charge compulsory examinations. In Kufstein, sexworkers can use these services anonymously, in Innsbruck and Schwaz their data is being collected.

The compulsory examinations consist of a gynecological examination, HIV testing and counselling and treatment of STDs as well as general medical services. In some cases, means of contraception are distributed free of charge.

None of the district authorities works or co-operates with interpreters or cultural mediators. Also, there is no information material (brochures) in different languages.

Innsbruck reports 3 new drug related HIV infections since 1987. In case of a positive test result, the affected people are being directed to a special ambulatory of the University Clinic Innsbruck where they can receive medical and psychological support.

## **Central**

Out of the four health offices in the district authorities of Central Austria who returned the questionnaire (Murau, Liezen, St. Valentin and Kematen/Ybbs), only the health office in Liezen answered the question on services for sexworkers. According to their information, the health office in Liezen offers HIV testing and counselling as well as STD treatment. It is not clear though whether this service is also anonymous, non-compulsory and free of charge.

However, compulsory examinations do exist. Registered sexworkers are being controlled once per month.

Recently, there had been no new HIV infections recorded at the above health offices. In case of an infection those affected can get support through the health office.

None of the health offices is working with cultural mediators or interpreters. Also, there are no contacts with NGOs and migrant's organisations.

## **Eastern Austria**

Of all health offices only Radkersburg, Weiz, Bruck an der Leitha and Laibnitz are offering services that are free of charge – there is compulsory registration though.

In all health offices there is HIV testing and counselling and STD testing.

A few health offices also offer STD treatment – however, non-registered sexworkers do have to pay for the arising costs themselves. Only in Bruck an der Leitha treatment costs are covered.

In 2001, there were no new HIV infections recorded at the above district authorities. In case of an infection, there is medical help.

The health office in Bruck an der Leitha is working with a Hungarian interpreter to facilitate communication with the sexworkers, as the majority, due to the close location by the border, is Hungarian.

In Laibnitz, they offer counselling and translation in Spanish and Rumanian.

## **Vienna**

The health office in Vienna is the only one – out of those included in the survey – that offers non-compulsory, confidential, anonymous and free of charge health services. Sexworkers without a valid insurance can make use of gynecological examinations, cancer screenings, HIV testing as well as STD examinations free of charge. In case of an STD infection, the arising treatment costs are covered, too.

In 2000, Vienna recorded 5/11 new HIV infections among African women, in 2001, 2/6 new HIV infections among African women.

In case of a new HIV infection, the affected persons are directed to the HIV ambulatories of the public hospitals. They offer adequate medical treatment and psychosocial support by social workers.

Besides support through cultural mediators and interpreters in all necessary languages, there is also psychological counselling and care at the health office. The sexworkers are reached through streetwork in the red light district; TAMPEP material is also being used at the health office in Vienna.

## **Mobility**

In all three regions it was recorded that the mobility of migrant sexworkers is very high. 18 health offices report that initially, sexworkers had been working in the provincial capitals and other bigger Austrian cities like Vienna, Graz or Salzburg. Strict police controls were given as reason for the change in location. On the other hand, bar owners organise (or force) the change of working place and location.

In border-regions, the majority of sexworkers is commuting daily between their respective country of origin and Austria.

In some cases it is reported that migrant sexworkers used to work in prostitution in their countries of origin. In transit-regions like the Tyrol, the fluctuation of sexworkers seems to be higher. The district authority in Schwaz as well as the one in Kufstein both report that the registered sexworkers had also been working in Germany and bordering Italy and Switzerland.

## **Networking**

On this topic, the aim was to gain an insight into whether networking between GOs and NGOs is existing (e.g. migrant women and migrant sexworkers) and how it is working. The focus was on evaluating how support for migrant sexworkers – regardless of their legal status – in the health and social area can be facilitated through co-operation of GOs and NGOs.

Lefö/TAMPEP Austria offers cultural mediation at health offices (in Vienna and in Wiener Neustadt) to support the women and does streetwork in the red light districts. This work has the aim to be as low-threshold as possible and thus accessible to all sexworkers. However, the target group often lacks knowledge about these offers; mistrust of governmental institutions/authorities and fear of police are preventing them of using the services. Additionally, work with migrant sexworkers is difficult because of the high mobility of the target group.

## **Evaluation**

Austria widely lacks anonymous, free of charge and low-threshold structures and offers for sexworkers – regardless of their legal status – that would enable them to access health prevention services. This minimum standard only exists in a few cases.

Also, public awareness is not sensitised for the problems of migrant sexworkers. The majority of migrant sexworkers are marginalised and stigmatised because of their status as migrants and as sexworkers.

## Evaluation of TAMPEP Material

Besides evaluating the working and living conditions of migrant sexworkers through the questionnaires, also the existing TAMPEP materials were evaluated.

Among the materials are: brochures in 11 different languages for women (Albanian, Rumanian, English, Spanish, Portuguese, Polish, Russian, Bulgarian, Czech/Slovak, Hungarian and Thai), and in 3 languages for TransGender (transvestite, transsexual) sexworkers (English, Spanish and Portuguese). The brochures cover the following issues: HIV/Aids & Hepatitis B, STD, Condoms & Lubricants, Pregnancy & Contraception, Safety in Work, What to do when the condom rips or slides off, HIV/Aids & STD for TransGender sexworkers, hormon-treatment, silicon, breast implentates etc. for TransGender.

Currently, the following institutions and NGOs are using the TAMPEP materials:

- Municipal Health Office and out-patient clinic (*STD Ambulatorium*) Vienna
- Health Office in Wiener Neustadt
- out-patient clinic (*STD Ambulatorium*) in Eisenstadt
- social services – deportation center (*Schubhaft-Sozialdienst*) in Innsbruck

All institutions are using the materials since more than 2 years in their fields of work.

The Municipal Health Office in Vienna commented very positively on the information material and describes work with it as very satisfying.

In the Eastern parts of Austria, mainly Hungarian and Czech leaflets are being distributed. There is also a need for brochures in Polish, Russian, Bulgarian, Rumanian, Spanish and Portuguese.

Rumanian and Serbo-Croatian materials are urgently requested.

# BELGIUM

In order to give a picture of the situation of migrant prostitution in Belgium, and to describe the activities that are carried out for migrant sex workers, we base our report on the data of that regards only the French part of Belgium. It serves as an example and as a picture of how our services react to continuously changing situation in prostitution. Special services and programmes are also carried out by the organization Payoke that concentrates itself on the region of Antwerp and Pasop in Ghent. Other special programmes for assistance to the victims of trafficking are carried out by Payoke and PAG-ASA. At the end of this report we include the description of lobbying and network activities effectuated in the framework of TAMPEP.

## THE PROSTITUTION SCENE

### Streetwork

**T**he street work is still the most adequate strategy for reaching the most socially excluded prostitute persons and weakest on the health point of view.

Five social workers 1/2 time or 1/4 time and 9 temporary workers work in the whole French Community of Belgium. Their specific activities are:

- to take profit of the expertise of the sex workers themselves on the state of the field;
- to diffuse the informative folders and our quarterly magazine;
- to diffuse the information to facilitate the access to a medical follow up, or to a free vaccination against Hepatitis B to track down STD;
- to distribute free condoms and lubricants to all sex workers,

The methodology of outreach is applied by all prevention projects for prostitution in Belgium.

The street work is also essential for the sensibilisation on HIV/Aids of the owners of cafes, hotels and bars. While exposing poster, stickers to promote the use of condoms and lubricating, and distributing or selling condoms, they have also a real prevention role.

### Quantitative evaluation

The whole team of workers of the Espace P are realizing each year around 4000 "health" contacts in the prostitution field. The association benefits of a positive image within the prostitutes met on the field. Beside information, the persons have the possibility to benefit of a free vaccination against hepatitis B (regional fund) and an adapted psycho-social help (also regional funds). Some of them know us from 10 years ago. Contact refusals are pretty rare: less than 10 %.

	Brussels	Liège	Namur	Charleroi	TOTAL
<b>New contacts from July 2000 to August 2001</b>	279	364	127	43 (for 5 months)	<b>813</b>
<b>Total of contacts from July 2000 to August 2001</b>	1350	1650	790	62 (for 5 months)	<b>3852</b>

## Qualitative evaluation

### Data regarding the AGE of sex workers

#### **Brussels**

Under 25 years	54 %	(24% in 1998)
25-35 years	32 %	
35 years	14 %	

The majority of very young women are from Albania or Nigeria.

#### **Charleroi**

The majority of the persons met those last 5 months are between 25 and 35 years. The young women from Albania chased away by the police are not accessible for the moment.

#### **Liège**

The ages the most represented are between 35 to 50 years old.

#### **Namur**

Under 25 years	44 %	(26% en 1999)
25-35 years	40 %	
35 years	16 %	

In Namur, the number of young women starting prostitution has also raised this year. Age and nationality are not linked. The prostitution is mostly linked to social-economical reasons (no work and school failures, willingness to be able to have the power to buy during they studies, love relationship with a pimp...)

#### **Seraing**

The majority of the contacted persons have between 20 and 40 years old. The group of young women coming from English speaking Africa (Ghana, Sierra Leone,...) has an average of 20 years old. The turn over in that population is quite important.

In 1989 14% of prostitutes were under 25. The number of young prostitutes under 25 has seriously raised those last 10 years. When the women are young, we know that often they are under the control of pimps or in networks of traffic of human beings.

The data's of 2000 of the program of vaccination against Hepatitis B in the Wallon Region showed that the average of age is 33 years old (extremes: from 18 to 72 years).

### Data regarding NATIONALITY of the sex workers

#### **Brussels**

24 % Belgians in 1999-2000	20% in 2000-2001	(14% in bars/street)
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#### **Charleroi**

48 % Belgians in 1999-2000	no reliable data for 2000-2001
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#### **Liège**

75 % Belgians in 1999-2000	65 % in 2000-2001
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#### **Namur**

58 % Belgians in 1999-2000	48% in 2000-2001	(39% in bars)
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We see clearly that in the time of one year, the number of migrant sex workers in the various cities has raised dramatically, with the highest percentage in Brussels (80%).

Beside the Western European women (mostly French, Italian and Greek), there is an increase of women coming from **Eastern countries**: Albania, Bulgaria, Moldavia, Tchetchenia, Russia, Lithuania, etc., where the mafia and the poverty are very present. For the moment in Brussels, the women of the Eastern Countries represent 26 % of the



clients met on the field, 1/3 of the permanent medical consultations and 1/2 of the clients met during the night street work.

A large number of Anglophone **African** women (9% in Brussels) are exploited by the pimps at they arrival in Belgium (Ghana, Nigeria, Liberia, Sudan, Sierra Leone, etc.). In Brussels, Liège and Charleroi, the women of Congo represent 5 to 8% of the clients. They are ex-prostitutes from Kinshasa or women without any resources rejected as refugees and illegals in Belgium.

In Namur, there is a large scale of nationalities working together: Europeans, Africans, Central and Eastern Europeans. The nationalities are very diverse and changeable.

The sixth and last group is essentially represented in Brussels: the transvestite/transsexuals from **Ecuador** (16% of the street sex workers in Brussels during the night).

In 1998, we met two times less migrant prostitutes in the French Community of Belgium. In Brussels, they constitute the majority of our contacts.

#### **Data regarding knowledge on transmission of AIDS and STI**

During 1998-1999, we realized 97 surveys "*Behaviour, attitudes, practices, HIV/AIDS*" to evaluate the knowledge of the sex workers on STI/HIV issues.

During 1999-2000 we repeated the survey among a larger number of sex workers.

Results:

- 99 % know the risk linked to vaginal penetration (86,9% in 98)
- 96,9% know the risk linked to blood transmission (91,7% in 98)
- 89,7 % know the risk linked to the practice of sodomy (91,7% in 98)
- 87,7 % know the risk linked to the practice of fellatio with ejaculation
- 58,7 % know the risk linked to fellatio without ejaculation (52,2% in 98)

Indeed, there is some improvement on the knowledge since 1998. But there is still a very little informed group: the young women from de Eastern countries. Some of them arrive in Belgium and do not know the use of condoms or the use of contraceptive pills (seen as sterilizing the women). Further more, the young Nigerian women did not accept to answer de questions.

23,7% of the questioned prostitutes in 1998-1999 were identifying masturbation of the client as potentially infectious, 11,3% the share of a glass, 7,2% the contact with the toilet board (10%en 89).

And finally, 21,6% were ignoring the meaning of the state of being HIV positive (39,3% in 89). They think that the state of being a HIV positive person is either having the virus but not being contagious (10,3%) either having visible symptoms (7,2%).

#### **Data regarding the access of sex workers to health care**

When we meet prostitutes in the field, we ask them if they have a social security. In Brussels, more than 2 persons out of 3 are not insured, either because they think that they will have to pay a large amount of money to recuperate they rights (recovering of the unpaid membership), either because they are illegal in Belgium.

Concerning the medical follow up: in 1998, 85 % of the persons met (Bruxelles, Charleroi, Liège et Namur) were having a medical follow up.

The data's gathered in 2000-2001 (HB vaccination) in **Brussels** revealed that only 25% had a regular doctor or gynaecologist. It means that 3 sex workers over 4 are not regularly medically followed in Brussels.

In the **Wallon region**, the data's of 1999 showed that 85% of the sex workers had a social security and were insured. These people have a certain degree of stability. In 2000-2001, 85% were socially covered.

The fact to be covered socially is clearly linked to the nationality of the persons. The non-Belgian prostitutes are 4 times more likely not to be in order with their social security rights than the Belgians; and 3 times more likely not to have they own doctor (the two facts are linked).

The increase of the number of migrants justifies partly the increase of the number of persons without social security. Certain migrants do not stay long enough to search their own doctor. Others have other priority problems to face like financial problems or violence problems.

Another explanation is the decrease of the level of living standards and the increase of the phenomena of social exclusion. In the field we find highly indebted sex workers, persons who are excluded from the unemployment system, of the minimum social assistant, or expelled from their housing.

In the province of **Namur**, a lot of the waitresses of bars live in the bars during the week. Some of them don't leave the bars for months. They hardly find a housing because of the absence official incomes or working contract that are requested by the owner of the house. It's even more difficult in the case they are looking for temporary housing.

#### **Regarding the data of referring to other medical services**

During 2000-2001 in **Brussels**, 109 sex workers were referred to our partner-doctors for a yearly testing on AIDS/STD (and possibly for a vaccination against Hepatitis B). Eleven drug-addicted sex workers were referred to a specialized service. Four young women were referred to a family planning organization for a voluntary termination of pregnancy (VTP). Three sex workers were referred to the hospital for the follow up of their HIV positive's state. Three sex workers were referred to a psychiatric service.

The same work has been done in our offices in **Wallonia** during the street work. We are collecting the information on the timetable of the partner-doctors (of many medical houses), giving advices to the drug-addicted, referred for voluntary termination of pregnancy (VTP) to the family planning organization, etc.

In **Namur**, 48 sex workers were referred to our partner-doctors, five drug-addicted were referred to family planning organizations (2 for voluntary termination of pregnancy (VTP)) and three women were hospitalized (one for the state being HIV positive and an other for having been raped).

In **Charleroi**, 10 women were referred to partner-doctors and one to a family planning organization.

In **Liège**, 56 persons were oriented to partner-doctors.

## **Distribution of information material**

In our field work the distribution of information material forms our regular activity. The number of information material amounts to thousands. The material is multilingual and covers various themes linked with prostitution. The folders are about AIDS, hepatitis and other STIs but also on the issues like contraception, help to the victims of aggression, trafficking of human beings, the security at work and the transsexuality. Those problematic are very specific and not always taken into consideration by the general health services. We use the TAMPEP folders and other special folders produced by our projects. The folder PAG-ASA/SURYA, distributed on the field to Albanian, Russian and Bulgarian prostitutes. These brochures are in 19 languages and informs the women about their rights as victims of trafficking.

## **Cultural mediators**

The contacts with migrant sex workers are carried out by cultural mediators who are the members of our team. This is extremely important to have contacts with the target that are based on mutual linguistic and cultural understanding. We employ cultural mediators for African, East and South European women, as well as for Latin American transgender persons.

## **Partnerships**

In our region we cooperate closely with the various organisations in order to refer our clients to appropriate services and carry out special projects in the partnership with the following organisations:.

### In the street work

#### ▪ **Partnership Espace P.../medical houses of Charleroi, Liège and Namur**

In the framework of free vaccination against hepatitis B campaign from Espace P... since 1995 in Brussels and 1998 in the Wallon Region, we work in partnership with doctors who take blood samples and make vaccination at the working place of the prostitute persons.

#### ▪ **Partnership Espace P.../Seraing 5/ Collectif Contraception of Seraing in the framework of the project Aubette**

Participation to the elaboration of the projet Aubette: this project, in partnership with Seraing 5 (drug-addiction) and the Collectif Contraception of Seraing (family planning centre), has an objective to cover different target groups.

#### ▪ **Partnership Espace P.../ Rousseau Project in Schaerbeek**

The Rousseau project was created recently in Schaerbeek in the framework of a state security contract programs to fight traffic of human being and prostitution under 18. They goal is to offer a social and juridical help to the victims of human race traffic at different hours than us. After a discussion on the use of this partnership we worked a few hours together to help the workers of the Rousseau Project to create a network of contact persons.

#### ▪ **Partnership Espace P.../Social Coordination sociale of the town of Namur/ Namur Entraide Sida/ Coordination provinciale sida toxicomanie**

Participation to « Multicité », day on the social heritage of Namur. Action “ Open public ”.

#### ▪ **Partnership Espace P.../Social Services Center of Namur**

Street work done together to take contact with the field, give orientation and to have people to hand over.

## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

### **S**ocial mobilisation activities for improving the execution of social protection of minors who are victims of trafficking

- Through the platform of *Minors in Exile* we participated in a press conference held in the *League of Human Rights* in August 2001 where we presented the need for creation of special programme for minors who are trafficked.
- Meeting with BSR (federal police, section “Trafficking in human beings”) on the subject of problems of minors who are trafficked.
- Meeting with organisations PAG-ASA and T’huis on the subject of the cooperation model between these two organisations that are in charge of giving assistance to victims of trafficking in order to prepare a specific protection programme for minors
- Organisation of the meeting with the minister of the Ministry Help to Juveniles, Ms. Marechal, over the above mentioned programme

### ▪ **National study seminar on the subject of migrant prostitutes in Belgium**

Monitoring of the situation in various cities, evaluation of the programmes of various providers, evaluation of the protection programmes for the victims of trafficking, presentation of TAMPEP Network and diffusion of TAMPEP information material at the national level.

### **National Seminar**

Held on February 2002

A study day for various organisations in Belgium that work with migrant sex workers. The subject of this day was to assess the situation of migrant sex workers in Belgium and evaluate the programmes and results. The overview of trafficking mechanisms, the evaluation of the response of our programmes towards the needs of trafficked women and the framework of national policies where effectuated. Programme of TAMPEP, its materials and network information have been presented and evaluated on the national level. The TAMPEP materials have been offered and prepared for further diffusion. This platform of organisations will be continued and especially the possibilities for close cooperation between outreach programmes on health promotion and anti-trafficking programmes will be explored and worked out.

## THE LEGAL FRAMEWORK

**T**he Bulgarian legislation's texts consider prostitution as an act of criminality. It is not legalised. Charges against the persons, who organise and distribute paid sex services, are raised by the penal code. The women involved in this activity do not bear penal responsibility according to the law, though its enforcement by the state authorities (police institution) reflects back in repressive measures towards them on the way to persecute the real violators of the law. Sex workers thus become the most exposed and affected by the rigour policies, being treated ambiguously both as victims and as perpetrators. Moreover, due to the old lines in the legislation, the men, offering paid sex, do bear penal responsibility.

According to article 156, paragraph 1 of the Criminal code, a penalty of 10 years imprisonment and a fine up to 1.000 BG Leva (1000 DM) is foreseen for those, who kidnap a female other person with the purposes of debauchery. The act is defined as "Abduction with purpose of debauchery", but is treated as a special case under article 142 of the Criminal code ("abduction and illegal deprivation rights for freedom"), in which the subject of the crime targets an additional aim – to commit the victim to a third person for the purpose of debauchery actions.

The new decree of the article 156, paragraph 2 of the Criminal code establishes three additional heavier charges, which foresee penalty of imprisonment between 3 and 12 years. The underlying hypothesis of this new decree refers to cases when the victim is under 18 years old, when the victim has been committed for debauchery and especially when the purpose of the abduction is that the victim is committed to debauchery outside the country. This is partially overlapping with problem of trafficking of women, though the term "trafficking of women" is not yet defined in the Bulgarian legislation.

Another step undertaken by the Bulgarian legislation towards protection of the victims of trafficking is the decree for witnesses' protection, adopted in 1997, article 97 A from the Criminal code, guarantying that witnesses' identity will be protected in cases when their live and lives of their relatives, health and property are jeopardised. As a result of this decree, victims are not supposed to sign interrogation reports in police stations, as well as not to take part in confrontations and not to meet people involved in crime. The witnesses' identity is not supposed to be changed while article 97 of the Criminal code is in use.

The close link between the phenomenon of prostitution and trafficking in women in the legislation texts reveals as very ambiguous in practice and thus failing to solve effectively the problems of the both groups. It explicitly shows on the one hand the commitment and attempts of the government policy to combat the violation of human rights and to protect the victims, but on the other hand it bears signs of discrimination

and thus re-victimisation of those women and men, who have chosen to work as sex workers and therefore can not be treated as enforced in prostitution.

This juridical context predetermines to great extent the lack of transparency in the research of the phenomena of prostitution, the recognition of the problems it raises before the women and men in prostitution and the possibilities for advocacy for proper working conditions, access to state services, recognition of citizen's rights and human dignity.

### **Effects of prostitution and migration policies on position of sex workers**

Migrant SWs, working in Bulgaria, are mainly represented by internal migration processes, in which women migrate (or are being moved) from one town to another.

The main problem is that many Bulgarian women go to work abroad and in very few of the cases they are well informed regarding the actual situation, legislation and their rights in the country they go to. Most of them are being deceived by pimps or other representatives of Mafia structures. Since April 2001 Bulgarians don't need any visas for the Schengen states and it triggered a process of high migration towards EU countries. Many of the women remain there, most of them travel from country to country and the majority stay for several months, then go back to Bulgaria, and then again back to Western Europe. Most of the sex workers we meet declare that they would be happy to go to work in EU, the ones who did, state that they are very content with their experience. It is difficult to estimate what are the proportions of voluntary migrant prostitution and trafficking, as there is little data available.

### **Changes that occurred in the past year(s) and their effects**

There is currently a process of lobbying for changing the Penal law regarding homosexuality and sexual violence and discrimination towards male persons. The process has started recently and will hopefully find resolution in the current year.

## **THE PROSTITUTION SCENE**

**T**here are 4 main forms of prostitution: street and highway prostitution; hotel prostitution; club prostitution, escort girls.

The working conditions are different for the different forms of prostitution. The sex workers from the two last groups (hotel and club prostitution) have comparatively good health working conditions (regular medical check-ups and services, strict rules for work with clients) but in psychological aspect, they work under big control and violence from their pimps. Outdoors sex workers work in the conditions of extreme mobility and supposed substandard work conditions (safety and health especially), they have no health insurances, very few possibilities for obtaining medical help, often are forced both by the clients and by the pimps and this turn this group into the most vulnerable one with regard to HIV/AIDS/STIs and physical safety.

It is difficult to say which of the forms is prevailing for our country as there is very little data regarding most of them, our hypothesis is that maybe it is club prostitution. There are 100 clubs working only on the territory of Sofia. However it is difficult to give an exact number because many of the clubs are hidden ones and are situated in private apartments.

Migrant sex workers work in all forms of prostitution but maybe the prevailing one is indoor prostitution (hotels and clubs).

## **Context and problem situation in prostitution**

The current political and social situation in Bulgaria regarding prostitution reveals itself as mainly unfavourable to the women and the men, involved in sex business.

Outlining the main problems of the sex workers in Bulgaria, there are several central points.

The first one relates to the bad legislative regulation of sex business. The Bulgarian legislation's legal regulation texts consider the prostitution as an act of criminality. It is illegal. Proceedings against persons, who organise and distribute paid sex services, can be started. The women, involved in this activity, do not bear penal responsibility although it remains only on paper, as the repressive measures, undertaken in order to reach the pimps, firstly hit the sex workers. Moreover, due to the old lines in our legislation, men, offering paid sex, do bear penal responsibility. This juridical statute of prostitution predetermines to a great extent the lack of transparency in its research and understanding.

As a main consequence of this legislative situation, at least 90 % of the sex business in Bulgaria is being controlled by Mafia structures. This results in great difficulties in reaching these women, constant violation of their human rights (for independent life choices, for privacy, for spending the money they earn, etc), very weak (when available at all) connections between them and the services that they may benefit from. Moreover, in most of the regions police itself is in close relationships with the Mafia and also blackmail the sex workers, beat and threaten them and so put these women and men in an even helpless condition.

Thus the current situation of the sex workers in Bulgaria is characterised mainly by violence. Violence is maybe the main characteristic of their everyday life. Regardless of the fact whether they entered sex business voluntarily or involuntarily, they become subjects of physical and psychological violence – on behalf of their pimps, family members, clients, and police. The migrant sex workers that have worked in other countries, especially EU ones, emphasise on greater violence on behalf of clients and police in Bulgaria as the main difference. This is a reason for many women to perceive working abroad as not only more profitable but safer opportunity, although the situation could be objectively described as trafficking.

Another important feature of the situation of the sex workers relates to the specifics of the group of the sex workers itself. It is a quite diverse group as it includes women and men of different age, ethnic identity, social and economical status, educational level. In general, there are four subgroups, in which the group of the sex workers may be divided: street and highway prostitution, hotel prostitution, club prostitution and escort girls. The latter three are the ones of higher class, they are under great control on behalf of their pimps and owners of the hotels, and the access to them is very limited.

Our experience is related mainly with the first group, the sex workers that work outdoors and in the motels.

A big problem in the situation of the sex workers in Bulgaria, including migrant ones, is the very low level of using the health services. It is predisposed by the service providers on the one hand, and by the sex workers on the other, whose health care seeking behaviour is rather self-ignorant one. There is a lack of services with low threshold accessibility (offered free to uninsured people, not requesting identification information

and documents) that would meet the needs of our target group. On the other hand, there are fears and attitudes in the sex workers themselves that prevent them from visiting the services, even when they have the opportunity to do so. Fear for physical survival overshadows the other concerns and fears, related to diseases and as a result the sex workers turn to services only when a complaint occurs, sometimes too late.

Of course, constant problem in Bulgaria is trafficking in women (according to ANIMUS Association Foundation, Bulgaria is one of the European countries that are characterised by biggest trafficking in women.)

Migrant sex workers work in all forms of prostitution but maybe the prevailing one is indoor prostitution (hotels and clubs). They come mostly from the ex-USSR countries (Ukraine, Moldova, Russia) and are often working in Bulgaria just temporarily before leaving the country to work in Western countries. The vulnerability relates mainly to the criminal status of sex business, Mafia is in total control of migrant prostitution. This predisposes difficult access to services, lack of control over the time, difficulty in maintaining a constant self-image and self-respect.

### **Changes in the make up of the sex workers' community**

There are no big changes in the situation of the migrant sex workers inside the country. Bulgaria is still a transit country for women from former Soviet Union whose destination is prostitution in one of the EU country. More changes occur as far as the number of Bulgarians who are being trafficked or who (voluntarily) leave Bulgaria for work in EU countries. Their number has increased dramatically as well as the number of the women who return from EU countries after having worked there in prostitution and who enter Bulgarian prostitution market. The majority of them have been deported independently if they worked under the control of the traffickers or not and who were obliged to engage in prostitution in Bulgaria because there were no other economical alternatives for them in their country.

## **HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS**

### **Description of health care services available**

**D**Unfortunately there are very few (public) health and support services that are accessible to migrant sex workers. As most of them don't have health insurance, they don't have access to health care system, except in situation of high emergency. If it possible for them, they can always go to a private doctor, where the options are two – to receive good medical care or quite bad one.

### **Services provided by prevention projects**

The services, delivered to (migrant) Sex workers, are provided by outreach work and they include: HIV/STI information, referral to other relevant services, psychological support, dissemination of information materials, offering free safe sex and safe injecting materials, counselling on safe sex and safe injecting practices.

There is one shelter for women, victims of violence (on the territory of Sofia) and one short-term shelter for women, victims of trafficking, maintained by organisation, offering social and psychological support to these women. Both of the shelters are situated on the territory of Sofia.

There is no drop-in centre for SWs yet established in Bulgaria.



We have experienced the strong demand of mobile medical unit, offering services to sex workers at the places they work.

### **Obstacles/barriers to adequate access to health services**

In Bulgaria (migrant) sex workers do not receive proper health and social care. The main obstacles to rendering these services effectively, as we have been seeing them are:

- The unclear legislative status of the SWs in Bulgaria
- The unfavourable attitude and applying of the law on behalf of the executive authorities
- Time and place of work of sex workers. There are no physical and environmental conditions for proper educational work with motivation, attitudes and skills.
- Overprotection and suspiciousness from the pimps – the SWs cannot leave their working or living place, whenever they choose to
- All people, involved in sex business, are on the edge of the law and as a consequence the pimps and the owners of the sex business are reluctant to contact any services
- Lack of adequate, low threshold health and social services
- Unfavourable attitudes towards sex workers on behalf of the professionals and para-professionals, working in the services
- The mobility of the migrant sex workers predisposes short-term work, lack of security and inconsistency of the results
- Lack of trust and positive experience and general suspiciousness towards services on behalf of the migrant sex workers themselves
- Compared to other threats (physical survival), health is not a priority for the (migrant) sex workers

## **ACTIVITIES WITHIN THE TAMPEP PROGRAMME**

**T**he national TAMPEP plan, implemented by HESEF sets activities mainly on service provision and support level. There are four outreach projects so far (two of them in border regions, one of them in ethnic minority community and one in the capital city) set by HESEF's teams of psychology and social work professionals and cultural mediators which offer low threshold prevention and psychosocial support to the group of women and men in prostitution. A parallel process of sensitisation towards legislation changes has also been started. A press conference addressed mass media with the need for revision and rethinking both the legal frame of prostitution and the human rights approach towards the sex workers, who are currently either blamed or victimised by the society. Further the team of HESEF considers establishing a training competence exchange with other projects and organisations in the country, part of which is planned as the national workshop in the autumn as the follow up activity of the initiated national network and our national seminar meeting.

### **Network of services**

Inevitably, the work of HESEF's outreach teams has been implemented in the context of the existing health and social services. As we have described it before, very few services are ready to offer adequate care to SWs and it is even more difficult because the few existing do not work in close collaboration (if governmental) with regards to SWs and often do not know each other (if non-governmental).

The steps towards an effective network that need to be made are very initial ones. It would be quite an exaggeration to name the sum of the services as "network". Most of

the service providers have to firstly *meet and recognise each other* as agencies, working with SWs. Secondly, they need *to exchange information* about how they perceive prostitution, how they work with SWs, what their aims and needs are, etc. The third priority step, as we see it, is attempting *to formulate the joint steps* that can be undertaken, keeping in mind the different responsibilities and the nature of each of the service providers that would take part in such a network. During the process of following these goals and mainly after having them achieved, we can give a start of *advocacy, media involvement, development of a common strategy, introduction of legislative and policy changes*.

Undoubtedly the described process of establishment and strengthening of a network is going to take a lot of time, energy and efforts. It's importance and urgency has stimulated us to devote our **national seminar** to the first step of this process. We previewed the national seminar as a meeting of the professionals, working directly with the SWs in their services. In Bulgaria these services are mainly the dermatological dispensaries, the police and a few non-governmental organisations, offering primarily assistance to women, victims of traffick. We have however decided to concentrate our efforts mainly on the region of Sofia, because our experience and our best results are mostly in the capital and because we hope it will be a good start and a good example that may be multiplied in other regions of Bulgaria.

Knowing some of them quite well and others very poorly, we have invited them to our national seminar, so that most of us met and exchanged information on how we work and also how we perceive our work, what are the main values and principles that guide us in our work. We consider our seminar as a successful one because somewhat surprisingly we did all find a common language and many common themes. The participants were representatives of: Higher Institute for Preparation of Police Officers; City Dermato-venearological dispensary; National Police Service; Sofia Great Municipality; Sofia Department of Ministry of Interior; Animus Association Foundation; Initiative for Health Foundation; Open Society Foundation - - Sofia; Centre for Sexual Health (Medicines sans Frontieres); Ministry of Health.

We were talking about the different aspects of providing services to sex workers: social, health, legal, educational and juridical aspects of these services.

Two were the main conclusions that we have drawn from this seminar. The first one relates to the fact that every agency, working with prostitution, finds itself very lonely and helpless and declares its needs for finding partners that would share its burden. The second one points the lack of understanding prostitution as a social (not a criminal) phenomenon, very few of the participants did make a distinction between "trafficking in women" and "prostitution". The common feeling at the end of the seminar was that the process of establishing a network is going to be difficult and long, but there was optimism that we can try to work together and elaborate a common strategy. The police structures shared their opinion that there is great need of establishing supporting services for sex workers, which would offer them shelter, psychological support, re-socialization and health care. It was a big surprise to hear that at least higher level of police officers have made a little step out of the abolitionist view. The state health services were expressing mainly their concern regarding the risky behaviors of many of the SWs, and the health risks of HIV, STI and Hepatitis epidemics for the general population. We were debating a lot about the prevention and treatment services, offered to SWs on the territory of Bulgaria and Sofia in particular. All of the participants were

taking the most of the time, insisting on taking some concrete steps toward better collaboration and development of an action strategy. The main idea, which emerged, was to establish a temporary coordination centre that will organise the next Expert meeting. Our organization took on this role until the next meeting. We have promised all the participants that we will send to them the list and the coordinates of the participants and also the summary of the meeting.

This seminar was an important step towards sensibilisation of the organisations and institutions involved and stimulation of effective partnerships in work with SWs, as a group that is different from the group of trafficked women.

Meanwhile the work of our organisation has supported the partnership and initiated a network among the services, offering health support to SWs on the territory of Sofia and the southwestern border. We have very effectively collaborated with Centre for Sexual Health (Medicines sans Frontieres), which is the only one in Bulgaria that offers free and anonymous HIV/STI check up and treatment. About 75 % of the SWs, clients of our project, have used the services of the Centre. We have also closely collaborated with Day-care Centre “16+”, working with homeless children and adolescents that offers him hygienic facilities, food, clothes, day shelter, different education groups. We see the development of our partnerships as one of the most positive results. The project has also collaborated with other NGOs, offering outreach services to SWs (needle exchange, Hepatitis test), although not as their main target group.

### **Information materials**

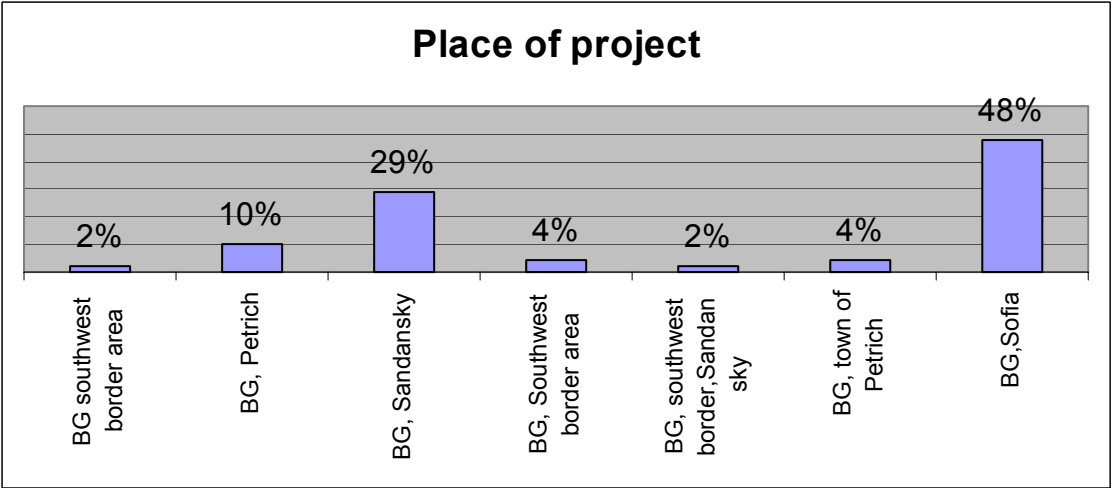
The information materials, offered by TAMPEP, were multiplied and distributed and some of them were used as a base for elaborating of locally adapted materials and were distributed among the SWs in Sofia and at the Southwestern border.

They were also offered to all participants at the National seminar as examples of the materials and knowledge we offer to the SWs.

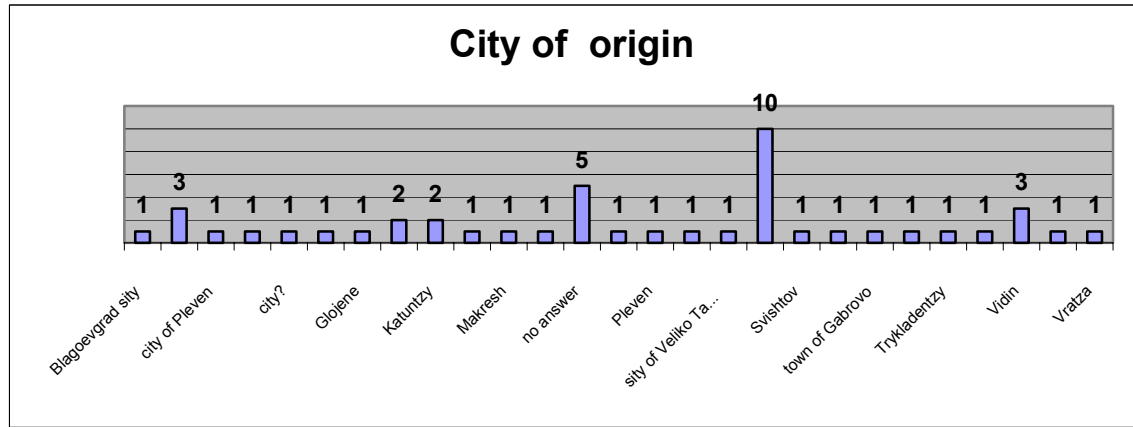
### **Questionnaires**

The project team has conducted 50 structured interviews on the base of the **TAMPEP SWs survey** (see results in the annex) in the both regions of outreach work – Sofia and southwestern region. All of the SWs were women and about 97 % of them were Bulgarian (including Romma). The questionnaire revealed that about 90 % of them have worked abroad (mainly in neighbour countries) and almost all of them would like to go to work abroad (in Central and Western Europe), if they have the opportunity to. Roughly, most of them are not satisfied with the services (both health and social) and our outreach experience proves the fact that they don't use the services regularly. We also consider this as a positive result, as after having the processed data, we will have a good tool for preparing a proper situation analysis.

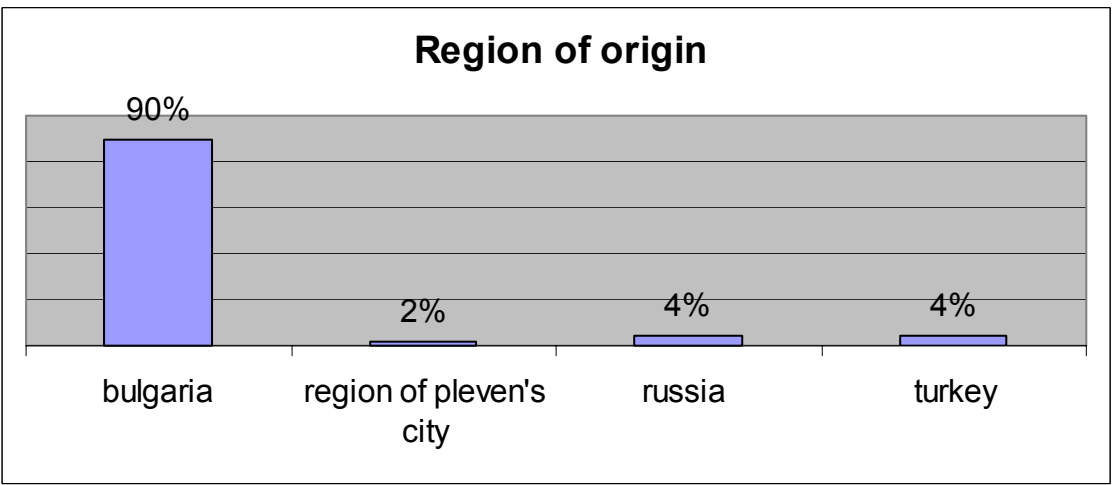
We had much more difficulties with getting **NGO/HSP questionnaires** fulfilled. The project contacted: Border Police, La Strada Project – Bulgaria, IOM – Sofia, a partner NGO, working with SWs (needles exchange). With the exception of La Strada, all of them refused to fulfil the questionnaire, declaring that they cannot give such information. This reassures us again of the general helplessness of all the agencies in dealing with prostitution and its health, social, political and other aspects. There is not any data collected and very scarce work with migrant SWs that cannot give clear impression. It proves that there is a high need to improve the mapping techniques and data collection in the country.

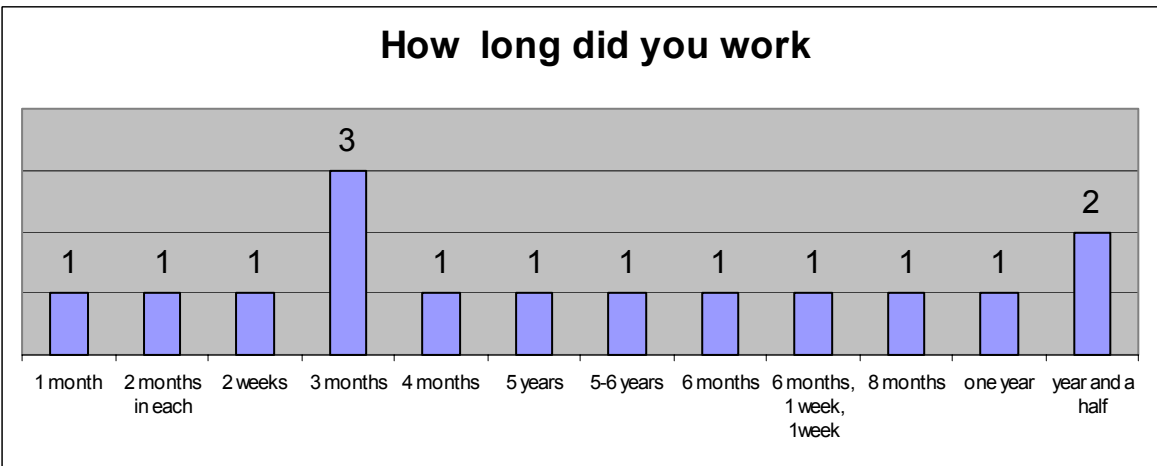
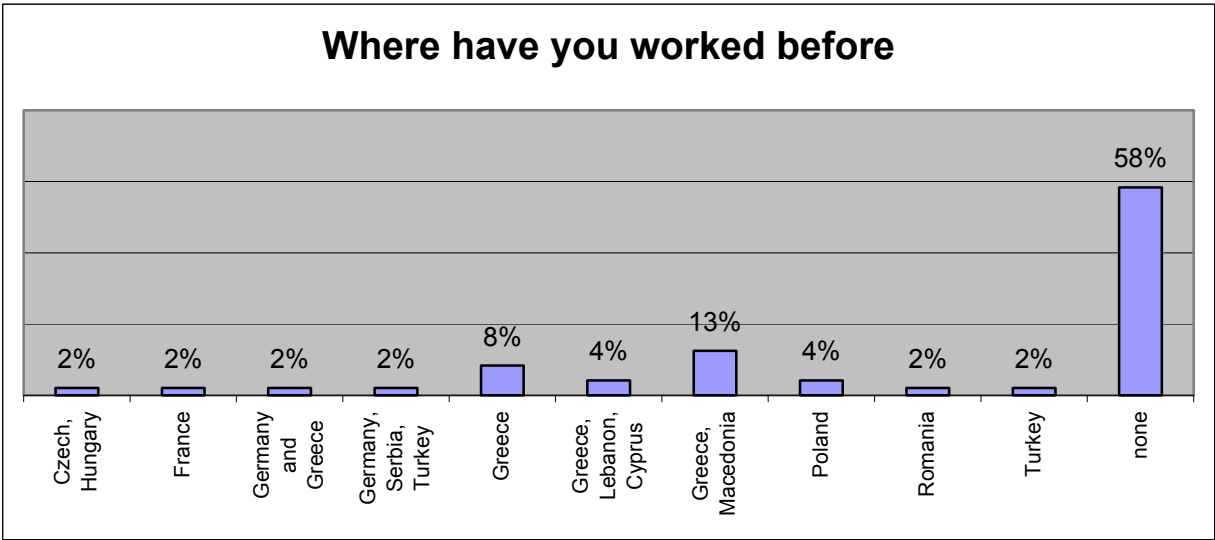
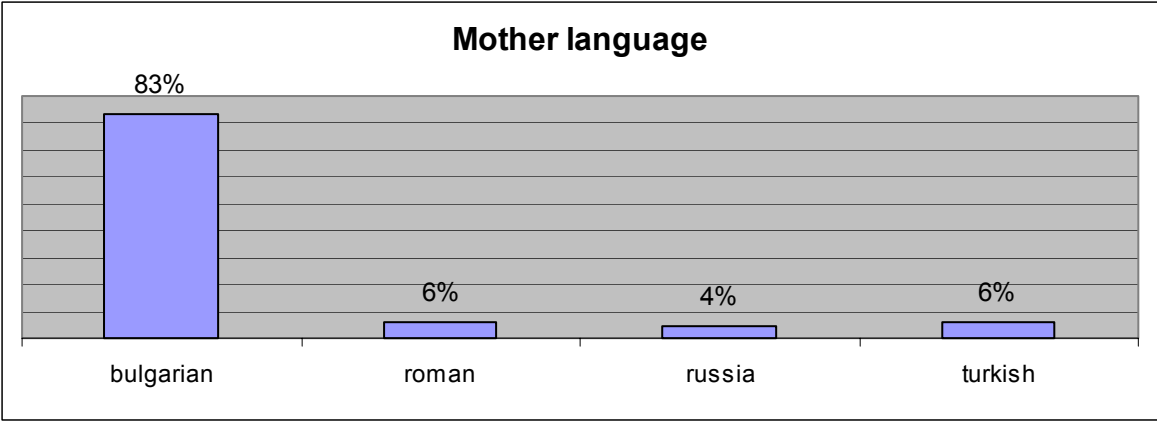


### Cities the sex workers come from

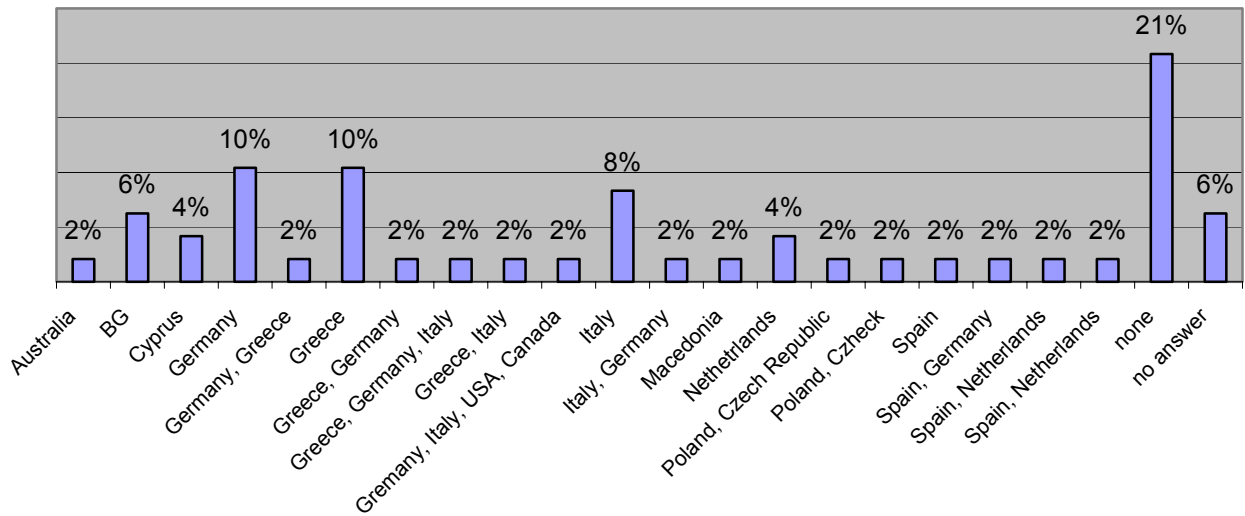


### Region the sex workers come from

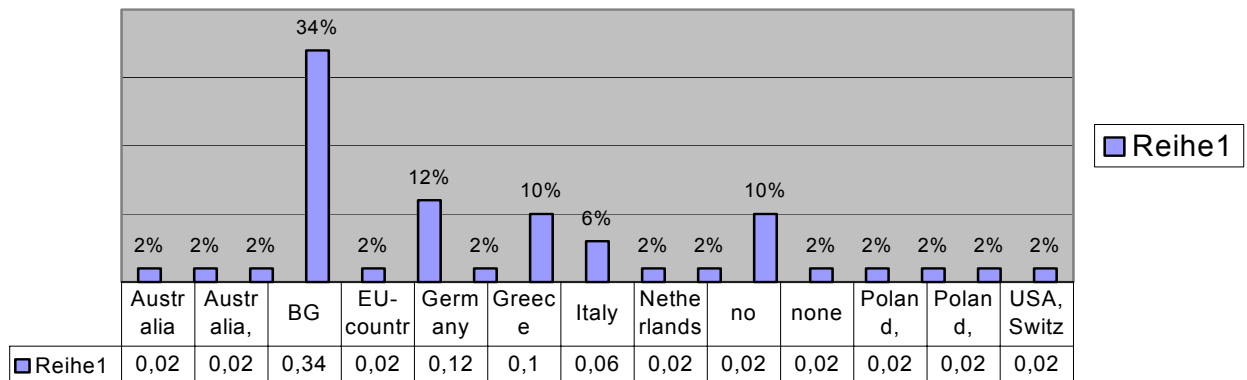




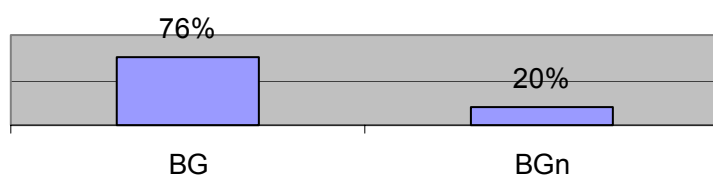
### Where would you like to work



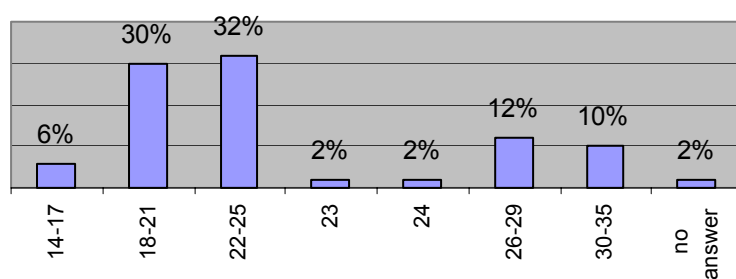
### In which country would you like to live your future

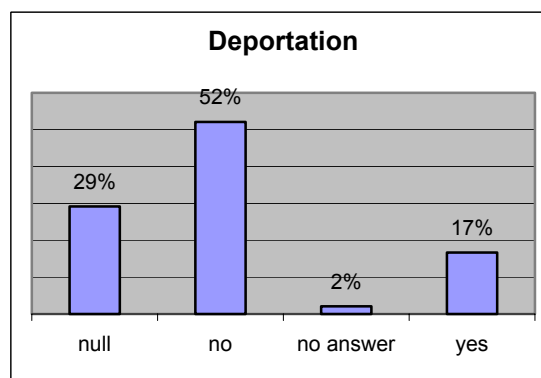
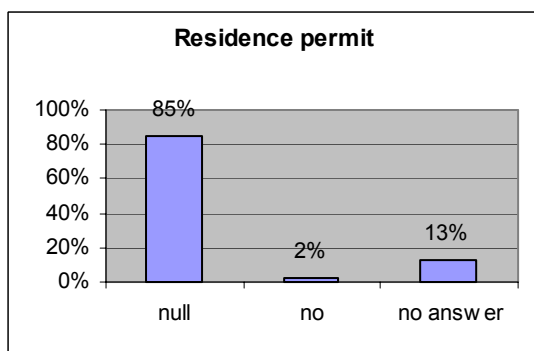
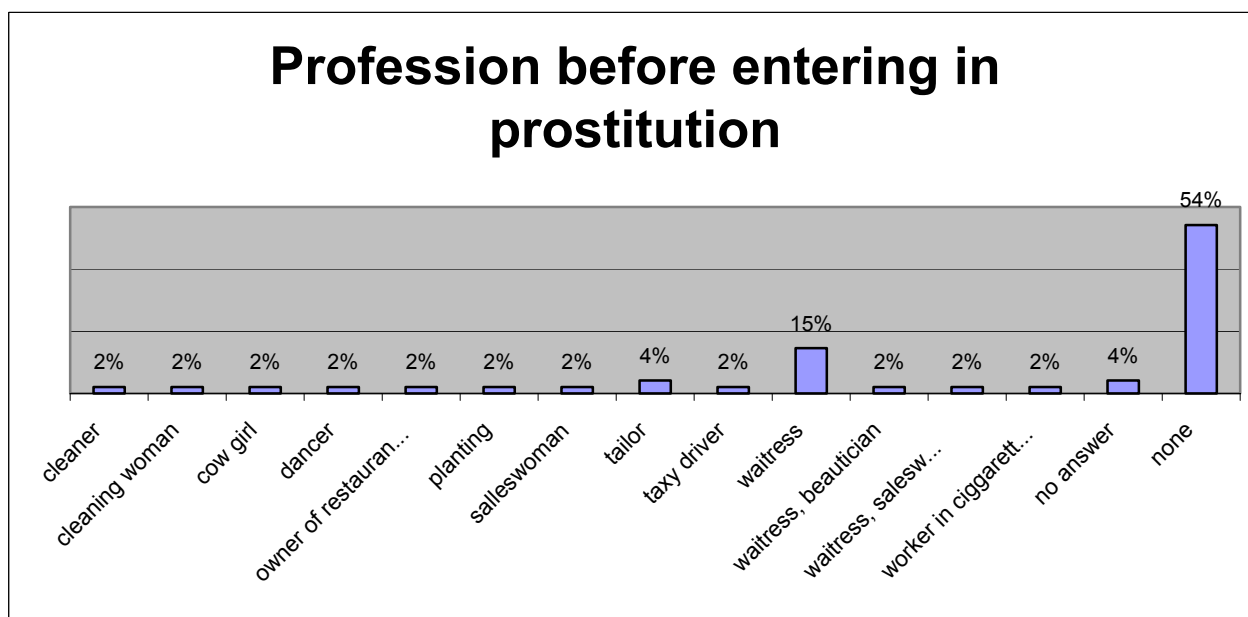
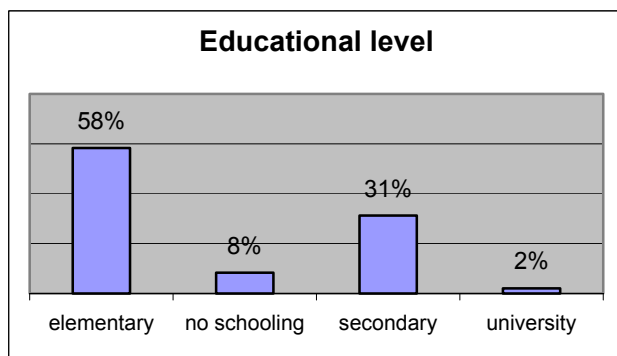
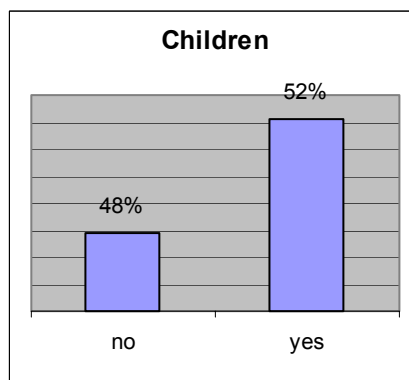
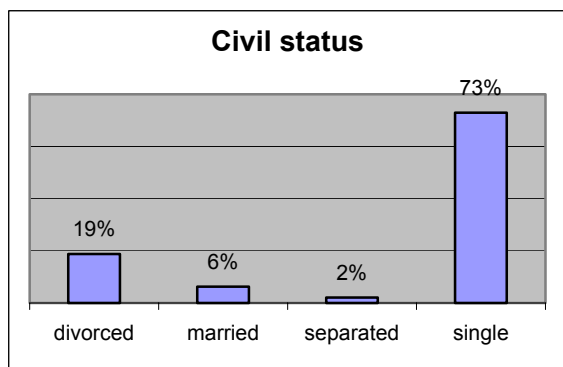


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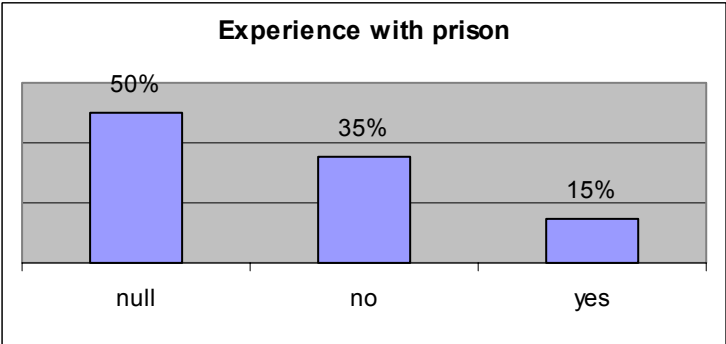
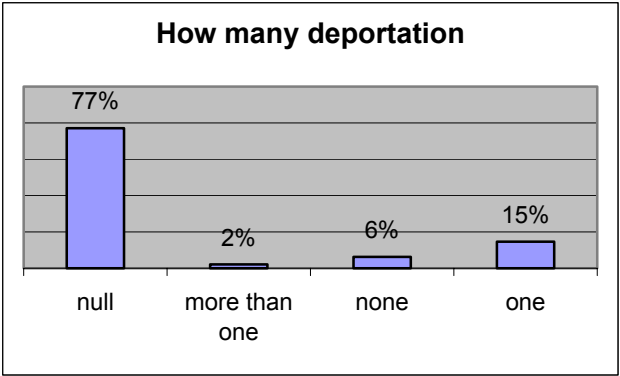


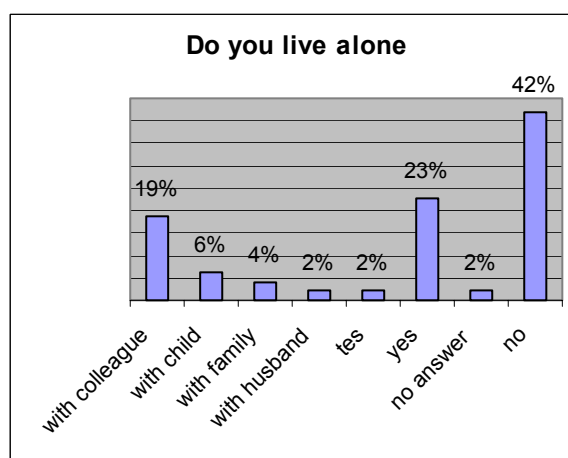
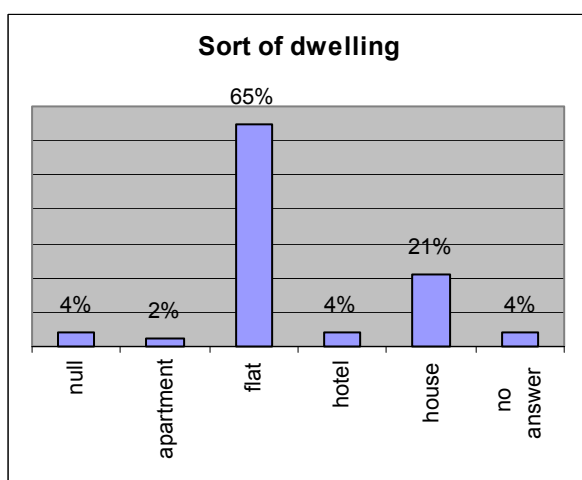
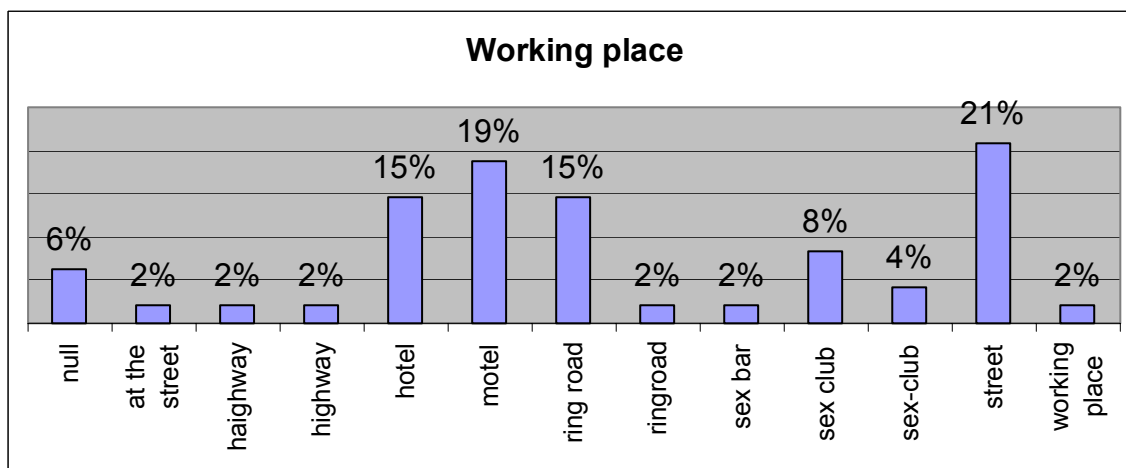
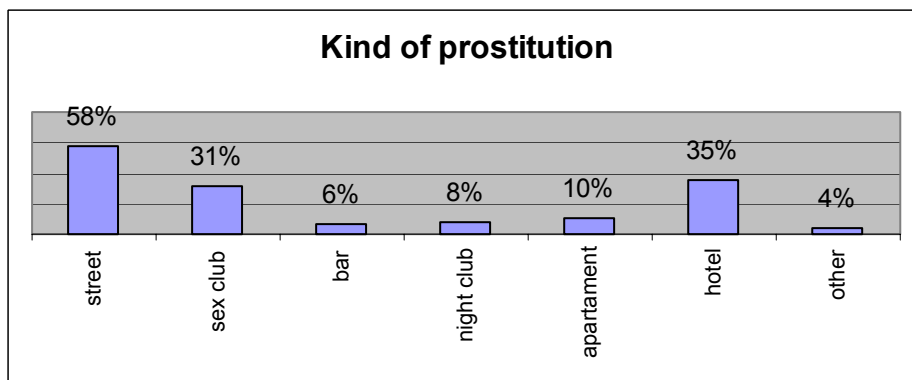
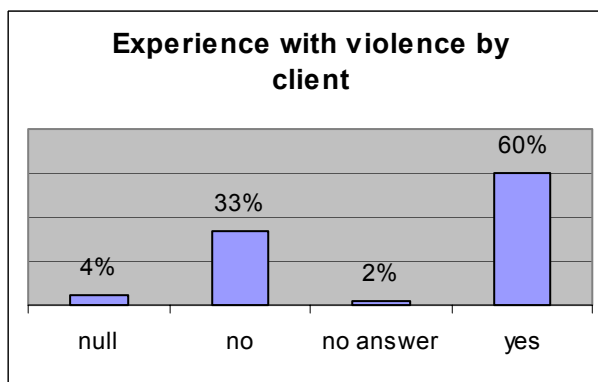
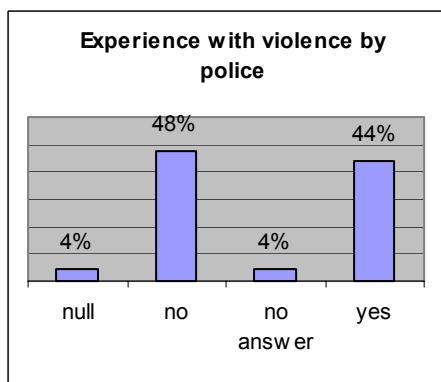
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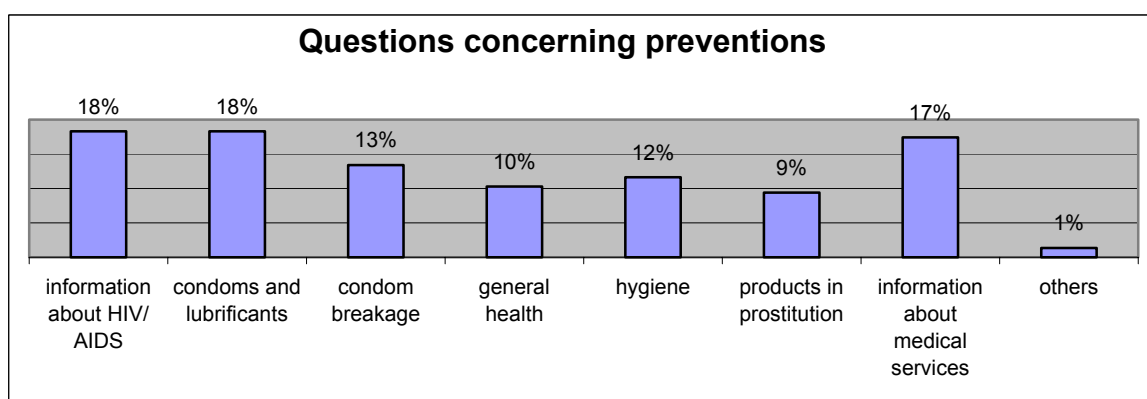
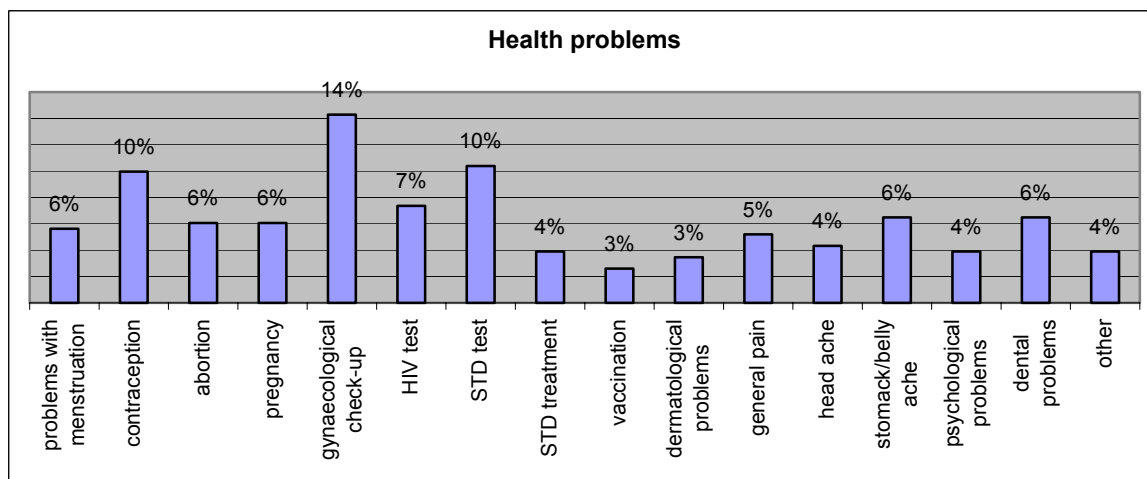
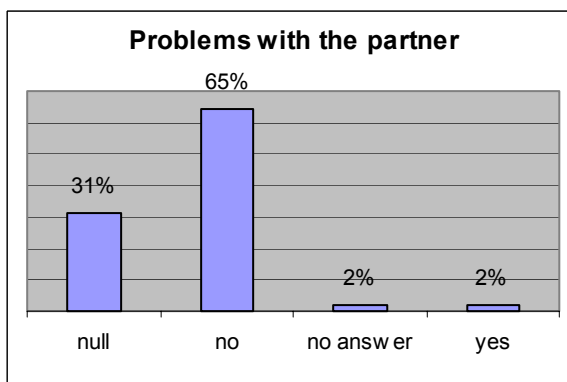
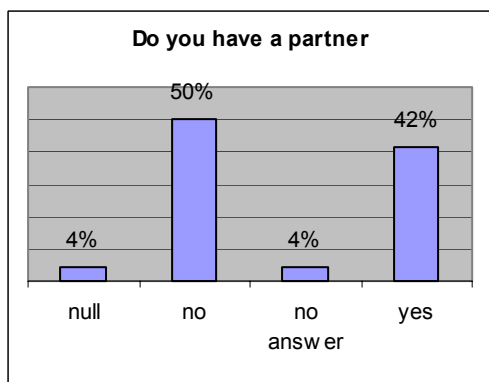




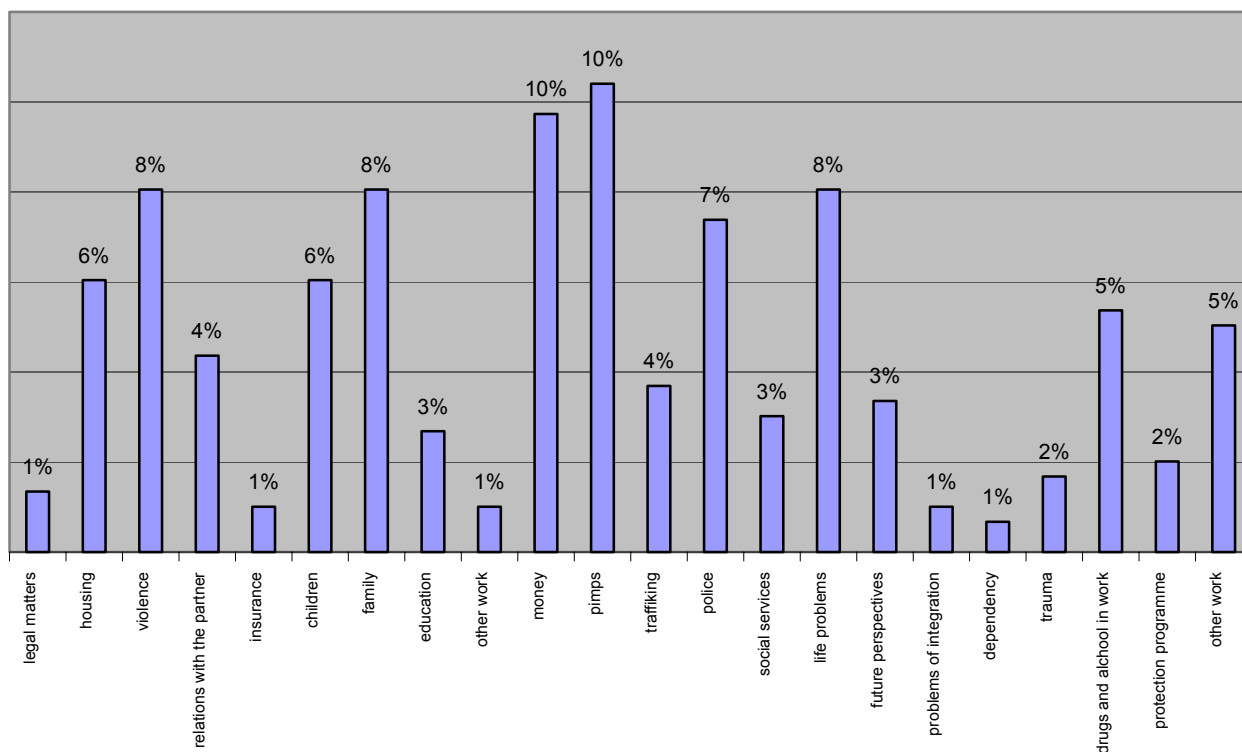




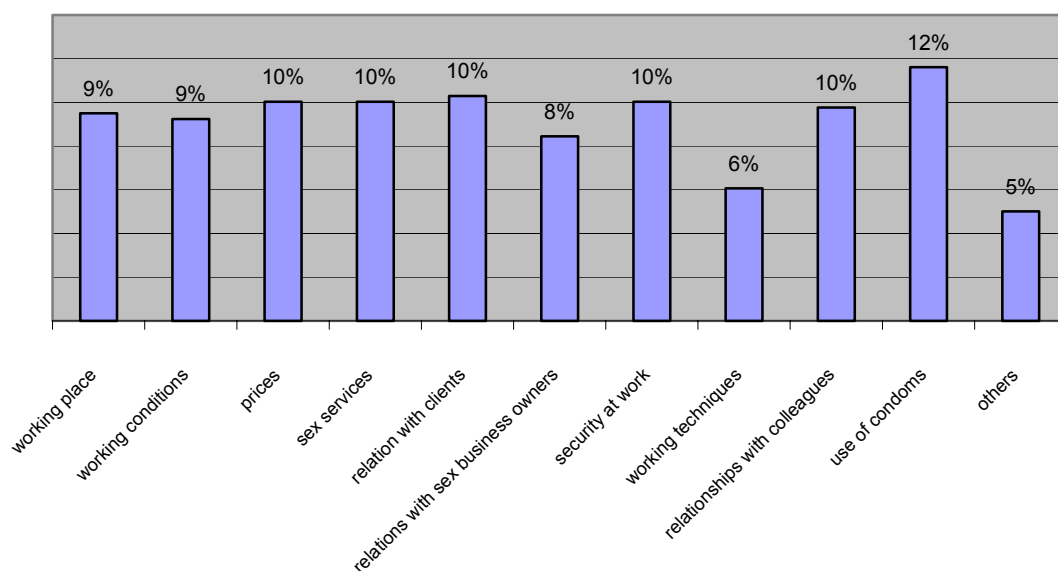




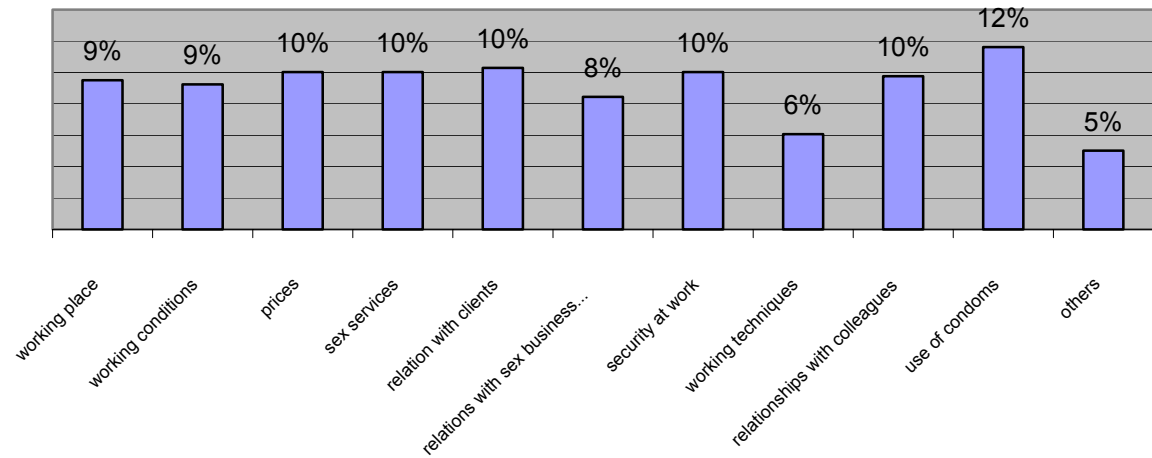
## Social and personal matters



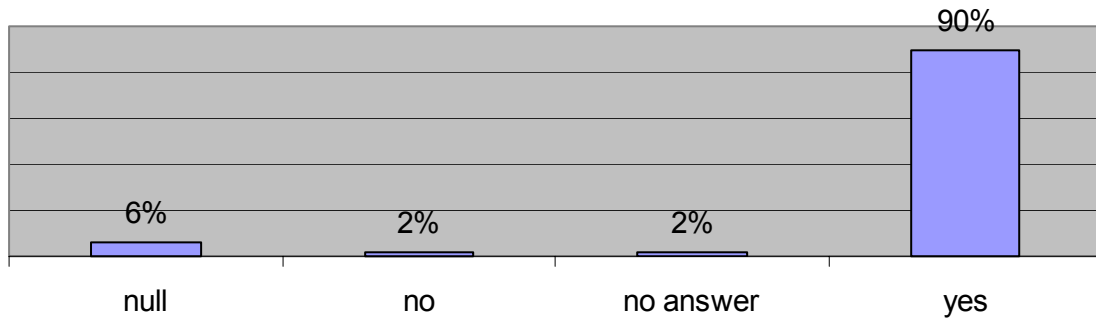
## Questions concerning working in prostitutions



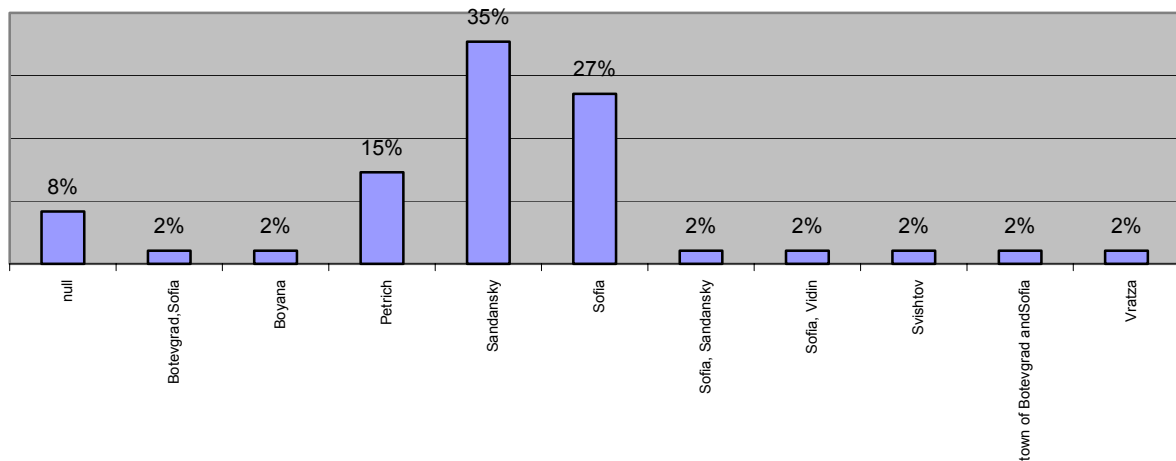
### Questions concerning working in prostitutions



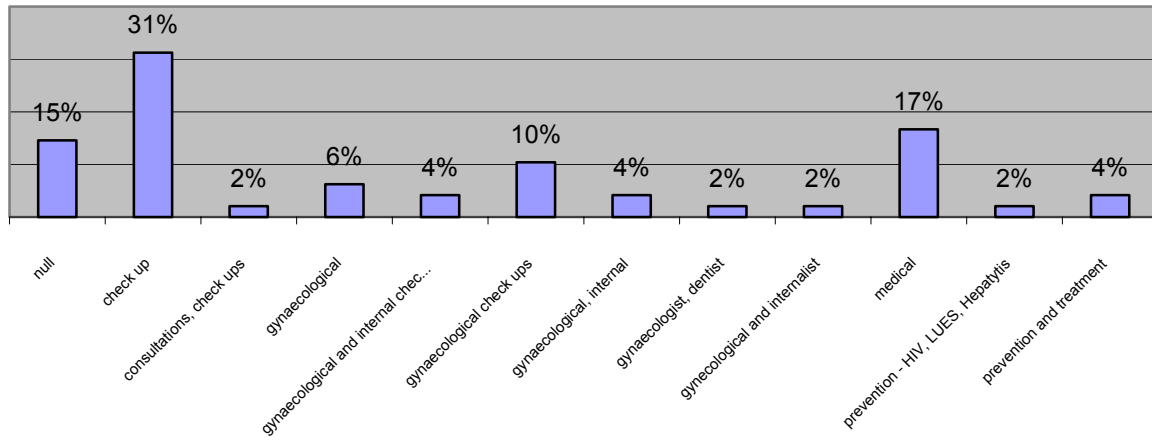
### Use of the medical services



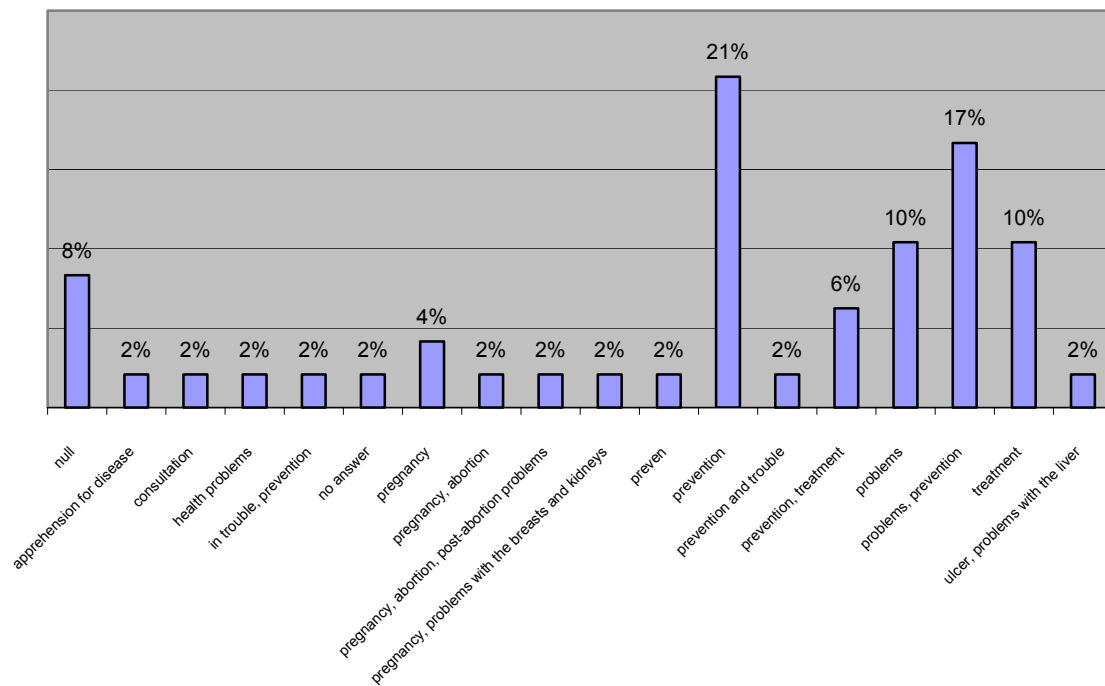
### In which town



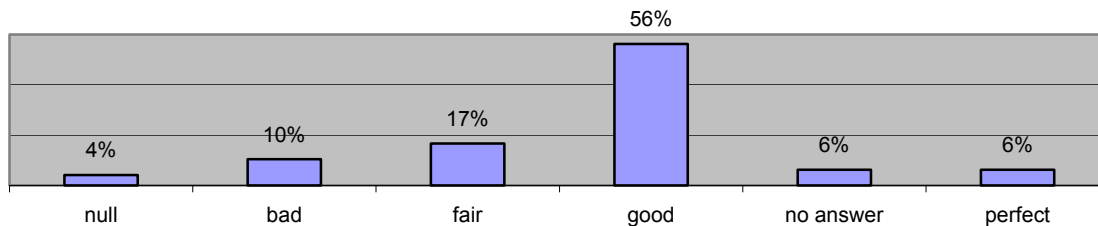
## Which services



## Reason of the visit



## Opinion concerning their quality



## Plans for the future

Our plans include:

- Continuation of outreach work as an essential base for developing relevant and adequate services
- Expanding of the prostitution area, covered by the outreach work – both in terms of geographic sites and of forms of prostitution
- Building on the capacity of the team towards development of better skills for working in sex work field and better knowledge regarding good practices, new developments and applying of European principles in outreach work
- Development and dissemination of comprehensive information materials, targeted at SWs or at specific groups among them (IDUs, migrant, transgender)
- Further development of the monitoring and evaluation mechanisms of the sex work projects of the organisation
- Strengthening of partnerships and networks both among our national and international partners
- Establishment of mobile medical unit, which would offer low-threshold medical services to sex workers directly at the scenes. This was elicited as very important as the outreach experience of our organisation develops.
- Stimulation of formation of groups of sex workers, fighting for their civil rights and better working conditions
- Advocacy
- Lobbying towards legislative changes, more favourable for sex workers

## CASE STUDY

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### *Katya*

**T**his is part of the sad story of a very young woman. The name and the data in the story are changed.

Katya is 22 years old, she comes from a Northern village of Bulgaria but currently is working in an illegal club in a town at the Southwestern border. She does not say anything about how she entered prostitution but the club is known for its harsh living and working conditions. Our team has made a breakthrough in this club after a long period of futile attempts to meet any girls there. Now the outreach workers are very welcomed and trusted by the suspicious men, the sex workers are being brought to a separate room, where they can talk in private with the outreach workers. The SWs there usually look frightened, reserved and always tired and not vital.

The first time the outreach workers meet Katya, she also looks very reserved and does not speak much. She is illiterate and knows nothing about AIDS or STDs. When they find themselves in the room, she confesses that she has been kidnapped from her previous working place (as a SW, a highway near her village) and has been taken to that town, which name she did not know. She has spent one month and a half in this town but had the right to go only to the closest grocery. She cannot recognise the strange accent, she hardly understands what the people are saying. All of the money she earns is taken from her and she received only a 30 DM salary a month, which she had to use only for food. She is now waiting to be taken (“sold”) to Greece, hoping that everything would be better there.

The second time the outreach workers meet Katya, she shares that she had problems with herpes (she did not know how the disease was called) and she suffers a lot. But she could not see any doctor. There is no free clinic in the little town and the cost is 25 DM (only for the check-up). Apart from this, the pimp does not allow her to go to the doctor's cabinet – it is too far. After talking to the pimp, he agrees that she should be taken to see a doctor (because, for instance, an infected client would like to revenge) but refuses to give any money. This practically makes the treatment impossible to happen. The next time the outreach team visits this place, this woman is not there. Most probably, she has been sold to someone else that is even crueller, at a lower price. She is not very profitable.

This is a very difficult situation to work in, both for the sex workers and for the outreach workers... Although the project is well accepted at most of the places, the owners of the sex business prefer it to be nothing more than a condoms distribution unit. The sex workers are treated only as a source of profit, any human rights or care perspectives sound threatening. Health problems are put aback, as the sex workers' main concern is survival, pimps' main concern is getting money from the sex business, and at this lowest level of sex business we work with, both parties are frustrated at these primary concerns... It is very difficult and discouraging for an outreach worker, when he/she knows from the beginning how limited his/her opportunities are, and what a big portion of his/her efforts are doomed to failure.



Due to the current situation in Denmark, where there are no public or private organisations that are especially focused on working with migrant prostitution, it is little known about migrant prostitutes and their situation in Denmark. Therefore this report is mainly a report describing prostitution in general in Denmark for both Danish and migrant prostitutes with or without a legal working permit.

## THE LEGAL FRAMEWORK

In Denmark an individual prostitute is not punished unless the person in question violates other parts of the Danish legislation. At the same time prostitution is not considered a legal occupation. The prostitute hasn't got the rights and benefits other individuals obtain due to their attachment to the labour market. For example prostitutes are not admitted in unemployment funds nor do they receive sickness benefit or other benefits from insurances which are only obtained from the attachment to the labour market.

Prostitution per se is described as “de-criminalized” and not “legalized”. Basically all kinds of income in Denmark are to be taxed - a rule that also concerns money earned by prostitution. This leaves prostitutes in a situation where they are obliged to pay taxes from their income from prostitution but are not provided with the same rights and benefits others obtain through their attachment to the labour market.

The provisions of the Penal Code (chapter 24 “Sexual offences”; sections 223; 223 a; 228; 229) concerning prostitution establish in short terms that it is prohibited to:

- to make money on the prostitution of others.
- to contribute to or force others to prostitute themselves.
- to prevent prostitutes from stopping prostitution.
- to rent hotel rooms for prostitution.
- to be a customer with a prostitute under 18 years of age (since 1999).

### Migration legislation with regard to prostitution

The Danish Penal Code does not contain rules which specifically forbid trafficking - neither trafficking for the purpose of commercial sexual exploitation/prostitution nor other forms of exploitation.

The Penal Code section 125 concerning “smuggling in human beings” forbids transportation of illegal immigrants into Denmark.

Recently the Danish police has tried to use a combination of the sections concerning “smuggling in human beings” to Denmark and “sexual offences” to combat trafficking for the purpose of prostitution. This has led to trials against pimps and kingpins who – in some cases – have been convicted and sentenced to imprisonment and/or penalties.

There are no special measures towards “migrant prostitutes” in Denmark. But – as in all EU-countries - there are serious measures towards immigrants. These measures also limit non-EU-citizens' possibilities to prostitute themselves in the country. The fact that

prostitution in Denmark is considered a de-criminalised job has the effect that prostitutes must have a residence permit or legal working permit to engage in the business. In cases where the police becomes aware of foreign prostitutes who may be working as prostitutes on a tourist visa are likely to be considered as illegal immigrants will therefore be arrested for working without a working permit and ordered out of the country. The fact that the migrant prostitutes are working within the sex industry does not give them any special rights to protection or access to the Danish health system.

## THE PROSTITUTION SCENE

### **E**stimated numbers of prostitutes in Denmark

The following estimation on numbers of prostitutes, Danish and foreign, in Denmark are based on a forthcoming survey from PRO-Centret (Kongstad, February 2002). There are no estimations or surveys focusing exclusively on the numbers of migration prostitutes in Denmark.

The number of mainly women involved in street prostitution in Denmark's three largest cities is estimated to 650 – 750. Other cities have no street prostitution. Since the last survey trying to estimate the total number of prostitutes in Denmark was made in 1989 (Bechmann et al. 1990) the tendency in 2002 seems to be increasing.

Prostitution via escort are estimated to a number of 1350 – 2700. Escort services, which mostly consists of women – exists all over Denmark. The number of prostitutes working in escort services is expected to having been increased since 1989 for both sexes. Most prostitutes are to be found at massage parlours almost all over the country. The estimated numbers is approx. 3000 – 3600. The tendency seems to be increasing. Most sexworkers at massage parlours are women, but the PRO-Center is aware of a smaller number of “ladyboys”, young male prostitutes from mainly Thailand dressed as women, working at some massage parlours where mainly female prostitutes from Thailand work.

Prostitution from bars, including dancers and other forms of sexwork is estimated to a number of 400 – 500 people. The bars are mainly found in Copenhagen, the Danish capital, Aarhus, the second largest city and Odense, the third largest city.

In Copenhagen there are both bars with male and female sexworkers, but most bars employ only women. The tendency in prostitutes working at the bars seems to be decreasing since 1989, which may be due to increasing tendencies with prostitutes operating through the Internet.

### **Migrant prostitutes**

They are mostly identified at massage parlours or working as dancers in bars – sometimes both. Since 1989 the number of migrant prostitutes is expected to having risen with at least 10 times and estimated to approximately 1/3 of the prostitution market.

The nationality of the migrant prostitutes are mostly Asian or Eastern European. A smaller number are from Africa and South America. But these estimations are attached with a number of uncertainties. Behind the advertisements for massage parlours in some newspapers, where it is possible for prostitutes to advertise and promote sex services, a

larger number of migrant prostitutes are expected to “hide”. Often it cannot be read from the advertisements which nationality the prostitutes are. Alone for that reason the estimations of the total number of migrant prostitutes in Denmark are attached with a many methodical difficulties and are based on more or less accurate assumptions.

According to the data that we collected through TAMPEP questionnaire, it seems to appear that the largest group of women comes from Thailand and that they prostitute themselves primarily in massage parlors where other Thai women are attached.

The last couple of years there has been an great influx of women from Eastern Europe. The women prostitute themselves from the street, massage parlors, bars and escort services. Some of the women come by their own free will, others come through organised criminal networks.

This past year this area has been focused politically and during the summer of 2001 the police has made raids in the different prostitution environments. Women with residence permits that had expired or women who did not have the right identification papers were interrogated and subsequently expelled from Denmark. The major part of the women come from the Baltic Sea Region.

Other forms of prostitution (e.g. sex-parties; private residences; saunas; public places) are estimated to a number of 50 – 250 persons. The number is also difficult to estimate as the prostitution may be of a more or less occasionally and sporadic character. Some prostitutes work shifting places others succeed to work unknown and do not appear in advertisements in newspapers or on the Internet.

The total number of prostitutes in 1989 was estimated to about 4000 – 5000. Today the total estimated number of sexworkers in Denmark is to about 5450 – 7800 persons. The tendency seems thus to be increasing. This tendency seems especially to be the case for the numbers of foreign women in prostitution.

## **HEALTH & SUPPORT SERVICES FOR MIGRANT SEX WORKERS**

**H**ealth care provision in Denmark is to a very great extent a public task. 85% of health care costs are financed through taxes. The responsibility for running the social service is decentralised, and mostly lies with the regional authorities. In fulfilling this task the local authorities work in close co-operation with the Government and the Local Authorities.

People with legal residence permit in most cases will have access to free treatment in the health care system due to the tax financed health care. Migrant prostitutes without residence permit or legal working permits are on the other hand not entitled to any legal rights and have no rights to obtaining the free public services such as free health care provision. At the same time very few – if any – health’s- or social programmes are especially targeted the situation of migrant prostitutes. In the public eye there are made no distinctions between prostitution as a legal job and other occupations. This leaves the migrant prostitutes in a very vulnerable situation.

The Danish AIDS and/or STD policies are based on the principles that there should be no compulsion and that anonymity can be preserved. Open, direct, anonymity and honest information is available, which is intended to enable the individual freely to refer to the health authorities. Furthermore, an important element is to avoid any form of discrimination.

Information and motivation are very important parts of public AIDS and STD policies. It is an essential part of the policy that all sexually active people are responsible for and have the possibility of avoiding HIV. As a result, an information strategy is employed which promotes safe sex and warns against any behaviour likely to jeopardise other people's health. The total number of new HIV cases has stagnated in Denmark in recent years, and today amounts to about 300 per year. The same is true for the number of new AIDS cases.”<sup>1</sup>

Health care is mainly divided in 3 branches:

- hospitals;
- general practitioners and
- specialists.

For foreigners (which in this context means anybody without Danish citizenship) it is possible to get examined/tested and treated by paying a private hospital, a general practitioner or specialist doctor. Danish citizens have this possibility too.

To give an impression of the costs at a general practitioner:

- |   |                   |
|---|-------------------|
| ▪ General health-test:  | € 70,- to € 200,- |
| ▪ HIV-test:   | about € 25,-      |
| ▪ Vaccination for Hepatitis B (for the four times necessary): | about € 200,-     |

It is important to emphasize that everybody can get acute treatment (for example at an emergency ward) for free. It is also important to note that the doctor defines what an acute disease is. Free health examination and treatment for foreigners are thus a complicated matter. In some cases it will be possible to get help and in others it won't. To obtain treatment for STD it is unlikely that treatment would be for free.

The best advice to migrant prostitute in Denmark is to call hot lines e.g. PRO-Centret that are placed in the larger cities of Denmark. Another hot lines is the national “Sex-hot line”. They will in most cases be able give counselling in English. They are anonymous and free of charge. The counsellors will advise the migrant prostitutes and try to help with giving access to free treatment in the public sector if the migrant should be in Denmark on a illegal basis.

## ANALYSIS AND EVALUATION

It is a crucial fact that we at the PRO-Center have very poor contacts to migrant prostitutes and know very little of the group and their problems. Therefore this chapter too will be based on general assumptions and general issues that concern migrant prostitutes as well as migrant workers in general.

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<sup>1</sup> Abstract from the Ministry of Health's homepage.

If police or public authorities become aware of women or men working illegally, they will in many cases be likely only to consider the matter as being a question of illegal labour force rather than the special situation of migrant prostitutes. This group of women are not considered as being in a special situation that demands special protection programs. In many cases the only action taken by authorities is arresting illegal migrant prostitutes and hereafter ordering them out of the country.

The situation for migrant prostitutes in Denmark can be illustrated by giving some examples on juvenile migrant prostitutes who have been caught by the police. The cases are especially interesting because it, as mentioned before, is prohibited for customers to purchase sex from prostitutes under 18 years of age. Therefore cases of juvenile prostitution should be expected to be looked upon with greater seriousness by authorities than cases with adult migrant prostitutes.

Two years ago the police in one of Denmark's larger cities detected two girls between 15 and 16 years from Eastern Europe. They had been placed in a basement from where they worked as prostitutes. The police arrested the two girls after neighbours had alarmed the authorities. Both girls rejected to give any information of how they had been transported to Denmark and/or give any information that could lead to the arrest of pimps, kingpins or customers. As the police couldn't get any further in the case the girls were back to their home country. Nobody put into consideration if the girls needed special protection or what the girls were sent back to.

Another example was the police in one of Denmark's larger cities who detected a group of five women from Eastern Europe. The women were put under surveillance as the police suspected they were working as street prostitutes but only had a tourist visa and thus no working permit. When the police observed a man – apparently a customer picking up one of the women, after having discussed a price with her – the police arrested the “couple”. The women turned out to be 17 years old. The customer was therefor about to commit a crime according to the provisions of the Penal Code, chapter 24 “Sexual offences”; section 223 a.

The police assumed it wouldn't be possible to prosecute the customer (because the girl according to the police could be mistaken for being 18 years old) the encounter didn't have any consequences for the customer. The girl was on the other hand ordered out of the country as it turned out she was suspected of working as a prostitute without a working permit. The fact that she was a minor did not give her any rights of protection.

A sociologist who works with prostitutes from Thailand in Denmark underlines that migrant prostitutes in many cases feel very excluded from the wider society. Whether they are in the country in a legal basis or not, they are known to have great fears of using the health system or social authorities when needed. The fear is caused by insecurity towards authorities and an uncertainty towards what might happen to them, if help or contact to the public sector will mean the they must be “registered” as prostitutes.

As we know very little of migrant prostitutes from the rest of the world who in one way or another tries to make a living in Denmark, it seems to be the case that a lot of them are to be in the same situation as the prostitutes from Thailand.

## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

**D**ue to the described situation in Denmark it is the opinion of PRO-Centret that we need to improve the Danish legislation and social rights to improve migrant prostitute's conditions in Denmark.

Migrant prostitutes, whether they are working in Denmark on a legal or illegal basis, need better accessibility to the public health system and the free services it provides to Danish citizens. An important obstacle in attaining these rights are first and foremost the group's invisibility and lack of ability to claim better rights. To overcome this task it will be of great importance to provide the group with "voices". Language problems are obviously a huge problem.

Cultural "mediators" could thus be of great importance in the process of creating attention around migrant prostitutes, their vulnerable situation in our society and special conditions they have to exist under. An important challenge will therefore be to educate service providers who, as we know have very little knowledge about prostitutes and their situation. They must be expected to know even less about the situation for migrant prostitutes who seem almost invisible in the social sector.

In order to reach this goal, the first step towards this capacity building and sensibilisation of the service providers, we organised TAMPEP national seminar on January 8-9 2001.

This national seminar for social workers from different Danish NGOs and health care services was in the form of one day training on the theme: "What to consider and how to initiate and develop effective work for and with migrant sex workers". The training was provided by TAMPEP-Germany.

As a follow up of this training, two workers of PRO-Centre went to TAMPEP-Germany in order to receive a specific training on cultural mediation with migrant sex workers and to study TAMPEP outreach work methods. The objective of this training was to set up a special project for migrant sex workers.

### **Network and advocacy activities**

The PRO-Centre participates in two national networks concerning foreign prostitutes:

- Network against Trafficking in Women
- NGO Network on Foreign Women in Prostitution

In addition to TAMPEP the PRO-Centre participates in the following international networks where the prostitution of foreigners is either the main subject or a section of a subject for the work:

- Task Force on Organised Crime in the Baltic Sea Region
- European Network Male Prostitution (ENMP)
- Nordic Network on Prostitution Issues

The *PRO-Centret* is also represented in a group of experts under the Department of Gender Equality dealing with the issue of trafficking in women. Part of this work is focused on establishing political awareness of migrant prostitutes as a general issue, and on influencing policies on the subject.

Our main priorities are to establish more projects for migrant prostitution in Denmark. We are very much aware that reaching this target group demands quite different things for the social worker, than dealing with Danish prostitutes.

**Continuation of the programme:**

Rising awareness on the administrative and political levels seems to be some of the most important tasks in trying to improve the situation for migrant prostitutes. Lobbying and networking on different political levels are one important way of attacking the matter. Another aim is to have trafficking in the Penal Code and provide the trafficked prostitute with special rights.

Organisations in Denmark who at the time being are working to improve the situation for migrant prostitutes are:

- The Danish Network against Trafficking in Women (NGO)
- The Danish Network on Foreign Women in Prostitution (GO)

It will be of great importance to continue the ongoing work for financing and implementing social and health projects targeting foreign prostitutes (Thai and East European/Baltic women). Examples of how the work for improving the situation for the target group has been the establishing of two so-called “county-projects” targeting both male and female prostitution (in Vejle and Aarhus).

For the year 2002 it is another aim of ours to participating in the formulation of a plan of action and fight children and juveniles against commercial sexual exploitation. Here victims of trafficking and migrant children under 18 years are to become objects to special protection programmes.

## THE LEGAL FRAMEWORK

### **T**he prostitution system: the legal/policy situation with regard to sex work

Prostitution is not a legal profession. The control of the public prostitution scenes have increased in Finland during 2-3 last years. Before prostitution was more tolerated than it is nowadays. At this moment there is a debate about criminalizing customers/clients buying sexual services. A few members of the parliament are active and want to adopt the Swedish model.

The Finnish parliament is enacting a new law concerning public order and there will be a paragraph which prohibits disturbing prostitution in public places (probably both in terms of selling and buying sexual services) everywhere in Finland.

The amending process of the alien law is going on and will be finished year 2003; in view of the present situation the only change concerning prostitution will be, that earning money by selling sexual services and earning money dishonest way will no longer be under the same paragraph. In practice this means that it will be easier to get information, which nationalities and how many women are deported.

The preparation of trafficking legislation will start next year.

### **Criminal act**

#### *Buying sexual services from a young person*

“A person who, by promising or giving remuneration, gets a person younger than eighteen years of age to have sexual intercourse or to perform another sexual act shall be sentenced for buying sexual services from a young person to a fine or to imprisonment for at most six months. An attempt is punishable.”

#### *Pandering*

“A person who, in order to gain economic benefit to himself/herself or to someone comparable sexual acts are offered for remuneration; otherwise takes advantage of the performance of such an act by someone else: or entices or intimidates another to such an act, shall be sentenced for pandering to a fine or to imprisonment for at most three years. An attempt is punishable.”

### **Helsinki City Municipal Ordinance**

#### “5 § Prostitution: Soliciting in public places is prohibited”

It is prohibited to sell sexual services in public places in Helsinki. The new ordinance decreased street prostitution in Helsinki for a while, but nowadays prostitution is back on the streets. Picture of street prostitution changed; almost all migrants left the street and started to work in private apartments. Finnish iv-drug users and a few migrants are still working on the streets.

### **Migration legislation with regard to prostitution**

#### Aliens act: Grounds for refusal of entry

“An alien may be refused entry, if: he may justifiably be assumed to obtain income through dishonest means or to sell sexual services.”



### **Effects of prostitution and migration policies on position of migrant sex workers**

- Women usually don't complain about deportations or refusals of entry, because decisions are often made as instant deportations. If they want to complain, they have to do it in their home country where they don't want/know how/have courage to do it.
- Women are afraid of police and other authorities (health authorities included). They don't report about violence or other kind of crimes against them.
- Many deported women however return either with the same passports or they get a new one. So the effectiveness of the law varies.
- If the visit is not arranged by travel agency, women need an invitation. There are lots of individuals and organisations who are selling these invitations. Some of them also arrange accommodation for the women. It's hard to say, how big part of this action is run by criminal organisations.
- If deported, a sex worker cannot get a visa to Finland. She can get it to another EU country and come to Finland afterwards. That increases mobility.
- Some women are obliged to get false passport and in this process she at latest get involved with organised crime.
- Women who have the deportation stamp in their passport, get lots of problems at home because they need their passport when they have to prove their identity. Passport is the most important ID and it is accepted everywhere.

### **Changes that occurred in the past year(s) and their effects**

There is not updated information available about how many women have been deported because of selling sexual services. Sex work and earning money by dishonest way are under the same paragraph. So we don't know how many women are deported since May 1999 and which nationalities they are.

## **THE PROSTITUTION SCENE**

In Finland prostitution exists mainly in capital area and in bigger towns. However also in very Northern Finland is its own special prostitution phenomenon; women from Russia (Murmansk) come over to the little villages in Norway or Finland. Women are living in small rented cottages at the camping area. Clients come from both countries. Prostitution is visible in small villages so it has affected to many families. Local people have organized demonstrations at camping areas in order to stop prostitution. They have also founded an association "Duovvi" to promote equality and to oppose prostitution.

### **Forms of prostitution**

Forms of prostitution in Finland: adds in newspapers and sex magazines, prostitution in strip tease & sex bars, street prostitution, hotel prostitution, massage parlours, illegal brothels, mobile phone prostitution, internet, escort service, telephone sex lines.

The forms in which migrant sex workers most often work are: sex bars & clubs, motels and illegal brothels, private apartments, only few of them are on the street.

### **The situation of migrant sex workers**

Most of migrant sex workers who are working in Finland are Russians from Russia or Estonia. There are also women from Latvia, Lithuania and Thailand. Russians are working mainly in sex bars and private flats and Thais mainly in massage parlours in different parts of Finland.

Those migrant sex workers who are working in private apartments (they might have an advertisement in newspapers and get their clients by mobile phone) are often more vulnerable. Violence against them is very common. Robberies and assaults are not reported to the police because of threat of refusal of entry or deportation. After all some women have reported cases and the cases have been taken to court.

## **HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS**

### **Description of health care services available**

**D**Pro-tukipiste is the only one, who provides services especially to sex workers, both Finnish and other nationalities. Politically and on state level largest interest lays in epidemiological issues and trafficking

- There are some other organisations and NGO's who have shown interest in migrant prostitution issues, but no special services haven't been provided so far:
  - Aids counselling centres
  - Needle exchange programs
  - Migrants Association for Social and Health Promotion (MAP) –network (network is very close to national AIDS & Mobility -activity)
- Social department of Helsinki City has been interested in migrant prostitutes, who live permanently in Helsinki; social department supports financially Pro-tukipiste's outreach work
- Co-operation between municipal services and NGO's, networks

**Which services are provided and how these services are delivered** (Methods of reaching (migrant) prostitutes in Pro-tukipiste in Helsinki)

### **Outreach work**

- regularly in sex bars (twice per month) and on the streets (once a week), occasionally in massage parlours and illegal brothels
- once in a month outreach work with mobile unit (travelling car) on the streets; possibility to meet a medical doctor, get health consultation and counselling, get tests etc.
- same workers doing outreach and drop in
- we have been obliged to keep our outreach work quite limited because lack of resources

**Clinical work, Drop in** (all our services are available) for migrant sex workers anonymously an free of charge

- Mondays 12-16 and Thursdays 12-18
- Services also in Russian and Estonian languages
- Medical services
- Social services
- Advocacy work
- Food, coffee etc.
- Peer conversations
- Consultations and counselling (individually or in groups)
- Therapeutic discussions and consultations individually or in groups
- Information materials
- Prevention material

## Projects

- Pilot project for Thai women (September – December 2000)
  - Outreach work in massage parlours
  - Finnish nurse / interpreter as a culture mediator
- Vaccination program: for Russian and Baltic sex workers financed by Ministry of Social Affairs and National Public Health Institute (Oct. – Dec. 01)
- Vaccination program: for Thai-women working in massage parlours (Jan. 02)
  - Outreach work in massage parlours
  - Finnish nurse / interpreter as a culture mediator

## What are the barriers for the service providers to provide these services

We sent a TAMPEP-questionnaire to all bigger town's service providers but didn't get answers. That could mean that there is not much knowledge or interest in migrant sex workers or there is no methods to reach them and it's difficult to get resources for them because they are not so many.

When we talk about providing services for sex workers, Finland can be split into two:

- the capital area, where special services (Pro-tukipiste) are available and also many other service providers are more aware and they can already cope at least satisfactory with sex work issues too,
- 2. the other part of Finland, where there is no special services and need for special services for sex workers is not considered an issue which should be taken care of.

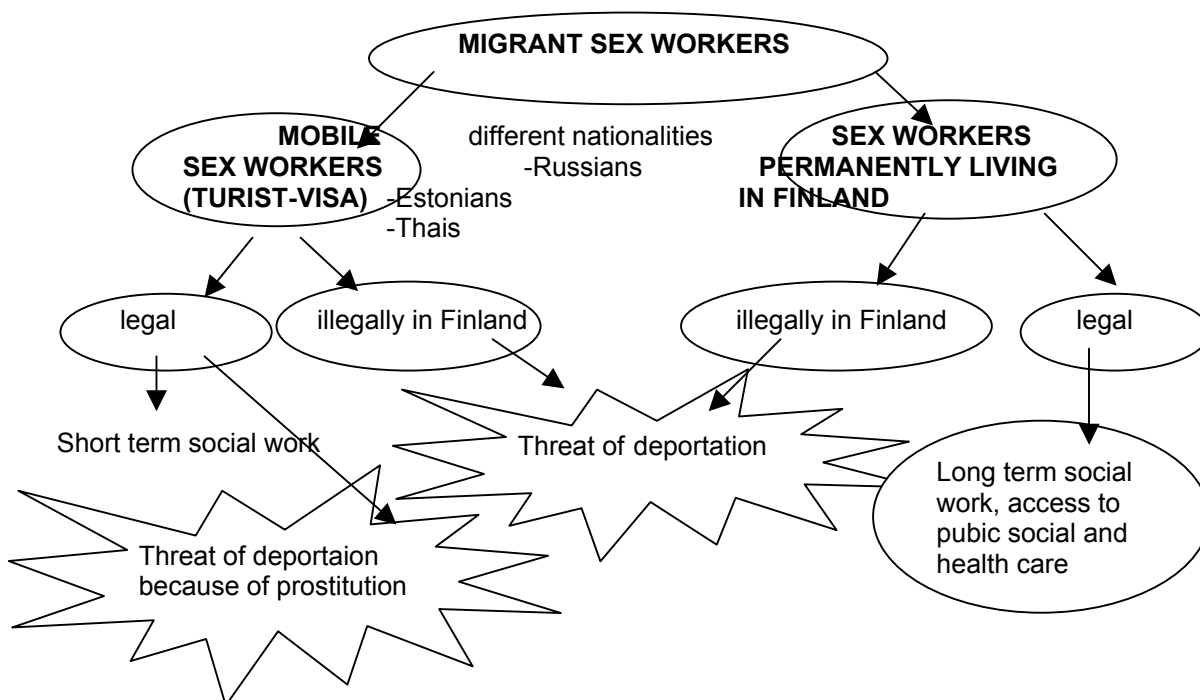
	Finnish and others living permanently in the country	Migrants and mobile
Helsinki and capital area	<ul style="list-style-type: none"><li>- Have access to public health and social care services</li><li>- City of Helsinki has confessed that prostitution exists and takes responsibility to organise services for prostitutes</li><li>- Active networking</li><li>- Pro-tukipiste's services</li></ul>	Pro-tukipiste's services
In other parts of Finland	<ul style="list-style-type: none"><li>- Have access to public health and social care services</li><li>- No special targeted services for migrant sex workers</li></ul>	Outside all services

## What are the barriers for migrant sex workers to have access to these services

If they are illegally in the country or are not-insured they are not allowed to get services from public health care system. Migrants don't know those places where they can get help or support anonymously.

Those migrant sex workers (outside EU) who are in Finland with tourist visa can be repatriated because of prostitution. That means that women are afraid to go to health and social services even if services are anonymous. On the other hand, in Pro-tukipiste we have reached very well one part of migrant sex workers (whatever their legal status is).

## Working with migrant and mobile sex workers, different target groups



## ANALYSIS AND EVALUATION

### Obstacles to implement adequate and effective health and social services accessible to migrant sex workers

- The common attitude is against prostitution and abolitionist. The emphasis is mainly on preventive methods, on repressive actions and on control. Need for social and health care services. Concrete actions to establish services has gained little attention.
- The Alien law, municipal city ordinances and a new coming law concerning public order has increased and intensified the control over prostitution on public places. This has meant that sex workers working in the streets are more difficult to reach and on the whole outreach work has become more difficult. Especially migrant women has left the streets and moved to work in private flats.
- Because great deal of the sex workers working in Finland are mobile (they don't live permanently in country) they are not entitled to public social and health care services (except acute health care).

### Identified priorities for creating better structure of services at the national level

- Creating a national network for service providers, who have or who should have contacts with sex workers locally.
- Co-operation between Finland, Russia and Baltic states should be organised on governmental level.
- Increased repressive actions and control demand that we develop and implement new outreach work methods to increase coverage of different forms of sex work.

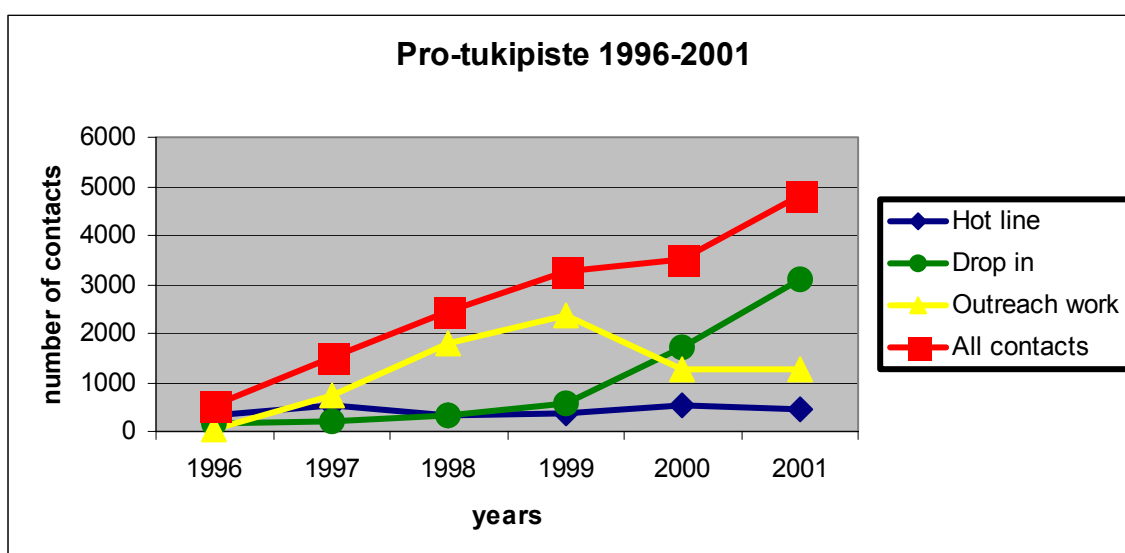
### Strategy in order to overcome these barriers

- We continue to take part in public debate and discussion to emphasise the importance of special services for sex workers, evaluate the consequences of repressive actions and speak up for sex workers' human rights and civil rights.

- We offer consultation and training in sex work issues to other service providers, authorities and students.
- We continue to provide anonymous, confidential and free of charge social and health care services to all sex workers working in capital area.
- If the national network for local service providers comes true, Pro-tukipiste could be co-ordinator in this network.

### **What are the positive results that we have reached in our project activities**

- The sex work scene knows our services very well and sex workers trust our confidentiality and professionalism. Number of our customers has increased every year and the increase has been more rapid than the increase of number of sex workers in generally.
- The status and expertise of Pro-tukipiste has been recognised among authorities and other service provides. This has also meant that it is easier to get funding.
- Even if control and repressive actions has increased we have managed to maintain our out reach work contacts on satisfactory level.
- We have developed our outreach work so, that we have managed to implement our clinical health care services (medical doctor's services, vaccination etc.) also in outreach work.



## **ACTIVITIES WITHIN THE TAMPEP PROGRAMME**

### **Lobbying/social mobilization: new opportunities regarding the governmental/ political commitment**

- Ministry of Social Affairs and National Public Health Institute are financing vaccination program for Russian and Baltic sex workers and also Thai-women working in massage parlours
- Negotiations with city of Helsinki about producing services
- Taking of an attitude law concerning public order
- Taking part in public debate on criminalizing of buying sexual services
- Discussions with politicians about trafficking and the need and importance of support services for sex workers

### **Networking on local and national levels**

- National networking with other outreach workers in Helsinki, Tampere and Turku; co-operation, exchange visits in another's agency
- National networking with needle exchange programs, exchange of material
- National networking with hotline service providers
- *AIDS & Mobility Network* and MAP; we organized together a seminar "Building partnership between migrants and professionals" in April 2001

### **Use of information materials, adaptation and creation of new ones**

- TAMPEP-leaflets have been distributed during outreach work and in drop in-work and also to other social and health care service providers.
- Pro-tukipiste has made 3 new leaflets for Thai-women who are living or staying in Finland. These leaflets we have been distributed in our national seminar and social and health care service providers.
- We attached a TAMPEP-network leaflet to the questionnaire and we also distributed it in our national seminar.

### **Training and/or sensibilisation of service providers, policy makers, etc**

- Co-operation with shelters for women, Finnish Aids Council and drug clinics
- Consultation to National Bureau of Investigation, The Finnish League for Human Rights and The Family Federation of Finland concerning migrant sex workers
- Visit and sharing information to Aids Counselling Centre and Std clinic in Tallinn, Estonia
- Training and consultation of social and health care professionals and students, lawyers, police, sex counselors in different towns: Helsinki, Vantaa, Turku, Jyväskylä, Utsjoki, Tampere, Oulu
- Training in St Petersburg to the workers of crise centres from Russia concerning Russian women in prostitution in Finland

### **National seminar**

The National Seminar was held in Helsinki on 26<sup>th</sup> of October. The topic of the seminar was "**Invisible Thai Women**". Participants were from different GO's and NGO's who meet Thai women in their work.

### **Aims of the seminar**

The aim of seminar was to map the situation of Thai-women in Finnish social and health care system. Thai-population is a big challenge to Finnish public social and health care system. Most of Thai's are living outside Finnish society. That makes them very vulnerable to mental, physical, sexual and economical exploitation.

The second aim was to make a network for people and agencies which are working with Thai-women in order to develop culture based methods to work.

### **Program of the seminar**

#### **Opening**

*Jaana Kauppinen*, Pro-tukipiste

Introduction of TAMPEP-method

Why Pro-tukipiste is organizing this seminar?

#### **What is special in Thai-culture**

*Pekka Hiltunen*, Finnish Church's Mission Center

Nine Thai value orientations

Thai outlook on world, philosophy of life

Buddhism

### Problems of Thai women in Finland

*Sari Isohanni*, interpreter of Thai language, culture mediator

Situation of Thai women in Finland

Lack of information about Finnish society: isolation

Lack of knowledge of languages

### Introduction of pilot project for Thai women

*Minna Huovinen & Sirpa Jääski-Rämö*, Pro-tukipiste

Why Pro-tukipiste had this project

- Planning; TAMPEP-method (culture mediator)

- Implementation in practice

- Results and conclusion

### Experiences from Mixeri Project

*Miira Hartikainen*, Mixeri Project

Social care project for migrants who have been in shelter

### Experiences from the University Hospital

*Taru Kaivola*, psychotherapist from Department of Infections (f.g. for hiv-positive persons)

Lack of knowledge about STD's and HIV/AIDS

Difficulties to get good contact & communication with Thai clients

Therapist's own feelings when working with Thais

### Experiences from The Finnish AIDS Council

*Kirsti Kartano*, The Finnish Aids Council

### Launching of new leaflets

*Teija Raschka*, Pro-tukipiste

## **Conclusions and discussion**

We discussed lively about the issue. Many of participants were very happy that they could share same feelings with other colleagues when working with Thai women. They are so isolated and outsiders of the Finnish social and health care system. Some of them have an access to services but don't use them because they don't know the language or are so uninformed about them. Participants of the seminar agreed the importance of outreach work and developing of new methods to reach Thai women.

The main result of the seminar was that people could meet each others and could share information of their work. Some decisions were made: we continue working as a "Thai-network". We will try to share information via e-mail and organize a new seminar or meeting. Aids Council Centre from Turku was interested in starting outreach project in Thai massage parlours in Turku. Worker from the Finnish Red Cross promised to take care of developing support services for Thai migrants. Many of participants promised to get the information to their colleagues.

## **Plans for future**

- Drop in, clinical work and outreach work
- What happens / is the situation of the migrant sex workers outside capital area?
- Active influence against violence against women
- National Aids & Mobility network: Migrant sex workers interview; experiences of using social and health care services in Finland.
- Networking and co-operation with service providers in country of origin (Russia); women don't trust that service system can guarantee their safety and they don't trust that authorities and NGO's don't give any information to national intelligence bureau and to the police. => it's difficult to get women to go and get services when they get home.

## CASE STUDY

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### *Olga*

**T**his case story is based on an interview made by a cultural mediator.

Olga is a 37 years old Russian woman. She is not married and she has one daughter who is now 11 years old. Olga tells, that her first unborn child was “Chernobyl-child” and because of very serious malformations she had to have abortion in 20<sup>th</sup> week of pregnancy.

Olga doesn’t have any vocational education. She started working as a sex worker six years ago in Finland. Olga didn’t work as a sex worker in Russia and she hasn’t worked nowhere else than in Finland. When she started, she made short visits (week or two) to Helsinki, worked a lot during these weeks and went back home to Russia after that. Then Olga met Finnish man with whom she entered to common law marriage. Olga’s partner had serious mental problems and he drew disability pension. They moved together and Olga left prostitution, because her partner could maintain her and her daughter now. They lived in Finland for three years and after that they moved to Tallinn, Estonia. It was cheaper to live in Estonia. After two years her partner’s condition got worse and he returned back to Finland to get treatment and rehabilitation. Olga and her daughter stayed in Estonia.

Olga has decided to start sex work again to get money for daily living. Olga has just come to Helsinki and she is going to stay for ten days and then go back to Tallinn. Olga works in sex bars in Helsinki city centre. During her visit she stays in cheap hostel where she can bring her clients too. Olga finds Helsinki very safe city to work in, and she hasn’t had any bad experiences (violence etc.) at least so far. Olga has also learned Finnish, which makes things easier here.

Olga feels that starting sex work again is horrible thing, but she has to do it because she needs money. She finds it difficult to find another kind of job, because she doesn’t have proper education and on the whole, for Russians it is not easy to get job in Estonia even if you have a profession.

Olga fears that sex work will be too much for her mentally and emotionally. She is afraid, that sex work will cause her so serious mental problems, that she cannot cope with them. She feels, that she has to be on the alert for everything all the time. Olga tries to relieve her fear and stress by drinking tea and honey. The only place she feels safe is her own home in Tallinn.

Olga knows many Russian women who work as sex workers in Helsinki. Some of them has started at the same time than Olga six years ago. Olga wonders, why they have been working so long time although the original plan was to work only short period. She knows that some of the Russian women are married to Finnish men and they are living permanently in Finland. She doesn’t know, if the other girls has worked also in other countries or not. Olga thinks that those of her friends who has been working for a long time doesn’t seem to feel well but she says that she doesn’t really think about it and after all it is not her business.

Olga is very satisfied with Pro-tukiste’s services. First time she heard about Pro-tukipiste from other sex workers, who encouraged her to get in contact with cultural mediators. She thinks that it is very important that she can get services anonymously, free of charge and in her own language.

Olga’s future plans and hopes are, that her partner will get better and she could move back to his place again. On the other hand Olga tells, that she is also seeking a new “friend.



## THE LEGAL FRAMEWORK

### **Marthe Richard Law, April 1946, France**

*Art 1 : All brothels are prohibited in France.*

*Art 6 : From the publication of this law, some buildings or establishments could be arranged to accommodate their request, for their rehabilitation and for their reclassification, people who delivering itself previously to the prostitution.*

This law abolished all measures of police control and registers or files, of all sexworkers. On the other hand, the socio-medical services are authorised to carry out a control under a pretext of the law against the venereal diseases.

### **Convention of the United Nations Organisation, December 1949, New-York**

*Convention for the repression of the trait of the human beings and the exploitation of the prostitution of others.*

This convention has like principal objective to fight against the traffic, the exploitation and the procuring for prostitution. The adherent countries had a 10 years deadline to ratify this adhesion. That explains the appearance of :

### **The bill n° 60-1246, November 1960, France**

This bill regulates:

- The suppression of the control and the medical and social surveillance of the sex-workers.
- The fight against procuring.
- The help for the insertion of the sex workers and the creation of the Services of Prevention and Social Rehabilitation (S.P.R.S.)
- A departmental commission composed by the administration, the public and private services concerned with prostitution.

### **The current Penal code**

Only active soliciting is reprimand by the Penal code, by the means of amends (infringements of 5th class). On the other hand, passive soliciting is no more reprimand since 1994.

The procuring: the law envisages 5 years and of imprisonment and amend of 1 million of Francs (152 449.02 Euros). The procuring is a penal offence, spring of the Correctional Court. On the other hand, if the procuring is organized, or exerted under constraint, violence or torture, it is regarded as a crime concerning the competence of the French "Court d'Assise".

The new Penal code does not regard any more as procuring the fact that someone lives with a sex worker, as long as the person living with a sex worker can justify her resources (wages, employment).

According to the law, theoretically the prostitution is not a legalized activity nor prohibited. But the sex workers (French or foreign) are often subject to identity controls (and some form of registration), especially in the street prostitution.

The law against procuring is far from reaching its goal, which is the fight against the people who exploit sex-workers and are engaged in trafficking, but it effects and complicates the life of the sex-workers as well as the exercise their activities of sex work.

The access to housing for a sex-worker is extremely difficult since renting an apartment to a sex worker can be considered as the act of procuring. The majority of the migrant sexworkers live in unhealthy hotels. They are forced to work in the street and to serve the customers in the car parks, public toilets, forests/parks, cemeteries, under bridges, which makes the sanitary conditions of their activity deplorable.

The law against the procuring prevents that the sex workers can work in flats. Only one sex worker is tolerated to be present in the apartment and it's better to be an owner than a tenant if one wants to avoid that the owner would be considered as a procurer.

So, work in pairs or in group in one apartment is not authorized by the law, what gives more risk for a sex worker as far as her security is concerned. In Paris in 2001 two murders of sex-workers occurred in apartments. The girls worked alone and were thus more vulnerable. The murderers have still been not identified.

The law against the procuring thus imposes indirectly the exercise of prostitution in private places (studios) or in unsafe environment and consequently makes aggressions, rapes and crimes against the sex workers more likely.

The State's abolitionist system of prostitution, does not allow to organize any zones of tolerance and it results in a refusal from the side of authorities to recognize the existence of prostitution place as " a red zone ". That complicates negotiations with the police for protection and especially to reinforcing of the security of the people in these places: sex workers as well as their customers.

## THE PROSTITUTION SCENE

### **M**eans of evaluation and figures

There is no official and precise statistics of the number of sex-workers on the French territory. Following the adoption of the bill of November 1960, the registration of sex workers has become illegal.

It is very difficult for us today to have an idea of the number of sex workers compared to the period preceding the Marthe Richard Law (1946), period when the prostitution was primarily exercised in the closed houses. In that time, the regulation system established a control of the people working in prostitution.

In spite of the circular of May 1997, which establishes an inventory of the situation of prostitution in the departments, no monitoring structures of prostitution phenomenon in France exist at a present time.

*Its always significant to state that individual prostitution is not prohibited in France, only active soliciting and the procuring are forbidden.*

The only national statistics on sex-workers come from *The Office Central of Repression of the Traffic of the Human Beings, OCRTEH*. According to this organization, in 1999, 5000 people were listed as victims of trafficking of human beings. Of these 5000, 700

were transgender persons. But this number is underestimated; the OCRTEH estimates that there are about 7000 sex workers in Paris.

### **Migrant sex workers**

Since 3 years there has been a significant increase of migrants in the community of sex-workers as compared to French female sex workers.

After the fall of communism, a great influx of people coming from the countries of **Central and Eastern Europe** has been noted. According the OCRTEH, the women from CEE countries form now the half of the foreign female sex-workers.

According to the information of the OCRTEH, currently Czech, Albanian, Ukrainian and Russian come at the head, followed by Romanian, Hungarian and Bulgarian.

As **Africa** is concerned; from Sub Saharan they come from Cameroon, Ivory Coast, Ghana and Nigeria; and from North Africa: they come from Algeria and Morocco.

The **Latin Americans** are from Ecuador or Peru. Within these two nationalities, the proportion of trans-gender sex workers is very significant

Prostitution of persons from **Southeast Asia** is very clandestine, and is practiced rather in apartments or massage parlors. This type of prostitution can be found in the Chinese district, the customers are mainly Asian.

It should be signaled that in the large cities, such Paris or Marseilles, the trans-gender sex workers form some 25 to 30 % of the total population of the sex-workers.

### **Conclusions**

It should be stated that the figures given by administrative institutions or by the NGOs, are far from reflecting the real number of sex-workers. Due to the abolitionist system, that avoids any monitoring of prostitution data and due to the clandestine character of prostitution, is impossible to have a realistic estimation of the number of sex workers.

The presence of the foreign sex workers still makes more difficult to estimate the number compared to the nationalities, because of the nature of the laws on immigration, that are very restrictive in France. From the data coming from outreach organisations we observe that migrant sex workers form an absolute majority of all sex workers in France.

### **Sex work and immigration**

#### **Persons without legal papers**

The French immigration law called "Chevènement" regarding the residence of foreign persons in France has become very restrictive. Currently, we register the presence of a great number of foreign people without residence permit who are called "without-papers".

These groups of population living out of the law and clandestinely, has increased considerably during the 5 last years.

The principal reason for this is the big economic disparity between South and North, and between East and West.

This situation has a very negative and unfavorable impact for migrant sex-workers.

#### **Sex workers without legal papers**

In a abolitionist system, the recognition of sex work as a profession, does not exist. Currently, a foreign person without-papers must prove that she have stayed in France while presenting documents that show her continuous presence in this country for the period of the last ten years. These documents are very difficult to collect (lease of

hiring, telephone bills, etc) and are not given to illegal persons, which reveals the perversity of this dissuasive system.

While working in clandestinity - because without papers, the sex workers are very vulnerable. They are more exposed to the danger or to exploitation by pimps or to be raped in their working place, that often are unsafe places, such as bushes, etc.

If they are victims of aggression, because of their clandestine situation, they do not dare to press the charges. Thus they are in situations of persons without protection of their rights and they do not have position of equality in the access to the legal system. Moreover, as a result of police controls, they are often brought to the border of the country or expelled.

For NGO working with migrant sex workers it is very difficult to change the legal situation of our clients in order to help them to come out of the situation of clandestinity and exploitation. Because for persons without papers there exist only three manners of regulating their stay in France:

- by asking a political or territorial asylum
- a serious disease that demands the presence of the person in France for specific treatment (AIDS, Hepatitis C, cancer)
- marriage with a person of French nationality – or PACS/ Civil Pacte of Solidarity.(upon proving of more than three years of common life).

Through these three possibilities we have to consider different situations of sex workers and their context and try to use these very limited possibilities in our support and assistance.

Moreover, as far as our advocacy work is concerned, it is difficult to act in this context because it touches various spheres of law, such as law on immigration, law on repression of the procuring and a situation of abolitionist approach that does not permit any form of regulation regarding the profession as such, or the working places.

Next to it there is the problematic of minor sex-workers (between 15 and 18 years), what make the management of legal, medical and social situation of this group very complex.

At this moment there exist in France a collective of NGOs who exercise pressure on the government in favor of persons without-papers.

This collective requires:

- that the situation of all persons without-papers who have been living in France for 10 years would be automatically regularized
- the stop of expulsions and the closing of the centers of detention,
- the release of all persons without-papers who are imprisoned because of the lack of legal documents,
- the abolition of the double punishment, the abrogation of the laws Pasqua , Debré and Chevènement.

The action of this collective is directed towards all persons without papers, sex-workers or not.

Currently, there is a situation of conflict between two currents that represent two different visions on prostitution:

The NGOs, working in the field of prevention and protection of the rights of the sex-workers and the freedom in provision of sexual services that fight against the other

abolitionist groups who act on a prohibitionist base and believe that prostitution is against the dignity of the person and is commercialization of the body. This abolitionist current makes an unhappy and dangerous amalgam between prostitution and procuring while comparing sex work to traffic, the criminality and mafia. For this current, sexual work is an alienation of the human person, to what the NGOs concerned oppose that it is not a sale of the body but of a provision of services.

The NGO advocates for the recognition of prostitution as a liberal profession (as self-employed) while using the arguments that only a legal statute allows access to social security and protects sex workers from the situations of vulnerability, exploitation, trafficking and dependency on criminal networks in the connection of the situation of international economic migration. This will contribute to the de-victimisation and decriminalization of sex work in an abolitionist system that in reality does not make distinction between procuring and prostitution that affects the rights of free choice of adult and consensual persons who have a free exchange of services.

The NGO demands that the fight against procuring, exploitation and the trafficking of women will be reinforced and that the specialized police units have more means to act against these deplorable behaviors.

#### **Scene of sex work in France**

- In the large French cities - 70 to 80% of sex work is on the streets, the 20 to 30% in the discotheques, the shows of massage, in the bars with hostesses and in the apartments
- the majority of foreign sex-workers operate in the streets and because of their clandestinity they are forced to work in secluded places, what makes the reaching of them by prevention programme and reduction of risk of transmission of STI; on the other side they are more vulnerable to aggression such as theft, racket and rape.

## **HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS**

There are three possibilities of access to public health services in France:

- the employees have a Social Security cover because of their contribution
- the holders of the RMI (Returned Minimum of Insertion) profit of a Social Security cover identical to that from the employees, including one or more complementary mutual insurance company. RMISTes can also be sex-workers
- the foreign sex-workers can reach the health care by means of medical free help such general urgent help, examinations and screening. Associations help them in their administrative steps. They also have right by the means of the AMG to the sorting or tetra-therapy.

All French and foreign people, in regular situation or not, can profit of an anonymous and free screening and treatment of STI.

There are non-governmental associations which offer a multi faceted support and a help to the regular and not-regular sex workers, in a nonjudgmental and non discriminatory manner. They assist for housing for sex workers who are sick or in the situation of precarity.

## ANALYSIS AND EVALUATION

### Obstacles

- For the well being of migrant sex workers in France: the nature of the laws on immigration, which excludes them of proper living and work conditions.
- non-recognition of sex work as a profession (abolitionist law)
- lack of organizations of and for migrant sex-workers that would fight for their claims or to let them know their rights regarding legal and administrative situations.

### Strategies and existing services

- A national network of very active NGOs in the defense of the rights of the sex-workers- it has been active since 1993. It is called *Collective OLYMPIO*.
- Well organized multidisciplinary and multifaceted outreach activities based on community based organisations (mobile actions for migrant sex workers).
- Drop-in centres, for consultation, counseling and support
- Free legal advice
- Distribution of condoms, lubricants and other products
- Information material in various languages regarding STI/ HIV, drug using, etc

## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

### National Seminar

#### Paris, April 2001

The national coordinator of TAMPEP-France, Dr. Camille Cabral, organized a seminar gathering a network of associations working around the topic of sex work, migration and prevention STI/HIV. At the seminar participated 15 associations, the majority of these members of the *Collective OLYMPIO*. The report of this seminar forms a separate publication.

Results of the seminar:

- The TAMPEP local coordination used and distributed TAMPEP information material in several languages, with the support of cultural mediation. This material was accessible in several languages: French, Spanish, Portuguese, Russian, Ukrainian, Albanian, Romanian, English, Czech, etc
- Conferences and meetings in several cities making promotion of a methodology related to the cultural mediation for the foreign sex-workers. The contacted cities were: Marseilles, Angers, Lille, Tours, Paris, Lamura.
- Availability to all NGOs or Governmental Institutions of documents related to medical, legal and social rights matters concerning migrant sex workers. This documentation is provided by the General Coordination of TAMPEP.
- The contacted Institutions were: Ministry for Health, DASS (Department of the Medical and Social Affaires, Municipality of Paris, Prefecture of Paris, OCRTEH, (*Central Office for the Repression of the Trafficking of Human Beings*), French Parliament, Commission of the Women's Rights, etc.

### The TAMPEP Questionnaire

In order to make an inventory of data on national level regarding sex work, the number of (migrant) sex workers, law of immigration, the legal status of the prostitution of the country, the access to health for migrant sex workers, the country of origin the percentage of migrant workers compared to the French ones, and the activities of the services.

Two kinds of TAMPEP questionnaire have been distributed: one intended for the NGO, and another intended for the institutions.

In parallel, a study case was requested with each association, governmental or not, to have an idea of the living conditions of the sex-workers, through several major sets of themes:

- migration
- law on the prostitution and the procuring
- access to health and social care
- respect for the social rights of migrant people.

### **TAMPEP at the national level**

- Seminar of the *Collective OLYMPIO* in Paris
- Meetings for sharing of information and reflection, debates on the prevention of STI for migrant sex-workers with the collaboration of the association AIDES to Tours.
- Meeting and debate on the approach towards prostitution at the national level in collaboration with local associations of Tours (AIDES, the NID). In this meeting the national TAMPEP coordinator, Dr. Camille Cabral, received the support, the collaboration and the participation of local and Parisian foreign sex workers.
- Meeting with the following institutions: Municipality of Paris, the Regional Council, DASS, principal centers of French detention close to the area Ile de France, in order to present and diffuse the methodology and the materials provided by TAMPEP.
- Exercising pressure and spreading information towards administrative authorities with an aim to ameliorate living conditions and especially housing of the migrant sex workers living with the HIV.
- Meeting with the network of fight against tuberculosis in order to prevent and treat this disease among (migrant) sex workers.
- Participation in several workshops of the SAHIP (Service d'Accueil Hébergement et Insertion a Paris):
  - workshop on new public
  - workshop on lodging
  - workshop on drug-addiction
  - workshop on social integration
- Community meeting with national and migrant sex workers in order to reflect the possibilities to access to social rights related to sexual work.
- Meeting of work in collaboration with the deputy mayor of the city of Paris, section Environment, Cleanliness and Processing of garbage in order to discuss the security of sex workers in various places where they work (including Wood of Boulogne) and the state of hygiene in these places.
- Meeting with associations of residents and tradesmen of the districts concerning the dangers of sex work and the security of the people (customers and sex workers)

### **AIDS and STI prevention for (migrant) sex workers**

- Eleven mobile units operate on the national territory ensuring the mobile prevention in the places of prostitution in several French cities. They ensure the counseling on reduction of the risks related to the sex work (fellatio, sodomy, vaginal coitus, kiss, cunilingus, anulingus) and the use of drugs, The cities concerned are: Lille, Metz, Paris, Lyon, Bordeaux, Avignon, Marseilles, Nice, Turns, Montpellier, Nimes.
- Structures of counseling, support, assistance and protection for national and migrant sex workers.

## Main recommendations

- Include sex work in the labour law regarding migrants in each European country.
- Support the existing projects whose objective is to set up actions regarding prevention related to the HIV, VHC, VHB and other STI for migrant sex workers with the help of cultural mediation and with materials in various languages.
- Harmonise the law of recognition of the activities of professional sex work at the European level in order to set up a legal status for sex workers, particularly to create an independent or liberal statutus for these people.
- Harmonise the rights of access to the care and anonymous and free disease tracing on the European level for the migrant and national sex worker
- Ban all forms of registration by the police or medical services level of sex workers.
- Support the NGOs in order to fight against trafficking. Better specialize police investigation regarding trafficking.
- Decriminalise prostitution.

## Data after police controls on the streets of Paris during 1999/ Number and nationality of the sex workers

(Source: OCRTEH/ Central Office for the Repression of the Trafficking of Human Beings)

EAST EUROPE	WEST EUROPE	AFRICA
Albania 265	Germany 9	Angola 2
Bielorussia 1	United Kingd. 1	Bénin 3
Bosnia-Herzeg. 2	Austria 1	Cameroun 211
Bulgaria 63	Belgium 19	Central Africa 2
Croatia 38	Spain 27	Congo 10
Hungary 5	France 2491	Ivoir Cost 7
Kazakhstan 4	Greece 7	Djibouti 2
Latvia 9	Netherlands 3	Gabon 6
Lithuania 5	Irland 1	Ghana 62
Moldavia 29	Italy 7	Guinée 2
Poland 12	Luxembourg 2	Ile Maurice 1
Czech Rep. 455	Portugal 18	Liberia 6
Rumania 7	Switzerland 3	Madagascar 1
Russia 21	<b>TOTAL 2589</b>	Mali 4
Serbia 2		Niger 12
Slovaquia 33		Nigeria 49
Slovenia 2		Sénégal 3
Ukraine 43		Sierra Leone 14
	<b>MAGHRE B</b>	
Yugoslavia 53	Algeria 246	Tchad 1
<b>TOTAL 1049</b>	Maroc 88	Togo 1
	Tunisia 25	Zaïre 5
	Not identified 1	Not identified 12
	<b>TOTAL 360</b>	<b>TOTAL 416</b>



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**LATIN  
AMERICA  
& THE  
CARIBIC**

Brazil	11
Colombia	4
Ecuador	14
Chile	1
Peru	2
Dominican Rep.	2
El Salvador	1
Surinam	1
Uruguay	1
<b>TOTAL</b>	<b>37</b>

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**MIDDLE  
EAST**

Iran	2
Israel	2
Turkey	1
<b>TOTAL</b>	<b>5</b>

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**ASIA**

Laos	2
<b>TOTAL</b>	<b>2</b>

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# GERMANY

**D**uring the fifth phase of the TAMPEP project in Germany, two significant legislative changes were made that have had an effect on women active as sex workers in the country:

- a new law for the improvement of the legal and social situation of prostitutes, and
- a new law on protection against infections

The first law marks a very positive first step for all sex workers, in so far as their work is recognized and their rights in the area of social and employment law are guaranteed. However, migrant sex workers, who have no legal residential status in Germany, are not benefiting from the new legislation because as migrants they come under the law relating to foreigners. Yet migrants constitute at least 50% of those working as prostitutes.

The new law on protection against infections also marks a positive step for migrant sex workers, who have no valid health insurance in Germany. HIV/AIDS and STD services offered by public health services have been anonymous since January 2001. Persons working in the sex industry are no longer subject to special regulations, i.e. there are no more compulsory examinations (the “Bockschein”). For prostitutes in general, this has had significant implications. It was an important step against the discrimination and stigmatization of sex workers in Germany.

## THE LEGAL FRAMEWORK

### The Law for the Improvement of the Legal and Social Situation of Prostitutes

**T**he *Law for the Improvement of the Legal and Social Situation of Prostitutes* is an important step for the improvement of the situation of prostitutes in Germany. In the present text we shall consider the following: changes in general situation of sex workers before and after the introduction of the law and the impact of the law on the practical situation of women working as prostitutes in Germany.

#### The situation BEFORE the law came into force on January 2002

##### **a. Prostitution was considered an activity “against morality” having the following consequences:**

A contract concluded between a prostitute and a client was considered “void” or unenforceable. The German Courts, since the existence of the Civil Code, have understood prostitution as activity “against morality” or “illicit”. The framework to this interpretation was provided by a judgement of the German Reichsgericht in 1901 that established that prostitution contravened “the sense of decency of everyone who thinks properly and rightly” (RGZ 48, 114, 124).

In this way, prostitution fell within the scope of Section 138 Subsection 1 BGB, which states that a legal act that is against morality is void. It is worth mentioning that Section 138 BGB referred to above does not explicitly mention **prostitution** as “contrary to morality”, and, furthermore, there is no special article within the Civil Code that refers to it. This interpretation given by the Courts was having various negative economic and social consequences for the women working in prostitution.

**b. No admission to the State Welfare System**

Because of the categorization of the activity as “illicit”, prostitutes did not come under the statutory social security schemes for employees (health insurance, unemployment benefits, pension schemes). Their income was treated as taxable, however.

**c. No working contract between the brothel owners and the prostitutes**

As prostitution was understood as an activity against morality, working contracts could not validly be concluded between prostitutes and brothel owners. Therefore, prostitutes were not enjoying the benefits of German labour law with regard to vacations, sick-pay etc.

**d. Penal sanctions**

Brothel keepers were being penalised with economic sanctions or with imprisonment of up to three years for providing “good working conditions” (section 180a StGB). To provide “good working conditions” was understood as a way of promoting or encouraging prostitution.

**The situation AFTER the law came into force on January 2002**

The law has had the following consequences: Prostitution is no longer considered an activity against morality

**a. A contract between a prostitute and her client is legally enforceable**

The legislator does not see the activity carried out by prostitutes as against morality. Therefore, Section 138 Subsection 1 BGB is no longer applicable to prostitution. The law states now that those who freely choose to carry out this activity have to be protected by the law. Therefore, an agreement concluded between a prostitute and her client has legal consequences, the woman being able to enforce payment for a given service before a court.

**b. Access to the State Welfare System**

The employer can now register prostitutes who have freely chosen to work for him in the Social Security System without facing a penal sanction for “promoting prostitution”. In this way the prostitutes are – as in any other working activity – able to enjoy the benefits that the State Welfare System provides.

**c. Prostitutes can conclude working contracts with their employers**

Prostitutes can choose between working on a self-employed basis or as dependent employees in a brothel, in a sauna-club, in an apartment or somewhere else. According to the new law it is possible for working contracts to be concluded in which the woman is obliged to perform sexual services. The practices however may not be specified in the contract. It is left up to the prostitutes to turn down certain clients and decide the kind of service performed.

#### **d. Penal sanctions: promotion of good working conditions**

The modifications of the German Penal Code have had further implications. Section 180 a and section 181 a Subsection 2 StGB have been amended in a way that allows for the promotion of good working conditions by the employer without criminal charges necessarily being made against that employer.

#### **Important aspects not included in the new law**

- The law recognises prostitution only as gainful employment and not as a profession.
- The situation of migrant sex workers is not specially mentioned within the law. It simply refers to prostitutes, making no distinction between national and foreigners. Theoretically speaking it would be possible for an EU citizen to obtain a residency permit to carry out this activity (sex work) as a self-employed person. As a consequence, the woman could on this basis obtain a residency permit. As a dependent employee a working relationship to carry out sex-work should also be possible. But it is very difficult to imagine that the Labour and Alien authorities would adopt this approach without the law first being modified, in the field of the law applying to foreigners or the field of labour law, and without extra provisions for non-EU sex workers also being introduced.

It is important to keep in mind that the foreigners working in this field represent more than 50% of the total number of prostitutes. Given this fact it is of utmost importance that these women receive work permits for their work as prostitutes so that the difficult situation they typically find themselves in does not have to be made worse by their being “illegal”.

#### **The consequences for prostitutes of the new law**

As already mentioned, the new *Law for the Improvement of the Legal and Social Situation of Prostitutes*, which came into force on the 1 January 2002, implies a clear step forward and is an improvement in the situation of prostitutes working in Germany. Unfortunately, the law does not fulfil all the expectations and claims raised by the German prostitute’s movement for many years. It is however the first law that has at least addressed the issue of prostitution and no longer labels the activity as “against morality”.

The law is mainly important for those women who work as **dependent employees** or wish to do so, since it makes working contracts between the prostitute and the employer possible. The employer has a **limited right of direction** and may determine certain working conditions, for instance working hours, but he cannot determine or oblige the woman to provide the clients with certain services. The law stipulates that the freedom of the prostitute to choose the way she is to provide her services, i.e. to reject a client or not etc. does not go against the existence of “employment” in the sense of social-security law.

There is a clash of interests between the right of the prostitute to reject a client and the interest of the owner of the brothel as employer that has not been resolved by the law. It is up to the courts to respond to this problem. Stephanie Klee describes this situation as follows: “*Much more information and clarification is necessary here. What form should employment contracts and social insurance contributions take? Are for example contracts with a small basic wage and a commission scheme appropriate? Should a*

*specific pension scheme be called into being or and institution similar to the artists' Künstlersozialkasse? Questions and more questions....*<sup>1</sup>

Prostitutes with a work contract can now have public health insurance and unemployment insurance and a pension scheme as well. As a sex worker they have also the right to receive their salary, irrespective of whether the client pays or not.

For those prostitutes working as **self employed**, the law does not mean much of a change, since they have to take care themselves of health and unemployment insurance and a pension scheme, pay their taxes and so on. The important improvement achieved by the law is that the prostitutes can now, before a court, claim payment for the sexual services provided.

It is not yet clear how the new law will affect the prohibition of advertising<sup>2</sup> and the regulation about the red light district<sup>3</sup>, which is regulated by administrative rules. Since prostitution is no longer considered an activity against morality, these laws should be annulled or modified.

Unfortunately, the law does not imply an improvement for migrant prostitutes who do not have a residency AND a working permit. For these women, the practice of prostitution remains a reason for expulsion from Germany. It is also not possible for foreign women to obtain a working permit to work in the field of prostitution.

Hydra: *"...women coming from other countries remain at a disadvantage. An infringement of the laws on 'indecent trade' is still a reason for deportation. We have a lot more to do before it is possible to go to a consulate and apply for a visa for sex work in Germany."*

Highlights: *"So that the new law may also benefit the situation of immigrants, above all the political will is now required to institute the appropriate administrative structures, such as Green Cards and regulations similar to those governing seasonal work, etc."*

As a conclusion can be mention the opinion of Stephanie Klee, a sex worker herself, from the organization Highlights located in Berlin, who stresses<sup>4</sup>:

*"Rights strengthen our self-confidence and have a direct influence on our active stance as prostitutes in relation to customers, brothel owners, colleagues and officialdom." And "...but once the law is passed, we whores will for the first time have rights, rights we can take up with self-confidence. We will be able, just like other freelancers and employees, to join together, seize the initiative, found professional associations and unions or cooperatives, organise our working situations actively and not need to remain in hiding."*

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<sup>1</sup> Stephanie Klee, HighLights Berlin, in LEFÖ/Austria, Newsletter, October 2001

<sup>2</sup> "It is forbidden to advertise using the words 'prostitution' and 'sex'. 'Why?' many will ask, 'The newspapers and the Internet are full of advertising!' Which is correct, but if one looks more closely both media are operating in a legal grey area. The newspapers pretend that the prostitutes advertising are sexy photographic models who want to be pictured in enticing poses. There are also restrictions on the use of particular words that the in-house lawyer has not sanctioned. Up to now advertising has been the least complicated on the Internet." Hydra Berlin, January 2002

<sup>3</sup> "Furthermore we have for a long time now demanded the abolition of the prohibited areas decree, which in almost every city apart from Berlin has meant that prostitutes are only able to work in small, unpleasant zones of tolerance, with the rest of the city as a no-go area where prostitution is forbidden (this applies only to street prostitution). Brothel owners profit from this regulation as it enables them to charge exorbitant rents of up to € 150 per day, since the women are unable to work anywhere else..." Hydra Berlin, January 2002.

<sup>4</sup> Statement at a hearing of the German Parliament Committee on Family, Pensioners, Women and Youth on 20 June 2001, in LEFÖ Newsletter, October 2001 (Latin-American Immigrant Women in Austria).

## THE PROSTITUTION SCENE

### EVALUATION FOR 2001

In 1997 TAMPEP-Germany for the first time started a nationwide survey, followed by an evaluation, of the living and working conditions of migrant sex workers in Germany.

To update these data and analyse the changes within the scene, an expanded survey was carried out in 1999. This was continued in 2001 by sending 190 questionnaires to public health services (PHSs) and non-governmental organisations (NGOs) within Germany.

The questionnaire included the following topics:

- general statistical data
- mobility within and outside Germany
- living and working conditions
- medical services offered by the PHSs, and social services offered by the NGOs to the target group
- evaluation of the current political situation regarding migrant sex workers
- demands/requirements of the PHSs and NGOs
- evaluation of the TAMPEP material used by these institutions

A total of 85 institutions answered, representing a response rate of 45%: 51 PHSs and 34 NGOs. The present evaluation was drawn up using the information from 58 institutions (36 PHSs and 22 NGOs) from which we received responses with information and which work with and for migrant prostitutes.

To ensure a correct assessment of this evaluation, however, two observations should be made at the outset:

- There are other institutions in the country which work with and for migrant sex workers. We have no answered questionnaires from them, however.
- A large proportion of the PHSs merely provided data on the contacts which had collected at one of their advisory centres.

The numerical data cited below should therefore on no account be understood as absolute data, although they may serve as evidence of trends within the country.

The following observations and evaluations relate to the topics mentioned above. For reasons of clarity; a distinction was made between three regions (north, central, south). Direct quotations from the questionnaires are marked by underlining of the corresponding city (e.g. Berlin). Since PHSs and NGOs are not specially marked, individual cities are mentioned repeatedly in quotations.

#### Institutions which Answered the Questionnaire

	North	Centre	South
PHS	12	11	13
NGO	8	11	3

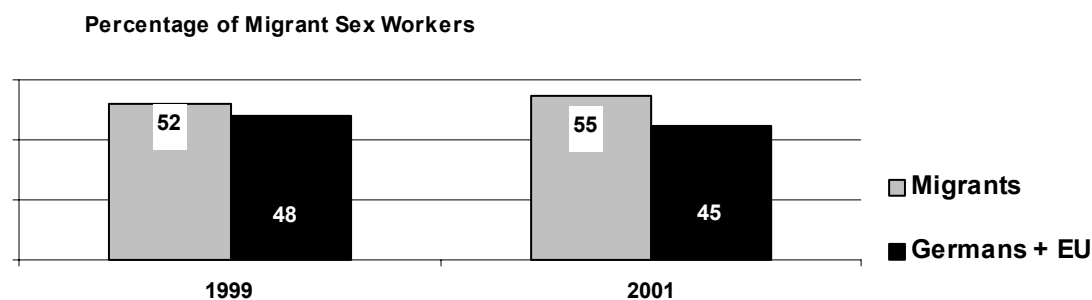
## Geographical Distribution of Response

NORTH	CENTER	SOUTH
Anklam	Aachen	Ausgburg
Berlin	Altenburg	Bad Kreuznach
Brandenburg	Dortmund	Bayreuth
Bremen	Duisburg	Boblingen
Frankfurt/Oder	Essen	Esslingen
Hamburg	Frankfurt/Main	Furth am Wald
Hameln	Gera	Heidelberg
Hannover	Herne	Ludwigshafen
Hildesheim	Jena	München
Kiel	Kassel	Nürnberg
Lübeck	Köln	Regensburg
Magdeburg	Krefeld	Saarbrücken
Münster	Leipzig	Stuttgart
Osnabruck	Marl	Trier
Schwerin	Oberhausen	
	Plauen	
	Wuppertal	
	Zwickau	

## General Data

### Percentage of Migrant Sex Workers

In the last two years the number of migrant sex workers in Germany has evidently risen slightly. In 1999 this group constituted around 52% of all workers in the country; at the present time the percentage has already risen to 55% and continues to rise because women all round the world still find themselves compelled to work elsewhere, and the number compelled to do so will increase in the future. It must be taken into account that not all German institutions and organisations had answered the questionnaire for the last two years (**1999 and 2001**). The result therefore shows only a trend towards an increase in the total of migrant prostitutes in the country.



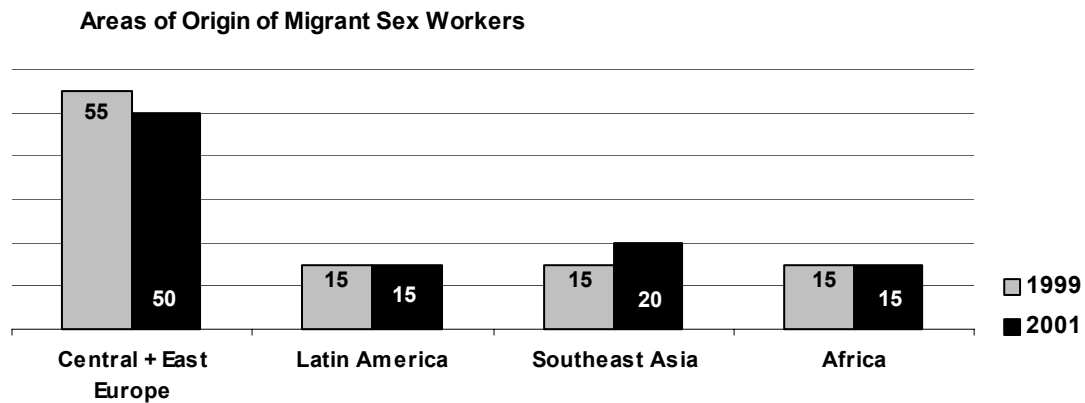
### Areas of Origin of Migrant Sex Workers

An increase in the number of Southeast Asian women, 99% of them Thai, was recorded mainly in the southern part of Germany. This could be due to the fact that most of them had acquired a legal residential status through marriage, and were thus also working in places where regular examinations had to be carried out. In addition, very many Thai women migrated to the home countries of their clients, whom they had previously met when the latter visited Thailand as sex tourists.

The majority of sex workers continue to be Central and Eastern European women. This could be, among other factors, because of the close geographical proximity of the Central European countries to Germany as well as the ending of the visa requirement<sup>5</sup> for tourists from specific countries in these regions. Thus for example the borders with

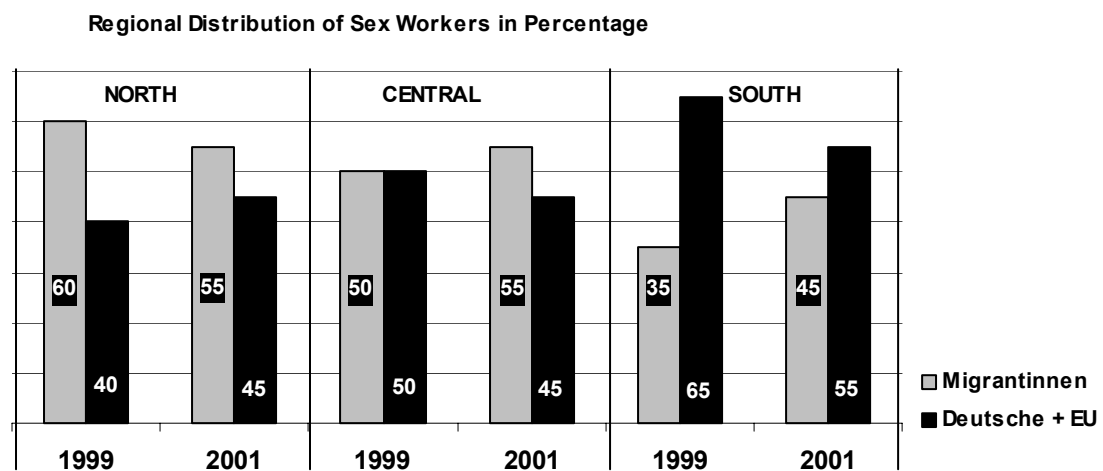
<sup>5</sup> Poland, the Czech Republic, Hungary, Latvia, Lithuania, Bulgaria, Croatia, Estonia, Hungary, Romania, Slovakia, Slovenia

Poland and the Czech Republic allow easier entry into Germany. That the size of this group has supposedly been reduced can be attributed to the fact that an ever-greater number of Central and Eastern European women are marrying Germans or other EU citizens. These women do not appear in the statistics of the PHSs, since they have access to the far more comprehensive services of other doctors.



### Regional Distribution of Sex Workers in Percentages

In the last two years there has been a significant change in the distribution of migrant and German or EU sex workers within the three regions (north, central, south). Today the proportion of migrants to non-migrants in the three regions is almost equal.



### There are two important reasons for this:

- Demand and supply are regulating themselves.
- The employment structures within the German sex industry are becoming more similar.

What becomes clear is that the proportion of migrant women in the south, where there was compulsory examination (the “Bockschein”), has remained the smallest, although a rising trend is clearly noticeable.

This small proportion of migrants also explains the relatively small number of NGOs working with and for migrant sex workers in the southern part of Germany.

### National Distribution of Groups in Percentages



It is interesting to note that Central and Eastern European sex workers do not necessarily form the largest group in every city, although as a whole their numbers exceed those of the other groups. The reason for this could lie in different supply and demand structures in different regions, specific local developments, varying rules on prostitution in the regions, access to health services, etc. (e.g. compulsory examinations, prohibited area regulations).

Most sex workers who settle in big cities do so because:

- migrant sex workers with no residential status have a better chance of anonymity there,
- because that is where the largest and best-established “communities” are, which can accommodate and protect the women,
- that is where most NGOs are, which can offer support, and
- the employment structures and opportunities in the sex industry are organised best in the big cities, whether in apartments, bars, clubs, on the street, escort services, etc.

#### **Main Groups per City**

	North	Central	South
<b>Central and Eastern Europe</b>	Hamburg, Berlin, Hanover, Kiel, Lübeck, Magdeburg, Frankfurt/Oder	Wuppertal, Munster, Zwickau, Hagen	Altenburg, Trier, Bad Kreuznach
<b>Latin America</b>	Braunschweig	Frankfurt/Main	
<b>Southeast Asia</b>		Aachen	Stuttgart, Munich, Nuremberg, Augsburg, Bayreuth
<b>Africa</b>		Leipzig, Essen	

#### **Principal Nationalities of Migrant Sex Workers**

In general there have been no great changes in the last two years with regard to the nationalities and proportion of migrant sex workers in Germany.

In the Latin American group there was an increase in the number of women from Colombia, who live mainly in the Frankfurt/Main area. Women from the Dominican Republic continue to form the largest group.

It is worth mentioning the further increase in women, men and transvestites/transsexuals from Ecuador who live in the Hamburg area. This was already recorded in 1999, since the social and economic situation in Ecuador has become considerably worse in the last four years.

With regard to the Ecuadorian transvestites/transsexuals, although legislation on homosexuality has been liberalised in Ecuador, great social discrimination is still apparent. Those affected therefore find their lives in Germany considerably more agreeable, since they can live more anonymously.

In the Eastern European sphere, the number of women from countries where visa requirements were abolished has risen. While the number of women from Russia, Ukraine or Belarus has dropped, the number of women from the Baltic states has risen. There has been an increase in the women from Bulgaria especially, since Bulgarian citizens have been able to enter the country freely since April 2001.

One reason for the largest proportion being women from Poland and the Czech Republic could also lie in the fact that often women from countries where a visa

requirement exists, e.g. Ukraine, Belarus or Russia, acquire a forged Czech or Polish passport so they can enter the EU more easily.

In the 2001 survey, 33 different nationalities were established for migrant sex workers working in Germany. The following table illustrates the frequency of cited nationalities in decreasing order.

Central and Eastern Europe	Latin America		Southeast Asia	Africa
Poland Czech Republic Russia Ukraine Baltic States Ex-Yugoslavia Romania Hungary Bulgaria Belarus Slovakia Armenia Slovenia	<b>1999</b> Dominican Rep. Brazil <b>Colombia</b>	<b>2001</b> Dominican Rep. <b>Colombia</b> Brazil Venezuela Cuba Caribbean Ecuador Surinam Argentina	Thailand Philippines	Ghana Nigeria Sierra Leone Kenya Morocco Togo Ivory Coast Somalia Sudan

### Principal Nationalities of EU Sex Workers

The two EU countries of origin most frequently mentioned for women who engage in prostitution in Germany were:

- the Netherlands and France

This circumstance can be explained by the fact that most possessors of a Dutch or French passport come from the former African and South/Central American colonies of these countries and/or are married to a Dutch or French citizen.

The following countries of origin were also mentioned:

- Italy and Spain

It should be noted here that the proportion of migrants among sex workers in Italy is approximately 90% and in Spain up to 75%<sup>6</sup>. Because of these figures and the consequent competitive situation, many of the EU sex workers look for work in other EU countries. Other countries sex workers came from were Greece, Austria, Portugal and Turkey.

### Gender Distribution of Migrant Sex Workers in Percentages

The distribution of migrants as a whole (women, men, transvestites/transsexuals) who engage in prostitution in Germany can be seen in the following table:

Women	90%
Men	5%
Transvestites/Transsexuals	5%

Within the gender groups the proportion of migrants in sex work is represented as follows:

Women	55%
Men	30–40% <sup>7</sup>
Transvestites/Transsexuals	80%

<sup>6</sup> TAMPEP International Foundation, 2001.

<sup>7</sup> Varies from city to city (Basis Project, Hamburg 2001).

The great majority of male sex workers come from Central and Eastern Europe, mainly from Romania, the Czech Republic and Poland.

Transsexuals/transvestites come only from Latin America (Ecuador, Peru, Colombia and Brazil) and Southeast Asia (Thailand and Indonesia).

## **Mobility**

As already observed in 1999, the greatest movement of migrant sex workers continues to take place within Germany. The change in employment location occurs mainly (up to 80%) between the most important German cities – Hamburg, Munich, Cologne, Frankfurt/Main. In addition, migrants look for work in other EU countries.

This situation should be assessed against the background of various considerations.

- Because of ever stricter police checks and uncertain residential status, staying in the country seems safer than accepting further dangers, e.g. in cases where a border has to be crossed, entailing the risk of being picked up while doing so.
- Germany has a very well organised and structured sex industry, which allows migrant prostitutes to pursue market demands, thus enabling them to be integrated into the sex industry.
- Women who are independent undertake a change of location, offering as it does better employment opportunities and social conditions, because they can earn better in places where they are not yet known.
- For women already established in Germany it is of course simpler to move within a structure where customs, language and working conditions are already familiar. These structures also make anonymity easier for people who have no secure residential status.
- An existing network among the women offers both security and the opportunity to find jobs in other cities. The women also find it more agreeable to be together with people from their own cultural milieu, and it also gives them more confidence.
- Women who are dependent on third parties (e.g. pimps, agents, brothel owners) can, because of a relationship of constraint, be forced, sent or exchanged to work in other jobs. This situation causes a very wide fluctuation which may be due to ever increasing demands on the women by these third parties, irrespective of the state of the market.

Frankfurt/Main: Movement takes place within the city and Germany because of dependence on the state of the market, the frequency of police checks and the pressure of competition.

### **German Cities**

As in 1999 the most frequently mentioned German cities in which migrant sex workers move (live and work) and/or have already worked are:

- Hamburg
- Berlin
- Frankfurt/Main
- the Cologne region
- the Ruhr (mainly Dortmund and Düsseldorf)
- the southern region, in which Munich takes an important position

These cities are also where most NGOs and PHSs can be found which offer active and specific work for migrant sex workers, e.g. regular street work, employment of cultural mediators, translators, etc.

The following middle-sized cities are mentioned:

- Lübeck, Rostock, Hanover, Bremen, Stuttgart and Nuremberg

It should be said that the former GDR states do not concern themselves with migrant sex workers as far as the structures of the sex industry are concerned, which is why none of the larger eastern German cities such as Leipzig, Dresden or Magdeburg were mentioned.

### **Within the EU & Associated States**

As already explained, movement within Germany exceeds that applying to its EU neighbours. The countries most often mentioned where migrant sex workers have worked in the past are:

- the Netherlands, Spain, Italy and Switzerland

Other countries mentioned were:

- Greece, Turkey, Austria, France, Great Britain and Belgium

In spite of the repressive punitive measures of the new Dutch legislation on migrant sex workers without a secure residential status, the Netherlands head the frequency tables. According to the law, an operator who employs an "illegalised" woman will be prosecuted, so that the operator will be inclined to minimise the likelihood of this risk. Since the proportion of migrants in the Dutch sex industry is as high as 75%<sup>8</sup>, the women live and work under very poor and risky conditions. Because of this situation, sex workers who have once migrated to Germany stay in the country, although because of the high demand many migrant sex workers nevertheless continue to stay in the Netherlands.

Poland, the Czech Republic and Hungary are the countries in the Central European area most frequently mentioned where women have already worked before coming to Germany. These countries are attractive for Eastern European women in the process of moving to EU countries. In many cases the women in these and other transit countries had already engaged in sex work either voluntarily or having been forced to do so through the traffic in women.<sup>9</sup> Many women either had their first experience of prostitution in these countries or had been working for quite some time in order already to pay off initial debts in this period of transition.

Further countries named as places where women had worked previously were:

- Russia, Belarus, Ukraine, Lithuania and Arab Emirates

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<sup>8</sup> TAMPEP Netherlands, questionnaire 2001.

<sup>9</sup> IOM/International Organisation for Migration, Report 2001, *Report on the Extent of Trafficking in Women and Children for Sexual Exploitation to, through and from the Balkans*. According to this report, the largest groups of women trafficked to Western Europe through and from the Balkans are Moldovan, who are primarily trafficked to Kosovo and Bosnia Herzegovina. Albanian women are mostly trafficked to Italy but also to Belgium, Greece and to a lesser extent to the Netherlands and the United Kingdom. Bulgarian and Romanian women are mainly trafficked to Greece, Italy and Austria. Ukrainian women usually transit through Hungary and the Federal Republic of Yugoslavia before being taken to Kosovo and Bosnia Herzegovina. Some victims are then re-trafficked via Albania to Italy and to other countries in Western Europe.

This confirms the information that many women from Eastern Europe who come to Germany already know that they will engage in prostitution there or already have experience of this work.

## **Sex Work**

### **The Workplace**

In all three regions migrant sex workers worked primarily in brothels and apartments, and occasionally also in bars and clubs. These workplaces offer them anonymity and something approaching protection against checks. In addition, they remain among women who have the same linguistic and cultural background.

In view of the greater police presence, the street offers only poor security and is also used by German women as their exclusive preserve.

Regular police checks resulted in many women having to live and work even more clandestinely. Many have moved to the outskirts of the big cities or can now only be reached via mobile phone or the Internet. An increase in this phenomenon can be observed throughout Germany among all groups involved in sex work and makes primary preventative work more difficult, as well as any kind of support in cases of violence.

The following information was obtained from individual cities:

Anklam: Independent work in apartments is valued highly by the women. In view of the danger of violent clients they find work in clubs and bars more secure than the scene on the open street.

Leipzig: Brothels serve as accommodation and workplace. Since several women of the same nationality work in the brothels, they have the chance of social contacts with each other. "Entrepreneurs" (e.g. brothel managers) on the spot provide them with a sense of security.

Essen: On the one hand working conditions in apartments and brothels are better than on the street, but on the other the women can be more easily checked up on there by pimps or other minders.

Berlin: Workplace not clearly checkable via mobile phone contact, since women who work using mobiles cannot be assigned to any definite workplace.

### **Working Conditions**

There was a general perception that the working conditions of sex workers proved to be more difficult for migrants than for German women.

This state of affairs can be attributed mainly to punitive measures in the law relating to foreigners, the consequences of which are reflected in an uncertain residential status.

Berlin: Worse working conditions prevail here than in other cities, e.g. lower pay, the women are allowed to refuse less clients, etc.

Victims of trafficking in women have almost no access to general information (medical, legal, etc.) and work in the dangerous "call girl" sector.

Berlin: The women work and live in the same place. They are increasingly dependent on third parties. It is difficult for them to find employment opportunities, since operators are afraid of increasing checks.

Leipzig: In the brothels the German women occupy the more attractive rooms and thus contact more clients.

Hanover: The women suffer from isolation because of their illegal status and poor knowledge of the language.

Frankfurt/Main: Through fear of eviction cases of violent clients or pimps etc. are not reported to the police.

Frankfurt/Main: Many migrant women have no secure residential status. Should they be arrested they face punishment for unauthorised self-employment and infringement of the law relating to foreigners. The consequence of this is an expulsion and/or deportation.

Herne: An illegal residential status causes women to work wherever they are sent.

In this section discriminatory remarks were made regarding the supposed working practices of migrant sex workers. The reason in our opinion lies in the competitive situation and bears no relation to reality.

Two examples of this:

1. Germans work principally with condoms, whereas non-Germans are "happy" to work without. The opinion prevails that the migrants are "ruining" the Germans' business with these "special requests" and lower prices.
2. German women feel themselves to be professionals, since they *believe* migrant women work at reduced rates and without protection.

The proportion of independently working migrant prostitutes is seen as small. This situation could be changed if requirements in the law relating to foreigners would allow migration in the context of employment as a sex worker.

Hanover: A secure residential status gives the women more self-confidence, and gives them independence and a certain "feeling of power".

## **Hierarchies**

Market conditions, competition and a reciprocal discriminatory attitude between German and migrant women entrench the distance between the national groups.

Frankfurt/Main: Hierarchies are signalled by the location of the national groups in the storeys of a brothel. Germans and foreigners with papers (mostly Thai) work at the bottom, while mostly black Africans work right at the top on the 5<sup>th</sup> storey of the brothel.

Kiel: Because of the competition the attitude of German women to migrant sex workers ranges from disdain to contempt.

Marl: Germans and migrants seldom work together. German women show an arrogant attitude towards women of other nationalities.

There are other models from past experience according to which cooperation is possible between German and migrant sex workers, e.g. in Hamburg. German women can bow to established circumstances by increasingly working in apartments with migrant women who have a secure residential status and experience in prostitution. Since the market demands variety and the number of migrants is therefore rising, adjustments must be made to conditions as they really are.

Among the migrant women themselves there are also hierarchies based on competition, when they arrived in Germany and on the scene where they work, and an already established structure of particular groupings.

Hamburg: Women from the Dominican Republic are now working in apartments thanks to an established network, whereas women from Ecuador usually go about their sex work on the street (in Hamburg this is St. Georg, the preferred location for drug acquisition prostitution).

### **How Much of their Earnings Women Keep**

The financial situation of migrant sex workers varies. The women are mostly dependent on third parties in various guises (pimps, minders, brothel owners, landlords, partners, husbands and friends). The possibility of independence is bound up with having a legal residential status. This is only the case with a minority of migrant sex workers, however.

Latin American and Thai sex workers are usually dependent on people who work in the milieu and who make it possible for them to work, e.g. brothel owners, landlords, bar and club owners. They have no pimps. Central and Eastern European women on the other hand are tied to pimps – "Schlepper" (smugglers) and other agents – to whom and by whom they were often "sold" or passed on.

Berlin: Initially debts for the agent's and/or marriage fees must be paid (1,000 to 3,000 €). After this, in contrast to women from Central and Eastern Europe, women from Thailand for example work on their own account in most cases.

The women give up proportions of their earnings to people acting as agents, e.g. brothel, bar and apartment owners. As a rule migrants are left with approximately 30% of their earnings from sex work.

Berlin: Out of 80 € earned, a woman will keep between 10 € and 30 €.

On average the women have to pay 20 € in debt costs, 15 € for drivers, 15 € for advertising (in daily papers), and 15 € to those who keep their passports.

Frankfurt/Main: Of their earnings an average of 100 to 150 € are paid to minders, up to 5,000 € to agents, earnings-related amounts to pimps, and varying sums to partners or husbands.

### **Living Conditions**

Comparisons of statistical surveys and data on which the present report is based confirm that the working and living conditions for migrant prostitutes have in no way changed for the better.

Newer provisions of the law on prostitution which came into force on 1 January 2002<sup>10</sup> will produce some business changes which will probably have scant effects with regard to public recognition of prostitution and the consideration of migrants in sex work.

The numerous raids on grounds of suspected human trafficking can be seen as rigid repressive measures.

Frankfurt/Main: Living and working conditions have deteriorated for migrant sex workers. The reasons for this can be looked for in the rigid interpretations of the law relating to foreigners and the stigmatisation of this group. Migrant sex workers are increasingly to be found in the drug prostitution scene.

Frankfurt/Main: The women are compelled to work for longer, quickly resulting in aggressions and depressions.

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<sup>10</sup> See further exposition in this report, Page .....

The difficult living and working conditions produce psychosomatic symptoms in many women, e.g. head and stomach disorders, irregular menstruation, etc.

From the point of view of the migrant sex workers, however, some changes could be observed which were perceived as positive compared to the previous years, e.g. more independence, self-determination and self-respect.

Berlin: Migrant sex workers increasingly work in prostitution voluntarily.

Marl: The women have become more self-confident and have more opportunities and more knowledge of how to make a stand. Approximately 80% are informed before they come to Germany about the tasks that await them. The women are increasingly married to Germans and thus have better residential prospects.

### **The New Law on Protection against Infections**

Since 1 January 2001, working conditions in some cities, mainly in the regions of Bavaria and Baden-Württemberg have changed due to the ending of the compulsory health examination for sex workers (the “Bockschein”).

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#### **IfSG – Infektionsschutzgesetz (Law on Protection against Infections) Law for the Prevention and Combating of Infectious Diseases in Humans <sup>11</sup>**

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##### **§ 3 – Prevention through Education**

Informing and educating the general public on the dangers of communicable diseases and the possibilities of preventing them is a **public task**. In particular the competent authorities under the law of the Land shall provide information on the possibilities of general and individual protection against infection as well as on advice, care and treatment facilities.

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This means that primary prevention is carried out for the general population and there are no more special rulings for particular target groups, as for instance in the case of the “Bockschein” (regular compulsory medical examinations) for sex workers.

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##### **§ 19 – Tasks of the Health Department in Special Cases**

(1.) With regard to sexually transmitted diseases and tuberculosis the health department shall offer advice and examination services or shall guarantee these in cooperation with other medical institutions. For persons whose circumstances entail an increased danger of infection for themselves or others, services are **also to be offered by visiting them** and in individual cases may also include out-patient treatment by a doctor from the health department, insofar as this is necessary for the prevention of the spread of sexually transmitted diseases and of tuberculosis. **The services can be taken advantage of anonymously in the case of sexually transmitted diseases**, insofar as the assertion of cost reimbursement claims according to Paragraph 2 is not thereby jeopardised.

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According to the wording of this paragraph, health departments are now accessible to the general public which so far had been specifically responsible for sex workers, in that among other things they carried out regular examinations.

This means the necessity to also develop an outreach service, since the women are no longer under an obligation to visit the departments. Since German women normally have health insurance they can consult any doctor they like, so that the journey to the health department becomes unnecessary. This means a restructuring for the health departments. A predictable consequence will be that new ways of approaching clients, new attitudes and methods will have to be developed so as to be able to direct the service towards the increased demand from migrant women.

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<sup>11</sup> In extracts; those relating to prostitution.



In this context the anonymity is important which for access to these medical departments is very reassuring to migrant sex workers with no health insurance.

***"Safeguarding of anonymity is ultimately not an end in itself, but is intended rather to guarantee that people who fear discrimination or sanctions if they disclose their identity can without fear take advantage of offers of help. This means that in order to be accepted, a resource with preventative objectives must guarantee as much anonymity as its target clientele needs." (Heidrun Nitschke-Özbay, Cologne Health Department, 2000)***

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- (2.) The costs of examination and treatment shall be borne:
1. by the carriers of the health insurance according to the fifth section of the third chapter of the fifth book of the Social Security Code should the person be insured with a health insurance scheme according to §4 of the fifth book of the Social Security Code.
  2. otherwise out of public funds, should the person not themselves be able to bear the costs of the examination or treatment; no proof of lack of ability is necessary if this is obvious or there is a danger that recourse to other parties liable to pay would hinder the carrying out of the examination or treatment.
- If the bearer of the costs is not yet determined at the examination or diagnosis of need for treatment, the costs shall be provisionally taken out of public funds. The bearer of the costs is under obligation to reimburse the same.
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Migrant sex workers without health insurance therefore receive the usual STD examinations (gonorrhoea, syphilis, HIV) free of charge. The costing of the treatment is variously regulated (see *PHS Resources*).

*"These resources are intended to guarantee that in spite of embarrassment, poverty, lack of health insurance or other legal barriers, advice, examination and treatment is possible for everybody in the case of sexually transmitted diseases and tuberculosis." (Heidrun Nitschke-Özbay, Cologne Health Department, 2000)*

## **Consequences**

Some PHSs have not been able to keep up their contacts with migrants after the ending of compulsory examinations.

Kiel: Many women from Africa and Latin America have stayed away since the new law came into force.

Heidelberg: The demand for advice services is very meagre. There is contact only with long-term prostitutes. Since the change in the law no new patients have come to the advice centre. Examinations are not being taken advantage of.

The importance of the compulsory examinations is not free from the danger of misunderstandings, however.

Quote: *"The ending of compulsory examinations (Bockschein) means that access for sex workers to the voluntary STD clinics is made more difficult or even denied."*

If the practising of sex work was hitherto accompanied with an obligation to be examined, the contact of the women with the PHS cannot be interpreted as something which was carried out on a voluntary basis. The women have accordingly been freed from a compulsion.

The relationship between the PHSs and the migrants therefore requires a change in perspective on both sides. In future it will be important to strengthen the women's self-

confidence and motivate them towards a self-determined care and decision-making competence with regard to their own health.

For the PHS the change in the law will in the long term mean an adjustment towards an increased migrant clientele, since German women have access to a comprehensive use of alternative options.

In this connection what is needed is to reach migrant women by means of existing cultural mediation resources and street work with cultural mediators. Such a development can be seen from the example of the *Zentrale Beratungsstelle für sexuell übertragbare Erkrankungen* (Central Advice Centre for Sexually Transmitted Diseases) in Hamburg, where 85%<sup>12</sup> of the patients are migrant women. For many years now five cultural mediators for this target group have been working there on a regular basis.

For migrant sex workers without health insurance, receiving treatment for sexually transmitted diseases through anonymous and often free services is important, but what is problematic is the continuing lack of care for this target group in the general medical context.

### **Changes in Behaviour**

In adapting to working and living conditions and against the background of existing legal requirements (law relating to foreigners, law on protection against infection, etc.) the behaviour of migrant sex workers has changed as described below.

Anklam: Health consciousness has improved. Through increased uptake and contact by and with sex workers the latter are becoming more trusting and are increasingly finding their own information.

Berlin: Women from Central and Eastern Europe are looking for opportunities to stay in Germany, e.g. through marriage.

Frankfurt/Main: The situation has become more problematic. Some of the migrant sex workers are completely overstrained mentally in view of the raids and the desperate situation of their colleagues. "Illegalised" women are not working in brothels at present. Many have moved to other cities or to other countries. Some work exclusively via mobile phone and with regular clients.

Herne: The legal situation is used by third parties as a way of putting on pressure, which means the fear of expulsion increases. The state of health of migrant sex workers is increasingly negative, which is expressed for example in a high proportion of hepatitis and HIV infection as well as in drug dependence.

Augsburg: After having been in the country for quite some time and with improved knowledge of the language, the women's ability to assert themselves is increasing. They are able to fight for their own rights, refuse certain sexual practices, etc.

Marl: The women have become more self-confident, because the visa requirement, e.g. for Latvia or Poland, has been abolished and they can enter the country independently.

There is no visa requirement for women from Poland, Estonia, Latvia, the Czech Republic and Hungary, and it was abolished for Bulgaria in April 2001. But the 90 days normally allowed for a tourist visit apply.

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<sup>12</sup> Annual Report 2000.

In view of the general repression, an increasing number of women are attempting to work via mobile phone. These women are therefore almost or wholly unreachable through street work. This development can be found in Hamburg and also in many other cities.

## Drugs

While in our 1999 report drug use was only mentioned in passing with regard to migrant sex workers, today there is an increase in alcohol and cocaine consumption. Pills, Ecstasy and crack are also mentioned.

Kiel: The women talk about others' problems with pills, alcohol and cocaine, but none of them refer this to themselves.

Hamburg: The proportion of drug-dependent prostitutes from Eastern Europe on the streets in St. Georg is increasing.

Berlin: Alcohol and cocaine is consumed in bars.

Hagen: To the alcohol consumption which was already a problem is added a growing drug problem due to increased heroin dependence.

There is a lot of alcohol consumption as part of the work, e.g. on making contact with clients in bars and clubs, from which sex workers earn a percentage. Alcohol represents a widely accepted and easily available compensation for the stresses of daily business. Cocaine on the other hand has an enlivening and boosting effect, so that the strains of work are more bearable as long as the drug is effective.

Esslingen: There is gambling addiction among the Thai women.

This form of addictive behaviour is widespread and very pronounced both in Germany and in other countries where Thais work, e.g. in Denmark.

## Minors

The situation in the three regions varies with regard to this subject.

- In the **north** there were no changes in the number of minors in prostitution.

This continues to be a minority which consists mainly of boys, who engage in prostitution to finance their drug consumption.

They work (and sometimes live) mostly on the street, near train stations and in discotheques.

Kiel: There is an increase in adults from 18 upwards in sex work.

- From the **central** region of Germany there was a clearer statement:

The number of minors in prostitution, both girls and boys, has increased by approximately 10% since 1999. They engage in drug acquisition prostitution. Many girls who were victims of human trafficking are forced into prostitution. Access to minors is made more difficult because most of them have forged identity cards or passports which have incorrect dates of birth.

Frankfurt/Main: Minors work clandestinely in discos, in apartments (brothels), on the street, in bars and privately. Their living and working conditions are bad.

Frankfurt/Main: The minors come from unstable family structures, have no school education or vocational training, and receive little support. The prospects for their lives are usually hopeless, they have experienced violence and take drugs.

The observation that minors are found in increased numbers in this region and especially in the areas bordering the Czech Republic and Poland was already made in 1999. These minors come mainly from Romania and Bulgaria, and many of them come from Roma families.

- There were no statements from the **southern** region regarding minors in prostitution.

## SUPPORT SERVICES FOR MIGRANT SEX WORKERS

### **PHS Resources**

The change in the law on protection against infections since 1 January 2001 offers migrant sex workers with no health insurance the opportunity of anonymous access to public health services.

For the majority of PHSs in Germany the resources are restricted mainly to HIV tests and advice, STD examinations and treatment. Most PHSs additionally undertake primary preventative work (HIV/AIDS and STDs).

This means that gynaecological examinations are restricted to a scope directly connected with prostitution (see in this context also the provisions of the law on protection against infection. Cancer screening and pregnancy care are offered to a limited extent.

In the STD sphere, syphilis, gonorrhoea, hepatitis, herpes, chlamydiae and trichomonads are examined for and treated. Free medicines are given out for the treatment of syphilis and gonorrhoea. For other STDs, prescriptions are mainly given out with which the women can buy medicines.

As part of health department work, condoms and lubricants are distributed in street work and in the advice centres. Further enquiries about resources, e.g. on the subjects of contraception or abortion, are at best passed on to *Pro-Familia* or family planning centres.

### **HIV / AIDS**

In 1999 came the first cases of HIV infection in migrant sex workers, which occurred mainly in the central region of Germany.

In 2001 the PHSs reported cases of HIV infection in all three regions. Although this increase is still slight, there is a rising trend in the rate of infections.

The support possibilities for people without medical insurance continue to be limited. The intervention of PHSs in cases of HIV/AIDS is restricted to a mere diagnosis.

**North:** Among migrant sex workers, women, men (young male prostitutes) and transvestites/transsexuals tested positive in equal proportions. Their areas of origin were Central and Eastern Europe (Russia and Poland), Latin America and Africa. Various possibilities exist for the support of HIV-positive people:

Kiel: Cases are passed on to the HIV outpatients' department at the Kiel municipal hospital.

Berlin: The treatment of HIV-positive people is carried out by registered doctors or as part of studies at no charge and to a limited extent. Longer-term treatment is only possible in individual cases and is moreover visibly more difficult to implement.

Hamburg: Migrant sex workers without health insurance are referred to the HIV outpatients' department of the *Netzwerk Migration & AIDS*.<sup>13</sup>

**Centre**: The increase in HIV infected people in this region is larger than in 1999. The majority of migrant sex workers testing positive were female. Their areas of origin were Eastern Europe (Russia and Ukraine), Latin America (Brazil), Southeast Asia (Thailand) and Africa (Ghana and Somalia).

Support possibilities here are:

Wuppertal: Advice and care offered together with AIDS help.

**South**: In this region the increase was exclusively among African women. Support possibilities offered here are:

Munich: Referral to specialists and AIDS help.

Böblingen: Advice and accompaniment to doctors. Should the patients have no financial means to cover costs, therapy is paid for out of public funds or donations.

What continues to be notable is the problem of people without health insurance who live and work clandestinely through fear of expulsion because they have no residence permit, and because of a lack of information about alternative support possibilities.

Munster: HIV-positive prostitutes left the city after a short time for an unknown destination.

Trier: When they were told the result sex workers left their place of work.

This behaviour holds dangers both for the sex workers and their clients. Therefore primary prevention through regular outreach work, and the setting up of flexible support possibilities for this target group, should continue to enjoy priority status.

## **Making Contact**

Migrant sex workers are contacted mainly through outreach work (street work) at their places of work. This work consists of visits to brothels, models' apartments, clubs and bars. Women continue to be sent or brought to PHSs by pimps, club owners or brothel keepers.

A way of making contact which continues to be important is word-of-mouth publicity among sex workers who form a trusted network. This multiplying effect means that information and experience can be exchanged. Among other things, trust towards the authorities can be built up on this basis. It is therefore important to integrate this multiplying effect in work with and for migrant sex workers.

Altenburg: Sex workers come into the advice centre on their own initiative because of the offer of free examinations.

The PHSs which have carried out compulsory examinations are now looking for new ways of making contact.

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<sup>13</sup> The **Netzwerk Migration & AIDS** was initiated in 1994 by TAMPEP, the Hamburg *Zentrale Beratungsstelle für sexuell übertragbare Erkrankungen* and a group of doctors and social workers who work with and for migrant prostitutes in Hamburg. The initiative is still running today and offers advice and a limited measure of treatment for people without health insurance, mainly migrant sex workers. The work is carried out on a voluntary basis by doctors and other staff.

Gera: Outreach work is not possible anymore since there is no longer a legal basis for getting into the brothels. There is no street prostitution in Gera. Only through word-of-mouth do migrant sex workers come into the advice centre.

### **Cultural Mediation**

The majority of migrant patients of the medical advice centres who answered the questionnaire come from Central and Eastern Europe. Women from Latin America, Southeast Asia and Africa are represented in fewer numbers and equally in all three regions.

Work with cultural mediators in the area of migrant sex workers, as understood and defined by TAMPEP,<sup>14</sup> is still done to a very limited extent in Germany. Work in the advice centres, both in the medical and psychosocial sphere, mainly requires separate translators. This procedure however entails additional costs and is therefore omitted as a rule, or only very seldom employed.

Advice centres very often call in their own staff with knowledge of foreign languages.

In order to prevent communication problems as far as possible, mainly local and regional contacts were used, e.g. networks between PHSs and NGOs which worked with migrant women. Outreach work employs translators and/or cultural mediators to a limited extent.

Kiel: Translators and/or cultural mediators are seldom employed, since the necessary financial means are not available.

Esslingen: In an extreme emergency an interpreter for Spanish and Thai will be paid for.

Anklam: The project team speaks: Russian, Polish, Ukrainian and English.

Hildesheim: Interpreters from the Ethno-Medizinischen Zentrum in Hannover are called when necessary.

Stuttgart: There is cooperation with the FrauenInternationalesZentrum (FIZ) when necessary.

Oberhausen: At present contact with migrant sex workers is only maintained through information brochures.

The PHSs regularly work with cultural mediators in the following languages:

Berlin: Thai, Russian, Ukrainian, Polish.

Hamburg: Spanish, Russian, Bulgarian, Polish, Thai.

Frankfurt/Main: Thai.

Augsburg: English, French, Czech, Portuguese, Spanish.

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<sup>14</sup> **Cultural mediators** are basically migrants who are in a position to build up a relationship of trust with the target group. They are mediators with the function of intervening between two different cultures and as far as possible effecting reciprocal understanding and communication. They belong to the same nationality/culture as the target group (migrant sex workers) and can thus convey cultural values, health and sexual aspects to both sides, since they are also familiar with the society of the host country. Cultural mediators are especially important in health services, because through their role they enhance the reciprocal attentiveness, both in the patients and in the respective specialists, which is necessary to facilitate adequate communication. Cultural mediators are also intended to strengthen and support the self-assurance of the target group, so as to achieve changes in behaviour and realise better negotiating tactics.

## Networks

There are various networks in Germany at local and regional level, which concern themselves to varying degrees with the subjects of migration, health, prostitution and trafficking in women. These networks consist of health and employment departments, police, NGOs and independent working groups which work for and/or with each other.

A good example of successful cooperation is the *Fachtagung Prostitution* (Conference on Prostitution) which takes place twice a year. This is made up of *Huren-Projekten* ("whore projects"), PHSs and NGOs. This conference developed out of the former *Huren-Kongressen* ("whore congresses") which have a long tradition in Germany. From them the self-help projects of/for prostitutes, through regular meetings, were able to make a very constructive active contribution over the years towards the rights of prostitutes. For example, various schemes from this group have found their way into the law on prostitution which came into force on 1 January 2002.

The network meetings are normally called both regularly and as necessary. Access to these networks, for those who work with and for migrant prostitutes, is easy to arrange where the networks already exist.

Listed below are various networks of institutions (authorities) and organisations (NGOs) whose work in Germany focuses on the subjects of migration, prostitution and/or trafficking in women:

NORTH	CENTER	SOUTH
<b>Kiel &amp; Lübeck</b> <ul style="list-style-type: none"> <li>Contra (Project against trafficking in women) + Women's advice centre / + Health department</li> <li>Network (Dealing with forced prostitution)</li> </ul>	<b>Oberhausen</b> <ul style="list-style-type: none"> <li>Nachtfalke e.V.</li> <li>Solwodi e.V.</li> </ul>	<b>Munich</b> <ul style="list-style-type: none"> <li>Mimikry e.V. + Health department</li> </ul>
<b>Bremen</b> <ul style="list-style-type: none"> <li>Being set up</li> </ul>	<b>Marl</b> <ul style="list-style-type: none"> <li>Solwodi e.V.</li> </ul>	<b>Bad Kissingen</b> <ul style="list-style-type: none"> <li>Meeting of health departments</li> </ul>
<b>Anklam</b> <ul style="list-style-type: none"> <li>TADA/Polen (Polish AIDS prevention network)</li> <li>Bella Donna e.V.</li> <li>AIDS advice centres of Mecklenburg-Vorpommern</li> </ul>	<b>Frankfurt/Main</b> <ul style="list-style-type: none"> <li>WG on prostitution</li> <li>Committee/round table on prostitution &amp; trafficking in women: (Authorities + NGOs)</li> </ul>	
<b>Berlin</b> <ul style="list-style-type: none"> <li>Meeting of the six STD advice centres</li> <li>WG on trafficking in women (authorities + NGO)</li> <li>KOK (Coordination point against trafficking in women) – Nationwide alliance of 28 NGOs.</li> </ul>	<b>Wuppertal</b> <ul style="list-style-type: none"> <li>Round table on trafficking in women</li> </ul>	
<b>Hamburg</b> <ul style="list-style-type: none"> <li>St. Pauli AG (Authorities + NGOs)</li> </ul>	<b>Duisburg</b> <ul style="list-style-type: none"> <li>Solwodi e.V.</li> </ul>	
<b>Hannover</b> <ul style="list-style-type: none"> <li>Round table: Kobra, Phoenix + health department</li> </ul>		
<b>Frankfurt/Oder</b> <ul style="list-style-type: none"> <li>Bella Donna e.V.</li> </ul>	<b>Zwickau</b> <ul style="list-style-type: none"> <li>Health department + AIDS help</li> </ul>	
<b>Magdeburg</b> <ul style="list-style-type: none"> <li>VERA (Project for those affected by trafficking in women)</li> </ul>	<b>Essen</b> <ul style="list-style-type: none"> <li>North Rhine-Westphalia network: Networking on the subject of human trafficking</li> </ul>	

## **Informative Material in the Medical Sphere**

The informative material from TAMPEP and the Bundeszentrale für gesundheitliche Aufklärung (BzgA) (Federal Health Education Centre) is among the most frequently used primary prevention material in the HIV/AIDS & STD sphere for work by PHSs with migrant prostitutes.

The most frequently used languages are

- Polish, Russian, Czech, Thai and Spanish

In addition English, French and Turkish were also mentioned.

Information to do with the social and legal spheres for migrant women working in the sex industry was classified as absolutely necessary.

This necessity exists on two levels:

- As direct information for the target group itself, i.e. as educational material on legislation to do with residence, work, marriage, divorce, access to the health service, etc.
- For daily work in the centres, to support the advisory work of social workers and social educationalists.

With regard to Item 2 there has been a web site on the Internet since January 2002. At **www.femmigration.net**<sup>15</sup> migrant women in Germany, in the Netherlands, in Italy and/or Austria can find information on the following subjects:

- Migration (various residential options) (*Migration*)
- Work (mainly sex work) (*Sex Work*)
- Victims of crime (*Victims of Crime*)
- Reporting a crime (*Prosecution*)
- Insurance schemes (*Social Security/Health Insurance*)
- Useful addresses (PHSs and NGOs) (*Useful Addresses*)

## **Access to PHSs**

The impediments perceived by migrant sex workers to using public health services tally with those of the PHSs, which thus cannot reach the women to the desired extent.

Increasing isolation, the fear of discovery in the case of "illegalised" residential status, and the women's insufficient language skills are constantly named as barriers.

## **Impediments to Using PHSs**

Anklam: Isolation, lack of language skills, fear of the authorities, of deportation and of official diagnoses of disease.

Wuppertal: Women who engage in prostitution under duress are not let out of the clubs or apartments. Neither do they have any access to information.

Trier: According to the Infektionsschutzgesetz (IfSG) (law on protection against infections) it ought to be easier for prostitutes to visit the PHS because of the abolition of the "Bockschein".

## **Problems in Reaching the Target Group**

Hamburg: A high fluctuation rate in the clientele.

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<sup>15</sup> EU project *Legal Agenda for Migrant Prostitutes and Trafficked Women in the Internet*, which as part of the Daphne programme has been carried by *Amnesty for Women e.V.* (Hamburg) since January 2001. In the second phase of the project Finland, France and Spain will also be included.



Frankfurt/Main: Difficult accessibility of the target group, lack of personnel at the advice centre, lack of language skills among staff.

## **NGO Resources**

Most NGOs which work for and with migrant women in Germany simultaneously offer their resources to migrant sex workers, since there are no specific organisations for this target group. Most of the NGOs work with native-speaking advisers / cultural mediators and/or have translators at their disposal.

The service offered in practical work with the target group are of various natures. Most of these NGOs carry out political work with the aim of improving the legal situation and the living and working conditions of the migrant women and migrant sex workers in Germany. This work is continued through local as well as regional and national networks.

One example of an active nationwide network of NGOs is the organisation KOK/ *Bundesweiter Koordinierungskreis gegen Frauenhandel und Gewalt an Frauen im Migrationsprozess e.V.*<sup>16</sup> (Nationwide Coordination Group against Trafficking in Women and Violence against Women in the Migration Process), which works actively with 28 organisations for the support of victims of trafficking in women nationwide and internationally.

The main NGO services are:

- **Social and legal counselling** on the legal situation in the migration process: the law relating to foreigners, employment laws, marriage, divorce, etc.
- **Accompaniment** to offices and authorities
- **Psychosocial counselling**: supportive outreach management of the after-effects of migration
- **Support for the victims of trafficking in women**<sup>17</sup>: legal and psychosocial counselling, accommodation, safeguarding of means of support, accompaniment and care of witnesses and/or victims during a case to do with trafficking in human beings/women, preparation for return to home countries and opportunities for therapeutic talks
- **Courses**: various courses are offered on NGO premises. German, English, computer, sewing and cooking courses are an important step in this context towards integration, strengthening and independence of migrant women. Increasingly reliable language skills also increase the independence and self-assurance of individual women.
- **Meeting point**: the NGO premises are also used as day centres and refuges. The women make use of the premises as a meeting and contact point for both their own and other cultural groups.

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<sup>16</sup> Based in Potsdam. E-mail: KOK.Potsdam@t-online.de

<sup>17</sup> **Trafficking in Women** (According to GAATW/ Global Alliance Against Trafficking in Women) – All Acts involved in the recruitment and/or transportation of a woman within and across national borders for work or services by means of violence or threat of violence, abuse of authority or dominant position, debt-bondage, deception or other forms of coercion.

**Forced Labour and Slavery-like Practices** - The extraction of work or services from any woman or the appropriation of the legal identity and/or physical person of any woman by means of violence or threat of violence, abuse of authority or dominant position, debt-bondage, deception or other forms of coercion.

Some municipal organisations or self-help groups of and for migrant women, (migrant) sex workers and victims of trafficking in women are:

<b>NORTH</b>	<b>CENTER</b>	<b>SOUTH</b>
<b>Berlin</b> <ul style="list-style-type: none"> <li>▪ Aktionskomitee Pro Prostitution</li> <li>▪ Hydra e.V. (Prostitute self-help group. Also work with sex workers from Central and Eastern Europe, Latin America, Asia and Africa)</li> <li>▪ Ban Ying (for Thai and Philippine women)</li> <li>▪ Bekam (for Turkish women)</li> <li>▪ Dialog</li> <li>▪ S.U.S.I</li> <li>▪ Xochimicatl (for Latin American women)</li> <li>▪ ZAPO (for Polish women)</li> </ul>	<b>Frankfurt/Main</b> <ul style="list-style-type: none"> <li>▪ FIM/ Frauenrecht ist Menschenrecht e.V. (for women from Central and Eastern Europe, Latin America, Asia, Africa)</li> <li>▪ AGISRA (for women from Central and Eastern Europe, Latin America, Asia, Africa)</li> <li>▪ Ökumenische Asien Gruppe e.V. (for women from Thailand and the Philippines)</li> </ul>	<b>Munich</b> <ul style="list-style-type: none"> <li>▪ JADWIDA (focusing on human trafficking )</li> <li>▪ Mimikry (for sex workers. Focusing on Central and Eastern Europe)</li> </ul>
<b>Hamburg</b> <ul style="list-style-type: none"> <li>▪ Amnesty for Women e.V. (for women from Central and Eastern Europe, Latin America, Asia, Africa)</li> <li>▪ TAMPEP (for migrant sex workers)</li> <li>▪ KOOFRA (for victims of trafficking in women)</li> </ul>	<b>Dortmund</b> <ul style="list-style-type: none"> <li>▪ Mitternachtsmission (for sex workers from Central and Eastern Europe, Latin America, Asia, Africa)</li> </ul>	<b>Nuremberg</b> <ul style="list-style-type: none"> <li>▪ Kassandra e.V. (Prostitute self-help group)</li> </ul>
<b>Hanover</b> <ul style="list-style-type: none"> <li>▪ Phoenix (for migrant sex workers and victims of trafficking in women)</li> <li>▪ Kobra (for women from Latin America, Africa and Turkey)</li> </ul>	<b>Herne</b> <ul style="list-style-type: none"> <li>▪ Advice centre for migrant women (Marriage migration and victims of human trafficking)</li> </ul>	<b>Stuttgart</b> <ul style="list-style-type: none"> <li>▪ FIZ/ Frauen Internationales Zentrum (for women from Central and Eastern Europe, Latin America, Asia, Africa)</li> </ul>
<b>Lübeck</b> <ul style="list-style-type: none"> <li>▪ Women's advice centre (for women from Central and Eastern Europe, Latin America, Asia, Africa)</li> </ul>	<b>Essen</b> <ul style="list-style-type: none"> <li>▪ Nachfalter (for women from Central and Eastern Europe, Latin America, Asia, Africa)</li> </ul>	
<b>Kiel</b> <ul style="list-style-type: none"> <li>▪ CONTRA (for victims of violence and trafficking in women)</li> <li>▪ TIO (for Turkish women)</li> <li>▪ Catholic women's social service in Kiel and Flensburg</li> </ul>	<b>Kassel</b> <ul style="list-style-type: none"> <li>▪ FIF project "Sicht-Bar" (for prostitutes)</li> <li>▪ AFADA (for women from Central and Eastern Europe, Latin America, Asia, Africa)</li> <li>▪ Benji</li> <li>▪ Courage</li> <li>▪ Kadinbar Bör (for Turkish women)</li> </ul>	
	<b>Hagen</b> <ul style="list-style-type: none"> <li>▪ Advice for migrant women (for women from Central and Eastern Europe, Latin America, Asia, Africa)</li> </ul>	

## Making Contact

Migrant sex workers are contacted by NGOs in the following ways:

- Outreach work (street work) at the various work places such as apartments, brothels, bars, clubs, streets, etc. During the outreach work information is gathered which makes further contacts possible. This information may be given by the sex workers themselves, by their clients, pimps or other people working in the milieu.
- Referral by authorities and offices: health departments, police, social welfare office (where there is legal residential status), foreign office, etc.
- Other women's organisations, German courses, informative events, advertisements by NGOs in the media, etc.
- Word-of-mouth publicity. This is the most influential and important way of making contact, since it takes place via the trust of an acquaintance. This speaks for the

incentive of a continual training of disseminators (“peer educators”<sup>18</sup>), since this also guarantees a significant relationship of trust from woman to woman.

### **Informative Material in the Social/Legal Sphere**

There are as yet no greatly varied sources of information (pamphlets, information sheets, etc.) available for migrant prostitutes in this sphere. Most information is offered in the medical sphere. Only from health departments or NGOs do women receive the social/legal information they also need.

Contacts were often made via the TAMPEP material which led to further social and legal consultations.

Some of the material in the social/legal sphere has been published by the following NGOs:

- Ban Ying, Berlin: Pamphlet in Thai
- Kobra, Hanover: Leaflets and pamphlets in 10 languages
- Agisra, Frankfurt/Main: Pamphlets in English, Spanish, Russian and Thai
- Amnesty for Women, Hamburg: "Deutschland, ein Paradies für Frauen?" (Germany, a Paradise for Women?), a pamphlet in German, English, Spanish, Portuguese, Russian, Polish, Bulgarian, Rumanian, Serbo-Croat, Turkish, Thai, Tagalog, Czech.
- InfoZentrum Dritte Welt, Herne: Pamphlet for victims of trafficking in women

### **Access to NGOs**

The impediments for migrant sex workers to using NGOs are comparable to those for the PHSs:

- Language problems
- Isolation
- Lack of knowledge of the existence of organisations where they can get support
- Mistrust of organisations
- Fear

Another criticism is that the advice centres open during the daytime, and are thus not adapted to the working hours and habits of sex workers. Working hours in sex work are mainly during the evening and night, whereas the daytime is normally spent sleeping.

In view of the current wide-ranging demands made on the NGOs, their personnel and corresponding financial support can be seen as insufficient. Any expansion, e.g. employing cultural mediators, is thus seldom realisable.

### **Impediments to Using NGOs:**

Berlin: Where migrant organisations are concerned, migrant sex workers are afraid they will be stigmatised because of their work. They avoid prostitutes' organisations, on the other hand, because of their reservations about encountering racism.

Hagen: The sex workers have no experience or knowledge about dealing with such organisations<sup>19</sup> (NGOs) and are thus unable to trust them.

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<sup>18</sup> The disseminator method uses the idea of multiplying informative content through the sex workers themselves with the aim of generating empowerment and group solidarity. At the same time the mobile situation of the target group is used to great advantage through self-created rules for conveying information.

<sup>19</sup> This refers in particular to Central and Eastern European sex workers, since until recently such organisations did not exist in these countries.

### **Problems in Reaching the Target Group**

Hagen: Lack of street work projects, lack of street workers, lack of financial resources.

Frankfurt/Main: Advice centres find it complicated to contact target groups because of the different working hours.

## **ANALYSIS AND EVALUATION**

### **The Political Situation**

In the last two years there has been a nationwide increase in regular police checks, by means of raids, on the various work places of migrant sex workers. Consequently there was an increase in deportations. The raids are consistently made on the grounds of, and justified as, checking working activities and residential status, and also often an attempt to expose trafficking in human beings and women.

Hamburg: In the last three years there have been severe raids in models' apartments.

Frankfurt/Main: Police checks and raids continue to take place. Most women are insecure. They are very anxious because of the high pressure for prosecution.

Braunschweig: The public prosecutor carries out raids to expose human trafficking.

Oberhausen: There are two possibilities in a raid. **a)** Subsequent detention and then deportation. **b)** A suspended sentence after willingness to give evidence, then a victim protection programme, bringing with it residential status/tolerance.

The information in **b)** refers to a situation in which a sex worker is prepared to give evidence against a pimp or other people. She receives temporary residential status in the form of tolerance for the period of the court case. After the end of the court case the woman must leave the country. During the period of the court case the woman cannot work and receives support from the social welfare office.

Since this regulation has hardly any advantages for the women, it is seldom used. Most women do not even give evidence, however, since they dare not contact the police through fear of deportation, because they lack residential status, and not least because of severe threats on the part of their tormentors.

There are various organisations (NGOs) in Germany which support victims of trafficking in women, but they can seldom reach them. The isolation in which the women live and work means that they have only insufficient information about their rights and possibilities and therefore cannot take advantage of them.

### **The Media**

There has been a relatively high degree of coverage in the media in the last two years to do with the new prostitution law.

In most newspaper, magazine and television reports, in raids or in court reporting, however, migrants in prostitution are mentioned almost without exception in connection with trafficking in women and forced prostitution.

Only in reports on the new legislation were prostitution and trafficking in women handled separately.

There are sporadic reports on the advisory activities of various NGOs who work with the target group. In these cases the NGOs are at pains to present prostitution and trafficking in women as separate issues.

Berlin: In the context of the change in the law on prostitution individual reports appeared in which migrant women were generally disregarded or mentioned in connection with the subject of human trafficking.

Dortmund: No reports appeared on prostitution, only on human trafficking. Victims of human trafficking are seen as victims of criminal offences.

Essen: The reports focused only on the areas of human trafficking, violence towards prostitutes and drug-related prostitution.

Frankfurt/Main: There were reports on the subject of prostitution as a job, on raids and the work of "illegalised" migrants in prostitution.

Hamburg: Prostitution and trafficking in women is dealt with in the same context with migrant women. For other groups of people there is a separation.

## **Assessment of the Situation**

The question as to the existing impediments to ensuring suitable social and medical services for sex workers in general and especially migrant sex workers was answered as follows in the individual cases:

Hamburg: The city offers nothing to people who, although they exist, do not officially appear in any statistics because they lack residential status. These people dare not accept already existing offers of help through fear of deportation and because of their "illegality".

Berlin: The opening times of the advice centres during the day make access difficult for women seeking advice. Sex workers rest during the day and are therefore not in a position to use advice services until the late afternoon.

Kiel: There is a lack here of financial capacities in the institutions, of motivated people and of political will.

Berlin: It is important for the services to take into account that they should be anonymous and free of charge, among other things because of the "illegalised" residential status of many sex workers. A problem in reaching the women is the lack of interpreters and/or cultural mediators in the institutions.

Hagen: Lack of sensitisation in the public sphere and in the authorities with regard to the situation of migrant sex workers.

Böblingen: Lack of knowledge of German in foreign women.

Trier: Lack of contact to sex workers.

Ausburg: General intolerance towards migrant women and especially migrant sex workers.

Nuremberg: There is a lack of coordination of existing people and organisations active in the migrant sphere.

The question **"How does the given situation influence the living and working conditions of migrant sex workers?"** was answered as follows in the individual cases:

Kiel: The women try to struggle along no matter how bad the situation may be in Germany, since things would be even worse for them in their home countries.

Braunschweig: The women's situation means that they become isolated, increasingly dependent on pimps and ghettoised in the milieu; thus for example the brothel also serves many of them as a place to sleep.

Frankfurt/Oder: The women are afraid of being discovered because of their lack of residential status. The fear of disease is high, since because they have no health

insurance they have no access to the health service and furthermore they would have to bear the costs which would arise.

Frankfurt/Main: The women are anxious. For this target group there is a general financial, social and medical under-supply.

Böblingen: In this region dealings with foreign prostitutes are relatively humane.

Munich: Women work illegally or semi-illegally and thus become dependent and vulnerable to blackmail. They are coerced into forced and sham marriages to acquire a legalised right of residence.

The following **solutions for a change in the situation of migrant sex workers** in the social and medical sphere were suggested by the institutions:

Bremen: We need an autonomous independent advice centre for migrant sex workers.

Anklam: The competent authorities should get to grips with the issue, and in addition financing should be provided for appropriate services.

Hamburg: A solution for a change in the situation of migrant sex workers could be obtained via the legislation on foreigners, e.g. with the achievement of a legal status. In the medical and social sphere adequate anonymous services should be available.<sup>20</sup>

Frankfurt/Oder: Prostitution and pimping should not be illegal. More acceptance for sex work. Language barriers should be overcome by offering language courses for PHS staff.<sup>21</sup> More financial aid is necessary to be able to help rapidly and unbureaucratically.

Berlin, Marl, Frankfurt/Main: We demand a green card<sup>22</sup> for migrant prostitutes.

Hanover: Far-reaching changes in the law regarding sex work by migrant women.

Berlin: Social protection systems for people without papers.

Frankfurt/Main: Legalisation of the profession of "sex worker", creation of opportunities, under the law relating to foreigners, for migrant women to take up work, more support on the part of the institutions to build a network structure, to regularly carry out street work, and the offer of expanded medical care.

Dortmund: Offer a free, anonymous advice service, e.g. at the health department.

Kassel: The situation of migrant sex workers should be dealt with more intensively in the public sphere.

Essen: Prostitution should be decriminalised.

Frankfurt/Main: Legalisation of sex work as self-employment and dependent employment. Residence and employment regulations for migrant women in sex work as self-employed workers and dependent employees.

Herne: Change of the residence law and the work permit law.

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<sup>20</sup> TAMPEP note: In the medical sphere an additional demand would relate to the possibility of a general medical and psychological service, since women who live and work in the difficult situations described very often suffer from other clinical pictures than gynaecological and STD symptoms, among others from severe psychosomatic complaints.

<sup>21</sup> TAMPEP note: The employment of cultural mediators would make sense for this, as experience has already shown that speaking a different language is not sufficient to be able to "translate" different cultural values. The inclusion of cultural mediators provides the opportunity to generate trust in the target group towards the institutions.

<sup>22</sup> **Green Card** – A residence and work permit for a specific purpose and limited time. This permit was issued in 1999 to foreigners who came to Germany to work in the computer science sector.

## Evaluation of TAMPEP Informative Material

Of the institutions in Germany that answered the questionnaire, at least 26 institutions<sup>23</sup> used the TAMPEP material long-term and regularly. This material consists of A4 leaflets for women and transvestites/transsexuals.<sup>24</sup>

	NORTH	CENTRE	SOUTH	Total
PHSs	7	7	4	18
NGOs	4	2	2	8

### Assessment

The material was judged as good on the whole:

- 4 x very good
- 16 x good

Otherwise the material was judged as follows:

- matter-of-fact, neutral, succinct and precise
- easily understandable, directly addressed
- culturally adapted, native-speaking in an accessible form
- practical, supportive, non-discriminatory

Anklam: Important necessary information is included; those areas are dealt with which the women often ask questions about.

Hamburg: Colourful, informative, well designed

Hanover: Clearly legible and manageable

Esslingen: TAMPEP information should be more widely available, in Baden-Württemberg too, e.g. in health departments

### Use

The informative material is distributed mainly in advice centres and in street work.

### Languages Used and Needed

The languages used and needed most are shown below in descending order of the frequency with which they are mentioned:

Most USED Languages	Most NEEDED Languages
English	French
Spanish	Romanian
Thai	Serbo-Croat
Russian	Turkish
Portuguese	Others: Latvian, Lithuanian, Slovakian, Macedonian,
Polish	Ukrainian, African Languages, Italian.
Czech	
Albanian	
Bulgarian	
Hungarian	

<sup>23</sup> Other institutions also use the material, but did not answer the questionnaire.

<sup>24</sup> The leaflets for women are available in English, Spanish, Portuguese, Russian, Bulgarian, Polish, Czech, Hungarian, Albanian and Thai. Subjects are: HIV/AIDS, Hepatitis B, STDs, Condoms and Lubricants, Pregnancy and Contraception, Safety at Work, What to Do when a Condom Bursts. The leaflets for transvestites/transsexuals are available in English, Spanish and Portuguese. Subjects are: The Use of Hormones, Silicon, Depilation, HIV/AIDS, STDs, Condoms and Lubricants, Safety at Work, What to Do when a Condom Bursts.

Although Central and Eastern European women form the largest group among the migrant sex workers, English is the language most used. This result seems contradictory to us given the existing situation, but no adequate explanation is available to us.

The majority of African women who engage in prostitution in Germany come from English-speaking countries (Ghana and Nigeria), but they represent only approximately 15% of the total number of all migrant sex workers.

With regard to the national mix of migrant sex workers, according to which most of the material is distributed in Polish, Russian and Czech, this information cannot be reconciled with that of the PHSs either.

The necessity for French material among the languages needed is made more understandable by the fact that the proportion of African women from French-speaking countries is gaining increasing importance.<sup>25</sup>

### **Other Information Needed**

The situation, characterised by insecurity, of the migrant sex workers in the social and legal sphere is the reason for most additional inquiries in this connection. Further information asked for by the women concerns the questions:

- What should I do during a raid? Tips, explanations, hints on behaviour.
- What? Where? Contact addresses, support resources<sup>26</sup> in other cities.

Anklam: Questions on the law relating to foreigners, information on free testing and examination services.

Schwerin: "What rights do immigrant sex workers without a right of stay in Germany have?"

Berlin: Raid information; coming soon: tax information

Frankfurt/Main: On retiring; the legal situation, legal resources, career opportunities, prevention of violence.

Berlin: Tips on how to convince clients about safer sex.

This information would be necessary and important for the advice centres as well. Regarding legal information in Germany we again refer to the web site **[www.femmigration.net](http://www.femmigration.net)**

Braunschweig: Having legal information available would be helpful for the work of social educationalists.

Anklam: Regarded as necessary is information on life in Germany, getting a work permit, marriage in Germany, work opportunities, the birth of a child in Germany and separation from your partner.

Hamburg: Deportation

Wuppertal: Pregnancy conflict

### **Suggestions**

Some of the suggestions for improving the informative material unfortunately cannot be implemented due to lack of financial resources.

Anklam: Introduction of coloured layout (e.g. headlines and text).

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<sup>25</sup> TAMPEP informative material will have its content brought up to date and be newly designed for the end of Phase 5 (March 2002), and additional leaflets in French are already planned as part of this.

<sup>26</sup> TAMPEP note: A very good idea, which can be implemented by TAMPEP in future.



Berlin: Making the text more visible, as it is difficult to make out in the half-dark.

Hagen: More compact pamphlets, no individual-subject leaflets.

TAMPEP does not have the financial resources to have leaflets printed, so they must continue to be copied on coloured paper.

## OVERVIEW OF SELECTED CITIES

This section outlines the situation in six important German cities: Berlin, Dortmund, Frankfurt/Main, Hamburg, Cologne and Munich. The aim of these reports is to present the differences between the urban scenes and the national groups comprising them in order to illustrate realistically the living and working situation of immigrant women sex workers in Germany. The cities were chosen according to the locations of the largest concentrations of immigrant sex workers.

The respective institutions or organisations are responsible for the content of the reports.

### BERLIN

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**Public Health Department / Local Government Office Charlottenburg-Wilmersdorf**  
Department of Health and Social Welfare/ Advice Centre for Sexually Transmitted Diseases  
January 2002

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**W**hen Berlin became the capital city, it was feared that a prohibited areas decree would be introduced. Up to now this has not occurred. Prostitution takes place in all districts, in bars, apartments, sex cinemas, clubs and on particular streets. Most “brothel-like” establishments are internationally staffed, i.e. by immigrant women from various countries, most of them with a residence permit gained by marriage to a German man, together with German women. These immigrant women are relatively well integrated, are firmly based in Berlin and speak German. But there is also a large number businesses staffed entirely by Thai women. This number increased in 2001 with the opening of yet more establishments offering, according to their advertising, “traditional Thai massage”, which also includes sexual services, at the very least hand relief.

Immigrant women without official residency are no longer so frequently found in bars or apartments. Because of raids, evictions and deportations, and criminal proceedings against the owners, these women increasingly tend to work for escort agencies. Most of them come from Eastern European countries, and entered the country via the open border on tourist visas. Our observations show that the number of women from the Baltic states has not increased with the abolition of visas. However in May 2001 visas for Bulgarian citizens were also abolished, and since then an increasing number of Bulgarian women have been working as prostitutes. According to the LKA<sup>27</sup>, organised criminals are involved in the traffic and exploitation of under-age Bulgarian women, i.e. girls under 16, in Berlin.

Eastern European women working for escort agencies are confronted by the problem that some of their employers require them not to use condoms, and that an increasing number of their clients also make this demand. If a woman insists on a condom and is

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<sup>27</sup> LKA/ Landeskriminalamt (State Criminal Police Office)

sent away by the client for this reason, she must pay her employer the lost commission. Because of their precarious legal and financial position the women are dependent on the agency owners and are also unable to adhere to safer sex practices with their clients. In the end, new possibilities should be sought to bring the safe sex message to the men as well.

## DORTMUND

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### Mitternachtsmission e.V. (Midnight Mission)

Advice centre for prostitutes and victims of trafficking as defined in the Criminal Code

Focus: outreach

From the annual report 2000

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In the past few years there has been a clear increase in the number of foreign women sex workers in Dortmund. Sex work in Dortmund takes place for the most part in the red-light district and in brothel-like establishments. But immigrant prostitute women are increasingly found working the streets.

The Dortmund red-light district, on Linienstrasse in the northern inner city behind the railway station, is expressly excluded from the prohibited areas decree. About 300 women (police estimate) work here in 16 establishments. They pay an advance deposit on their rooms and up to 130,- daily (for cleaning, consumption, bed-linen, heating), independent of whether they work or not. So-called “savings” must also be paid, which are retained in the event of rent arrears or returned at the end of the month. The women must be over the age of consent and are required to pay tax according to par. 22, sub-section 3, of the Income Tax Act. Despite the abolition of compulsory medical examinations according to the new Infectious Diseases Act, the establishment owners insist on regular medical certificates from their tenants.

The proportion of foreign women working the Linienstrasse has clearly increased. These women are predominantly EU citizens, eastern Europeans, and Africans married to German men. The pressure of competition has clearly increased because of the difficult income situation.

Many Eastern European prostitute women work in brothel-like establishments. These include sauna and nudist clubs, tanning studios, bars, dating agencies, massage parlours, apartments, restaurants, discos, gambling halls, cafés, kiosks and even the back rooms of grocery stores.

The illegal establishments, where for the most part foreign women work, refuse or obstruct entry to our employees, making preventative health care and concentrated advice-giving problematic, with the result that the women suffer more frequently from STDs. The women are generally ill-informed as to their health risks.

There is an extremely high fluctuation amongst those women involved in apartment prostitution. The apartments, instead of being rented directly from the landlord, are subleased by a pimp, who often charges the sex workers highly inflated rents<sup>28</sup>.

Most of the Mitternachtsmission contacts are German women. Immigrant sex workers are from Central and Eastern European countries, especially from Poland, and there is a balanced representation from other regions, such as Latin America, South-East Asia and Africa. We increasingly see under-age women and Turkish girls, or German girls of Turkish origin, becoming involved with prostitution.

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<sup>2</sup> Since most of the women are forced into illegality they are unable to directly undertake rental agreements, which are thus entered into by “third parties”.

## FRANKFURT AM MAIN

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**agisra e.V.**

Advice, support and organisational help to improve the living situation of immigrant women, in the spirit of women-oriented assistance and solidarity

From the annual report 2000

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**A**t the end of 1999 a police unit, cooperating with the Aliens Office, went into action in the city centre (Breite Gasse) and the area around the railway station to pursue and deport illegalised people. The aims of this operation were as follows: the prosecution of brothel owners, the prevention of prostitution-related crime in the red-light district and the control of illegal employment. The police carried out increased spot-checks on the street and in shops and businesses, and undertook stricter inspections of certain brothels. In addition, an Aliens Office official carried out his duties within the police station responsible for the city centre, so as to be able to regulate the necessary legal processes, i.e. eviction and deportation, quickly and on the spot.

In the course of this operation fears about harsher proceedings on the side of the authorities were unfortunately confirmed.

In 2000 police raids were carried out in numerous brothels – 24 businesses with around 700 rooms are registered at the Municipal Standards Office. In the course of 19 raids, 300-350 evictions were issued by the authorities and, according to police information, 170 foreign prostitutes deported. The brothel owners were obliged by a judgement of the district court to cover the air fares.

Regular raids have continued since then, worsening the situation of immigrant women sex workers.

Around 1500 prostitutes work in Frankfurt am Main, of whom 90% are immigrants. The women come mainly from Colombia, the Dominican Republic and Brazil – but also from Thailand, Ghana, Nigeria, etc.

The particularly high proportion of women from Colombia can probably be explained by the following reasons:

- A Colombian community has established itself in the city as a result of the long-suspected drugs connection between Colombia and Frankfurt am Main. This network has attracted further immigrants.
- The distinctly low numbers of Central and Eastern European prostitutes in Frankfurt am Main is another special case. In other parts of Germany this group represents the largest group of immigrant sex workers. In Frankfurt the lack of women from Central and Eastern Europe in the brothels is apparently due to an unofficial agreement between the brothel owners and the police in order to deter the presence of the so-called “Russian Mafia”.

For this reason Central and Eastern European sex workers work for the most part in brothel-like apartments. Of these there are c. 150 in and around Frankfurt am Main. It is a noticeable fact that a conspicuous number of women from Central and Eastern Europe are subject to violence in many various ways.

The impossibility of legal immigration for employment purposes, and the simultaneous demand for workers in the field of prostitution, results in a flagrant contradiction between the official politics and the actual practice of the affected countries. It is the semi-legal character of sex work, combined with the non-existence of standards of employment law, which creates exploitative working conditions.

## HAMBURG

**Cooperative Project TAMPEP / BUG** (Behörde für Umwelt und Gesundheit – Department of Environment and Health – Hamburg)  
From the final report 2001

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**B**etween December 2000 and November 2001 the 6<sup>th</sup> phase of a cooperative project took place to train preventative health-care workers in the area of AIDS / STDs and immigrant women prostitutes. The work consists of regular outreach work in the apartments where immigrant women most frequently work and the conducting of workshops. The project was subdivided into an Eastern European and a Latin American section. At the outset the address lists of the apartments where the women work were brought up to date, and outreach carried out with the aim of AIDS and STD prevention amongst this target group. This was followed up by workshops on medical and legal themes.

The situation in Hamburg too is characterised by an increasing number of raids. These have resulted, according to police evaluation, in a “reduction of the number of apartments from 900 to around 500 in the past five years”<sup>29</sup>. Our observations confirm this report. The larger concentrations of sex-work businesses have mostly been broken up, with new ones emerging more in the city’s outlying districts. Prostitutes are switching to individual apartments with two or three rooms used jointly by 2-3 women. We see a growing number of immigrant women entering into sham marriages in order to secure their residency status and thus elude police raids. Many immigrant women increasingly work on the streets and in clubs (especially Poles and Bulgarians, but also women from Latin America).

### Information supplied by the Hamburg CID

According to a statement made by Department 7 of the state criminal investigation department in Hamburg, Germany in March 2002, there are an estimated 3700 women working as prostitutes in Hamburg, of which approximately 2100 are foreign women. They work in around 110 brothels or similar working places and 500 apartments (So 57% of the women working in the Hamburg sex trade are migrants).

According to the Hamburg CID there are four areas of prostitution in Hamburg.

- Street prostitution

There are approximately 600 women working in St. Georg. They are predominantly German and many are drug addicts. There are approximately 60 German women working on the Süderstrasse.

- Clubs and apartments

Approximately 650 women are working in clubs. One third are German women working legally. 273 are foreign women working illegally. A total of 1700 women are working in 500 apartments. 1500 are foreign women working illegally. 1300 of these women are from Eastern Europe, 200 are from South America and Asia.

- Street and brothel prostitution

There are 500 women working in St. Pauli. They are German women, women married to Germans, and women from the EU. There are approximately 20 German women working on the Altonaer Fish Market.

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<sup>29</sup> Quote: Detlef Ubben, Hamburg Police/ Department of Organised Crime, Hamburger Abendblatt, 09. January 2002.

- Others

According to CID sources, there are approximately 150 women working in pubs, bars and hotels.

### **The Eastern European Section**

As observed last year, the isolated situation of the apartments has clearly increased the women's need for security. Eastern European women generally work in such apartments, and are thus more vulnerable to violence from various gangs or individuals than women working on the street, in clubs or large brothels. Because of the frequency of attacks, equipping the apartments with cameras is often a must. However, the women are required to pay for this protection themselves, and it can happen that on moving to another apartment they are again obliged to cover such costs. In addition a growing number of women are using the Internet to advertise anonymously but effectively. According to our observations the women's average age has lowered considerably.

The pattern of countries of origin, however, has seen only slight changes. The number of women from countries for which compulsory visas have been abolished is especially high. While the number of women from Russia, the Ukraine and Belarus has dropped, that of women from the Baltic states has increased. The number of Bulgarian women has increased since the abolition of visas in the spring of 2001. The number of sex workers from Poland has also increased.

### **The Latin American Section**

As in the previous year, numerous police raids have also considerably aggravated the work of Latin American prostitutes.

The numerous cases of criminal attacks on apartments, during which in individual cases rapes were committed, have caused a great deal of fear and mistrust among the women. Prostitutes report that prior to the attacks women are always sent ahead as decoys, so that unfortunately mistrust of other women is high.

We were able to reach new women through introductions by those already known to us. The women are working in even more isolated situations than before, in inconspicuous apartment buildings and in the industrial areas in Hamburg's outlying districts or in small towns in Schleswig-Holstein.

A further consequence of the police raids was a constant change of personnel in the existing apartments and an increased number of newcomers.

In contrast to sex workers from Eastern Europe, prostitutes from Latin America work mainly on a freelance basis, without pimps (with the exception of women from the Dominican Republic, who are as a rule married to Germans). Since the raids have both increased the demand for apartments and pushed up their prices, large numbers of women from Latin America now tend to work on the street or in clubs.

The countries of origin have hardly changed. The consequences of the introduction on 1.4.2001 of compulsory visas for Colombian citizens will in all likelihood more clearly be seen in the coming year. Since its partial opening, however, and because of local sex tourism, we could see increasing numbers of women from Cuba.

### **The Thai Section**

The Thai female sex work scene in Hamburg has been reduced in the last two years. There are fewer Thai women working in clubs and bars on the Reeperbahn, one of the red light districts in Hamburg, but there a number of them still working in apartments or in brothels. Most Thai women working in Hamburg have a legal status, to avoid problems with the police during raids, which they achieve through marriage to German

men. However, some Thai women travel to Germany on a three months tourist visa to work in brothels. Most of those women come through brokers, to whom they have to pay a high commission in order to get a working place in a brothel. This procedure is quite risky, as police controls have increased in the last year.

Thai sex workers are quite mobile inside Germany. Many of them move often from one city to the other in order to earn more money by presenting themselves as “new” on the scene.

The new trend among Thai sex workers is to offer their services in so-called *massage parlours*. Most of those working in such places have a legal status. They are housewives who work as prostitutes during the morning or afternoon while the German husband is at work. The women are supposed to practise classical Thai massage, called *Wat Po*, in the massage parlours, but do erotic massage instead. Most of them share half of their income with the owner of the massage parlour, who in most cases are Thai women themselves. As some of the women just do hand-massage and do not have sexual intercourse with the client, they do not consider themselves sex workers but masseurs.

## COLOGNE

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Department of Health/ Advice Centre for Sexually Transmitted Diseases & AIDS  
From a talk by Heidrun Nitschke-Özbay, 2000

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**I**n contrast to Frankfurt am Main or Hamburg, the internationalisation of the prostitution scene in Cologne began relatively hesitantly during the mid 1990s. An investigation conducted between 1997 and 1998 into the living and working situation of immigrant women employed as prostitutes in Cologne confirmed the suspicion that in this city too a sizeable number of women from many different countries make their living from offering sexual services for payment. The past few years have not seen the dominance of any one country of origin.

In order to meet the needs of this clientele a target-group oriented project on AIDS prevention was set up within the advice centre with the help of additional state financing. The project employed three female interpreters covering between them Russian, Polish, English, French and Bambara.

The setting up of the project initiated a qualitative change: the needs of a multicultural “illegal” subculture acquired official advocates for the first time in the form of the interpreters and project leaders. The working rhythms, attitudes and norms of a normal German administration was compelled to deal with the needs of an up to now invisible community.

Experience from the project has shown that risks connected with sexuality play a central role in the health problems of women living in secrecy: not only sexually transmitted diseases, but also questions about contraception and the need for help and advice during unwanted and unplanned – though also often accepted – pregnancy. Psychosomatic and psychiatric illnesses are common, but in this case too professional help is sought only when all other resources (self-help, self-medication) have been exhausted.

A division of responsibilities between the Department of Health and independent organisations (NGOs), as practised in Cologne for many years with regard to other target groups, could also become an ideal model for preventative health care with immigrant women working as prostitutes. The advice centre in the Department of Health represents the “professional health service”, with a wide range of counselling

and check-up services. Flexible, specialised, specifically oriented NGOs offer further-reaching psycho-social assistance, help with retirement and return home, accommodation and legal advice. Outreach would ideally be carried out by both institutions in cooperation, so as to make the services of both organisations known to the relevant groups. Also, when it comes to presenting arguments to political and municipal authorities, both the professional view of preventative health care and biased solidarity are necessary in order to improve the situation of those concerned.

## MUNICH

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### **Mimikry e.V.**

The advice centre offers social welfare assistance to women sex workers, and retiring and former prostitutes

From the annual report 2000

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**I**n 2000 Munich had around 1,600 registered sex workers. The proportion of immigrant women is assumed to be insignificant.

Immediately after the abolition of compulsory medical examinations in early 2001 quite a few female sex workers arrived from Bulgaria. They were however quickly apprehended during raids and deported.

By contrast, around 70% of male sex workers meanwhile come from Eastern Europe. The main countries of origin are Slovenia and the Czech Republic. For this reason the organisation works with a cultural mediator.

Prostitutes' working conditions were the focus of Mimikry's assistance to women sex workers. The planned revision by the district council of the prohibited area decree was a cause of worry to many women, who feared for their jobs as a result. In 2000, for this reason, 15 delegates from various street-walking areas took part in the cross-party working group "Prostitution" in the city hall. The prohibition of street soliciting remains a problem for the women.

The abolition of compulsory medical examinations by the Department of Health will make it necessary for street social workers raise the subject more frequently of the risk of infection with HIV, hepatitis and other sexually transmitted diseases.

Mimikry plans for the first time to contact via Internet those women who use this medium to attract clients. Answering e-mails and a regular presence on the net are intended to guarantee assistance to women who would not be reached through outreach work.

## ACTICITIES WITHIN THE TAMPEP PROGRAMME

### 2000

March	Hanover	Specialist conference on <b>Immigrant Women</b> , organised by the Lower Saxony State Office for Political Education. Paper during the workshop <i>Prostitution as Gainful Employment – a means of preventing trafficking?</i>
	Hilden, near Düsseldorf	Participation in the conference <b>Immigration &amp; Health</b> , organised by the Academy of Public Health in Düsseldorf.
	Hanover	Participation in the German Whores Movement's working group on law. The group publishes political and legal discussion papers.
April	Hamburg	Exhibition <b>Liebesleben – Love Lives</b> (section AIDS prevention), organised by the Hamburg Dept. of Employment, Health and Social Welfare. TAMPEP had a stall in the exhibition.
May	Osnabruck	<b>Contemporary Developments in Dealings with Prostitution</b> . Further training for Health Department employees in Düsseldorf. TAMPEP led a workshop on the <i>Advice and Counselling of Immigrant Women Sex Workers</i> .
	Hanover	KOK Meeting (Nationwide Coordinating Committee against Trafficking and Violence against Immigrant Women). Participation in the specialist conference on the subject of <i>Prostitution</i> .
June	Berne, Switzerland	Conference <b>Forms of Health – Preventative Health Care with Immigrant Women in Switzerland</b> , organised by the Swiss AIDS Help and Caritas Switzerland. Participation in a podium discussion, workshop led.
	Bremen	Participation in the 28 <sup>th</sup> Whores' Congress, now called the <b>Prostitution Conference</b> . Organised by <i>Nitribitt e.V.</i>
	Hamburg	Event <b>Changing the Law – What do prostitutes want? What are the political parties doing?</b> . Contribution on the effects on immigrant women sex workers.
September	Vienna, Austria	Training of cultural mediators in the area of "Victims of Trafficking", organised by LEFÖ/ <b>TAMPEP-Austria</b> . Talk.
November	Berlin	Participation in the congress <b>AIDS &amp; STD Prevention – a cross-border challenge</b> , organised by the European network UMBRELLA and SPI (Sozialpädagogisches Institut - Institute of Social Education - Berlin).
	Frankfurt/Main	Participation in the <b>29<sup>th</sup> Prostitution Conference</b> , organised by <i>Tamara e.V.</i>

### 2001

January	Copenhagen, Denmark	<u>Bilateral visit</u> : further training for GOs and NGOs in Denmark working or intending to work with immigrant women sex workers, organised by Pro-Centret/ <b>TAMPEP-Denmark</b> .
	Vienna, Austria	<b>1<sup>st</sup> TAMPEP General Meeting</b>
March	Hamburg	<b>Cultural Mediation as a Development Perspective for the Public Health Service</b> . Seminar for Health Service employees, organised by TAMPEP-Germany as part of the Leonardo da Vinci Programme.
April	Hamburg	Participation in the event <b>Sex – just a normal service?</b> organised by the German Women Lawyers Association.
May	Hanover	Participation in the conference <b>Borderline Cases? EU Extension: effects on prostitution and trafficking</b> , organised by the Parity Department – Women's Office, Hanover and the Advice Centre for AIDS & STD of the Hanover Public Health Department.
June	Vienna, Austria	Seminar <b>East-West Mobility in Europe: overcoming barriers to HIV prevention for migrant sex workers</b> , organised by the European Network AIDS & Mobility, TAMPEP International Foundation and the Vienna AIDS Help. Workshop led in conjunction with TAMPEP-Netherlands.



	Plauen	Participation in the <b>30<sup>th</sup> Prostitution Conference</b> , organised by <i>KARO e.V.</i>
July	Berlin	<b>8<sup>th</sup> German AIDS Congress</b> . Participation in a podium discussion on AIDS prevention for immigrants, including immigrant women sex workers.
August	Hamburg	<u>Bilateral visit</u> : further training for employees of Pro-Centret/ <b>TAMPEP-Denmark</b> on the use of cultural mediators in the work with immigrant prostitutes.
September	Warsaw, Poland	Participation in the seminar <b>Prostitution in Central and Eastern Europe</b> , organised by TADA (Polish organisation for AIDS prevention) and the TAMPEP International Foundation.
	Hamburg	<b>2<sup>nd</sup> Steering Committee Meeting</b> of the TAMPEP International Project
October	Edinburgh, Scotland	<b>2<sup>nd</sup> Regional Commission NORTH Meeting</b> of the TAMPEP International Project (members: United Kingdom, Norway, Denmark, Finland, Lithuania and Germany), organised by <b>TAMPEP-United Kingdom</b> .
November	Faro, Portugal	<u>Bilateral visit</u> : conference <b>AIDS prevention among migrant sex workers</b> , organised by <b>TAMPEP-Portugal</b> . Talk and participation in a podium discussion.
December	Gijón, Spain	<u>Bilateral visit</u> : <b>II Congress of the National Network of organisations and Projects regarding Prostitution/ROPP</b> , organised by Cruz Roja Juventud/ <b>TAMPEP-Spain</b> . Workshop led in conjunction with TAMPEP-Austria on cultural mediation in the work with immigrant women sex workers.

## 2002

January	Amsterdam, Netherlands	<b>2<sup>nd</sup> TAMPEP General Meeting</b>
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## Participation in regular meetings

	Hamburg	<b>Women's Consultation</b> . Meeting of Hamburg's women's projects, organised by the Women's Representative of Bündnis 90/Die Grünen (every 3 months)
		<b>Academy of Social Education</b> . one workshop per semester on the work with and for immigrant women sex workers as part of the specialist project <i>Prostitution as a Job for Women</i> (twice a year).
		<b>Working Party St. Pauli</b> . Meeting of the organisations (Dept. of Health, Police, Senate Office for Female Equality and various NGOs) working with and for women sex workers in Hamburg (every month).
		<b>Coordinating Meeting on Streetwork</b> . Meeting of various organisations (Dept. of Health and NGOs) carrying out streetwork for women sex workers, to prevent overlapping (twice a year).
		<b>HAKA</b> (Hamburger Arbeitskreis AIDS – Hamburg Working Party on AIDS), Meeting of all institutions and organisations in Hamburg working with HIV/AIDS (every three months).
		<b>Network Immigration &amp; AIDS</b> . Meeting of the group of medics and social workers who voluntarily support HIV positive people and/or people with AIDS without medical insurance
		<b>Immigration and Health</b> . Meeting of the Health Dept. and various NGOs working with immigrants in Hamburg, with the aim of improving health services (twice a year).

## Press

		Various interviews were given in newspapers, periodicals and on television on the effects of the new law on prostitution on immigrant women sex workers. These reports appeared in the local, national and international press.
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## CONCLUSION

**T**he living and working situations of migrant sex workers in Germany are still difficult: the women are isolated, dependent and without rights.

The intent of the new law on prostitution is to improve the legal and social situation of prostitutes. One would assume that it would to everyone in this group. However, this is not the reality of the situation. As it stands, the new law provides for only half of those working in the sex industry, i.e. for non-migrant sex workers. Yet given that at least 55% of sex workers working in Germany are migrants, the improvements should also extend to this group.

A second step must therefore be taken to improve the legislation and so bring about a real improvement for all those involved. It is not possible to speak of improvement if half the women in the target group continue to be exploited and threatened and live and work in situations of high risk because they lack precisely that which the law was meant to provide: rights.

What has to be remembered is that migrant sex workers come under legislation relating to foreigners, and so changes must be made in this sphere. To achieve real improvements, further rights must be obtained for sex workers, and human rights must be guaranteed for migrant prostitutes at the same time.

Despite the rigid provisions of the law relating to foreigners and recent tension on this issue, there will be no end to the stream of migrants. The consequences of for example the increase in the number of police raids will also cause the women to become more mobile. This will be accompanied by difficult living and working situations for migrants working in the sex industry during the process of migration.

This situation also means that ongoing efforts must be made in the sphere of HIV/AIDs and STD prevention. For an increasing number of women are becoming part of the process of work migration and often have to enter situations of high risk, consciously or unconsciously, as a result of their lack of rights, isolation, and lack of information. The training of peer educators acquires even more significance. Training of such educators is an effective form of primary prevention. At the same time it gives the women strength and raises their self-awareness so that fundamental changes in behaviour might be brought about.

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### The Team in Germany

- |                          |                |
|--------------------------|----------------|
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| ▪ South American Area:   | Julieta Manzi  |
| ▪ Eastern European Area: | Vera Sagel     |
| ▪ Finance:               | Evelyn Taresch |

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We would also like to thank all the other people who in one way or another made qualitative improvements to the project: Lana Kamsteeg for her contribution, and her involvement in drawing up this final report; The association *Amnesty for Women* in Hamburg and its staff for being the TAMPEP project's project carrier in Germany since 1993; All the organizations and institutions that completed our questionnaire and thus allowed us to finish our project; we would particularly like to thank everyone who wrote a report on the situation in their city; Urte von Reckowsky and the *transparent* translation agency in Berlin for translating this final report from the German into the English; and all other persons and institutions that helped at any time.

## THE LEGAL FRAMEWORK

**A**ccording to the law 2734/1999 when a person practices prostitution for money he/she should be provided with a certification which is valid for 3 years.

Requirements for the certification are the following:

- To be over 19 years old
- Not being married
- Not to suffer from certain infectious (TBC) or STDs, mental illness or being an IVDU
- Not being convicted for: Murder at 1<sup>st</sup> degree; Seduction of a younger person; Facilitating another person for pimping, of stealing

The Greek legislation on prostitution refers to migrant for the first time. The migrant sex workers must own a permit stay for issuing a certification for prostitution. If this is valid for 3 years, so is the certification.

Medical tests regarding infectious or STDs are obligatory for people practicing prostitution. These tests should be repeated every 3 months and they are clearly stated in the sex workers' health booklet.

The tests are free of charge and they are performed in the public prefecture hospitals. In case of positive results, the prostitute is under medical supervision until recovery. The medical treatment is free of charge in the public hospitals which also certifies the cure. Practicing prostitution during the treatment is prohibited.

Prostitutes can work only in brothels. Any other form of prostitution is illegal. The brothel cannot serve as a residence. The license for the brothel is issued only to a person who has a certification for practicing prostitution and only if the owner agrees. The municipality defines the number of brothels and the specific areas where these can work.

The sex workers are obliged to have public insurance. They have access in this way to benefits as pension. They are also obliged to pay taxes.

Pimping, slave trade, forcing a person to prostitution, taking advantage of a prostitute are -according to law- criminal actions.

Despite the rather simple image of the prostitution as the law describes it, the reality is rather different. The prostitution takes place in all forms and there are special streets where certain forms of prostitution take place.

There are no actions taken against trafficking of women or even young girls. The police usually "attacks" women in the streets who are taken immediately to court and if they are migrant they are deported.

There are many stories about buses that bring trafficked women across the border to the cities and back again!! The police are believed to play a role in this.

The whole thing (of trafficking) seems to be in the hands of certain people representing Russian and Albanian mafia mainly.

In 2001 there is a new immigration law (see annex) introduced in Greece. One specific article of this law states that the deportation of migrants who denounce their traffickers can be postponed. These two recently introduced laws have a great influence on the situation of the prostitution scene in general and particularly on the situation on the migrant sex workers.

Regarding migrant prostitutes there are no special measures but if according to the law you have to have a contract to work to get stay permit, we think that is rather impossible to work as a prostitute for practical reasons.

The position of migrant sex workers becomes more difficult now, since it is very difficult to work legally. The majority of them work illegally or under other name of job: artist, maid, in bars etc.

The main change is the new migration law which may give the women the right to be legal, to have documents, but the terms for it, are something impossible for a prostitute. Even organizations like the citizen's advocate –mainly a state organization– have declared the many problems the migration law has. On the other hand, the under discussion law for trafficking might be able to resolve some problems at least for the trafficked women.

## THE PROSTITUTION SCENE

In Athens around 500 Greek and 40 migrant women are registered as sex workers. In Thessalonica there are 100 women; in the rest of Greece there are women working in brothels and bars (especially in the islands).

There are approximately 300 brothels in Athens with women sex workers but there are also the saunas, the phone –numbers in the newspapers (around 2.000 phone numbers)

The number of non-registered sex workers in Greece are estimated on:

Greeks: around 5.000

Migrants: 6.500 Russians, 6.300 Ukrainians, 3.900 Albanians and 2.500 Bulgarians. There are also some Philippians working in the bars. It is the first time that we have the numbers concerning the whole country that we got from the police due to the law against trafficking which is under discussion.

There are some data from a research of Public School of Health talking about 5.5% of migrant women arriving in Greece from other EU countries, but these are data concerning the period of one year and we really do not have any true estimation on the proportion of women coming from other EU countries.

In order to have reliable data, we need to carry out a continuous mapping of the scene and data registration through outreach projects. This combination of outreach and continuous data collection should be carried out systematically on the national level.

Only this way we can compare the official data (coming from the police or municipality) with the data coming from outreach activities. This collection of data is particularly important in the framework of regulation system in Greece, because as one may see above, there exists an enormous discrepancy between the (very low) number of registered sex workers and the (very high) number of prostitutes who work without being registered.

## Forms of prostitution

In Athens and Thessalonica there are all forms of prostitution: brothels, massage parlors, saunas, street, in the cars, bars, apartments, call girls (usually educated and good-looking) or by phone. In other cities the prostitution takes place usually in the bars. In the cities where there are army quarters or harbors, there are also brothels.

The work conditions for sex workers are terrible especially for the migrants who sometimes do not have their own passports. The women working in the bars are under strict control of organized crime. Most of them are victims of trafficking.

In Athens the most common place to exercise prostitution are brothels.

In Thessalonica: the streets.

In the islands (the big ones) there is usually a brothel, but the most common way, are the bars. Lately, the apartments have an important role in prostitution and also the taxis who take sex workers from one hotel to the other. This is a form of prostitution that developed recently: the taxis with only one client (the prostitute) takes her to an apartment or a hotel, waits for her and takes her to another one.

What the police stresses now is also a “legal” form of prostitution like the artists in the bars: girls dancing until some hour and then meeting clients. They are legal by the fact that they have a work permit as an artist but of course they work illegally as prostitutes (they are not registered as such) and usually it is not their choice.

The migrant women (the legal ones work in brothels and they usually are Albanians) work usually in bars (Philippians and Ukrainians), through escort agencies and in massage parlors (Albanians).

In the streets in Thessalonica there appeared recently many Bulgarian women who work in prostitution.

Another new phenomenon is the exploitation of children and minors for prostitution. But there is no data on this phenomenon. We stress the importance to investigate this and assess the conditions, mechanisms of the (sexual) exploitation of minors.

Most of migrant women are under the control of their pimps and not allowed to have control on their own life what forms a danger to their health. Most of them come from the countries where HIV and even STIs are not well known, therefore they really do not demand the use of condom and they are also obliged to do any sexual practice the client demands. They also do not speak the language, nor have they access to information neither are they easy to approach. There is a big difficulty in approaching migrant women especially in apartments. There is no organized approach of this population.

The migrant sex workers are illegal, afraid (of the pimps and the police), they do not speak any language but theirs. There is an immediate need for cultural mediators and a more helpful attitude of the state especially the police being extremely violent once they get women from the street.

## HEALTH SERVICES

**S**TD tests (for syphilis, gonorrhea, chlamydia) and HIV tests are compulsory for any sex worker but of course this concerns the registered ones. All registered sex workers have to visit once a month a special dispensary for sex workers for testing on STDs. Every three months they get all the tests for STDs. But in fact, once a month they get a signature that they are healthy. The doctor in the

dispensary does not have the time to examine them all, as they are 200 women who are registered. He/she usually examines some of them. Most of them know how to clean the genital area and because of the use of antiseptics it is not that easy to have pathological findings concerning the vagina.

General health care services are available in any case of emergency. Then, even the hospitalization and the laboratory tests are free of charge. But in case a migrant needs to be hospitalized e.g. for some kind of health problem which is not an emergency, the prostitute's embassy will pay the cost or she will pay by herself. In case she asks for tests to be done anonymously there is no problem. Of course if she has to be hospitalized this is not possible to be done anonymously.

Every medical support is offered to HIV/AIDS patients legal or illegal. This part of the job NGOs have done in Greece last summer. This issue has been of great discussion with the Ministry of health due to the great cost especially of medicines.

In the case of the service providers they have real trouble because of the language and the fact that they are not able to locate the migrant sex workers. On the other hand the sex workers do not know their rights. They are afraid to get in touch with the health authorities as they think there is the possibility to be arrested and deported which is not the truth.

## **ANALYSIS AND EVALUATION**

**T**here are big obstacles to implement adequate and effective health and social services accessible to sex workers

All the sex workers in Greece have access to health services, but this refers only to legal prostitutes. This means that the illegal ones do not have any right to health services (with the exception of HIV& syphilis, testing and treatment) except the case of an emergency when everybody can make use of the health system. In fact the migrants do not really know anything about it and because of an article existing in the migration law obliging the doctors to call the police for the illegal ones they are really afraid to approach the hospitals. The article has been erased after the intervention of the independent authority of protection of personal data and rights. So, the migrant sex workers do not have the information that the article is not any more applied and they are afraid to ask for help. The police prosecute these women as illegal without the exception of the victims of trafficking. The new law for trafficking might change this, but still there is a lot of work to do with the authorities and the public opinion.

## **THE ACTIVITIES WITHIN THE TAMPEP PROGRAMME**

**O**ur long-term priority is to create a better structure of services at the national level.

On political level: we have to work more with the state authorities, with the under construction laws referring to migrants and their rights, with the police but also with the public opinion, the NGOs and the prostitutes themselves.

We also have to work more with the efforts to disseminate the information to prostitutes themselves.

### **Our strategies for reaching these objectives are:**

- Lobbying with other NGOs who work with migrants, fighting for the protection of human rights
- Working (meeting, advocacy activities, policy advice) with the state officials.
- Organizing street work in such a manner that the information reaches the women.
- Cooperating with the migrant organizations
- Involve mass media
- Produce specific information material for (migrant) sex workers

### **Positive results that we have reached**

- We managed to get in contact with 22 NGOs and GOs working with migrant population, informing them about TAMPEP, explaining them why we could have common points in our work and task.
- We have created a political pressure through press about the migration law, prostitution law and now about trafficking and we have managed through social pressure to intervene and change the article for health services of migration law. We are now in the middle of the discussion for the law about trafficking, expecting to do our best.
- We consider that our masterpiece is the creation of the network for carrying out of outreach projects and the will of the state to fund these activities, (see the description of this activity in our Case Study). We consider as really important the whole procedure about it and the fact that different people with sometimes totally different point of view have managed to agree to a common text, a common way to carry out outreach activities. The next very important thing is the fact that the state will fund the project that has been created and is being run by NGOs.
- The information material has been revised, enriched and its contents have been evaluated on various levels by:
  - Firstly by medical doctors and now is being evaluated by sex workers in terms of quality of information, the language and the attitude it creates.
  - Service providers of different services (medical, social services, NGOs) have been approached and they offered their support.

### **The National Seminar**

We organized a national seminar on 26<sup>th</sup> of January in the institute Pasteur and the subject was: “ *Migrant prostitution and public health* ”

We have chosen the subject because now the law about trafficking is being formed. All the members of the scientific committee responsible for this law and the ministry of public order were among our speakers.

### **Program of the Seminar**

#### First Part: ROUND TABLES

#### **1. TAMPEP: the philosophy and dynamics of a European project**

- Migration - migrant prostitution - trafficking, C. BOTSI
- The Greek law system, K. PAPADAKIS lawyer, member of the council of the lawyers
- Migration - migrant prostitution – trafficking: the European experience, C. POLITIS lawyer, specialized in human rights

#### **2. Trafficking: the state, international organizations**

- The Greek law. Data from the people arrested, ANDREACOU, police officer, responsible for trafficking, ministry of public order
- Greek reality of trafficking, K. LYKOVARDI, lawyer: citizen’s advocate
- Trafficking: an international reality. The problem and the reaction, D. ESDRAS, IOM

### **3. Migrant prostitution and media**

- The role of media on public opinion about trafficking
- The press, E. KAZALOTTI, journalist
- The TV, T. TELOGOLOU, journalist

#### Second Part: LECTURES

##### **Epidemiological data on migrants and migrant sex workers in Greece**

K. KYRIAKIS; Dermatologist-venereologist: HIV and STDs reference center; Health services for migrant/refugees

The NGOs:

##### **Organizing health services for migrants/refugees. Experience in Greece**

K. SKLAVOU, social worker: Doctors of the World

##### **Experience in refugees camps**

A. TERZIDIS, doctor: Doctors of the World

##### **Health services for migrant/refugees in Greek hospitals**

VOGIATZAKIS, biopathologist: National coordinator of AIDS & MOBILITY

##### **Health services for migrant/refugees. The state**

M. HINI, pathologist, infectionist: CIDC (KEEL)

##### **Trafficking and the victims. Case study: from home to prostitution**

N. VARDARAMATOU, social worker: Center of Research for Peace

##### **Case study: from home to the streets**

ABOU ALI: Migrants' organization (drop-in center)

##### **Male prostitution. We never accepted it.**

P. DAMASKOS, sociologist: national co-ordinator of ENMP

In the seminar took part 60 NGOs working with migrants, women, refugees, prostitutes. The seminar was also attended by Mrs M. Papandreou, (the former wife of A. Papandreou, former prime minister). She also is involved in the issues of trafficking and is specialized in public health. The seminar was attended by 150 persons.

Also representatives of political parties, the law school, the school of sociology and anthropology and of course of the ministry of public order and health were present. The discussion revealed the real troubles of the country. The law for prostitution due to many prerequisites how to become a (legal/registered) prostitute really promotes illegal prostitution. Due to prostitution and migration law the migrant women and even the victims of trafficking, are arrested and deported even before testifying against their pimps. The police officer says she hopes the anti-trafficking law now will resolve some of these problems.

The health system does not exist for migrants and –except NGOs- there is no state intervention to prevent epidemics which is really dangerous! The state declares, they now face the challenge of migration (we really are astonished since migration is not a new phenomenon in Greece) and they plan to intervene with the NGOs.

The NGOs working with migrants have been facing this problem since many years and they even organized research about it and of course medical aid and refugee camps.



The epidemiological data were a surprise. The STDs incidence in migrant population resembles the one of the homo/bisexual men population, and has dramatically changed after 1997. The STDs incidence even doubled (from 12% to 24%). Another important issue is that migrant women have a really high incidence of STDs and much higher than migrant men. The need for intervention is obvious.

The case studies revealed the problem of trafficking in a more concrete way and the male prostitution brought up a discussion that is quite difficult in Greece.

### **Follow up activities**

As a continuation of positive results that we have reached, the most important is to amplify our street work efforts and, of course after revealing the data from the seminar – to exercise political pressure on the ministry of Health so that they take over the responsibilities concerning the intervention about HIV/STDs and health promotion policies for migrant sex workers. Working with media is also important since it has proved to be a real force in our case. We also plan to train/sensibilise service providers towards the need of migrant sex workers.

## **CASE STUDY**

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### ***STREETWORK. THE GREEK WAY...!***

#### **How we set up and coordinate outreach activities in Greece**

**O**utreach work in Greece is well-known among NGOs and lately between at least two GOs. Athens is the main city where street work is performed but it is also conducted in Thessalonica, Volos and Ioannina. Target groups are:

- IVDUs
- Refugees
- Gypsies
- Migrants (illegal and legal)
- Sex workers (illegal, legal, migrants also)

What does really mean? Many things, many ways to do it, enough people. No co-ordination. Who are the people doing it? Almost everybody. The real fact is that the only well trained people who are able to face some of the problems you can meet doing street work, are the people from two GOs: these are organizations facing/ treating drug addiction. They usually deal with IVDUs and their target group are drug users and even if they meet a sex worker or a migrant she/he has to be an addicted person. These two organizations on the other hand deal with addiction in a different way.

The one –KETHEA- represents a dry program (i.e. without substitution) while OKANA is a methadone substitution program. They both offer a psychological care and a follow up of their clients.

The rest of the people who get out in the streets/ parks for migrants, refugees or sex workers, belong to various NGOs, to the social service of Red Cross (they do not do street work any more but they receive cases) and the local social service of the city of Volos.

Some of the street workers have medical background like the workers from the “doctors without frontiers” or the “doctors of the world” and the rest are people from antiracist NGOs. They include the following organisations:

- ACT UP
- ESY against AIDS
- ACT HIV
- Doctors of the world
- Doctors without frontiers
- EKKYΘKA
- Feminist initiative against forced prostitution.
- Migrants drop-in center
- Greek council for refugees.
- Transcultural center “Compass”
- Network of social support of refugees and migrants.
- GOs and International organizations
- IOM
- KANA (Organization against DU)
- KETHEA (center for therapy of addicted persons)
- Social service of Volos
- Red Cross

What was **the main idea**? The idea is ambitious: to institutionalise street work, to make the state to pay for it and to organize it.

Why? There are 4 main reasons for this:

- The needs. Greece is the frontier of EU facing the former Eastern Block and the country has been accepting and will accept legal or illegal migration from these countries for a long-long time. On the other hand Greece has a frontier with Turkey and much of the trafficking and smuggling comes through Turkey. This is not going to stop either. The number of IVDUs is growing up in our country also.
- We all do street work our way depending on our interests and our target group. We do it with volunteers when we are able to do it.
- Street work represents to a serious intervention to be done only on volunteer basis. It needs a professional approach. Different target groups need different approach. Every NGO or GO has its own experience to contribute.
- The way it is done today it is difficult to have satisfying results, neither a good follow up and evaluation.

### **Methodology**

How did we do it? We made personal contact with every person responsible for street work in each of these organizations. We explained the idea and our way of thinking. We persuaded people that we need a cooperation even if we approach the problem in a different way. Of course we had to reassure everybody that we were not going to exploit their ideas, their way of working, their results and data.

When everybody agreed -that took us 2 months- we got in contact with the state: the president of the CIDC (Centre of Infectious Diseases Control). We explained to him why streetwork is so important and why he has to fund it. To our surprise he agreed!!

### **Meetings**

All meetings took place in the CIDC. Everybody was feeling inconvenient but they wanted to co-operate. In the first meeting we had prepared a draft paper on street work using TAMPEP publications and methodology. The paper has been distributed to everybody and a discussion started paragraph by paragraph. There were some corrections but the most important fact was that since street work was going to be

addressed to everybody (sex workers, migrant, refugees, IVDUs) it could not refer only to health promotion but also to emergency problems, legalization, access to social services, to NGOs, human and civil rights...

The street work group was decided to be multidisciplinary including doctors, social workers, psychologists, cultural mediators and peers according to the needs of the targets. The training of the street workers, was considered to be an on going procedure, so it is proposed to be done through seminars in Greece and abroad. It was decided to have a meeting once a month, for discussing the work effectuated and the problems that we faced during this time.

KETHEA had a really important proposition. Their street workers demanded -and everybody accepted- to adopt an ethical code of behaviour. We propose to TAMPEP network to also adopt it although we think that everybody works already this way.

The group members should:

- Behave as a positive example
- Every information regarding the client should be confidential
- They should respect that all clients should receive a professional, not possessive, not judgmental relationship.
- To serve the clients independently on their religion, gender, nationality, sexual orientation, political beliefs or economical situation.
- To realize that perhaps the client's interest demands reference to other authority or professional.
- Any sexual relationship with any client is forbidden.
- They should avert any exploitation of the client (family included) for personal profit.

Every NGO and GO is now giving the lists of their street workers so that we will be able to form the street workers groups and also set up the technical/financial part of the project.

The material to be produced: the health prevention leaflet based on TAMPEP material translated in Greek and adapted. The material regarding HBV, HCV, HIV (prevention and treatment) and use of condoms is also being prepared. It has been already translated in Bulgarian and it will be in Albanian and Russian too. Information about legislation, civil rights and access to social services is going to be the themes of an extra leaflet that is still under elaboration.

The evaluation of the project forms a matter of concern it is because every scientist in our group has a different point of view and different ways of evaluating the results of a project. A specialist working in the USA was proposed to help us with the evaluation of our job and he accepted to help us.

Street workers of these NGOs and GOs working in the field have already started to meet regularly in order to know each other, discuss their ways of approach, the problems they face, the possible solutions and the co-operation.

We think that the whole initiative is unique and it merits the trouble we are getting through.

### **Report on recent legislative measures in Greece concerning immigration rules and the status of legal and illegal aliens on Greek soil**

**T**he Bill of Law Nr. 2910/2001 issued on the Official Gazette of the Greek Government, volume 91 of the 2<sup>nd</sup> May 2001, on the 'Entrance and stay of aliens on Greek soil (dominion) as well as the acquisition of the Greek citizenship', comes as the most recent sample of Greece's native legislation on a phenomenon that has proved to become crucial for the Greek society, not only as a future concern, but as a present reality as well: the status of legal, but more importantly of illegal aliens on Greek soil, and in extension, under the dominion of the European Union.

It is not in this Report's intensions to comment on the economic, social or the cultural parameters of the presence of legal and illegal aliens in the Greek state. It will only attempt a brief presentation of the main points of this newly enacted Bill of Law.

The Bill of Law Nr. 2910/2001 is not applied on :

- individuals ruled by the legislation of the E.E.C./E.U. (European Community legislation) = EU citizens,
- on refugees, as defined by the Geneva Treaty of 1951 and the New York Protocol of 1967, or on individuals that have applied a petition in order to be proclaimed as refugees according to the spirit of the Geneva Treaty of 1951.
- individuals with multiple nationalities, even if one of their nationalities is the Greek.

Alien citizens can be allowed to enter the Greek dominion only if they have the proper travel documents such as passport, visa etc. and only through certain checking points along the Greek borders, ports, airports etc., following the proper procedures.

Alien citizens who have legally entered the Greek dominion can be granted a permission of stay in the Greek state on the following grounds:

- In order to study in Greek educational institutes (Universities, Polytechnic Schools, Technical or Professional Schools, Greek Language Schools etc.)
- In order to work under a certain labor contract
- In order to develop a form of independent economical activity
- In order to be reunited with one's family (family reunion)
- In case the alien citizen is married to a Greek citizen or to a citizen of a state-member of the EU

Other reasons:

- In order to be employed as professional athletes or professional athletic trainers/coaches
- In order to develop commercial activities as members of Boards of Directors, Managing Directors, Administrators or members of personnel in legal entities such as commercial companies seated in Greece.
- In order to develop cultural or artistic activities (cultural creators such as authors, writers, directors, painters, actors, choreographers, members of artistic groups and circuses)

Aliens who apply for permission of stay on one of the grounds listed above are obliged to prove and previously declare:

- ability to afford the financial cost of one's residence in Greece,
- certificate of medical and pharmaceutical insurance in a Greek Social and Medical Insurance Fund or Institution
- official documents serving as proof for the purpose of one's residence in Greece (certificate of enrollment in an educational institution, labor license and contract of labor, certificate of family status, educational and professional certificates / licenses ),
- certificate or any other kind of document issued by the Greek employer (commercial companies, athletic clubs, individual entrepreneurs etc.) who is interested in the applicant and willing to employ him/her
- health certificates issued by Greek hospitals certifying that the applicant alien is not suffering from a disease that can be considered as a threat to the public health according to international standards and the World Health Organisation

Alien minors residing in the Greek dominion are obliged to follow the minimal compulsory public education, such as the Greek minors. Alien minors enjoy full opportunity to participate in every level of the Greek educational system, without any form of discrimination in favor of Greek citizens.

Aliens that have been granted permission of stay and/or labor license by the Greek authorities are obliged to inform these authorities on every change of their known residence, personal status (fullage of minors, marital status, such as divorce, marriage, child birth etc.), loss/renewal/change of their traveling documents, change in their labor status (change of employer, rescission of labor contract etc.

Aliens may be deported by the Greek authorities in case of conviction by the Greek justice for a certain list of penal offences or in case their presence in the Greek dominion is considered to be threatening the security of the Greek State, public security.

Deportation (expulsion) of an alien citizen can also be ordered by the Greek authorities in case the alien is suffering from a disease that can be considered as a threat to the public health according to international standards and the World Health Organisation, but one is refusing to comply with the measures suggested by the medical authorities, although one has been properly informed and updated on one's medical situation.

The deportation/expulsion procedures may be temporarily postponed on humanitarian grounds, concerning especially the alien's health, social or family life.

Deportation of aliens agreeing to cooperate with the authorities in order to punish acts of pimping to prostitution may be postponed.

Deportation of alien citizens is prohibited in case the alien

- is a minor and one's parents are legally residing in Greece
- is over 80 years of age
- is a parent of a Greek citizen of minor age and the alien is responsible for the minor's upbringing.

Public services (including public hospitals and their staff), institutions, public law entities, municipal and prefectural authorities, public interest companies, social security services are obliged not to render their services to aliens lacking passports or other traveling documents, permissions of stay in Greece, or are unable to prove, in general, that they reside legally in Greece. This prohibition excludes medical institutions (public hospitals, private clinics etc.) in the case of treating aliens that were transferred under extraordinary and urgent circumstances, or that are of minor age.

Notaries are obliged to verify that alien citizens participating in contracts are legally residing in Greece.

Leasing of real estate properties to aliens is prohibited in case the alien is lacking proof of legal residence (permission of stay etc.) in Greece.

Hotel managers, directors of clinics and health institutes are obliged to inform the authorities on every arrival or departure of alien citizens that they host.

## THE LEGAL FRAMEWORK

System for regulation of prostitution: "limited abolitionist"

### 1. The law on prostitution and its main features

According to the Act No. LXXV of 1999 on the "Rules of Intervention Against Organised Crime and the Individual Phenomena Related Thereto and on the Amendments Connected with That", there are *protected zones*, where prostitution is not allowed and *zones of tolerance* should be created in the places, where prostitution dominantly appears. The assignment of such locations cannot be neglected, if prostitution permanently appears in public places and the settlement has more than 50.000 inhabitants. Consequently:

- prostitution is tolerated as an *individual activity*,
- practised outside the protected zones,
- with the obligation of regular health check,
- the brothel forms of prostitution (sex- clubs, massage-parlours) are forbidden.

*The protected zones*, where prostitution is not allowed are as follows:

- those parts of *public roads*, which are used for the traffic of vehicles;
- territories within a 100 m wide area *around motorways, carriageways and also public roads* marked by one-or two –figure numbers outside inhabited areas;
- territories within 50 m wide area *around the main road of inhabited settlements*;
- *buildings* in which Parliamentary, public administrative, judicial bodies, prosecution services, diplomatic and consular missions, or international organisations enjoying same rights are located; buildings which are meant to serve as places for public and higher education, child welfare, child care, social services and public culture; terminals used for passenger traffic (airports, railway stations, ports); places used for services of registered Churches; based of armed forces; cemeteries and other memorial places, as well as public places within a 300 m wide area around places listed in this point;
- *side-streets, in which institutions* which are meant to serve as places for education, medical treatment, permanent accommodation of minors as well as child welfare, child care services *are located/operated*.

*Within the protected zones* prostitutes are prohibited to provide sexual services:

- in those parts of the *blocks of flats which are jointly owned or used by tenants*;
- *in vehicles*,
- *in places other than flats*.

### 2. Violation of rules

*Prostitutes as well as clients are prohibited from offering or accepting sexual services in the protected zones*. Furthermore, the offering of sexual services to persons under 18 years, the accepting of offers of such person and the offering services, in a way offending other people, is forbidden.

The violation of the rules on prostitution concerning public order, is constituting a *contravention*, sanctioned by fine. There is a strong police control over the street-prostitution, independently, whether it is practised by migrant or non-migrant. (The offer for sexual services is forbidden in the protected area; possessing special document on regular health check is necessary; etc).

To provide the infrastructure of prostitution (maintain a brothel, to provide financial means to the functioning thereof, make available a building for the prostitution of others) as well as exploitation of the prostitution of others, is constituting a *crime*, sanctioned by criminal law.

The violation of rules can be as follows:

### **2.1. CONTRAVENTIONS sanctioned by fine**

- *Prostitutes* as well as *clients* are prohibited from offering or accepting sexual services in the protected zone,
- the offering of sexual services to *persons under 18 years*, as well as the accepting of offers of such person,
- the offering of services, in a way *offending* other people (like aggressive, indecent verbal invitation, obstructing the movement of another person, etc.), offering services *without medical certificate* prescribed in special law /*Decree of the Minister of Health Affairs* (No.41/1999 (IX. 8 According to this, a prostitute can offer sexual services only, if she is possessing the prescribed *medical certificate*, which is valid together with her identity card. The medical examination should be *initiated by the prostitute* herself. It is *not free of charge* and *should be repeated* every month or once in three months, depending on the kind of examination.

### **2. 2. CRIMES sanctioned by the Penal Code**

**2.2.1.** to provide the infrastructure of prostitution (to maintain a brothel, to provide financial means to the functioning thereof, make available a building for the prostitution of others)

Promotion of Prostitution - Sect. 205

- (1) The person who makes available a building or another place for prostitution to another person, commits a felony and shall be punishable with imprisonment of up to three years.
- (2) The person who maintains, heads a brothel, or makes available financial means to the functioning thereof, commits a felony and shall be punishable with imprisonment of up to five years.
- (3) The punishment shall be imprisonment from two years to eight years, if
  - a) *any person who has not yet completed his eighteenth year, engages in prostitution in the brothel,*
  - b) prostitution is promoted as part of a criminal organisation.
- (4) The person who persuades another person to engage in prostitution, shall be punishable in accordance with subsection (1).

**2.2.2.** exploitation of the prostitution of others (living on the earnings of prostitution – Article 206, pandering - Art. 207 of the *Penal Code*),

Living on Earnings of Prostitution - Sect. 206

The person who lives wholly or in part on the earnings of a person engaging in prostitution, commits a felony, and shall be punishable with imprisonment of up to three years. Banishment may also take place as a supplementary punishment.



### Pandering - Sect. 207

(1) The person who solicits another person for sexual intercourse or fornication for somebody else in order to make profit, commits a felony, and shall be punishable with imprisonment of up to three years.

(2) The punishment shall be imprisonment from one year to five years, if the procuring is business-like.

(3) The punishment shall be imprisonment from two years to eight years, if the procuring is committed

a) to the injury of a relative of the perpetrator or of a *person under his education, supervision or care or who has not yet completed his eighteenth year of age*,

b) with deceit, violence or direct menace against life or limbs,

c) as part of a criminal organisation.

(4) The person, who agrees on the perpetration of pandering defined in subsection (2) commits a felony and shall be punishable with imprisonment of up to three years.

**2. 2. 3.** Trafficking in human beings (Chapter XII. Title III.: Crimes against personal freedom and human dignity, Article 175/B §. of the Penal Code). This regulation entered into force in 1999. From 2002. however on the 1<sup>st</sup> of April, 2002. a new amendment will enter into force, which is harmonising the definition of trafficking in human beings, according to the European standards, new developments and international documents, like the UN Convention on Transnational Organised Crime and the Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the UN Convention Against Trans-national Organised Crime.

## **3. Police control**

The Sexual Moral Protection Squad was established in 1999, within the frame of Budapest Police Headquarter (BRFK), Department for Combating Organised Crime, Department of Criminal Intelligence. The task of the Squad is to investigate crimes and their perpetrators related to or in connection with prostitution. The Squad co-operates with more investigating units, with central organs of the National Police Headquarter (ORFK) and the Budapest Police Headquarter and with social and economic organisations respectively. The job of the Squad is divided into sections connected to the outward forms of prostitution. On the basis of these separate sections it deals with street prostitutes, with brothels, with night-clubs and with prostitution directed to foreign countries.

## **4. Victim/Witness protection**

### **4.1. Legal protection**

In general, concerning legal protection, a whole range of measures of witness protection is existing within the criminal law. Among others, it is possible to handle files of criminal cases - containing personal data of witnesses - confidentially. There are even more possibilities in the case, when the witness is declared as *protected or specially protected witness*.

In the case of *organised crime* there is a possibility to pronounce the witness as specially protected persons, ensuring full anonymity for them. Its preconditions:

a) increased threat or danger (and their identity is still not known by the defendants and representations of the defence)

b) furthermore, the evidence cannot be provided by other means or replaced by other forms of evidence.

In these cases special protection shall be provided. It means:

- a) the defendant and the representatives of the defence cannot meet her/him
- b) the hearing at the Court may be held in closed session (without the presence of the above mentioned persons)
- c) the witnessing can take place in a separate courtroom, by audio-visual equipment and the evidence recorded, can be used during the trial.

#### **4.2. Physical/personal protection**

The endangered witnesses and their relatives should be provided to special protection. The whole witness- protection program and the special witness protection service in its details was elaborated by the recent legislative processes.

### **5. On the Alien Law in nutshell**

The rules on *entry, residence and immigration of foreigners* are regulated by the Act No. XXXIV, 2001.

Tourists can apply for :

- *airport transit visa* ("A" type);
- *travel visa* for 5 days stay ("B" type visa) ;
- for *short-term entry visa*, ("C" type visa ): entitling to entry and stay in a given period, but not longer than 90 days in Hungary;
- the "*D*" type visa, which is entitling for a residence, up to 1 year period, for a certain aim.
- Based on bilateral agreements, citizens of certain states are revealed from visa-requirements.

A "D" type visa is needed in case entering the country for the aim of labour activity or other kind of activities with income and taxation consequences. *It requires a working permit*, issued by the relevant labour authorities, or if the foreigner is a private entrepreneur, a certificate (on fulfilment of special conditions based on special law) is necessary, to practice the activity in question. Visa for an activity with income or taxation consequences can be issued only, when this activity is responding the economic interest of the Hungarian Republic or representing a scientific or cultural value.

*A temporary residence permit* is granted to the foreign citizen, if the planned residence does not exceed 1 year. A long-term residence permit is granted for a stay exceeding one year. Both permits can be prolonged for request of the applicant. Issuing or prolonging of the residence permit can be denied in cases enlisted in the law. An immigration permission can be granted to a foreigner, who has been staying in Hungary for at least 3 years without interruption and whose housing and living is provided, if there are no excluding circumstances. In special cases, like family unification or former Hungarian citizenship or Hungarian ancestry, the requirement of a 3 years stay can be disregarded.

In certain cases, defined in the law, the prohibition of entry and residence can be ordered.

The Act contains a Chapter on *legal harmonisation*. It is regulating different questions, among others concerning the amendment of the criminal procedural law.

*According to the §. 118/C, the prosecutor and the court can initiate at the Alien Police*

*Authority, to provide an entry and residence permit to the foreigner and their relatives, whose witnessing can contain such evidences, which probably cannot be obtained from other resources.*

(On the status of refugees, the Act No CXXXIX. was issued in 1997 and modified by the Act No. XXXVIII. in 2001.)

## THE PROSTITUTION SCENE

**A**s far as the street prostitution is concerned, in the consequence of the new law, from 1993 until October 1999, a dynamically increasing tendency of street-prostitution was observed (in particular in Budapest). After 1999 there was a process of relevant decrease, accompanied with a certain rearrangement among prostitutes and their pimps, which may mean a migration to other places (city, country) or a position-search in another branch of crime.

The prostitution scene is varying. According to the form of prostitution, several types can be distinguished:

- street –prostitution,
- in-door prostitution (massage-parlours, bars, saunas etc.),
- prostitution in private flats,
- call-girls.

A relatively large number of girls are offering sexual services around *public roads or parking places*. Some of them are under control of traffickers or pimps, some however are not. There are women, officially employed in massage-parlours, bars, clubs, pensions *as dancers or other or other kind of employees*, but in reality they work as prostitutes. They are dependent from their "employees" as well as from their clientele. In the city and other big towns, there are *call-girls* working as prostitutes

The migrant sex-workers are usually to be found in the business-premises as well as private flats and to a very small extent, in street-prostitution. There is very few information on this issue, as it is a hidden form of prostitution. Some of the migrant women are employed in the business-premises of the entertainment sector, as dancers, bar-maids, etc. and their possible involvement in the sex-sector is clandestine. Comparing with the local prostitutes, the number of foreign women is not very high, mainly from Ukraine, Romania and Russia.

### Organisations in Hungary dealing with sex workers

Name/ Foundation	Town/ Inhabitants	Sex worker's population	Local problems	Activities
<b>Sex Educational Foundation</b> (1991)	Budapest 2.000.000	Not only female sex workers but also many male sex workers, mainly from Romania.	The coordination of different local and national problems.	Coordination of the UMBRELLA network, health and social care, education, research, training and evaluation.
<b>Patronage for the Hungarian Prostitutes Association</b> (2001)	Budapest 2.000.000	<b>Total: 5.000</b> Street 1500 Bar 500 Peep show 200 Massage 2500	The members of the Association are sex workers. 40 to 50% of local sex workers are soft drug users.	Prevention of risky behavior; use the medical care services; prevention of HIV/AIDS, STD; sexual hygiene; attitude development.

Name/ Foundation	Town/ Inhabitants	Sex worker's population		Local problems	Activities
<b>Association of Social Streetworkers</b> (1992)	Tatabanya 74.000	<b>Total</b>	<b>28-40</b>	One of them is HIV infected. 10% are infected by STD. One or two IDU. 60% consume extasy, marihuana	Outreach work: social and health care, HIV/AIDS, STD prevention; sexual hygiene; changing of the sexual attitude; counselling; dialog between the police, pimps and the prostitutes.
		Gas station	8-10		
		Highway	2-4		
		Road	12-15		
		Inner road	2-4		
<b>Association of Periphery</b> (1995)	Nyiregyhaza 120.000	<b>Total</b>	<b>25-30</b>	20-25% of the sex workers are under the age of 18	Outreach work, healths screening: HIV/AIDS, STD prevention; education; counselling; Donation of clothes, food, condom, soap and legal medicines.
		Street:			
		- with pimp	9-15		
		- independent	4-8		
<b>Association of the Sunshine for the Life</b> (1993)	Miskolc 200.000	<b>Total</b>	<b>35-50</b>	Very poor female sex workers; Two or three gay sex workers.	Mental, social, health and drug counselling; Education; Health service; Support for victims of violence, crimes and pimp's aggression.
		In the tolerance zone	10-15		

## HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX-WORKERS

**H**ealth control of prostitutes is regulated in the decree No.41/1999 (IX. 8.) of the Minister of Health Affairs. According to this, prostitutes can offer sexual services in the zone of tolerance supposing that they are possessing the prescribed medical certificate, which is valid together with their identity cards. The medical examination (Hepatitis B, HIV, Syphilis, Trichomonas, Gonorrhoea, Chlamydia etc.) should be initiated by the prostitutes themselves. It is not free of charge (about 120 Euro) and should be repeated every month (Gonorrhoea) or once in three months (the whole, like the initiated examination), depending on the kind of examination.

The examination should be made in the local government's Dermatology and Venereal Diseases Station or in the National Institutes (Institute of the National Dermatology and Venerology, Institute of the National Blood-Transfusion, Hospital of the Transmittable and Tropical Diseases/St. Laszlo, Budapest). The problem is, that however a high number of sex workers are (monthly or every second month) willing to visit the gynaecologists (either in private practice or in the public health sector), they are not so consequent in attending the medical check at the doctor of venerology. Knowing this fact, it is not surprising, that in spite of the legal obligation for prostitutes to attend the prescribed medical examinations (by the new, so called anti-Mafia law), since 1999 the issuing of only 30 medical certificates were registered in this field.

It is worth to mention, that the health services - including the STI - health care system is free of charge for all citizens in Hungary. The treatment of STD is also provided free of charge. Migrant SW are however rarely offered special medical or care service.

## ANALYSIS AND EVALUATION

**A**s it was already mentioned the prostitutes are *obliged to undergo medical check* and have a *medical certificate*. The lack of zones of tolerance however has the result, that only a few of them are possessing this papers, consequently there are not exact data on the number of prostitutes. The street prostitution is not so concentrated than before, which makes the outreach activity of social workers very difficult.

In spite of the legal obligation, there are still not existing the so-called "zones of tolerance" as most of the *local governments are reluctant to create such zones* on their own territory (there is zone of tolerance in the town of Miskolc and Nyíregyháza, however it was - in both cases - accompanied by serious protest of the citizens; it should be noted, that some of the citizens are against zones)

It is also not elaborated, who and how is possible to build the infrastructure of such zones. These uncertainties contributed to the fact, that *on the one hand* the former structure of the street- prostitution changed and *on the other hand* some of the prostitutes were trafficked for foreign countries. Prostitution is legalised as an *individual activity*, with the obligation of regular health check and outside the protected zones. The brothel forms of prostitution (bars, clubs, massage-parlours) are forbidden and sanctioned by law.

Summing up the main problems, these are the followings:

- missing "zone of tolerance"
- difficulties to find places, outside the protected zones
- missing maps on the boundaries of the protected zones
- not elaborated, by whom and how is built the infrastructure of such zones
- few prostitutes are possessing the medical certificate
- no exact data on the number of prostitutes
- prostitution re-structured and hidden
- difficulties, in outreach activity/social work.

### Evaluation of the recent developments

In the last 5-7 years there were a lot of efforts in the field of legislation as well as implementation of law. Great emphasis is placed on legislation and practice to improve the situation of migrants. Further financial resources should be allocated to cover the costs of strategic planning, decisions, programs and to improve the quality of accommodation and services.

NGOs with the co-operation of the state organs, authorities have held several seminars, conferences, campaign, training, edition of manuals, leaflets, producing films, etc. on both of these issues. *Prevention and training* is in a relatively good level, *assistance, reintegration activity* however should be improved. As it is well-known, prostitution is forbidden in public places, bars, night clubs and so forth. This means, that those women, who are probably working illegally in these places, or who are renting private flats together with other prostitutes and advertising their activity by informal channels, are also not possible to reach by social workers. In these cases the existing telephone hot-lines, the leaflets (available in places where they probably can occur) are the main forms of contact with NGOs who are providing social help, assistance and counselling for them.

The present situation requires a close co-operation between NGOs, working in this field.

The *Sex-Educational Foundation* has played an initiative role in building an informal network. The Foundation is working together primarily with the *Street Social Workers Association* (location: town of Tatabánya), *Periphery Association* (location: town of Miskolc) and the *Sunshine of Life* (in Nyíregyháza). In the future however, more effort should be placed, to widen the present network, to be a real nation-wide.

For the initiation and with the sponsorship of the Ministry for Social and Family Affairs; Department on Women's Issues, recently has started a *pilot project*. The *establishment of an Information and Social Centre for Women*, which is a drop-in centre in Budapest, was placed under the care of the Escape Association. The centre is dealing primarily with the problems of prostitutes and their families. The project aims to assist the victims of trafficking, too.

*Special shelter for victims of trafficking for the purpose of sexual exploitation is not yet existing.* The Escape Association in co-operation of the Menedék (in English: Shelter) Foundation can provide temporary shelter, as well as the White Ring Hungary, Public Benefit Association on ad hoc basis. This solution is working in the practice, it is however not fully satisfying. There are continuous efforts to establish special, well-equipped shelters for the survivors of trafficking in human beings, where the necessary high standards of services shall be provided. Training for NGO activists, media and police officers (In May 2000, the Ministry of Social and Family Affairs organised a training for policeman, on the issue, how to identify, assist and deal with victims of trafficking in women Trainers: Dr. Lenke Fehér, (Hungary) and Dr. Ildikó Naetar-Bakcsi (Austria, LEFÖ, IBF- Intervention Centre) has already started. Further training will be organised in March 2002. and according to the great interest and involvement of the participants it will be organised in the future on a regular basis.

From the standpoint of the self-organisation of the sex-workers, it was a great development, that the Association of Prostitutes (Patronage), was established in 2000, providing a forum, to articulate and represent the interests of this social group (especially the street-sex-worker).

It is recognised, that there is a very complex relationship between prostitution and trafficking. The problems of prostitution and *trafficking in human beings however are treated as separate issues*. It is clearly to be seen in the *Criminal Code*. The crimes on exploitation of prostitution are regulated among the crimes against sexual moral, (Chapter XIV. Title II.) while the trafficking in human beings is regulated in a separate chapter, among the crimes against personal freedom and dignity( Chapter XII. Title III.). From the 1<sup>st</sup> of April, 2002. the new regulation on trafficking in human beings will enter into force. These changes were made in the framework of the legal harmonisation according to the European standards and international documents.

The *media* was also targeted in this respect successfully; the IOM campaign, training, handbooks, interviews were contributing to this positive attitude and result.

## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

### To sensitise GO representatives on the following issues:

Education, Health, Minorities, Policy

### To build a network and other forms of co-operation

During the TAMPEP project, i.e., since the beginning of 2001, some NGOs, which were working quite separately from each other, in different cities of Hungary, created an informal *network*. They started to work together in a more closely and coordinated manner, exchanging information, sharing experiences and meeting regularly for discussions, training, workshops and supervisions. Other NGOs and governmental organisations are ready to attend different meetings or cooperate in certain issues.

#### Network of NGOs in five cities + number of persons involved (in February 2001)

Sex Educational Foundation (Budapest)	3 persons
Social Organisation of Street Helper (Tatabánya)	6 persons
Periphery (Nyíregyháza)	4 persons
Sunshine for the Life (Miskolc)	2 persons
Roma Cultural Centrum (Kecskemét)	11 persons

Some NGOs are working separately and at present they don't intend to be member of the network, for different reasons, like the differences in their philosophy and working methods. There are however some fields of common interests, where it is possible to co-operate in the future and some of these fields were already used as a bases of working together in a particular question. As an example for these kind of gestures it is worth to mention, that some agreed, that their hot-line service can be advertised on the leaflet, edited by the Sex-Educational Foundation and some of their representatives attended the training. This is an other, a limited type of co-operation, which also has positive aspects.

The Foundation made big efforts to build connections with other NGO's, like the

- Association of the Hungarian Prostitutes
- "Background" - Association of Friends for Homosexuals and Transgenders
- NANE (Women for Women Together Against Violence)
- International Organisation of Migration (IOM)

### Organisation of meetings

- Training for the members of NGO's
- Supervision, discussing the case studies regularly (every second month)
- Visiting the NGO's, field-visits, meeting the sex workers
- Education (together with other organisations and NGOs) for high risk groups, to avoid victimisation of trafficking.

#### Organising a 4 days national seminar (March-April 2001)

3 days in Budapest	13-15 April
1 day in the town of Kecskemét	9 March
Visit to the outreach places in the country	

## Seminar in Budapest (April 2001)

### Number of participants of the NGOs

Sex Educational Foundation, Budapest	1 person
Social Organisation of Street Helper, Tatabánya	4 persons
Periphery, Nyíregyháza	4 persons
Sunshine for the Life, Miskolc	2 persons
▪ Other NGOs representatives:	
Blue point /IDU, Budapest	1 person
Association of Local Homeless , Budapest	1 person

### Program:

- Communication skills.
- Personal and sexual hygiene. Prevention of fertility and abortion.
- Prevention and symptoms of STD. AIDS/HIV prevention.
- Special methods and experiences in the street social work.
- Discussion of case-studies – myth, stereotypes, reality.
- Migration, situation of migrant sex-workers.
- Trafficking in women, prevention of victimisation.
- Legislative models - new law on prostitution.
- Sexual abuse, different forms of violence against women.
- Assistance, mental -health issues, physical self-help and self-defence.

The lecturers were prominent representatives of the above mentioned, different fields.

## Seminar in Kecskemét (March 2001)

The participants were members of the NGO *The Roma Cultural Centrum*

### Program:

- Roma community in Kecskemét
- The women's role in the Roma family
- The general health problems and the questions of sexual hygiene, fertility, tuberculosis and STD
- Risk-taking behaviour (economic, social, health aspect).
- The possibilities and perspectives of the Roma women (manpower, unemployment, poverty, etc).

### Visit to the outreach places in the country

<b>Nyíregyháza,</b> at the Association of Periphery	14. March	5 persons
<b>Miskolc,</b> at the Association of Sunshine for the Life	7 March	4 persons
<b>Tatabánya,</b> at the Social Organisation of Street Helper	26 April	4 persons

### Preparation and distribution of information materials

- we used and distributed the TAMPEP leaflets
- we adapted the leaflets to our social problems and issued new leaflets in three languages: Hungarian, Russian and Romanian.



## PRESENT AND FUTURE PLANS

### Present

- a) In September 2001, a new educational topic started in schools: "Hungarian Secondary School Education Program against Trafficking in Human Beings", organised by IOM, in which the Sex-Educational Foundation also was given a role. In the future the Sex-Education Foundation will continue this teaching process.
- b) a new curriculum, initiated by Sex-Educational Foundation in September 2001, *Prostitution and social work*, started at the following institutions:
  - Budapest ELTE University, Inst. of Sociology (2 years course for social workers)
  - John Wesley Univ. of Theology, Budapest (3 semester course for social workers)
  - The University of Szechenyi (Gyor), the Social Organisation of Street Helper (Tatabánya) and the Sex Education Foundation (Budapest) started together a 1st semester seminar on *Prostitution and social work*.
- c) focusing on the secunder and tercier prevention (field-visit, outreach work with counselling, distribution of leaflets; co-work with the NGOs)
- d) *Special Roma Health Program* started in February, by the Sex Educational Foundation focused for the health of Roma-women including the sex-work.

### Future

- Planning to establish a new telephone hot-line in Hungary
- Services would be provided by well trained social workers in four cities. (The financial background is not yet provided)
- Deal with the IDU sex workers
- Organise an independent shelter with the other NGOs
- Build a good contact with the media in order to change the attitude towards SW
- Continue the activities within the international network.

### Priorities

- Lobbying for the solution of the problems concerning the zones of tolerance,
- Great emphasis to make visible and improve the situation of migrant prostitutes,
- Strategic planning, decisions, programs and regular training's for service providers,
- Establish separate shelters for victims of trafficking, with high standards of services,
- Improve prevention of trafficking by:
  - more systematic and wide-scale distribution of information,
  - focusing on high-risk groups,
  - improving specialised training of the professionals,
  - victim support services for survivors of trafficking,
  - regular and intensive exchange of information, standardised data-collection
  - cooperation between the national and international organisations.

### Strategies

- Lobbying activity
- Pointing out the problem's roots, in particular, adequate regulation of prostitution
- Cooperation with: NGOs, GOs, Women's Organisations, Association of Prostitutes
- Mediation activity, to find common fields of interests and action
- Working with the media
- Permanent presence in every forum, represent the interests

## **CASE STUDY**

### ***Erika***

**E**rika was born in Budapest, is now 19 years old and lives as a prostitute since five years.

We are in contact with her since October 2001. The greatest amount of information about street prostitution I obtained by her. Erika lives with her boyfriend, who is the son of her prostitute, the chief, and has to share the income with the chief in a rate of fifty-fifty percent.

It is not clear why she is in hand of her boyfriend. Erika earns for two of them, the young man gives not a penny to the household, even, penalties or fines of traffic regulations are paid by the girl.

That means Erika, from the rest of her earning, has to pay everything, like: penalty of her own and that of the boy, household, as well as bills of week end parties. Besides, Erika is expected to buy gifts for the boy's birthday: gold ring, mobil telephone, etc. Lately happened that he has beaten the girl occuring visible traces, furthermore, Erika is required to give birth to a boy for him. However, they live together since eight months without prevention, Erika seems unable to become pergnant. The young man has already a six years old daughter without any connection, but he is longing for a boy because this is the main value in circle he lives in.

The background of the failing of pregnancy is unknown, in spite of all reasons she refuses to see the doctor referring to shortage of money and time. In addition, she said, business shows a radical fall back because of the growing number of girls. Hard competition lines out on the street resulting fall in prices or undertaking risky ventures.

Among girls working on the 100 Road (second tipe of car-way), Erika was the first I could observe nearer and gave me chance to look deeper into her life. She was fully defencelessness.

Once we had time for a longer discussion. She has hardly no connection with her family, they know nothing on her job. At Christmas she visited the grandparents and got known that her mother had died by cancer, but she was not informed about the mother's sickness. She was told: it was the wish of the mother's wish that nor Erika neither the divorced husband, Erika's father should know the truth. She heard also that within the period of sickness the mother gave birth to a child, furthermore, in the same period her father's new wife also produced a baby, thus, Erika had got two sisters.

I had the feeling, Erika did not know what to do with the infomation, connection with her family disrupted long time ago and she was unable to a deep mourning. This kind of disaffection is not a rare phenomenon in the prostitutes' world. The consequence is negativ: if the prostitute decides to give up 'carrier', the familiar background and shelter is limited radically. The sole connection and supporter for a prostituer remains merely the prostitute himself and his circle. It is all but not help.

This is the point where we, social street workers, can render help. We have to stand by and ensure basis for these girls. Other help is hard to find.

Among services offered to Erika she wanted to remain in contact and to go on discussions. By several occassions she wanted to get doctoral assistance because of

infertility. At another time she moaned for bleeding and pains in her abdomen after having intercourse with her friend. She hoped a pregnancy and asked me to escort her to a gynaecologist. The other reason was the fear of cancer as an inheritance from her mother, furthermore, fear of venereal disease transmitted by her friend. The latter seemed possible for the boy was in intimate relation with other girls, too. She might also have got STD in the course of her 'work' in spite of using a condom.

Erika asked the visit be kept in secret, namely, neither the other girls nor her friend should know about it. Finally, she succeeded in the timing of the appointment but later she refused and the visit fell flat. Erika referred to a shortage of money, in consequence she cannot pay the doctor and, in addition, she fears to fall out of work. In her absence I consulted the doctor who seemed very helpful. Unfortunately, firstly, the health system is unable to tolerate the always changing dates given by the girls, secondly, girls would not show up at a visit for hours long.

In connection with the concrete case arose an important point, namely, the attachment to one of the street workers, a person, already known by the girls. We work alternately, thus, confidence is necessary towards all members of our team who take the turn two weeks. Of course, it may happen, some girl feels more trust to one of us and insists to, however, the waiting for the certain street worker means loss of time especially in case of an urgent problem.

As for Erika, I had more difficulties. It turned out she would not deal with the question to get up. She thinks she is able to work up to the age of thirty years. Thenafter she will go 'to work' anywhere. One of her clients, an innkeeper, is willing to register Erika as an employee in the inn. Erika is ready to pay the monthly extras and charges (approximately 30.000 Ft/month about 120 Euro) and by this way she will be authorized to get pension.

I think, it is not the cleanest book-keeping characteristic of the innkeeper, thus, no contract will be made between partners, but Erika will have to pay 30.000 Ft every month.

The other neurologic point means the child. Erika's 'new family' is awaiting the offspring, the boy. It is anxious from more points, first of all: she can not get pregnant. Cause of this phenomenon may be the abortion made in her 14th year of age. If she is unable to deliver a child (BOY!) and, in addition, her income shows a decrease nowadays, may be supposed the boyfriend's love will go with the wind and the 'new family' will get rid of her. (This is my opinion.) This change may result in some very bad situation at the one hand but may bring with a promise of a new life and relieve at the other.

She said if she would be pregnant, will continue her 'work' still in the visible phase and would do oral sex or, later, would be a call-girl making oral sex. (To what an extent is demand on this type of sex at the market and whether this plan has any reality - I did not ask.)

But I have asked what she would do with a newborn baby. She replied: on the Road 100 there will be always anybody to undertake her baby for 20 minutes (while she is engaged). I was extremely surprised in solving the problem by this way.

I am sure that the connection to her boyfriend keeps Erika in prostitution. Therefore, on my question whether she would make a rupture in her 'job' if the boyfriend would leave

her, the answer was surprising. She said, the 'father in law' is her business partner, thus, in the mentioned case she would ask the 'father in law' to create a little flat for her and there she would continue the work, quite independent from the boyfriend. Of course, it was only a plan.

I got used to the fact that girls are able to make a turn at an extent of 180 degrees. After some days I was told: she and the boyfriend are planning to live independent and separated from father and added, up to now the old man never interfered in the life of the two, the only important thing on his behalf was to get the money from Erika.

Before my eyes she became embittered and bruised more and more through our half-year connection. Her self-estimation decreased saying she is an opportunist and unlucky woman. She dreamed in her fantasy about a greater sum (five million Forint) that would help in her situation. However, through our meetings and for my readiness to help she seemed happy but sometimes she was passive and drew back.

It is a general experience in our work is that reveal is often followed by reject. Perhaps because 'patient' regrets the openness or there is no need for 'sake of conscience' anymore. Some connection may be short but in case of a longer contact the flow of information may be slowed down.

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It was a great impact on our activity, as **Sex-Educational Foundation**, to work together with the participants in the TAMPEP 5 Project, to share experiences, to exchange information, to learn good practices, as well as to avoid the pitfalls of the bad practices, to communicate, to develop new, more adequate working methods and to be strengthened in the efforts to do our best.

## TAMPEP in Italy: the story

In 1993, when project Tampep was begun, the settings in Italy contained noteworthy obstacles, with regard to interventions targeted on immigrant sex workers. By and large, it can be generally said that prevention campaigns in Italy tended to rely on woefully inadequate biomedical models. In essence, such models were ineffective in terms of motivating behavioural changes or enabling individuals to devise appropriate personal strategies for dealing with the risks of HIV infection.

So a primary objective of TAMPEP has been to raise awareness regarding the specific needs of immigrant sex workers among government institutions and volunteer organisations. In each of the cities involved in TAMPEP activities, considerable energy was expended on establishing contact with those agencies and in offering the possibility for reciprocal exchange and collaboration.

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

We decided to devote more time and attention to creating a viable network, capable of offering valid services and instituting effective prevention campaigns.

In the beginning (1993-94), seven cities were chosen based on two primary prerequisites: the presence of a sizeable population of migrant prostitutes and the presence of sex workers affiliated with the *Comitato per i Diritti Civili delle Prostitute* that were willing and able to make a commitment to support the project. All of them were located in Northern Italy, and the cities chosen were Bologna, Genova, Turin, Milan, Verona and Pordenone. Such factors as social and cultural conditions and personal considerations were important in deciding to involve only Northern Italy cities. For example, most foreigners migrate to the North because work opportunities are more plentiful there. And, the project leaders felt that they should personally supervise the local teams to ensure regular contact and to facilitate the possibilities for frequent visits.

When first implemented, the TAMPEP project was successful in broadcasting and affirming its methodology and philosophy. And, after TAMPEP'S first year of work, the project leaders received many requests, not only for intervention and training, but

also for consultant services from politicians and public administrators interested in accomplishing something positive within their territories or spheres of action. The portfolio of projects that could be implemented became vaster and, in some cases, longer lasting.

With the experience derived from the activity unfolded during the project's first two years, TAMPEP's leaders in Italy tried to determine the conditions necessary for development of a model that could be applied in other Italian cities during future phases of activity. At the same time, the project leaders were quite convinced that this project could be used as a promotional tool to further social concern and awareness of the problems faced by female immigrant sex workers. And, as a consequence, they were greatly convinced that this project would also afford the opportunity to conduct a series of activities in the aforementioned cities. The pre-established goals were to learn more about pre-selected groups and at the least to conduct a few basic interventions that could offer some benefit, even if short-term, to the targeted sex workers.

Some local administrations have financed implementation and sustainability of these projects, some of which have achieved a certain degree stability (which signifies funding continuity). The TAMPEP projects that have that turned out to be the ones that have lasted longest and to be the best structured are those at Turin and Venice. Actually, the Provincial Administration for Social and Youth Policies, which is run entirely by TAMPEP staff, has financed the project at Turin for the past four years, whereas the project at Venice/Mestre has now become a regular municipal service, which enjoys the collaboration of TAMPEP operators and the availability of TAMPEP informational materials.

Another Province, where TAMPEP has run a project for two years, is in Novara but, unfortunately, change in political alignment within the Provincial Council has brought about a change in social policies, with the result that the project is now closed. The same thing has happened in other cities, like Bologna, Rimini, and Milan, where our staff participated in the implementation of significant projects, but electoral changes, or changes in political alignments, with the arrival of Conservatives, and/or the composition within the Councils dominated by the North League, an xenophobic political party, have put an end to our work. We are still working in other localities, despite repression and obstructive local policies.

One example of positive collaboration was the activity of the "Make It Better" project, which covers the Region of Friuli-Venetia-Giulia, an UMBRELLA NETWORK<sup>1</sup>, which was run by the Ser.T<sup>2</sup> of Gorizia, with TAMPEP's participation.

Our two European projects have joined up with other associations to form an active and co-ordinated effort among volunteers and associations in the cities of Trieste and Udine and in the Province of Udine. The mobilised street unit has had made three outings a month throughout 1999, but the work has always suffered from the repressive interventions of the police.

At the end of the summer, the work at Udine proved to have been carried out totally in vain. One night, while we monitoring the streets, we found twenty policemen with dogs

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<sup>1</sup> Umbrella Network European Project between Italy and Slovenia. Promotion: SPI Berlin Germany .

<sup>2</sup> Ser.T = Public Health Drug Addict Service

in an underpass of the railway station awaiting the arrival of the train loaded with the prostitutes who commuted there from other localities. They were held in the gendarmerie for the whole night and, the following morning, based on each one's immigrant regularity, or lack of it, they were either carted off to temporary holding centres to await repatriation or they were unceremoniously shunted back onto the trains.

After the conclusion of Project UMBRELLA, we continued TAMPEP's street work, prevalently in the territory of Trieste, where the participation of the local health services enterprise and the City administration opened a project for the refuge of trafficked women, which is called Progetto Stella Polare (The North Star Project). The project is financed by the Department for Equal Opportunity Policies Presidency of the Council of the Ministers Programmes of social protection to help self-determination processes and to support sex-workers who want to free from slavery condition and sexual exploitation.

The Project North Star is carried out by the *Committee for the Civil Rights of Prostitutes* with the Commune of Trieste and the ASS 1 Triestina as partners, and with the collaboration of local associations (Ass. L'Una e l'Altra,) as TAMPEP usually do we contacts the foreign sex-workers directly in the streets and provides them with information about sexually transmitted diseases and local social services useful to foreigners (dispensaries, offices, social health services, etc.). Contacting these women, most of them without legal papers, often made operators aware of dramatic exploitation and discrimination conditions, but they could satisfy requests for help coming from them only partly, because of the lack of a project to the purpose in the town up to now.

The Project North Star addresses just foreign women living in this condition, and offers psychological and material support to persons who want to abandon prostitution. The new law on immigration gives the opportunity to those who are victims of violence or exploitation to request a sojourner's permit for social protection on condition that they are inserted in a programme of social integration and job placement. The Project, working in the network with other associations operating in the region, is concerned with the integration of the women who decide to engage in this programme.

The assistance programme develops into different steps: after the emergency stage, educators and cultural mediators, together with the person involved in the programme, outline a project of social integration aiming at the self-determination of the person. During this period the main concerns are the legal status in Italy, literacy and housing and job placement, possibly after a vocational course. The project keeps following the woman until she and the educators think that the aim of complete autonomy is attained. This programme is usually six-eight months long, but obviously each case requires its own particular analysis.

Beyond the particular cases, since the beginning each integration programme is planned with the person involved in it, respecting her aspirations and being aware of her abilities and knowledge. Besides it is always mindful of cultural differences and the necessity of their partial defence, aiming at a social integration, which should not be experienced as a violent form of assimilation.

Besides this North Star gives the women who request it the opportunity of assisted repatriation, with the possibility of being inserted into projects of job placement, if any

in the countries where the women come from. However North Star keeps following the women who do not want to abandon their street work, trying to increase their self-esteem so that they can free from exploitation though remaining in prostitution.

In other projects, such as the one at Modena, where we have worked for years, offering the collaboration of our Cultural Mediatrices. During 1999 and 2000 TAMPEP's input has favoured the launch of a big project at Rome, which is financed and co-ordinated by the Commune of Rome, as well as projects at Naples and San Remo, for which TAMPEP trained all the operators.

TAMPEP'S economic resources have not always been sufficient, and we have also had periods without any European financing. Therefore, in order to offer more Cultural Mediator/Peer Educator/Operator training courses, we have competed for specific European training projects. We can affirm with certainty that within Italy there are various hundreds of operators that TAMPEP staff have fully or partially trained.

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

Today, the projects activated to offer refuge to women prostitutes now number 52 but all of them do not carry out street interventions. Exclusive of those considered unprofessional, these projects are all networked with social and health services, with houses or communities offering refuge and shelter, and, at times, with job placement agencies, local prefectures and police authorities. Only a part of these interventions carry out street intervention for the reduction of harm. Nearly all of them apply strategies that are similar to TAMPEP's methodology, since many of these project operators have been trained by TAMPEP and use TAMPEP printed materials.

However, the only one that has become a continuing public service is the project, of the City of Mestre/Commune of Venice<sup>3</sup>. All the others are either special or provisional projects that continuously require a political vote for refinancing by local councils. As a result, these projects are always subject to funding interruptions or to sudden termination. Unfortunately, an example of this is the TAMPEP project at Novara<sup>4</sup>, which was financed by the Province for calendar years 1998 and 1999. Notwithstanding the optimum outcome of the activity unfolded, the Provincial Council, because of a change in political alignment that saw the newly elected right-wing members contrary to the integration of immigrants and to the support of a project for prostitutes, will no longer refinance the project.

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

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<sup>3</sup> Free Woman Project / Comune di Venezia. Assessorato alle politiche sociali ; Tampep Italy. - Started in 1995

<sup>4</sup> VIAMICA 55/ TAMPEP / Province of Novara ; Tampep ; CGIL. - Started in 1997



However, the true underlying problem is funds appropriation because there have been many cuts in social spending. Many base associations carry out their work on the street with financing from local institutions. However, few of them are adequately equipped and trained. Even the Catholics are divided. There are those who offer only the Bible and stuff the women into communities, while there are those who distribute both coffee and condoms, but there are also Catholic or non-Catholic groups, which have gotten themselves trained or are undergoing professional training, that have very seriously undertaken this sort of work. A good example is TAMPEP's collaboration with Gruppo Abele, a noted Catholic group that is highly occupied giving social support to the emarginated ones, which usually includes TAMPEP operators as trainers whenever it starts up various training courses.

## The Italian environment

### THE LEGAL FRAMEWORK

In its time, the Merlin Law of 1958 guaranteed the freedom of women prostitutes from State-sponsored brothels and obligatory health and police controls. However, we are dealing with a law that contains abolitionist tendencies. As a result, it punishes aiding and abetting prostitution, luring clients, (an act that has been depenalised and reduced to a fineable infraction since 1999), and it excludes the possibility of organising prostitution in closed surroundings (public localities, clubs, and apartments). In practice, for many years there have been many court verdicts that have applied the law in a very repressive manner.

Therefore, prostitution is mostly carried out on the streets. For foreigners there are no specific prohibitions against the practice of prostitution nor is there a law that affirms the right to practice prostitution. The situation of immigrant women that practice prostitution is much worse than that of Italian women because the foreign women are often illegal immigrants.

The law on immigration (Law 40 of 1998)<sup>5</sup> has introduced guaranties for immigrants; therefore, there is guaranteed access to emergency health services, specialists, maternity/infant care, and preventive medicine, even for those that are clandestine immigrants. Article 18 ex art.16 of this law promotes dispensing aid to victims of trafficking and finances programmes of social reinsertion, with the guaranty of a sojourner's permit for work. This social largesse should be equally guaranteed to even the women that do not denounce their exploiters or that find themselves in peril of life and limb; however, application of the law in this sense encounters resistance at the level

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<sup>5</sup> 286/98 "Testo unico delle disposizioni concernenti la disciplina dell'immigrazione e norme sulla condizione dello straniero" pubblicato nella Gazzetta ufficiale del 18 agosto 1998, n.191-SO n. 139

La legge 40/98 "Disciplina dell'immigrazione e norme sulla condizione dello straniero" recante delega al governo per l'emanazione di un decreto legislativo contenente il testo unico delle disposizioni concernenti gli stranieri. Ci sono state delle variazioni procedurali per cui c'è stato uno slittamento negli articoli. Pubblicato su gazzetta ufficiale 12 marzo 1998, n. 59.

Dpr 394/99 "Regolamento recante norme di attuazione del testo unico delle disposizioni concernenti la disciplina dell'immigrazione sulla condizione dello straniero", a norma dell'art 1, c.6 del decreto legislativo 286/98. pubblicato sulla gazzetta ufficiale il 3 novembre 1999, n.190.

of the local State Police offices. The scope of this article is national but, on the part of local law enforcement organisms, there is wide discretion on interpreting its individual application.

The women that benefit from the safeguards guaranteed by Article 18 are victims of bureaucratic slowdown: slowness in obtaining the sojourner's permit, slowness within the juridical apparatus, as well as the too-hasty release of the very persons that they have denounced for the trafficking of human beings, all of which represent the major problems that the associations that work in this field must continually resolve. The new Government intends to modify the law on immigration but, for the moment, even though there is talk of redefining the status of victimisation, there does not seem to be any intention to change article 18. For the moment, the continuation of health assistance for irregular immigrants has also been confirmed.

Meanwhile, it seems that in general there will be greater limitations and lesser rights for all workers. In fact, for immigrant workers there is the thought of linking the sojourner's permit to the work contract, which would mean conceding rights only for the period in which one is a bona fide worker.

## THE PROSTITUTION SCENE

**A**s we have mentioned, street prostitution in Italy is very widespread because brothels are prohibited and prostitution within closed surroundings is very limited because it is illegal.

Actually, the presence of immigrant sex workers on the streets is much higher than that of Italian women. In some cities the rate reaches 90% of the total. (See Questionnaire Responses.) We estimate that there are 50,000 persons who practise prostitution in Italy; of these, half of them (25,000) work on the street. The majority of the foreigners are clandestine immigrants and, at times, traffickers in their countries of origin have recruited them.

During 2001, there have been notable changes in the target's dispersal because of the application of new and severe norms against human trafficking. There has been a significant fall in the number of Albanian women and, besides this drop; the incidence of expulsions of Nigerian women has grown. With regard to Nigeria, it goes mentioned that the accords for readmission that have been stipulated between the Italian and Nigerian governments have impacted very negatively on this target because Nigerian women are now more easily repatriated. What happens to them upon their arrival at Lagos seems a rather grave matter, seeing that they are detained, with release occurring only after payment of one thousand dollars (US \$1000), perhaps, because Nigerian law punishes prostitution. They all undergo a mandatory the HIV test and, if the result is positive, they are not released. They are destined for recovery and cure but we know nothing as to where and for how long. To sustain Nigerian women and to prevent their falling into the networks of human traffickers, in 2001, we set up a project in Nigeria, called Turnaround, that is financed by the Piedmont Region and the Province of Turin, that will carry out a sensitivity campaign. (See the General Meeting Report.)

The nationalities, or countries of origin, of immigrant sex workers is also highly variable from city to city and, in some areas, for some nationalities, their inflow is marked by periodicity. Indubitably, group influx growth is constituted, in actuality, by the women that come from the former Soviet sphere of influence, which are then

followed by African women, almost exclusively Nigerian, and then, in descending order, by the influx of women and men in other ethnic or sexual categories.

In 2001 a new group has reared its head within the commercial sex market: Chinese women. Only rarely had Oriental women been seen on the streets in Italy, probably in all less than ten. Now at Milan there are flats/apartments publicised in newspapers that offer the services of Oriental masseuses. Chinese women work in these flats under the control of exclusively Chinese Madams. The police have carried out haul-ups and arrests. It seems that the whole sector is organised by persons belonging to the Chinese community. Via information gathered from clients, what we have learned from other Italian prostitutes is that these women do not allow penetrative sexual relations but only 'oral massages'. Although we have already made contact with a Chinese Linguistic/Cultural Mediatrix for the production of informational materials, for now we have not yet given thought to an intervention with this target.

As revealed by the Mobile Street Units, by way of their accompaniment services, the state of health of the majority of the sex workers is relatively good. Fortunately, in particular, the incidence of AIDS is modest. Drug addiction among immigrant prostitutes is rare, whilst the incidence of alcohol abuse is only slightly more frequent.

As we have already stated, access to public health services facilities is possible for all foreigners, even if they are illegal immigrants. Some health care, however, is in practise difficult to obtain, e.g., AIDS. The new financial policies enacted by the Government have notably cut health expenditure, and many health departments try not to give services or, wherever possible, try to impose a charge for services. In addition, within recent years there has been an elevated increase in the practise of abortions on the part of immigrant women. Generally, abortions are carried out at public expense and, in addition to these costs, the increasing rate of abortions has given vigour to anti-abortionists. In Italy a doctor can refuse to conduct an abortion because of conscientious objection; therefore, in this climate the number of hospitals where abortions can be practised is ever diminishing and the waiting lists are becoming perilously long.

Often, the street operators have to fight for the rights that the law concedes. However, health care for maternity, abortion, and infections is always given, whereas the cure of sexually transmitted infections (STIs) in Public Hygiene and Prophylaxis Centres and emergency health care are being guaranteed, without difficulty. In some health services facilities there are cultural/linguistic barriers to overcome; however, in many services facilities there are now Cultural and/or Linguistic Mediatrices that collaborate therein to facilitate access.

For those women that are the victims of human trafficking that are controlled by criminal exploiters, it is more difficult to get them to go to the services, which usually occurs only when their condition of health is truly critically compromised. With a change in policy on the part of many public administrations, health prevention and reduction-of-harm financing is lacking, whereas mostly the projects to sustain the victims of human trafficking are still afoot. Budget reductions have been an obstacle for us in conducting outreach activity, which has forced us to rescale our operations.

The mass media nearly always see prostitution from a morbid point of view, nearly always citing only dreadful facts that highlight criminal sexual exploitation and the

crimes connected with this. They describe prostitution only as a phenomenon connected with criminal sexual exploitation and human trafficking. It is never as an independent and autonomous work activity. The transmission of this negative image increase prostitution's stigma, and this image is not useful in developing a positive approach.

On a scale of tolerance Italy shows itself to be divided. Despite being widely turned to and enjoying a rich clientele, in the North, migrant prostitutes are stigmatised, whereas, in the South, on the part of the general population and the police forces, they enjoy a high degree of tolerance. Public opinion shifts widely on proposals to increase police activity for the safeguard of 'public morals'. Many are opposed to the police's taking an increasingly hard line with regard to prostitution. Public opinion is divided among those who want the streets cleared at any costs, those who want the brothels reopened, those who want to save 'damned' souls, and those who sustain a firm policy of fighting against criminal exploitation and the actions that would obstruct human trafficking. There is no discernment made for the women that are victims of criminal sexual exploitation or the women that willingly and knowingly pay off contractual indebtedness that enables them to practise prostitution in Italy. This lack of discernment avoids public debate on the question that would see these involved in first person in defence of their right to self-determination.

In a effort to halt this excessively repressive attitude and to make people reflect on the negative effects of a fight against prostitution rather than the traffickers, we undertook a wide scale information campaign, launching an appeal throughout both Italy and Europe: This appeal was taken to Heart by hundreds of common person, intellectuals, politicians, NGO and men and women engaged in these movements. The document was published in some dailies newspapers, and we had posters printed that were hung up on the streets of the cities. (see appeal bottom in the annex)

Notwithstanding that a high degree of sensitivity has been created within Italy towards the problem of human trafficking, the repressive policies of the police are evermore directed at the victims rather than towards the traffickers. Prostitution is confronted with an approach that is too moralistic. And the prostitutes and their clients are 'persecuted' by repressive policies that are manifested by haul-ups, obscenity arrests, fines for the clients for interfering with the flow of road traffic, fines for the prostitutes for luring clients, seizure of apartments and cellular telephones of those working in a house or flat, the closure of nightspots and other places of entertainment, and citations for aiding and abetting prostitutions for the colleagues and the friends of prostitutes, to include even taxicab drivers.

Last year the police set off a new form of repression, which consists in annulling the sojourner's permits of those foreigners that did not have the permit on their person when they were found practising prostitution on the street. Also, permits that were obtained through marriage were considered null and void. Nearly 300 women were repatriated in spite of their being married. Each day the debate on modifying the law finds space within the media, with even the Prime Minister having expressed his opinion in this regard. However, it seems to be very difficult that the plethora of contrasting opinions, whether those of the politicians or whether those of the representatives of society at large, might bring about a new law. The opposing positions are too varied and too far apart, even within the same political alignments. And, for now, there is no agenda for fruitful debate on prostitution within the National Parliament.

As in the past, in Italy, TAMPEP has unfolded sensitivity efforts, with the scope of enlarging the network of health and social services, besides monitoring old and new projects of intervention for the prevention of HIV and other STDs.

We have been requested to set up some teams of street operatives for the La Gatta (The Cat) projects in Naples and San Remo. We have laid out TAMPEP's work operations and philosophy for everybody, and we have conducted workshops at various training encounters organised by other non-governmental organisations (NGOs) and governmental organisations (GOs) for health and social services operators. (See the activity list in the general presentation.)

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## **TAMPEP 5 Team in Italy**

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**T**his report is based on data that were gathered by a number of groups, with dissimilar experience and involvement with working prostitutes, in the following 10 Italian cities (Florence, Milan, Modena, Naples, Rome, San Remo, Trieste, Trent, Turin, and Venice), which have an aggregate total of about 8,250,000 inhabitants, with the overall presence of prostitutes estimated to be around 9100, with about 5000 of them situated in the North of Italy, and with around 3000 situated in Rome.

With regard to the reduction-of-harm and health-prevention projects among the sex-worker target, the dissimilarity in territorial presence mirrors the policies and administrative practises of territorial institutions.

By all means, the experience of the operators has been a fundamental factor in the impartial collection of these data, which have been agglomerated for three different geographical areas: **Northern, Central, and Southern Italy.**

### **Southern Italy**

In Southern Italy only one project responded. In Naples, there is a community of prostitutes from both East European countries and from Africa. It is interesting to note that there is a community of women from North Africa that have worked in this city for decades. Albanian women are highly numerous, although there is no factor that would seem to indicate an increase in their number, whereas the women from the various countries once under the sphere of influence of the former Soviet Union are becoming more and more numerous, all-together representing about 33% of the overall presence. Nigeria is the country of origin for most of the Africans present within this zone, constituting about 63%. The women from Latin America, Santo Domingo, and Jamaica represent about 4%. By gender, about 90% of the total presence that we monitored were women, with transsexuals representing 7%, and men representing 3%.

For many women, it is interesting to note that Naples is not the point of departure but rather is the point of arrival. Many of the women that we interviewed affirmed that they had arrived at Naples after having worked in many cities of the North before transferring to the South where they found a very tolerable climate. Many East European women affirmed that their country of transit was Albania.

We have collected data that regard only street prostitution but it was also evident that transsexual prostitution exists alongside what is preponderantly female prostitution. The field workers on the streets did not contact male prostitutes.

According to the findings of the field workers at Naples, the living conditions of migrant women prostitutes is essentially no different than that of Italian women, with no evidence of an hierarchical relationship between the two groups. The only difference is the level of earnings but, from an economic standpoint, the Africans prove to be the group most penalised. The women that we interviewed affirm that they keep for themselves around 10% of their earnings, which represents only a minimum part of their earnings. Drug-dependent prostitutes are few in number and prove to be mostly Italian women.

Younger women, and not necessarily minors, usually work alongside older women. Their working conditions are not good. They work without the use of condoms and are unaware of their right to health assistance or their legislated rights. With regard to health assistance, before the arrival of projects dedicated to informing this target, lots of these women turned to private practitioners, some of which, taking advantage of their ignorance about their right to basic health assistance free of charge, demanded exorbitant professional fees.

### **Central Italy**

The cities that we mapped were Rome and Florence. Migrant women represent about 95% of the total territorial presence of prostitutes. Most of them do not have a sojourner's permit and for this reason they are easily exploitable.

The percentage of women, around 45%, from East Europe is very high. The number of Albanian women constitutes more than half the presence of East European women. The women from South American represent around 25%, whereas African women, prevalently Nigerians, are about 30%. By gender, women are 81%, transsexuals are 15%, and men are 4% of the overall presence.

With respect to the rest of the country, the percentage of women from the Balkans is high, with their arrival arising during the armed conflicts that took place in Croatia, Bosnia, and Kosovo; however, the end of these wars has not been a determinant in their repatriation.

The prostitutes that work within this zone either come from the North or from the South, and they recount that they have transited other countries before having come to work in Italy. They work steadfastly within these cities, usually not going elsewhere in order to work.

Within Central Italy, there is contention between the Italian and the migrant prostitutes, who are accused of disloyal competition, lowering the tariffs, and engaging in risky sexual behaviour. However, the most exploited women are the Albanians and Nigerians.

In these cities health prevention projects have been in place for some years; therefore, in short time the women contact their colleagues that are informed about personal rights, particularly health assistance rights. Often, they seek information about health assistance, and about gaining access to medical services facilities, and about the possibilities of taking advantage of the concessions offered by Article 18, governing criminal sexual exploitation (in the Law on Immigration). With regard to younger women, they work alongside and with the same rhythms of more experienced women, but pimps control many of them.

The women autonomously frequent medical services facilities. They also frequent Drug-Dependence Centres; however, drug dependence is mostly found among prostitutes from EU countries, and it is mostly found amongst males and amongst those that practise prostitution in locales and, minimally, amongst transsexuals. Amongst the female migrant prostitutes that work on the street, this finding was unobservable, although an increase in alcohol abuse was observed, particularly, amongst young Nigerian women and amongst the very young women in other ethnic groups.

## **Northern Italy**

In Northern Italy there are a lot of projects that deal with prostitution, so the overall statistics refer to seven different cities: Milan, Modena, San Remo, Trent, Trieste, Turin, and Venice. The women from East Europe represent 35% of the total, from South America 11%, and from Africa 54%. By gender, women represent 98% of the target, followed by transsexuals, representing 1.7%, and men, representing 0.3%.

With regard to the percentages concerning the presence of prostitution, there is a stark contrast between the Eastern and Western regions in the North of Italy that should not be overlooked. There is a big difference in target typology within the Northeastern and Northwestern areas. The overall presence of Italian women is very rare, and there is no pecking order among Italian and migrant prostitutes. To finally reach Italy, the migratory points of entry for the women from East Europe is either through Albania or through Slovenia's Eastern frontier or the Austrian frontier. The perceptual presence of Albanian women is always significant, but we have observed an increase in the presence of women from Bulgaria, Romania, Moldavia, and the Ukraine, and other states of the former Soviet Union.

The women from South America are usually involved in familial migration. It is not unusual to find that these women work together and that they are members of the same family or that come from the very same village/city in the country of origin. They usually live in the same city but they represent only a small portion of the target.

Nigerian women usually arrive via standard routing, through either France or Spain, rarely arriving directly in Italy.

The assistance service at Venice has indicated that there has been an increase in the number of women that work inside clubs and nightspots. These women enjoy a low professional profile, have little capacity for creating an autonomous space for themselves within the web of exploitation, pay more attention to matters concerning health, but their legal situation is always tied up with covertness.

A new element is the role that the clients play. At times, the clients represent the only connection between society at large and migrant prostitutes.

Within this zone no cases of heavy-drug use were revealed among the women. However, among the younger women a noteworthy use of alcohol was revealed, but there were no registered cases of female minors that worked on the street.

With regard to Turin, the situation there is atypical. The territorial presence of migrant prostitutes constitutes 95% of the total sample and, given that the most highly populated Nigerian community in Italy lives in Turin, the Nigerian prostitutes constitute 82% of this sample. Many of the women state they had been passed via France, Spain, or Germany, before arriving at Turin, but there were cases of women that had transited Russia, precisely, Moscow. Often, from Turin they are posted elsewhere throughout the rest of the country, towards either the East or the South. There is a very high degree of mobility, which would infer the existence of a dense, efficient, and well-meshed network. Their working conditions are hard and unprofessional. Their earnings limit is 10% of the tariff per 'trick', with 90% destined for either their female or male pimp, in order to pay off forcibly incurred debt.



Despite the rapid turnover of the women on the street, which disables the operators from deepening their relationships with service-users, health-prevention work seems to be well appreciated, and also we have noted an increase in requests for counselling concerning legislative matters. We did not observe a pecking order among native-citizen and migrant prostitutes: the former work, usually autonomously, inside bars and nightspots, whereas the latter work on the street in a situation of exploitation, which, often, may be consensual.

## TAMPEP in Turin

**A**fter many years of work at Turin, in order to enhance the local project's continuity, TAMPEP project staff decided to constitute a legally recognised socially benevolent non-profit organisation, called TAMPEP Onlus, which will enable the group to start up other projects and to seek regional financing that otherwise would be impossible, or difficult, to obtain. The *Comitato per i Diritti Civili delle Prostitute* (hereinafter called the *Comitato*) will continue to be the official representative for Project TAMPEP, which is financed by the European Commission, whereas TAMPEP Onlus will be the point of reference within the Piedmont Region and will participate at the General Meetings.

Already this year the new association is responsible for two new EU project programmes for the 2002-2003, one is called Equal, the other is called Daphne, which enjoy the participation of both local and other European partners. These programmes are briefly described below.

The Equal Programme, Project Life this project is dedicated to women's freedom, and it is destined to analysis and the realisation of policies that guarantee equal opportunity between men and women in the workplace. It is set up to investigate and to sweep away discriminatory practices in the business world, particularly for the weaker social groups that habitually suffer from discrimination. In addition, as its main objective, this project will strive strenuously to achieve needed changes in thinking and to implement workplace policies that are firm and positive steps towards achieving a viable process of social integration for the women victims of criminal sexual exploitation and human trafficking that rightfully qualifies and offers them gainful and dignified work.

The Daphne Programme, Project Kiriade a research and investigation project, called Kiriade, has been set up under the Daphne programme. The Kiriade project will investigate the abuse and violence that affects migrant minors that are sexually exploited, with particular emphasis on male minors. TAMPEP Onlus has been entrusted with the task to make contact with this target group and to supply them with information and printed materials that instruct them about their legal and social and health assistance rights.

In collaboration with TAMPEP Onlus, the Comitato co-ordinates a new co-operative project with Nigeria, called Turnaround, which is a project that has planned an intensive campaign against the trafficking of women and minors from Nigeria to Italy. We also believe that it is important to increase the level of clear and precise information that hides nothing from the women in Nigeria, who are completely unaware of what it is really like to be a prostitute in Europe and want to come here for that purpose. Although

a difficult future may await them in their homeland, generally, their prospects may be improved with the start-up of new micro-credit lending projects.

The Piedmont Region and the Province of Turin currently co-finance this project. However, we are seeking other funding sources that will provide a certain degree of stability and collaboration with other organisations that have experience in the management of micro-credit soft-loan lending projects in order to set up small-scale work activities for the women that re-enter Nigeria. In this moment Turnaround appears to be the only project of co-operation between Italy and Nigeria that has a clear-cut purpose, which benefits from a large degree of willingness to collaborate and to confront the overall situation in the best way possible.

Since the women that the Italian police repatriate to Nigeria are arrested upon their arrival and are sent to a sort of holding centre, we believe that we ought to investigate what happens to these women in the aftermath of their arrest. Also, we know that they all must undergo a mandatory HIV test, but we know nothing about what happens to the persons that are found to be positive and are not released.

In years past, at Turin, Project TAMPEP has been financed by the Department of Social Policies of the Provincial Council. In addition to our work, which involves disseminating information and unfolding health-prevention activity, which we carry out under our traditional methodology of outreach and street work, upon enactment of Article 18, we began a new project that offers refuge and social protection to women that are victims of criminal exploitation.

Under the provisions of Article 18 of Law 286/98, the Department of Equal Opportunities, Presidency of the Council of Ministers, funds this new refuge and social protection programme, which we have named Antares. These two projects, TAMPEP and Antares, have now been integrated and developed with dual institutional financing, Ministerial and Provincial. However, for the year 2000, financing was somewhat elevated, but for 2001 the operating budget was cut 50%, forcing us to reduce overall project activity and to make personnel cuts. All the work that we have carried out under this programme is worthy of a separate chapter but, for the sake of brevity, we limit ourselves to describing project activity that has been unfolded in the following summary table.

<b>Project ANTARES / Activity for 2000-2001</b>	<b>Quantity</b>
Women Contacted by the TAMPEP Street Unit	1471
Office Consultations	289
Telephonic Consultations	119
Antares Social Protection Programme Insertions	34
Sojourner's Permits Obtained for Social Protection	15
Persons Residing in Houses of Refuge	19
Persons Referred for Professional Training	11
Persons Successfully Obtaining Employment	9
Persons Opting for Voluntary Repatriation	3

We also followed the cases of two HIV+ women, together with the Giobbe Association, one of which was gravid, who succeeded in giving birth to a healthy child, free from infection of the HIV.

## TAMPEP activities in Turin in 2001

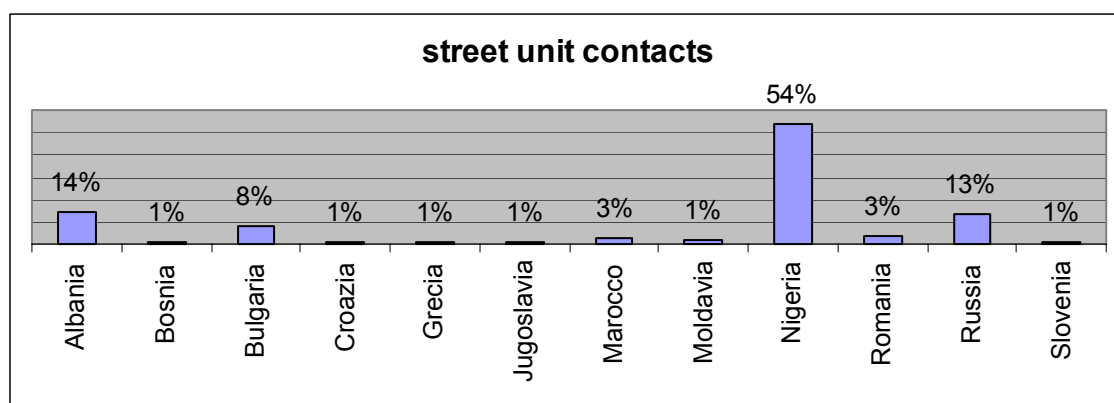
In calendar year 2001, the TAMPEP's mobilised street team, composed of female Cultural Mediators and Operators, made numerous street outings in order to contact sex workers, within the City and the Province of Turin. During these outings, the équipe distributed a host of condoms, lubricants, and informational materials that treat health-prevention, social assistance, and work-related matters, written in the various languages spoken by the members of the overall target group.

The street team informed all the women that they contacted about gaining access to health services facilities and invited these women to the project office, which is open for a few hours everyday. The Cultural Mediators accompanied those who wanted accompaniment to local social-assistance or health services facilities. In addition to this, a TAMPEP Mediatrix was always on hand, for two afternoons a week, at a Diagnostic and Treatment Centre for sexually transmitted infections (STIs). Under accords previously established with the doctors at this Centre, precedence was given to the women that we brought there.

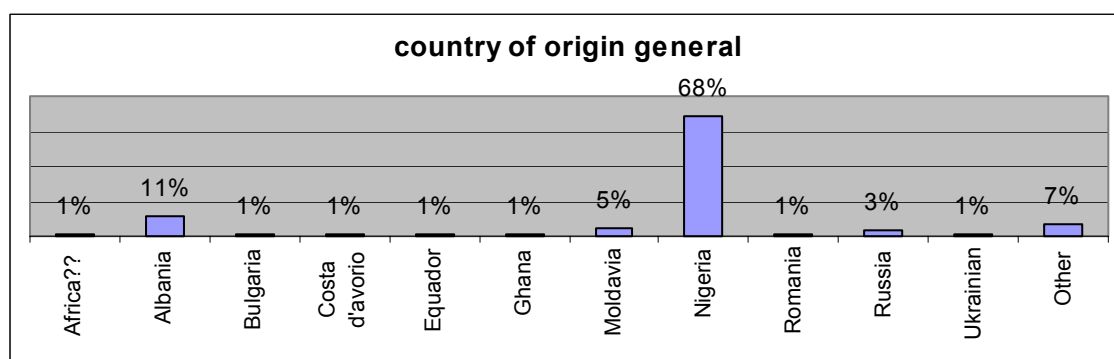
All the women that showed up at the project office were asked to respond to a TAMPEP-prepared data-collection questionnaire, strictly on a voluntary basis, to avoid any hint of coercion and to respect their personal desires.

### Data Collection Findings

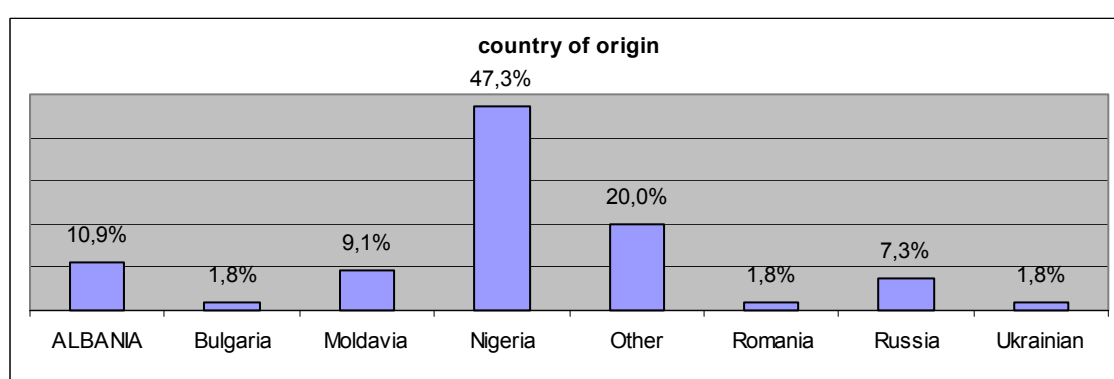
In the year 2001 the street unit contacted 216 women, who are subdivided by nationality, as indicated by the following table.



Of the total number of women contacted, 150 showed up at the project office. (See above).



The number of women that responded completely to the questionnaires was 55, subdivided by nationality (see above).



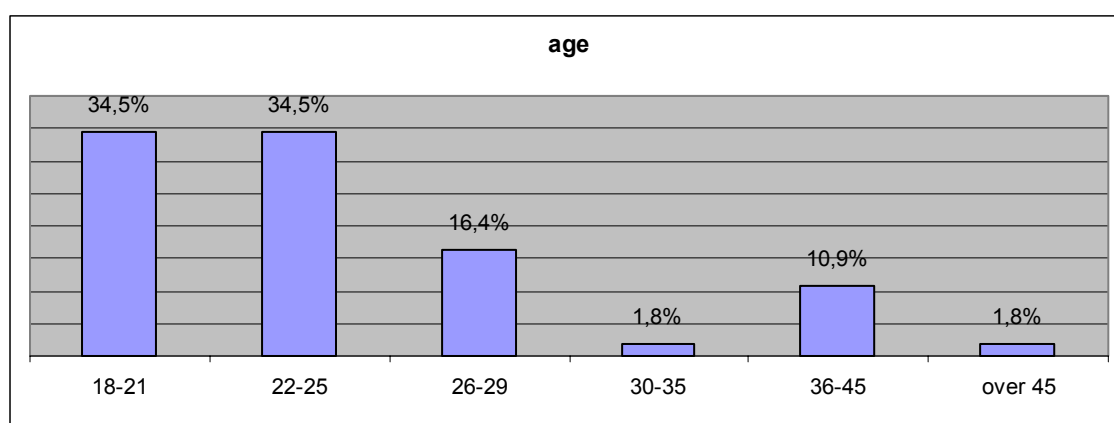
As we have already indicated on past occasions, the majority of Nigerian women are from Benin City 52%, and, are the women that are from Edo State 32 %. (Always among the women who answered to the questions)

Also, we wish to underscore that we had eleven (11) Moroccan women amongst the service-users that showed up at the project office. In this regard, these are the very same women that are indicated under the 'other' heading on the graphic. We met them in the year 2001. The Family Planning Clinic sent two of them to us. Accompanied by a Moroccan Mediatrix, the others showed up by way of street-unit contact or by word of mouth. This Mediatrix has proven to be indispensable because these women speak only Arabic, understand very little Italian, and are diffident and withdrawn. We have given them informational materials about health prevention and the use of contraceptives, but we have been unable to find out anything about their private lives. Some of them have remained in contact with us and show up periodically to get condoms and lubricants.

With regard to country of origin, at Turin the preponderant number of women is Nigerian, even though we are learning, via the street unit, that there is an increase in the number of women from the East, especially Romanians. The presence of women from Eastern European countries was revealed to be just about equal for all the indicated countries.

We also investigated the length of permanence in Italy of our service-users, and 85% were found to have arrived between the years of 1999 and 2001, whereas some others were already here as far back as the year 1995.

The age statistics from our service-users are as follows:



Although the majority of the sample (69%) falls within the first two of the indicated age brackets, we found no very young minors. The street presence of very young minors is a media fantasy that is frequently bandied abroad. Certainly, some of them are 18-years old and, perhaps, some of them may be no older than 17. Anyway, encountering women that fall within the 17- and 18-year old age brackets is indeed very rare.

Over 65% of the women are unmarried, whereas married women comprise 14.5% of the sample, with only 18.2% having stated that they were mothers.

With regard to formal education, 5.5% declared that they had never attended school, whereas 9.1% declared that they had attended a university. The majority, those that have at least completed middle school, however, hovers around 29% of the sample. Only 16.4% had had a regular job before undertaking prostitution.

Practically, all the women were found to be working as prostitutes in Italy for the very first time as prostitutes. Given that most of these women did not know or had given no serious thought as to where they would live in the future, generally, we found that their future prospects were very confused. However, upon insistent questioning, some of them admitted that they wanted to remain in Italy, whereas some others wanted to return home in order to see once more the children that had been left behind.

Over 92.7% of our service-users live in the City of Turin, and most of them (47.3%) share their home with female friends, whereas 27.3% of them live with male companions, which are mostly the women from East Europe. However, over 43.6% of them say that they have steady male companions, with only 9.1% of them living alone, with well over 30.9% declaring they had no steady companion.

Only 54.5% of the sample work within the City of Turin, the others travel throughout the Province, and even further, in order to work. In this regard, since January 2002 frequent police haul-ups have been conducted. Therefore, the women are dispersing throughout the Province of Turin in order to work but continue to live in the City of Turin.

Over 52.7% of the women interviewed had never frequented any sort of services agency, whereas amongst the 36.4% of those who knew something about a services

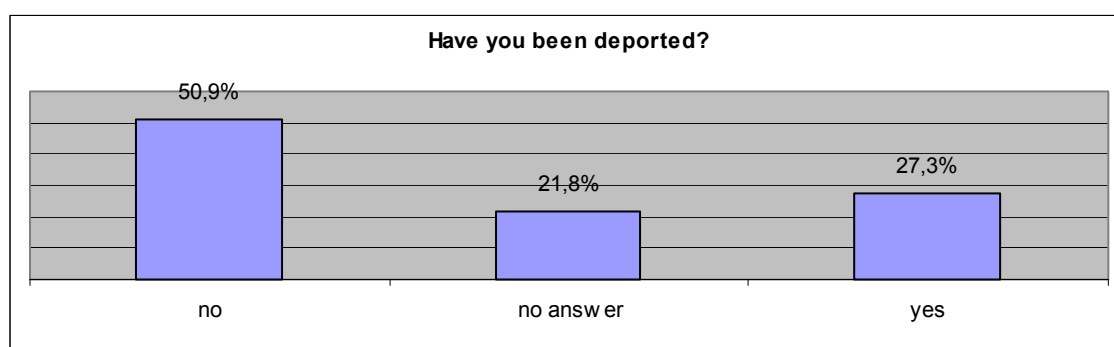
agency, 50.9% of this sample had at least been to a medical centre, mostly to a hospital. The reason for the hospital visit for 33.3% of the sample was to undergo an abortion or, for 6.7% of the sample, the cause was to undergo a HIV/STI test. With regard to user-satisfaction, 14.3% of the sample stated that they thought the services that they had received were bad, whereas over 50% of the sample found them to be good.

A topic worthy of further investigation is abuse. Only 3.6% of the sample declared that they had undergone police abuse, meanwhile 5.5% declared that they had undergone abuse at the hands of the clients. However, the women rarely complain about police violence; often, they tell us about clients that are policemen.

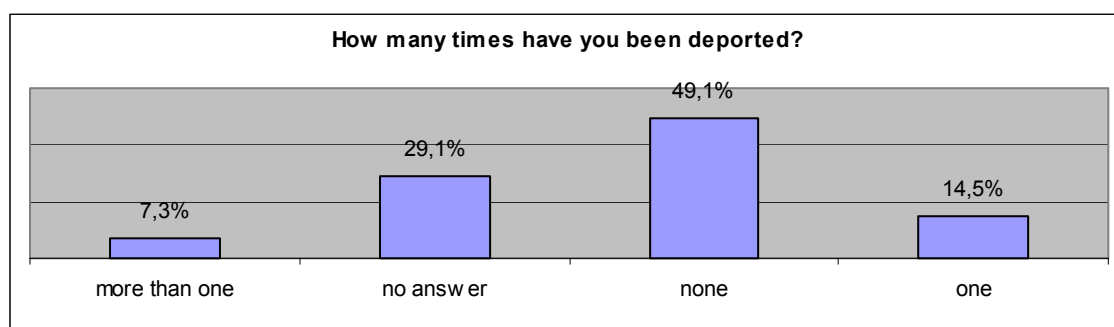
The graphic reveals that only 5 women admit to having undergone client aggression but through the street team's contacts we learn that many of them affirm that they have undergone mistreatment by the clients, and nearly all affirm that they have been robbed at one time or another by unknown parties.

We are convinced that the incidence of violence should be more thoroughly investigated and, because of this, we have activated a telephone Help Line under the auspices of the Daphne Programme, the A VIP project (Action Against Violence in Prostitution) that, on a national scale, involves selective cities and some of the projects that carry out street work.

Certain questions concerning the legal status of the respondents have allowed us to ascertain that well over 90.9% of the sample do not possess a sojourner's permit, or other form of residency authorisation, whereas we found that only five (5) women were in possession of the sojourner's permit. All five of these women arrived in Italy between 1995 and 1997. Therefore, we have reason to believe that there are women who, in actuality, have received an expulsion order among the 50.9% of the respondents that replied 'NO' to the question: "Have you been deported?"<sup>6</sup>



<sup>6</sup> In reality, this question seeks to ascertain whether the women had ever received an expulsion order (*foglio di via*). In Italy, the praxis of expulsion does not signify that the issuance of an expulsion order against a person shall bring about material execution of the provisions for deportation. Therefore, the women that have been formally expelled are not always deported.



Constituting 5.5% of the overall sample, the women that had been confined within holding centres<sup>7</sup> either were released because the legally established amount of time that they could be held had run out or were repatriated, but returned to Italy within record time. Many of them stated that the police had, at one time or another “detained” them, but they furnished very little or unclear details regarding this, since this is an argument that they do not discuss willingly. In those cases in which a woman decides to file a complaint, existing in State Police Offices (*Questura*) are the means of fingerprint identification, which permits police authorities to know whether or not there has been prior issuance of a deportation order, or the exact number of ‘*fogli di via*’ (orders of expulsion), or the false names that have been used by the person in question.

<sup>7</sup> The Law 40/98 provides that those persons illegally sojourning in Italy may be held in reception centres (*centri d'accoglienza*) under the control of the police while they await deportation to the country of origin.

## CASE STUDY

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### *Regina*

**R**egina, a young Nigerian woman, arrived in Italy in 1999. She was under the control of a couple that exploited her for about one year. Like all the women in Nigeria that clandestinely turn up in Europe, Regina turned to traffickers that organised her trip, under the promise of a well-paid job that would allow her to repay the large debt that she had incurred with them. (Usually, this debt is around €40,000 but it can also reach sums as high as €60,000.)

During this time she partially paid off her debt to this couple under the pressure of threats. One fine day she meets a young Dutchman who falls in love with her and asks her to come with him to Holland, proposing a different life for her and a final break away from her exploiters.

Regina in those days was sick and was unable to work, but they made her go out to work on the streets anyway. The Dutchman decides to confront the Madame and goes to her house to talk with her, but without results. At this point Regina decides to elope with him, but she does not have a passport or other documents. The two of them decide to leave anyway, and they set up house in a city in the environs of Amsterdam. Soon, Regina's clandestine immigrant status becomes an unbearable entanglement, with no way out.

However, Regina had encountered TAMPEP operators at Turin and had held on to a leaflet handout that contained point-of-contact addresses. By way of these indications she decided to contact TAMPEP project personnel in Holland to seek help. They contacted the police in Holland to determine if there were possibilities for Regina to obtain a sojourner's permit there in Holland in exchange for her testimony against her exploiters.

However, the Dutch police showed little interest in pursuing this matter because the criminal offence had taken place elsewhere, in Italy. The venue of the offence in another country surfaced overwhelming difficulties associated with conducting an international investigation or obtaining an international arrest warrant through the good offices of Interpol, along with the consideration that a successful conviction would be a remote possibility and that an inordinate amount of time would be involved. In addition, what Dutch law concedes to the victims of human trafficking is much less advantageous than that conceded under Italian law. In fact, those persons that denounce offences and give testimony do not enjoy the right to a permanent sojourner's permit for work.

The Italian police were contacted via TAMPEP's network. The TAMPEP Co-ordinatrix at Turin went to the police, recounted the facts, and asked if Regina, were she to return and give testimony, could be brought back to Italy to file a complaint, with the guaranty of a sojourner's permit on the basis of Article 18,<sup>8</sup> T.U. 286 /98. The law for the fight

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<sup>8</sup>T.U. 286/98 "*Testo unico delle disposizioni concernenti la disciplina dell'immigrazione e norme sulla condizione dello straniero*" (Unified text of the dispositions concerning the discipline of immigration and the norm on the foreigner's condition), published in the Official Gazzette of 18 August 1998, no.191-SO no. 139.



against the trafficking of humans (Article 16, Law 40/1998 and the Actuating Decree, known as DPR 394 of 31 August 1999), which provides that victims of trafficking, in order to obtain a sojourner's permit for humanitarian reasons, can participate in a course of social integration. After (one) year, provided that the women have found work under a regular contract, the sojourner's permit conceded under these terms is transformable into a normal work permit. During the time that the course of social integration is in progress, a governmental, or non-governmental, organisation has the responsibility to take them into charge and also assumes responsibility for everything else that serves to emancipate these women. Only under these conditions may the State Police release a sojourner's permit.

Meanwhile, Regina's family in Nigeria began to receive frightful threats. The Italian police decided to take down Regina's testimony and to immediately gather evidence and to grant her a sojourner's permit. In order to carry out this step, Regina, using her own means and resources, returned to and remained here in Italy about a month, the time that the Police needed in order to accord her the sojourner's permit. In the interim TAMPEP contacted the Nigerian embassy at Rome in order to obtain a passport for Regina (€340.86). Therefore, Regina has now obtained all her necessary documents and can begin a life in legal regularity within the EU.

Since Regina and her companion want to live in Holland, it has been established that TAMPEP Italy is responsible for her course of social integration. The law provides that only an association that is listed in the official album of socially benevolent non-profit organisations can do this. Meanwhile, TAMPEP Holland is the guarantor for the individual course of instruction that will lead to this young woman's social insertion. Regina now attends school in Holland. Now the two of them want to get married but in Holland the way to accomplishing this is too difficult. Her getting married in Holland would require her to return to Nigeria, but this move would be much too complicated and risky. Therefore, we are planning to organise her matrimony here in Italy, where it suffices that a person possess the necessary documentation and solemnly declare under oath that he or she is unwed.

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Law 40/98 "*Disciplina dell'immigrazione e norme sulla condizione dello straniero* (The disciplining of immigration and the norm on the foreigner's condition), actuates and delegates the government to emanate a Legislative Decree containing the Unified Text for the dispositions concerning foreigners; however, because of procedural variations, there was a delay in the drafting the Law's pertinent articles, published in the Official Gazzette of 12 March 1998, no. 59.

DPR 394/99, "*Regolamento recante norme di attuazione del testo unico delle disposizioni concernenti la disciplina dell'immigrazione sulla condizione dello straniero*" (Actuating Regulation for the norm that actuates the Unified Text for the dispositions concerning the discipline of immigration on the foreigner's condition.): a norm of Article 1, Chapter 6, Legislative Decree 286/98, published in the Official Gazzette of 3 November 1999, no. 190.

**For the respect of the civil rights of prostitutes**

Because as long as we are perceived as quiescent prostitutes or informers who are the victims of extortion and exploitation, we are tolerated. Yet, whenever we pretend enjoyment of the same rights granted to all other citizens, we are then persecuted and threatened.

**For the freedom of self-determination of sexual choices**

Because sexual liberty cannot be bargained. Neither the State or the Church can decide our place! The state has the duty to guarantee the respect of diversity, especially when it does not infringe upon the rights of other citizens.

**For the freedom to sell or buy sex among consenting adults**

Because in the total absence of violence, force, or exploitation, prostitution, when carried out under complete freedom of choice, is an expression of sexuality. First, to prohibit it is ridiculous; moreover, it is illegal.

**For the fight against the trafficking of women and  
for authentic regard and concern for its victims**

Because all the forces of investigative and judiciary machinery must be concentrated towards striking against and dismantling the networks of Mafiosi criminality which derive profit from the misery, the hunger, the poverty, and the pursuit of happiness of the women involved.

**Beyond Tolerance and Compassion  
for the Recognition of Rights**

**Against arbitrary operations of the police towards prostitutes and their clients**

Such operations are unfounded because the intent and the letter of the Merlin Law are distorted. In reality, these operations, which show the repressive face of the State, are an open aggression against the liberties of our Status of Rights.

**Against the moralistic hypocrisies of Government representatives**

Who sheepishly renounce the defence of the laity of our Republic State, while readily accepting nearly everything that is gratuitously inveighed against by the ecclesiastical hierarchy of the Vatican.

**Against the false fight, against the exploiters of prostitution, which effectively  
strikes only against victimised prostitutes rather than against the criminal  
exploiters who are members of racketeer-influenced and corrupt organisations**

Everyday the Minister of the Interior and the State Police authorities proudly announce the number of prostitutes that have been hauled-up, arrested and expelled from our country as well as the number of clients that have been fined and denounced. O that they might begin to tell us, even occasionally, how many exploiters that have been arrested, condemned, and expelled!

**Against policies that produce stigmatisation and social exclusion of prostitutes**

Such policies compound the unmotivated and irrational fears of public opinion, which is manipulated by political demagoguery from all sides for electoral results. These policies stir up racism and xenophobia and give greater substance to the generic, yet dangerous, "demand for law and order", which would concede wilfully trampling upon the rights of certain categories of citizens. We must realise that ignoring the rights of the least of our citizens or residents can and will eventually lead to erosion of the rights of all.

## THE LEAGAL FRAMEWORK

In Lithuania prostitution is illegal. Yet it is not a criminal but an administrative offence subject to a fine (article 182(1) of the Code of Violations of Administrative Law). Pandering is criminalized and punishable by a deprivation of liberty from three to five years or fine (part 3 of article 239 of the Lithuanian Criminal Code); forcing to engage into prostitution of juveniles, materially dependant persons and persons dependant due to held posts as well as involvement into prostitution by way of blackmail/deceit/use of psychological or physical pressure is punishable by a deprivation of liberty ranging from three to seven years. In recent years there have been less than 20 pandering cases per year (the number of administrative cases for prostitution varies greatly).

Prostitution as an administrative offence could be considered in case a prostitute is older than 16 years and of sound mind. In fact, a lot of underage girls are engaged into sex trade, however, till they are younger as 16, no means of legal persecution are applied.

Direct ban of prostitution imposed by the Code of Violations of Administrative Law of Lithuania is inexpedient because of two reasons:

- it prompts the women to look for a job abroad; they usually come back or are deported with improved experience of masking from state control, which they take over from abroad working colleagues, and infected with STD.
- Women loose any right for social and other protection from pimps' and clients' aggression, which often occurs in their practices.

Trafficking is also illegal in Lithuania. Already in July 1998 the Criminal Code was amended to cover trafficking, defined as the selling of a person or any other alienation or acquisition of a person with the purpose to abuse him/her sexually, to force to engage in prostitution or to receive any material or personal gain, as well as trafficking in persons from/to Lithuania for the purpose of prostitution (article 131, part 3). Under Lithuanian law trafficking is punishable by deprivation of liberty from four up to eight years. If trafficking is committed against a juvenile, as repeated action, in conspiracy or by a recidivist it is subject to a more severe penalty, a deprivation of liberty from six up to twelve years. Also the new Criminal Code of Lithuania, which adopted in September 2000 and which will entered into force in 2001, will cover trafficking and will, significantly, not limit the crime to sexual exploitation or forcing to engage in prostitution. It provides for a punishment between (only) three months and eight years. In Lithuania there were three registered cases of trafficking in 1999 and four in 2000 (handled by the police department). To date only one case of trafficking has made it to court and is currently pending.

Lots of women are trafficked annually to the Western countries from Lithuania since it is also a transit country for women from Russia. There is no data on how many Lithuanians are involved into sex trade abroad. In 1999 1928 people came back to

Lithuania, in 2000 – almost twice as much – 3498 persons. Trafficking is organised by criminal international groups that are professionals in this field, promptly acting to any market changes.

In Lithuania the liability of legal persons for trafficking (either criminally or administratively) is not provided for. There are both objective and subjective reasons for that. Cases are tried for very long in a court because the victims usually stay abroad and correspondence with foreign legislative institutions last very long, so does interrogation of witnesses.

Lithuania has concluded several agreements with its neighbours on legal assistance and legal relations in criminal matters; there are also inter-institutional agreements in certain fields. Though, Lithuania has not signed such the agreements with all the countries (e.g., Germany).

In Lithuania liaison officers play an important role in international police cooperation and exchange of information (Lithuania has appointed liaison officer in Belgium and in Belarus and intends to appoint more). Lithuania also has joint activities with Latvian Police officers. In Lithuania there exists a unified computerised data system on e.g. missing persons but no specific database to collect and maintain information relevant to trafficking.

However, it is to admit that, presently, collaboration with Western organisations dealing with human trafficking prevention and rehabilitation is rather poor, no mutual concept on work in this field exists, there is also a lack of HIV projects targeted at sex workers – especially male.

Lithuanian authorities have recently begun to acknowledge the seriousness of trafficking (although the attitude of blaming the victim still exists). Thus far very limited public resources have been available for the protection of witnesses and victims. The Lithuanian police prepare crime prevention programmes (focusing on teenage crime prevention) and the Centre for Crime Prevention (public non-profit organisation) is also involved in developing crime prevention in line with legal, social, economic and other reforms. The new Programme for the Prevention and Control of Prostitution (2001-2005) has the goal of preparing a programme on the fight against trafficking in women, which reportedly foresees the implementation of legal, administrative and preventive measures as well as social reintegration programmes (resources for the Programme will come from Lithuania's national budget and from foreign technical assistance projects).

## **THE PROSTITUTION SCENE**

It is quite complicated to speak about scope and dynamics of trafficking in women and prostitution, due to its largely clandestine character. Therefore only indirect evaluation is possible about the numbers. Our data shows that there may be about 3000 sex workers in Vilnius aged 14-45.

In general, trafficking in women is closely interrelated with the prostitution business: the local sex industry and trading women abroad are two parts of the one phenomenon.

Different sources indicate that trafficking in women develops in three main directions:

- street prostitution
- women working as prostitutes at clandestine agencies, brothels
- export of women to other countries.

Street prostitution is considered to be the lowest category but more or less “open” and “free”. Evaluation of the number of prostitutes working on the streets all over Lithuania is hardly possible. In addition there are prostitutes who do not work permanently but only in between two “normal jobs”. According to some experts, street prostitution forms up to 50% of the sex business, though many others think that its share is much lower.

Street prostitutes serve at average 2-8 clients a day, their services cost 2.5-10 USD.

Even though street prostitution is considered to be rather “free”, prostitutes cannot choose another region/street since their work places are under the control of criminal elements. In addition there is big competition between prostitutes themselves, which does not allow newcomers to enter this market freely. According to some prostitutes, the supply and demand is currently more or less balanced, all places are distributed and all “decent” prostitutes have enough work.

Street prostitutes include Lithuanian nationals, as well as immigrants from neighbouring countries, mainly CIS.

Among the street prostitutes there are also minors. The number of minors could be even higher if other prostitutes would not fight against them. According to one sex worker:

*“Those minors they spoil all of our business. Firstly, they knock down the prices. Secondly, we do not want any trouble with the police. If the police detain us, we usually pay them something and they let us go. But if there is a minor, then all this uproar starts and the police have to take action, etc. and we are normally not able to work for several days. Therefore, if I see a minor, I go to her pimp and tell him to take the child away from the street, otherwise, he himself will have problems”.*

The biggest share of the prostitution business is well organised and controlled by agencies. The profit from this business in 1997 was estimated at 12 million USD.

Police experts were trying to make an evaluation of the scope based on agency advertisements. According to them, on average, there are around 30-40 advertisements every day, 6-8 sex workers work in every agency. But the agencies do cooperate among themselves and the prostitutes may be borrowed and sold at any time – it depends on current demand.

Our data shows that there are more than 30 agencies and about 100 organisers of the business. According to the information from the Ministry of Interior, in Vilnius alone there are 15-20 well-established firms with more than 1.5 million USD income per year. Unofficial expert opinion indicates that the yearly turnover of the prostitution business in Vilnius alone is no less than 5 million USD. More than a half of all income is the profit of the owners of agencies and pimps. The rest goes to prostitutes, call girls and drivers. Approximately a half of Vilnius prostitutes work in agencies.

Since prostitution in Lithuania is illegal, official advertisements sound like “flowers to your home”, “massage”, “soft Massage”, “escort services”, etc. However, most agencies operate quite openly. In addition to the above mentioned agencies, there are so called “closed” or “private” agencies, which do not advertise in public in any way, and provide sex services only for clients with “recommendations”. That are so-called “elite sex workers”, their services are expensive – 100-500 USD. We are not able to identify even the proximate number of such the firms and prostitutes working there.

On the other hand there are prostitutes who work individually, those who work from time to time. According to police evaluation, numbers of individually working prostitutes, i.e. those who do not pay pimps, is increasing. In addition there is also the so-called “higher category”, those who work in hotels and bars, those who work with few permanent clients, etc. in general, with regard to the scope of prostitution, different sources indicate that numbers have stabilised since the market is saturated. Still there are seasonal fluctuations, since this business responds to changing market requirements. During summer period it increases and shifts from big cities to resort areas.

Women from foreign countries are integral part of sex workers in Lithuania. From Russia: 15,6%; Belarus: 20%; Ukraine: 4% - of all the trafficked. Apart from push factors in their home country, which force women from Belarus, Ukraine and Russia to seek their fortunes abroad, there are also pull factors in the Lithuania entertainment business. “Russians” (usually all Russian speakers are called this way) are in demand since they provide “any kind of services”, “have less requirements”, “more delicate”. On the other hand, in such a business, foreigners are needed just for change.

Most experts indicate that even though the number of foreigners is still significant (expert evaluation vary of about 20-30%), it has decreased. There are several reasons of that. First, the introduced visa regimen with CIS countries and improved border control, as well as strict punishments for smuggling and trafficking in human beings to a certain degree, discourage traffickers. Secondly, locals frequently coming from small province towns or villages push out foreign prostitutes. Whereas others use Lithuania just as a transit country (frequently it is the traffickers’ choice) for only a temporary stay and at the first opportunity move further to the West. In general, according to Organized Crime Prevention expert, “a” prostitutes want to move abroad but not all succeed”.

Because of their illegal status, the foreign sex workers are the most vulnerable in regard to infection with HIV and other sexually transmitted diseases. They do not speak Lithuanian, have no social insurance, are forced to work under slavery conditions, they do not have passport and their moving freedom is rather limited. The migrants stay in the flats rented by the pimps, in most of cases they are blackmailed and pay fees. One hour of sex services cost 15-30 USD, a sex worker get half of the total.

In accordance with a reason of involvement into prostitution, we can attribute sex workers to one of the three following categories:

- “volunteers”, who look for easy living and pleasure,
- women and girls who trade sex because of economic reasons (earn money for living, buy food for and dress their children, for drugs, etc.) and because of personal reasons (complicated family relations, influence of asocial friends, etc.),
- victims of international human trade who are “imprisoned” abroad through taking off their passports.

Trafficking of women from Lithuania to foreign countries is quite a new phenomenon, quite a new problem for society and law enforcement institutions. Therefore, quite little is known about its status and development. Although there is no official statistical data on how many women were trafficked for the purpose of prostitution, according to Lithuanian Interpol information, there is no doubt that trafficking in women conducted by organized criminals is on the increase. Experts from the Police Department and Border Guards are of the same opinion.

If some years ago the main trafficking flows were directed to Israel, Greece, United Arab Emirates and Turkey, then recently prostitution business has turned to Germany, Holland, UK, France, Sweden and Spain. Some of these countries, e.g. Germany, also serve as transit country, where victims from Lithuania are resold to brothel owners from other, mainly southern, countries – Italy, Spain, Turkey, etc.

The information provided by the Police Attaché from the German Embassy in Lithuania indicates that among officially registers trafficking victims all over Germany in 2000, Lithuanians form 14% and according absolute numbers are in the fourth place after Russia, Ukraine and Poland. However, proportionally, i.e. evaluating the number of the country's total population –Lithuania may be considered as an absolute leader.

According to the Vilnius Airport Border Guard service, experts now say every second flight from Germany brings women who are suspected of being engaged in prostitution. In general, most frequently, trafficking victims are returned from Frankfurt, Berlin and Amsterdam. Vienna and Paris flights sometimes also bring trafficking victims, whereas the return of victims from Israel has decreased.

One additional problem – identification, since in the majority of cases, victims are deprived of their own passports and either do not have any documents, or are afforded with false passports. There were many cases, when deported “Lithuanian” appeared to be Russians, Belarussians, Ukrainians, etc. holding false Lithuanian passports.

Lithuanian passports are considered to be good since they open the border to CIS citizens and allow them to legally” stay in the EU. In addition, they are cheap (average cost vary from 100 to 700 USD), and can easily be falsified. Lithuanian passports are not very familiar to local police, therefore until they are detained for come illegal activity, holders of such passports can easily live and travel all over the EU. However, when detained, such foreigners are fixed as “Lithuanians”, and official figures increase.

According to experts, the main reasons of migration and prostitution are economic reasons. Firstly – a high unemployment level in Lithuania. 47.6% of jobless people are women; women are paid at average 1.4 times a lower salary than men. There are many single, divorced women who have nobody to help them. Our survey of street sex workers in Vilnius shows that prostitution is the only and the main source of living for 93.4% of the interviewed women not only for them, for their families as well.

Secondly, the absence of any perspectives. Even employed people have hardly enough means for a modest living. Wages are low and a young girl without higher education has very little possibilities to earn money, for example, to buy a flat. Therefore, she loses hope of having a future in her country. Rumours are going around about how much one can earn abroad during a summer, a year.

Another reason of women's migration is searching for happiness. The women leave their native country dreaming of finding a husband and to get married abroad.

The main reason of trafficking is money, big money. As compared with other countries of Central Europe, Lithuanian women are cheaper and do not know their rights so well, they cannot defend themselves. Therefore, they are in great demand. As mentioned above, practically nobody is punished for trading in women. That is another reason of trafficking flourishing. According to experts' from the Ministry of Interior, evaluation, direct reasons why women are engaged in prostitution are different: 15% are engaged in order "to have a nice and joyful life", 15% - because of curiosity, 13% - ac not to work, 11% - to have additional earnings.

## **HEALTH AND SUPPORT SERVICES FOR IGRANT SEX WORKERS**

**S**o far, the assistance to sex workers including migrants and trafficked women has been very limited and accessible only in Vilnius. It is clearly insufficient. Firstly, it is assistance by telephone. Several telephone help lines for women operate in Lithuania where women can call should a problem arise. Trafficking victims, as a rule, know little or nothing about such the telephone lines.

Secondly, dissemination of relevant information. Most information is not directly linked to trafficking problems. For example, the Women's Information Centre collected information about missing women and girls. This information has been forwarded out to consular missions and embassies of different countries and various women organisations in other countries. Unfortunately, there are only very few cases when concrete assistance was provided.

Thirdly, practical assistance for trafficking victims. The Missing People's Families Support Centre within the framework of its financial resources available, organises practical assistance to the women who managed to escape from being forced to engage in prostitution abroad: a shelter and food. The centre has published several brochures containing warning information ("You might be one of them") and encouraging to appeal for assistance. However, according to the head of the Centre, the activities are limited by a shortage of funds and humans resources.

Fourthly, assistance in the sphere of health. The Social Ailments Consultation Centre at the Lithuanian AIDS Centre provides all kinds of assistance for trafficking victims and sex workers working mainly on the streets. Currently the programme aimed at reducing the harm done by sexually transmitted infections, HIV/AIDS to risk groups is being carried out: condoms, sterile syringes and needles, as well as consultations are provided.

Street sex workers do not have in majority of cases social insurance, a place for living, prostitution is illegal in Lithuania, thus no medical services are available for them.

We provide free testing on STI, HIV, hepatitis C/B. Treatment is also free of charge. Consultation of gynaecologist, dermatovenerologist, psychologist and social worker is also available. Tests are being performed in the laboratory of the AIDS Centre.



On their first visit sex workers may be tested on HIV, syphilis, hepatitis B/C, herpes simplex virus, urogenital smear and samples to identify *C. trachomatis* and *N. gonorrhoea* are also provided.

The problems we do face mostly are: lack of resources – both financial and human, insufficient experience, and poor relations with pimps. That are the pimps who often prevent the sex workers from applying to our Centre. Services are also not available for sex workers in the escort agencies and brothels since we experience difficulties in getting there and spread our information on availability of confidential services (sex workers do not wish and are afraid to admit that are engaged in sex trade).

Fifthly, publications, educational activity. Since 1999 the NGO “Steps of the past” has taken part in the project devoted to the problems of prostitution. In 1999 the book “Trading in women” was published. A new book summarising studies of prostitution in Lithuania was published in 2001. With an active help of this organisation the film “Girls” has been shot. A campaign to visit all the counties of Lithuanian and hold discussions and show the film at schools is on agenda.

Another form of activity is addressing these problems at scientific conferences. For example, in November 2000, on the initiative of the Women’s Union of Lithuania, with the support of Ebert Fund in Germany, the conference “Threats of prostitution” was organised. In October 2001 Swedish International Development Cooperation Agency (SIDA) and the International Migration Organisation’s (IOM) representation in Vilnius have organised an international conference devoted mostly to the problems of women’s trafficking.

Sixthly, cooperation between NGOs and a network creation. Thus far cooperation of NGOs has been inactive and the network creation is making its first steps. We trust very much that cooperation with foreign partners will open up wider possibilities. So far, it is the only TAMPEP project and, in the nearest future – the project FENARETE (aimed at peer education), in which Lithuanian AIDS Centre takes and will take part.

## ANALYSIS AND EVALUATION

**C**urrently discussions about legalising prostitution liven up in Lithuania. The “pros” are that the legalisation of prostitution might solve the problem of the health of sex workers’ and reduce incidence of sexually transmitted infections, decrease the number of cases of rape in women, it is said that this would allow to direct the profit of the illegal business of prostitution to the state budget, legalisation would allow to control the business. “Contras”: the legalisation of prostitution would not resolve problems or, having resolved some of them, would give rise to others.

NGOs in Lithuania provide some support to women in accordance with the nature of their activity. Certain assistance to women-trafficking victims is provided, consultation and medical aid is offered, few research projects have been carried out, etc. However, it is obvious that their activity is insufficiently coordinated, their economic base is weak, and the possibilities of support are faint.

Lithuanian society is poorly informed and is not really concerned about either trafficking of women, the spread of prostitution or about the consequences of the

existing situation. In many cases these processes seem to be taking place somewhere with somebody, it is not realized that they might affect every family, and very soon can come close to each member of the society. The formation of public opinion, intolerance to the people engaged in trafficking of other individuals is urgently important without any doubts. It should also be mentioned that, when speaking about prostitution, it's other side that is the customer, is usually ignored on the whole.

Experts give a very controversial assessment of the role of the mass media. On one side, it is condemned for the creation of the image of a “longed, pretty, young” sex workers who is sure to meet a customer millionaire who falls in love with her and with whom she has a happy family life. On the other side, a very important role of the mass media is recognised in providing information to the public about prostitution, trafficking in women and tragic and crippled lives of the women who found themselves at the hands of traffickers. Recently TV programme, radio broadcasts and the press teem with descriptions of concrete cases, however, the analysis of the mass media shows that serious analytical in-depth scientific studies investigating prostitution as a social phenomenon and the problem of trafficking in women in detail are still lacking.

Prostitution in Lithuania is considered as a negative social appearance, which often is related to crime, STI and drug use epidemics, discrimination and exploitation of women. To gain a confidence of this group is rather very difficult because of marginalization of the sex workers.

In Lithuania prostitution is forbidden – the industry of “providing pleasure” functions on an illegal basis. It is not a criminal but an administrative offence subject to a fine (article 182(1) of the Code of Violations of Administrative Law). The fine should not be considered an effective disciplinary punishment since the sex workers must to work even harder to be able to pay the fine.

Direct ban of prostitution is purposeless because of the following reasons. It prompts the women to look for the job abroad. They come from abroad or are extradited with excellent experience of hiding from the state control, most of them – return with any sexually transmitted infection. Sex workers are deprived of any right for social security and of protection from violence of pimps and customers'. Furthermore, while banned, the appearance dives into underground, and state budget loses incomes available in a form of taxes, which effectively might be allotted to control and prevention of prostitution.

An alternative might be permissions for a work, which should be issued by institution responsible for prostitution control in cooperation with NGO involved into prevention of prostitution.

As the sex workers in majority of cases are socially vulnerable, the legal protection should be available. They avoid breaking off prostitution and report trafficking because of fear to get assaulted by pimps and traffickers.

Taking into account that prostitution is a social appearance, it is to be addressed with all social means: social programme for sex traders, social support for those who raise children, educational means not only in schools but also in the general population, etc.

Interventions in “bridge” groups, e.g. customers are also of highest importance involving not only governmental but also non-governmental organisations.

## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

**T**he Social Ailments Consultation Site “Demetra” at the Lithuanian AIDS Centre in collaboration with migrant sex workers, has developed more effective strategies for contacting the target group, as well as new materials. The Site provides all kinds of assistance for trafficking victims as well as female sex workers working mainly on the streets and, in certain cases, in escort agencies. One of the services provided to the target group is facilitation of direct contact between migrant sex workers and institutions active in the social and medical fields, and, in case of a need, of contact with a lawyer.

Street sex workers often do not have permanent place of residence, they do not only work on the street but they also live on the street. They are deprived even of the most elementary conditions – they have no place where they can wash or have a bath. A shower is installed in the Site. There the sex workers are taught the basics of hygiene and safe sex. Their health is also examined. About 92% of the sex workers who have visited “Demetra” for the first time were infected with different sexually transmitted diseases. After they were treated at site incidence within that area decreased by 40%. This fact clearly shows that problems of prostitution, forced prostitution, in particular, and health are closely related and in the future a much greater attention should be paid to health problems.

Currently work at “Demetra” organized in groups. The following groups have been distinguished: drug addicts, sex workers drug users, also, the fact of whether they work with a large number of partners and they often change partners, was taken into consideration. There is also a preparatory group are the Children’s Care Home. Since it is quite often that girls of 12-13 years of age begin to engage in sex trade, dangers of prostitution, its harm to health and personality, etc. are discussed when working in this group.

The Social Ailments Site “Demetra” at its own expense carries out social studies of its contingent. Basic information is collected by filling in a questionnaire containing 43 questions. The Site also distributes brochures “Talking about condoms with a partner”, “If a condom slips off or gets torn”, “Hepatitis B”, “Safer work” and others (in the native languages of the target group: Lithuanian and Russian).

Interventions promoting safer sex practices alone are not sufficient. Targeted information for sex workers, instructing them on its proper use, and teaching negotiating skills, has been supplemented by direct fieldwork. Every staff member spends 96 hours per year for outreach work.

The employees of “Demetra” communicate with the sex workers in a humane and sympathetic way. Different events are organized, gifts at Christmas and other occasions are given. Efforts are made to help women rather than moralise them. The sex workers go there like it’s their own home, to find what every human being needs. They trust the Site and are not afraid of being reported to the police.

On the initiative of the staff, AIDA, the NGO Association of HIV/AIDS Affected Women and Their Relatives has been established, whose objective apart from other goals, is to help women feel that they are not completely isolated and left alone with their problems.

The Social Ailments Consultation Site has become a kind of referral organisation for a variety of issues related to sex work and migrant sex workers. The new Programme for the Prevention and Control of Prostitution (2001-2005) includes also a lot of information provided by the Site. Representatives of mass media have been frequent visitors of the Site. Those interviews help us to form public opinion on the problem and raise awareness.

The national seminar “Legal aspects of women marginalisation” to be held on 20<sup>th</sup> February 2002. It will be organised in Lithuanian Parliament, which proves the changes in attitudes of Lithuanian authorities toward sex trade and women’ trafficking. Participants of the seminar are thought to include parliamentarians, members of Government, Municipality, Ministry of Health and Ministry of Social Security and Labour”, representatives of NGOs.

## CASE STUDY

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Individual recruitment may be done on an accidental basis, or it may be targeted, in both cases women may or may not be informed about the real purpose of the trip, though, officially offer sound like “working as au-pair”, as a “house keeper, in the cleaning services”, etc.

In some cases recruitment is still organized using advertisements in newspaper, where non-existent firms offer non-existent work abroad. However, this type of recruitment is becoming less and less popular. Nowadays recruitment becomes more delicate and more personalised. Traffickers either search for women in desperate situations or young girls who may be cheated, especially from asocial families. Another way, traffickers try to “become friends” and only then offer a “good job abroad and only for you since they need a reliable person”. In both cases the consequences are more or less similar.

### *Ingrida, 19 years old*

Once I was going with a minivan. The driver was Russian, he began to talk to me. When he found out that I knew English, he told me that his mate could offer me a housemaid’s job abroad. I gave him my telephone number. The next day some guy called me. We met near a shop, another guy came, too. They explained to me how much I would earn. I was supposed to work for three months and earn 1000 DEM per month. I agreed. After two weeks (during that period of time a second girl was found). They took me from home. Some guys arrived with a small bus with bed on the top. They took us to Warsaw in Poland, one guy explained: “Stupid girl. What housemaids can you be. There are enough local housekeepers. You will have to make love”. Then they gave us bus tickers and put us on the Warsaw-Barcelona bus. They reminded us that they had paid 500 USD for each ticket. They also gave 100 USD to each of us.

Why did I not run away when I found out where was going and for what kind of “job” well, I thought that I would trick them somehow and I would earn some money. You won’t get any job in Lithuania. But afterwards I ran away because they did not pay me, just like the other girls, they just sold me. “Why do I have to work for them? I can work alone”, I thought.

Two Yugoslavians met us in Barcelona. They took us to their flat, which was 500 kilometres away. They bought us some clothes. We lived in the same club where we were working from 5 p.m. to 4 in the morning. There were 30 girls: 16 from Mexico, 8 from Russia and 4 from Lithuania. In January 2 Belarussians arrived. According to their story, they were trafficked to Lithuania first, only then were they sent to Spain.

If the client was not satisfied the girls were beaten severely. Once I was also beaten badly, but the next day had to go to “work” as usual. When a girl did something wrong, she was taken to a special flat for “educating”. One time the pimps took another girl and me. When my friend was locked in the other room, I snatched a few things and jumped through the window. I ran to the police department, which was not far from the flat. I began to cry and told a policeman how I was tricked: I was promised housemaid’s job but I had to work as a prostitute. I can speak English; I have also learned Spanish a little bit so I could explain everything to them. They felt pity for me and drove me to Madrid in their own car. And from Madrid I came back to Lithuania.

#### References:

*Trafficking in Women and Prostitution in the Baltic States: Social and Legal Aspects.* IOM, Helsinki, 2001.

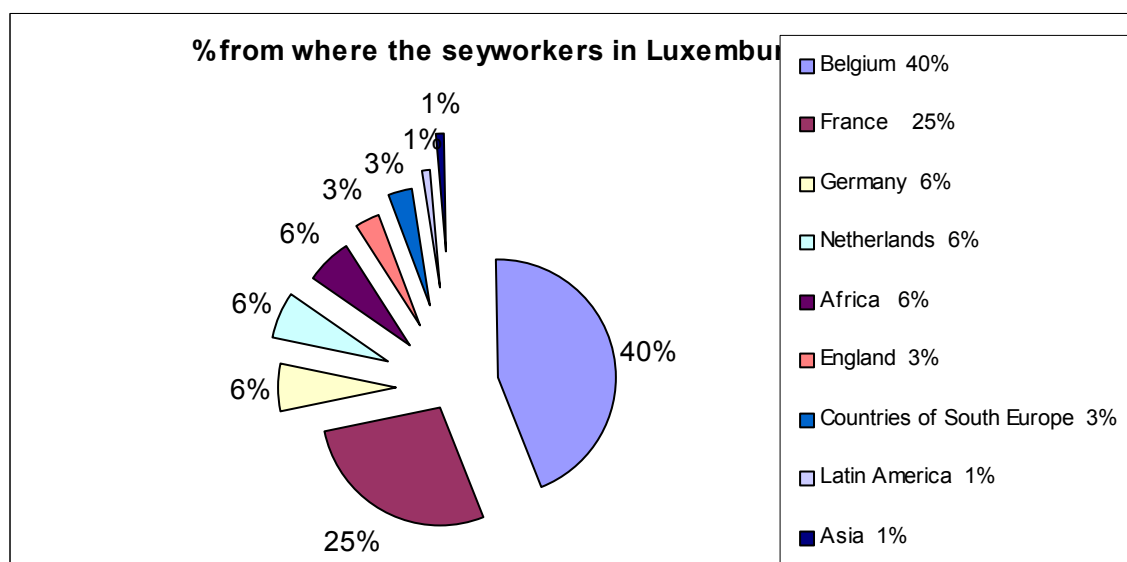
# LUXEMBURG

## THE PROSTITUTION SCENE

In Luxembourg the street prostitution under 18 years isn't allowed by law. Upper to 18 years the prostitution isn't mentioned by law. Violence against women, pimping and trafficking in women is punished by law.

### Results of the TAMPEP questionnaire

Luxembourg is a very small country and the street prostitution is only in Luxembourg town (+- 80 0000 citizens) and approximate 270 prostitutes are working there per year. The last two years that there is a lot of changes and movement in the prostitution in Luxembourg and that make a continues work with one single person very difficult. We count +- 80% migrant sex workers.



- There're no sexworkers in street prostitution from non-EU countries.
- Most of the sex workers are women, about 90 %.
- 10 % of the sex workers are travesties and transsexuals.
- There's no man prostitution on the street.
- The Luxembourg's sexworkers are mostly working in a neighbour country like Germany, Belgium or Switzerland. Luxembourg is too small, everybody knows everybody, the reason why they move a lot in the region.

In Luxembourg there's only the street prostitution and the prostitution in private flats. In the Cabarets and Clubs there's officially no prostitution. The women in the cabarets in Luxembourg are coming in majority from non EU countries and they have a visa from one too six months as an artist.

Not many women have a pimp, only the young Belgian women. They are very often married to Albanian, which has no permission to come to Luxemburg, or they have an Albanian boyfriend. That relation to Albanians is a handicap for those women to get in contact with our service. For illegal women it is nearly impossible to work in Luxemburg because of the strict paper controls of the police. Illegal women are deported on the border of Luxemburg or put in prison. Women with papers of the EU are allowed to work in prostitution.

### **Recent changes in prostitution policies**

The working conditions changed a lot during the year 2001 because of a new police regulation in the city of Luxemburg.

The traditional prostitution places in the centre of the city have been prohibited and as an alternative a new location has been appointed by the authorities as toleration zone for prostitution. The zone is spread over two small streets that are very exposed to citizens (local bus trajectory, citizens have to walk through to go home). It is open only between 8 pm to 3 am. As a result of this measure, there're lesser clients, no more privacy for the woman and for the client, the police is carries out regular document controls (about 4 or 5 times in an evening), woman are punished with fines when they work outside the appointed hours.

That new regulation brought a lot of changes and problems. Citizens organised a street demonstration against prostitutes, firms went on court against the new regulation of the city of Luxemburg, and the prostitutes are in between all of this with no rights and no lobby. They would just like to go back on the old location, because it was a better place for them.

This new regulation had been in the top of the media for a long time. Everybody seemed to be interested on street prostitution. Some women were even shown on TV without being asked before. Fact was, that some women were recognized and became trouble with friends, neighbours and family. A lot of our daily work in 2001 went in to this new situation.

This new regulation is a biggest misery for the sexworkers in the street in Luxemburg.

- Working conditions are bad and a misery for the sexworkers.
- Lesser money because many/almost all good clients don't come to the new location
- More aggression and violence against prostitutes
- The living conditions for many of the women are very poor.

The police is very rude to the sex workers. Because of those bad conditions a lot of women disappeared from the street, moved to another country or are working in a private flats where it is difficult to reach them, to know about their working and living conditions, but easier for pimps or criminals to get power over more and more women.

## **HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS**

In Luxemburg there's only one service working especially with sex workers: the DropIn Croix-Rouge. Some other services are in contact with prostitutes, and so we created a small network.

In this network are:

- The Planning Familial (gynecologique questions)
- The Youth and Drug help (for drug using sex workers)

- The Abrigado (also for drug users)
- The Foyer Ulysse (shelter for homeless, but only with legal papers).

The sex workers are mostly contacted through the street workers and one peer educator. The barriers are:

- Pimps
- No common language and culture

The continuous work with a culture mediator is mostly impossible, because the women who need one are so few and they are moving so quickly.

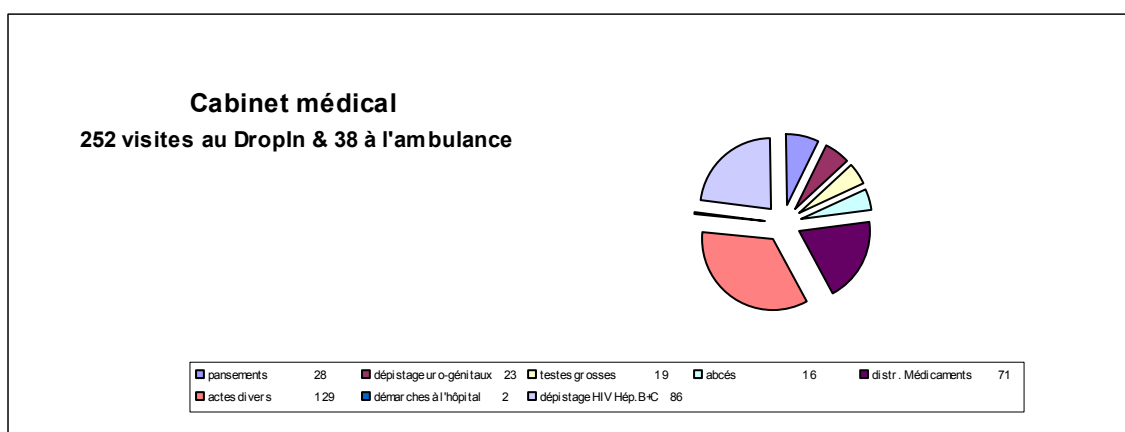
The DropIn opened in October 1998 and today an increasing number of prostitutes profit from the different services and the humanity touch of the DropIn.

The objectives of our centre still are the same like at the beginning:

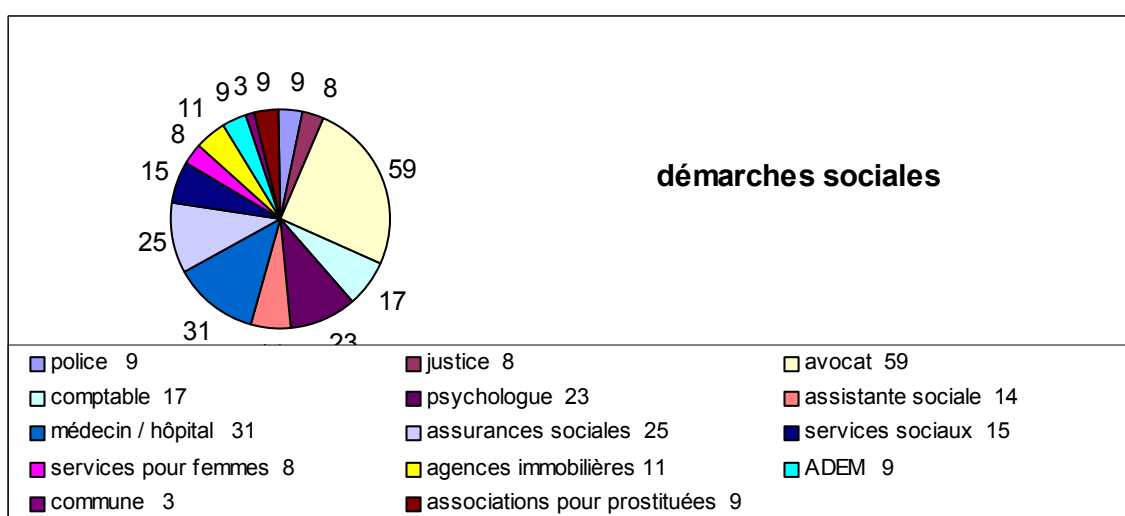
- Defence of the interests of all sex workers, Respond to their needs, Engagement to increase their live quality, Disposal to listen to all their problems
- Solidarity, Denunciation of all kind of discrimination
- Prevention and medical help

The following services are offered

### Medical treatment

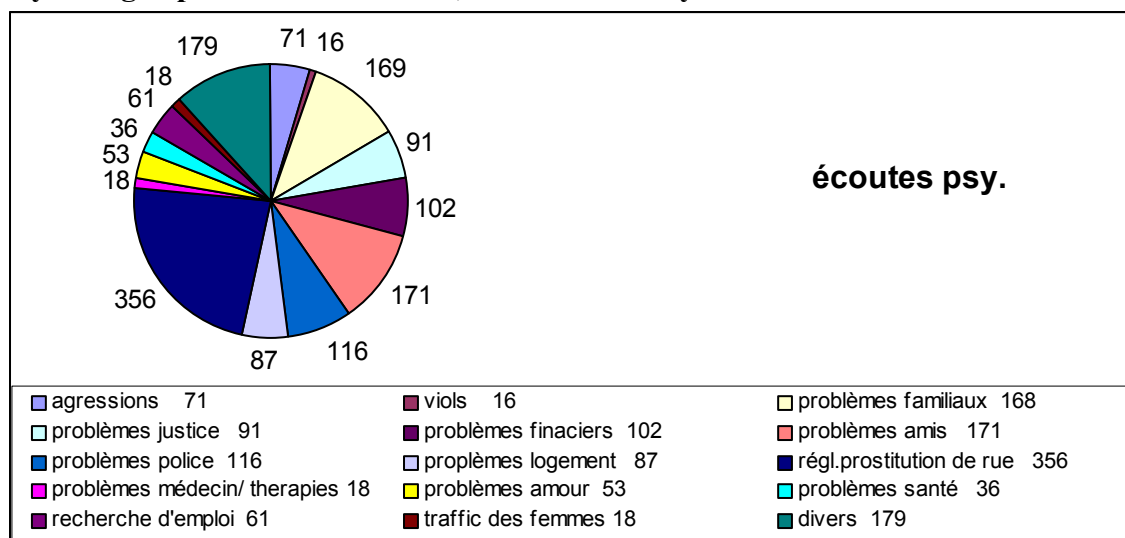


### Social advises

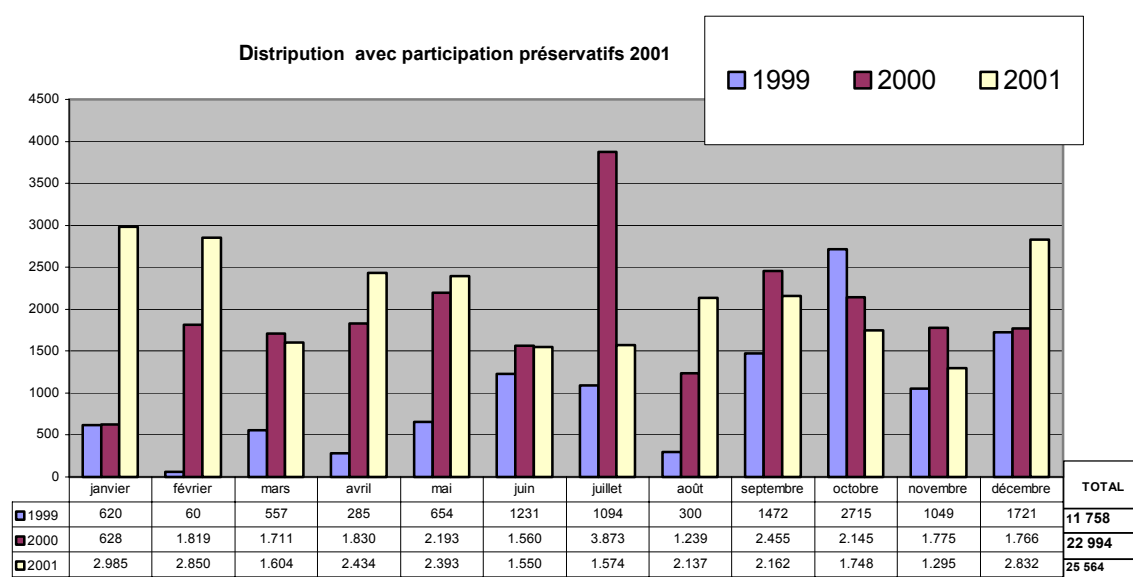


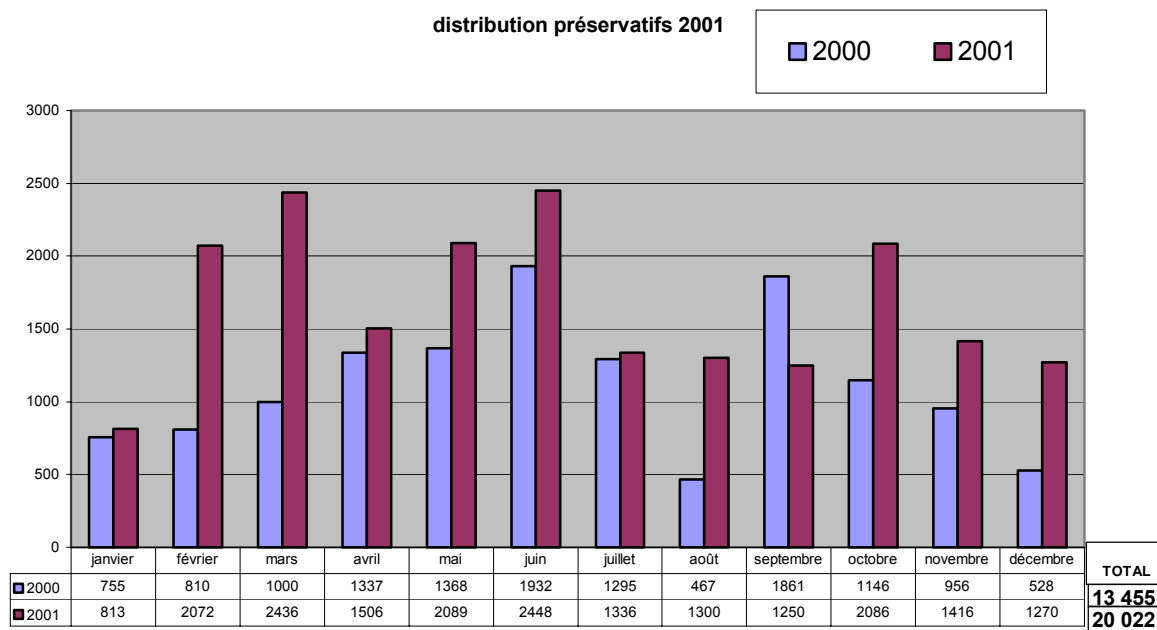


## Psychologist presence on demand, as well as a lawyer



## Information about safer sex





## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

**D**uring 2001 in the frame of TAMPEP 5 we published an advertisement in different languages in a weekly journal (advertisement under “beautiful hours”). This is the way to contact and reach some of the sex workers working in private flats.

We cooperate with DANAYA SO Maison de la Confiance who works with women from Mali, Africa. DANAYA SO is a project for African sex workers similar to DropIn and is support by CARITAS Switzerland. The only big difference is that DANAYA SO teaches manual ability and alphabetizing for the women who want to leave prostitution, but it is the only income for their families. As a result of these vocational trainings, some of the women started their own small business and left the prostitution.

We plan a new activity which would be a setting up of a mobile unit that would approach women on the street in the night. The first step was a late night outreach work with the emergency car, after 2AM with a doctor, a nurse, and street workers. Also were planed street-works early in the morning. Due to the new regulation on street prostitution we were forced to postponed this activity because the sex workers are no more allowed out in the street after 3AM.

At the beginning of 2002, we started our activities in the bars/cabarets of Luxembourg. This needs a special methodology of approach because the (migrant) women in these bars work with an artist visa and they work as prostitutes under the cover of artists. Some of these women have been using the services of the DropIn but their number is not in relation with the number of the sex workers. We started to initiate the contacts with the club owners in order to entry the clubs and effectuated the first visits and contacted the women from CEE countries. The club owner and the women reacted very positive towards our prevention activities.

For our prevention activities we used TAMPEP information material and distributed a prevention kit with various sorts of condoms, lubricating gel and sponges. We will absolutely continue with this outreach work in cabarets, because there is a big concentration of prostitution and the majority of sex workers are migrant (mainly from CEE countries).

Another important national activity was to set up a network of organizations dealing with prostitution directly or indirectly.

### **National seminar**

In the framework of setting up of the national network of services, we organized the national seminar that was held in the premises of DropIn-Centre on 14 November 2001. The seminar was preceded by the visit of the member of TAMPEP Coordination Centre who also participated in the seminar and met with various local policy makers and service providers. After these meetings the evaluation of the cooperation structure of the future network was effectuated and the strategies for expanding of the activities of DropIn directed at the migrant women working in cabarets/night clubs were explored and set up.

The morning session of the seminar was held for the staff of the DropIn and the representative of the Ministère de la Promotion Féminine (minister of women's promotion) Madame Isabelle KLEIN.

The theme of the meeting was the recent changes in the regulation of prostitution introduced by the municipal authorities. Everybody agreed that the change of the location for street-prostitution had various negative effects that were not previewed by the policy makers. The old place was more hidden, more intimate for the sexworkers and for the clients. There was more space for every sexworker and the different groups had the possibility to have their own part of the pavement, what made the contacts with the clients easier. More or less nobody took a notice when a man drove through with the aim to contact one or more sexworkers for sex. The new location change everything. The place is also too illuminate, you can see the sexworkers where ever you drive, the local bus overfilled with kids, old persons and families drives through. There is no spot protecting the sexworkers from rain and wind. All the good clients do not show up any more and there is a lot more tension between the women while earning lesser money. After the evaluation of the consequences of the working conditions of sex workers, the meeting concentrated on exploring the possibilities of influencing the policy makers towards introduction of more long term and comprehensive prostitution policy. The representative of the ministry agreed with the need of carrying of policies that are directed at the diminishing of vulnerability of sex workers and at the creating possibilities for empowering of the women working in prostitution.

The afternoon session was dedicated to the consolidation and widening of the national network of service providers. It was the first time that in Luxembourg, service providers agreed on mutual cooperation and sharing of sharing of service possibilities. The meeting was attended by the representatives of DropIn, Kontakt 25 and Abrigado (druguser), Aidsberodung Croix-Rouge, Pro Familia, Planning familial, the representative from the minister of women promotion, groups of doctors, social educators, nurses and volunteers and sex-workers

After the presentation of the representative of TAMPEP Coordination Centre on different aspects of the new regulation of prostitution in the Netherlands and the consequences of this regulation on the situation of the migrant sex workers, followed a discussion on the positive and negative aspects of regulations models. The focus was laid on the situation in Luxembourg and how the new regulation has deteriorated the situation of sex workers regarding their safety, autonomy and the group's cohesion. This common agreement on the negative effects led to preparation of an action plan for lobbying and for consolidating of the service possibilities. Also, the service providers made a strategy how to create synergy in order to make their services accessible for migrant sex workers who work in clandestine and illegal situation.

Taking into consideration these innovative effects coming from the guidelines of TAMPEP Network, we will continue and consolidate these reached results.

## CASE STUDY

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**B**ecause of the new regulation concerning the street prostitution (new location and limited working-hours, 20.00-3.00hours) a lot of women had to endure many changes in their working and private lives.

For example;

The new location is not a good place. People live there and the bus passes by. And a lot of other reasons exist why the people who live there fight against the prostitution near to their residence.

The local press began to be interested in the street prostitution, strikes were organised and advertisements were published. A team of the local television filmed the sex workers one evening without having asked them for permission to film. Fact was, that one woman was recognised on TV. Result: this woman had to suffer a lot of changes. The owner of the apartment where she lived saw her on the daily news on TV and told her that she had to leave her flat. The neighbours and friends left her alone. She had to start a new life.

She was not the only one who made this experience; there were other women who were recognised by their families or friends. A disaster for these women: emotional and financial.

# THE NETHERLANDS

In order to understand the work of TAMPEP one should be aware of two different factors that are crucial for TAMPEP's position in the Netherlands. The first is the historical perspective. TAMPEP started its work in 1993, which means that its position is now well established within the health and social structures of the intervention area of the project. The second is the change of legislation concerning prostitution. This has completely turned around the context of prostitution and as a consequence the direct involvement of authorities in the sex industry. This change has exercised a direct influence on the position of sex workers and particularly on migrant sex workers.

Therefore this report can serve as an example of how a project acts and reacts towards these radical changes in particular with regard to the influences these changes have on the prostitution scene and the position of migrant sex workers therein. During the last two years of the project we were confronted with various phases of these changes that varied from at first tolerance towards the presence of undocumented women in prostitution, then a transition period when ad hoc policies were applied as an introduction to the new regulation in prostitution (what resulted in more controls regarding the legal status of migrant sex workers and in setting up of conditions for running of a sex business), towards finally a practical application of the new legislation in prostitution. This report is written from the perspective of these changes and describes our interventions in this changing and unstable field and also describes how these changes influenced the execution of our programme. Therefore we always make a clear distinction and talk about the time before the introduction of the new law on legalisation of prostitution and about the period after.

## **The prostitution scene about two/three years ago**

According to rough estimations, there were about 25.000 persons working in prostitution. 90% of them were women, 5% men and another 5% are transgender. 45% of them worked in sex clubs, 20% in the "windows", 15% in escort service, 5% on street, 5% at home and 10% in other forms of prostitution such as hotels, bars and discotheques.

Official authorities estimate that two thirds of them were migrants, however TAMPEP estimates that in the four towns where TAMPEP conducted intensive outreach activities among prostitutes working in the windows, the percentage of migrant sex workers was more like 90% to 95 % of all prostitutes. The majority of them worked "illegal" – this is the term the official authorities apply to the situation in which a person works without a residence permit that also authorise her/him to work in The Netherlands.

In this period which covers nine years, TAMPEP did outreach work based on: carrying out intensive individual contacts through cultural mediators, conducting peer education programme, mediating between the women and service providers, providing training for service providers, creating of a network of care and reproductive health services for non

insured women, producing of information material, offering social support and juridical information and last but not least: carrying out advocacy work and sensibilisation of policy makers and police.

The situation changed drastically after the introduction of the new law that came into force formally per 1 October 2000. This date was preceded by a transition period where strict police controls were carried out in the majority of prostitution scenes and many migrant sex workers were forced to leave their working places. The police controls were also aimed at those sex business owners who rented a working space to undocumented persons. This period was characterised by an even greater mobility of sex workers than before because some municipalities still tolerated the presence of migrant sex workers while others did not. Therefore the women travelled continuously amongst the various towns, entered other forms of prostitution what for many of them meant more dependency of third persons who could organise their work.

This was a period that demanded constant attentiveness and therefore we intensified our contacts with the women. This required close cooperation with our peer educators and supporters and this way we could follow the groups of mobile women and we were able to intensify our activities in the cities with large concentration of migrant sex workers. We offered juridical information to the women and we were involved in the creation of an association of self employed prostitutes a juridical construction that would temporarily protect women from deportation. Hereafter in this report we will describe the new legislation and the development of associations of migrant prostitutes. This new law had placed these migrant women in a state of great uncertainty: none of them knew of and for how long they were allowed to stay in their working places. Many women were moving around continuously.

Under these circumstances it was important that TAMPEP already had good working contacts with the medical and social care providers in most major cities because this helped us to use these channels more effectively in order to facilitate ad hoc social and health care. Another strong point was that we are having excellent relation with our clients. The information that comes from their network was of great value for our knowledge and understanding of the prostitution scene in various cities and of the working conditions of these migrant sex workers. So, in spite of all the difficulties, still we were able to keep in touch with the women, refer them to health/social services and to support them in the adoption of self-protection strategies.

### **Then the first of April 2001 came...**

The moment when the municipalities started to implement the regulation on prostitution in their cities and the system of legalisation of sex industry. That means that in the moment the commercial exploitation of prostitution is taken out of penal code - it is considered as legal business. It means that it is subject to all kinds of regulations and is subject to application of a national law regarding the running of an enterprise and the application of labour law. It includes the conditions for licence system for brothel owners (regulated by municipalities), taxes for sex workers and brothel owners, application of labour law, control of establishments concerning their hygiene and safety conditions and the defining of the position of the sex industry in the cities, etc. It means that various institutions with various competences are involved in the regulation system. It meant also that for the undocumented women there was no possibility to work in

prostitution any more because they were excluded from prostitution by the law. At that time migrant sex workers still constituted a large part of the total population of prostitutes. In the first months most brothels, windows, etc stayed empty putting brothel owners in great despair. This happened all over country with the exception for four cities where 99% of prostitutes were (and still are) migrants. In three towns a special legal construction was created by a lawyer and brothel owners that permitted prostitutes to stay there temporary. For this purpose the migrant sex workers are united in a sex workers' association of self employed persons. As members of this association these women apply for a residence permit. While waiting for the decision of the Ministry of Justice, the women are allowed to continue their work in prostitution. In the fourth city only migrant women with residence permit were allowed to work.

It is important to understand what really happened: the transformation of the prostitution industry from an illegal economical activity to a legal and recognised business has had a major impact on this branch. It involves the entire administrative and social system and of course it also concerns the position of the brothel owners who now became legal entrepreneurs. As a result of these changes, the position of migrant sex workers became even more complicated: they are now not only illegal aliens but also illegal prostitutes. But also for legal migrant sex workers the situation was and still is difficult because they are confronted with their new position as legalised prostitutes which means that they have many duties, but at the same time they have no perception what these new changes mean for their life and their position.

Somehow, the picture of prostitution has stabilised somewhat. In some cities migrant prostitutes somehow managed to legalize their situation, usually through marriage. Or, some former legal migrant women returned to their old profession. There are also cities where groups of women formed association and applied for residence permit on the basis of self-employment. Some women entered street prostitution, working in so-called tolerance zones which were once created for drug using prostitutes. Many women just went into underground into invisible forms of prostitution. And there also exists a group of illegal women that keeps on moving from one place to the other in order to minimise their chances of deportation. However, there still are new migrant women arriving in the Netherlands, mostly from associated countries.

We see appear or increase different forms of prostitution in other or new surroundings, like Turkish bars, casinos, hotels and discothèques. Street prostitution has increased in areas where temporarily there is no control. Within the network of migrant sex workers legal migrants support the women without the possibility to work visible. The use of mobile telephones has increased. Undocumented migrant sex workers who were already working before the new legislation, still do have their own network of clients, established in the time they worked visible - they can be found by their clients through mobile telephone. New clients are added to the private network by clients themselves (mouth to mouth advertisement) and by their colleagues who are legal.

Next to our regular work, we focussed on the further developing of two additional aspects, that is: 1) social mobilisation activities and signalling 2) identification and analysis of the changes in the prostitution scene seen from the perspective of the protection of the rights of migrant sex workers that occur as a result of the new regulation. This last aspect is being realised the forum of a nation-wide platform of service providers and was effectuated by the middle of public manifestations and

sensibilisation of policy makers towards the risks of exclusion of migrant sex workers from the protection of law.

Our regular field work continues to be focussed on those cities with a majority of migrant prostitutes. This work consists, first of all of our standard package of outreach activities. It includes analysing with the women the advantages and disadvantages of the membership of sex workers' association, supporting them in their (life) decisions, mediating with their pimps, re-contacting the women who went underground and visiting them in the new working places, reinforcing our prevention activities in order to help the women to be able to employ safe sex techniques - even in the moments when safe sex is not the first priority.

The role of TAMPEP in the Netherlands in that year was focussed on intervention in various fields and did not limit itself merely to health promotion activities. Our interventions were also focussed on various of the fields. From one side we supplied our clients with information about what was happening in the scene and supported them with managing their capacities to take decisions and to protect themselves. On the other side we mediated continuously with the policy makers in order to promote the rights of the women to have an access to a legal and autonomous prostitution work.

In the course of our work, it became evident that this new, very strictly regulated control system is not able to exclude migrants from entering prostitution because there is still demand for their services and presence, particularly from the side of brothel owners. This has lead to a situation of an even larger vulnerability and dependency of these women (on pimps, traffickers, brothel owners, clients, etc).

The protection of labour rights of all sex workers is a central point of the system of legalisation of prostitution business. However, such a system can only work satisfactorily under the condition that the rights of all sex workers (including migrants) are recognised and respected. No system created and controlled by public authority regardless how progressive it may be can change the prostitution scene as long as it gives more duties than rights.

The provision of services to migrant sex workers finds itself in an unfavourable position. Only with a flexible, multidisciplinary and intensive intervention policy it is possible to respond effectively to the needs of the women. Such a policy should also involve social mobilisation activities and a strengthening of the network of service providers.

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

In order to be able to understand the context of the situation of migrant sex workers in the Netherlands we have to know how prostitution was organised before the introduction of the new law and the consequences of the changes of the law for the migrant sex workers.

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



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

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

## **The new legislation on prostitution in the Netherlands**

### **The new law**

The past years have been marked by political debates on legislative changes about prostitution. On October 1<sup>st</sup>, 2000, the Dutch ban on brothels, which had existed since 1911 was lifted. The exploitation of voluntary prostitution is no longer considered a crime. Any form of forced prostitution, pimping and trafficking will remain in the Penal Code.

This new article (Article 250a of the Penal Code) combines the different articles dealing with the exploitation of prostitution, pimping and trafficking of persons.

A punishment with six years of imprisonment (and eight to ten years in aggravated cases) concerns:

- a person (for example a brothel owner) and his/her accomplice who forces somebody to prostitute himself or herself
- a person (trafficker) who brings somebody across borders for the purpose of prostitution. This also goes for voluntary prostitution
- a person (for example a brothel owner) and his accomplice who organizes the prostitution of a minor (under the age of 18 years), also when that person does it voluntarily
- person (pimp) who takes money from a prostitute who is forced
- person (pimp) who takes money from a minor prostitute

The aim of this change in legislation was also to enable the government to exercise better control and in order to regulate prostitution activities, the new prostitution law

abolishes the general ban on brothels and legalises commercial organisation of (voluntary) prostitution and still punishes the exploitation of involuntary prostitution, of minors and all forms of smuggling across the border for the purpose of prostitution. In other words: running of a prostitution business and exercising prostitution is now considered by the state as a legal economical activity.

This new prostitution policy has five main objectives:

- control and regulation of commercial prostitution
- strengthening the combat against involuntary prostitution
- protection of minors from sexual abuse
- improvement of the social, legal and humane situation of prostitutes
- decriminalisation of the prostitution scene

The practical implication of the legalisation of the sex industry means that the Association of Dutch Municipalities has prepared a model of regulation for prostitution business. A municipality that wants to regulate prostitution in its region (in practice almost every municipality decided to implement the regulation system) bases on this model, but the manner of execution and implementation of the system of licences belongs to the decision and policies of the municipality and therefore may vary from one municipality to other. The municipal authorities have to formulate the conditions under which prostitution is permitted within their municipal boundaries. Only those establishments which respond to these conditions obtain special licences which permit them to continue (or to start) to exploit their business.

The conditions that municipals have to lay down involve:

- nature and size of brothels (a brothel may not disrupt the residential climate and quality of life of the neighbourhood)
- hygienic and safety conditions (minimum dimensions of the working area, following up of the guidelines set up by the public health authorities, presence of fire escape, etc)
- position and status of prostitutes (protection of their physical and mental integrity, no under-age prostitutes, no prostitutes without a valid residence permit).

All other (national and regional) institutions such as tax office, social insurance agencies and labour law agencies are involved in the application of the various aspects of the law in the legal sex industry. Next to the transformation from illegal to legal branch of economy, there are other legislative aspects of the prostitution policy: the regulations regarding aliens and their status in the labour inside the sex industry and anti-trafficking policies.

### **Contradictions and omissions of this new prostitution policy**

**1.** About relationship between the brothel owner and the sex worker has not been clearly defined. From now on, a sex worker is free to wanting to be self employed. In such a case she would only rent her working space from a particular brothel owner. However, until now, the brothel owners have tried to impose all kinds of restrictions and duties on sex workers. This unclear situation is aggravated by the administrative authorities that are responsible for the application of the labour law and the regulation regarding the labour conditions. It is their task to define what kind of labour relationship and regulations will be applied towards sex business. In fact there are two bodies (tax office and the social insurance agency) who determine what kind of working

relationship is in force in a given sex enterprise. Every sex business is evaluated individually. This evaluation process has started but is not in full operation yet. In the case it is determined that the relationship between the prostitute and the owner of the sex club is based on a relationship of authority where the club owner sets up the rules of sex services (a sex worker is not entirely free to decide about her working hours, her prices and the manner of work) this relationship will be considered as employee and employer relationship. In the case it is determined that a sex worker is self employed (when she alone decides about her working hours, prices, manner of the work, the freedom to work in different sex establishments), she is obliged to keep an account administration and she is obliged to pay income taxes and social and health insurance fees. However, in practice it happens that in sex clubs there is often a relationship of authority because the conditions of the work are determined by the club owner, such as working hours and the basic price for services. This kind of framework has far going consequences for the position of the club owner as well as for the sex workers.

In practical way it means that the sex worker will be registered with various instances (social insurance, employees agency, tax office, regardless if she is self employed or an employee). For the brothel owner it will mean that he, as a legal entrepreneur will have to observe all regulations and conditions that are imposed on him as an employer or a person who facilitates rendering of sex services. In the case that he will be considered as an employer, all aspects of health of his employees will be considered as related to professional health. Therefore the hygienic state of his establishment and health condition of the employees will be subject to control by labour inspection and also subject to control from the side of public health or infectious diseases inspection. It means that this field of health is covered by the sphere of the public law and also by the sphere of private law.

This law regulates the running of an enterprise with all aspects of the health of the employee, including the aspect of health risk coming from the work. It also can mean that the involvement of the sex club owner might go further in his right as an employer and it can mean that he will be able to oblige the sex worker to undergo tests for STIs and watch out that a sick prostitute won't work. In general this working relationship of employer and a employee might lead to a drastic change of the relations in prostitution: the sex worker will be subject to rules as a employee and her freedom in the performance of her services might be limited. Also, considering that sex work is not a socially acceptable occupation and is subject to stigmatisation, the fact that sex workers will have to be registered will have far going consequences for their lives and social position. Therefore there is a question if such a situation will be acceptable for both parts: the brothel owner and the sex worker.

**2.** In the moment that a brothel is legal, because it responds to the conditions imposed by the municipality, it is also a subject to other regulations and application of a (normal) law. The question is: are these criteria applicable to the still very specific nature of sex business and sex work? Will the physical integrity and the individual choice of a sex worker be guaranteed? Is it possible that sex work will be eventually perceived as a normal job? And what kind of state instruments can be effective and contribute to the normalisation of the sex industry? These are still open questions for the future.

**3.** Until now as far as designing of a policy for the social and professional empowerment of sex workers is concerned the aims of the new regulation namely the improvement of the position of sex workers have not yet been put into practice.

**4.** There is no consistent policy from the side of the municipalities: it regards the maximum number of brothels, their types and the rules that are applied. In general these differences in policies lead to situations that often a brothel owner (and the sex workers) are confronted with very contradictory rules and limitations. The general trend is that most of the municipalities try to reduce the volume of sex industry in their area. This also concerns the tolerance zones for street prostitution (the tolerance zone is the area appointed by the municipality where street prostitution may be exercised).

**5.** The legalisation of the profession of a prostitute should have a consequence that the general rules applied to regular labour migration would also be applied to sex work. However, until now the possibility for persons outside the EU to apply for work permit in prostitution is forbidden by the law. The fact that a person cannot apply for a work permit in prostitution is very discriminatory towards this group and stays in contradiction with the principles of the new law. Especially because it is the only profession that is excluded from the possibility of applying for work permit.

### **From the point of view of migrant sex workers**

**1.** The ban on "illegal sex workers" (i.e. persons without a residence and work permit) is especially controversial because the authorities have not taken into account that since the eighties migrant sex workers constitute the majority in the community of sex workers in the Netherlands. Therefore it is unrealistic to think that banning them to work in the sex industry (while not offering them any economical/social alternatives) would eliminate their presence. The result of this repressive policy is that there occurred a big shift in working places what means that the migrant sex workers are now even more isolate, and vulnerable and became easy objects of exploitation. Another consequence is the creation of new (clandestine) and occasional forms of prostitution, for example: in casinos, discotheques, escort, hotels and private apartments. Many women are experimenting with various forms and locations of prostitution. Many women came in the hands of malafide brothel owners who take advantage of their (illegal) position.

**2.** But worse, the exclusion of "illegals" contradicts with one of the main objectives of the new law which aims to decriminalize prostitution, to improve humane conditions of the sex workers and to help to have their profession accepted as a normal occupation. This particular paragraph of the new law appears to be only applicable to sex workers from EU countries. "Illegal" sex workers will remain unprotected and will therefore be further criminalized and forced to live and work in inhumane conditions. The risk that the organised crime will take over the facilitation of work of undocumented persons is very present. One of the goals of the new regulation is to take prostitution out of the criminal sphere. Clearly, this goal will not be reached if the majority of sex workers (i.e. migrants) are excluded from law protection.

**3.** One of the goals of the new law is to decriminalize prostitution and to combat trafficking in persons. Many (illegal) sex workers are victims of trafficking and should therefore receive a special protection from the authorities i.e. to have an access to the special protection measures for the victims of trafficking. In spite of the fact that this programme gives special rights for the witness (such as three months reflection time, possibility of receiving a temporary residence permit, right to shelter, financial and legal

assistance), it is not attractive enough for the women to denounce their pimp because the status as witness does not give them any possibility for entering a social integration process (for example access to the labour market) and does not respond to the complex reality and the needs of the victim. The reality is that the women in a situation of dependency are treated as unwanted aliens what worsens their situation even further. In this context the counter trafficking policies can be weakened by the adoption of the definition of trafficking as a form of illegal migration or illegal prostitution. As a result that there is a risk that the victims of trafficking are treated as criminals, while the traffickers go unpunished. In practice it can happen that the authorities frequently pursue restrictive immigration policies while mixing smuggling in persons, trafficking in persons and prostitution. This causes that they focus primarily on combating organised crime and the presence of undocumented women while neglecting the protection of their individual human rights.

## **The situation of migrant sex workers after the introduction of the new policy on prostitution**

**A**s already stated, in some of the larger towns like Amsterdam, initial measures to implement this (than not yet legislated) regulation had been already taken some years ago. The municipal authorities imposed upon the owners of sex establishments the obligation of refusing to rent "windows" or any other working space (for example in clubs) to persons from outside the EU. If they are caught in doing so, they risk that their businesses will be closed.

Not long after this, other Dutch towns started with actions that were aimed at cleaning up the prostitution scene and expelling all illegal aliens. In most of the towns special police units were created in order to carry out a systematic control of the prostitution streets. As the result of these actions, the make up of prostitution scene once more was thrown into disorder: all illegally staying prostitutes were either expelled by the police, or started moving amongst various towns looking for places where migrant prostitution was allowed or they went into hiding. This search for working places results in the temporary concentration of migrant women in some restricted areas, such as tolerance zones. But usually not for long because such places are immediately confronted with counter actions of police or repressive measures introduced by the municipality.

Parallel to these police actions, the municipalities started with the implementation of the licence system. As said above, the implementation of the new regulation was and still is carried in different way. What followed was great confusion: in some cities it was still possible for migrant prostitutes to work, in others not and most of the sex workers were not properly informed what really was happening so that they could not perceive what alternatives they had. At the same time new women keep on arriving in the Netherlands and are trying to enter prostitution. The majority of them were helped by third persons into less visible prostitution areas but this means they have to move around a lot. This way a visible and an invisible prostitution circuits have been formed. Some club owners applied for a licence for a legal business but continue to employ clandestine women; some brought the women in contact with a lawyer who facilitates the application for work/residence permit, hoping that there will be an exception for the persons from EU associated countries; and some of them run their business (mainly escort) clandestinely. Nowadays there is a strong demand for foreign sex workers from the side of the brothel

owners because after the expulsion of illegal sex workers, their places have not been taken by other (legal) women.

There now exist very few places in the Netherlands where illegal migrant prostitutes are still tolerated to work (in the public form of prostitution, such as windows), even if it is for only a limited period of time. One of these places is Alkmaar where due to the special attitude of the local authorities, the presence of illegal migrant women is being tolerated and where parallelly, a juridical pilot experiment has been initiated which involves an association of self employed migrant sex workers. This construction and its principles will be described in detail later in this report. Other brothel owners in various cities and locations are following this model of setting up associations of self employed sex workers from associated countries. This construction is a temporary solution and is based on the ingenuity of specialised lawyers who seek for gaps in the aliens' law and prostitution regulations. However, it does not offer the women any guarantee for receiving a work permit or any form of legalisation of their stay, it only guarantees that for the time being they will not be expelled from their working place.

On the other hand they have no choice. Membership of the sex workers association is costly and often is a condition imposed by window owners to be able to rent a working place. Belonging to the association brings with itself lots of limitations such as: obligation to work exclusively in the place where the association is registered, obligation to register at the police, obligation to pay taxes, restrictions in leaving the Netherlands and so on. Therefore, migrant sex workers only have two options: either enter clandestine prostitution or try to temporarily solve their situation while becoming members of an association of self employed sex workers.

TAMPEP has recorded that the implementation of this law has immediate and far-reaching consequences for the well being of sex workers with an illegal status. The new law seriously interferes with TAMPEP's prevention work or the activities of any other outreach organisation. The prostitution scene now is even more unstable and unpredictable than before the introduction of the new law.

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

In order to escape police detection and in pursuit of (temporary) safe working places, many of migrant sex workers move continuously from one place to another, from one country to another. During their short stay in one particular place, they do not have the opportunity to get acquainted with the local health service and how to get access to it. And chances are quite small that during their short stay in a given place, a local outreach worker would approach them and provide the necessary information.

The general working and living conditions of migrant sex workers have deteriorated significantly and this has direct consequences for their physical and mental health. The women who work clandestinely have no access to medical care and social support. Their dependency on intermediaries has increased, also for the women who used to

work independently in prostitution. Some women who for one reason or another stepped out of prostitution (because they married or entered other profession) re-entered prostitution because they are needing to support economically their (illegal) family or relatives who can no longer work in prostitution. This re-entrance into prostitution is perceived as a sacrifice in the name of their families and not as a real life choice. It is a duty to their relatives, who are suddenly unemployed, have no place to stay and find themselves without living perspectives.

## **Health and support services for migrant sex workers**

**U**ntil present the public health system for HIV/STI prevention in the Netherlands was based on delivery of specific services and this was combined with primary, secondary and tertiary prevention. There were no specific health laws that concern sex workers i.e. there are no mandatory medical controls or registrations and the services for sex workers are multifaceted and touch the various aspects of prevention. The low threshold attitude of HIV/STI prevention services to sex workers has always been conditional for its success.

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

At present these public health institutions belong to municipal health services and as such make part of prostitution task forces for the application of the new regulation and systems. In some cities they are responsible for the control of the hygienic conditions and the application of safe sex practices in the brothels. These controls are directly bound to the licence system for the sex business owners. They form a part of the municipal institutions involved in the prostitution policies in a given city. But the question is what will happen in the future: will the labour inspection body have more competences regarding the professional health in the sex business or will these competences stay within the public health institutions? The second question is: will the autonomy of these services stay intact and will the principle of the broad accessibility to primary prevention for sex workers be still present in the new system? Will the functionaries of public health institutions be able to reach also the groups of sex workers who are outside the legal circuit? These are open questions regarding the future of the Dutch health promotion system. They are particularly important as far as illegal migrant sex workers are concerned. It is feared that these groups will be more than before excluded from the screening possibilities because of distrust they have towards official institutions and because of their position of high insecurity and vulnerability.

Until now, in the TAMPEP field of activities, we have been mediating and facilitating contacts between the public health institutions and migrant sex workers in various settings and situations. TAMPEP has operated under circumstances of high mobility and police harassment of sex workers as well as in moments of stability. In the places where sex workers are still allowed to work and where they are less menaced by expulsions, the use of the health services has been as frequent and intensive as before. In terms of our fieldwork it means that we are able to assist the women for a certain period of time and offer them a full package of information. The women show a high interest about their health and safe sex practices. In other places, where they felt insecure of their well being, the requests from their side was often limited to juridical matters and the legal/social assistance. We observed that the health matters had a lesser priority. Therefore, we had to adapt our working methods in order to be able to respond adequately to their new needs.

The increased mobility and insecurity of these women required an even higher degree of alertness of our outreach process: we had to reach them quickly and analyse with them their situation while stressing the importance of safe sex practices and the protection of their health. In this situation of high risk environment this role of support of the individual perception of well being is particularly important and at the same time it is essential to quickly provide access to medical services. Part of our clients entered clandestine prostitution circuits or left the country for a certain period. With some of them we lost contact, but others contacted us again with request for information, for medical assistance (if they were sick), or just to inform us about their whereabouts. For us it was a good opportunity to reach them again and to continue our prevention work. We observed that many of our clients who previously regularly visited STI clinics for screening (as prevention measures), now went to these clinics only in case they had symptoms of disease. We also observed that many women had various health problems but these were neglected because they had no possibility to care for themselves, they had no possibility to visit a general practitioner, they had no information where they could go, or had no freedom to leave their working place.

#### AREAS OF ACTIVITY

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

**T**AMPEP defined several selection criteria for preferential territories of its outreach project:

- The predominant presence of migrant sex workers: regions or cities where at least 90% of the foreign women come from Latin America, Africa and Central and Eastern Europe
- Towns with different policies towards prostitution and towards foreigners (like for example Alkmaar, Den Haag and Arnhem). These factors have a strong influence on the conditions of work experienced by the sex workers.
- Coverage of the whole of the Netherlands: from the south to north, from east to the west. During the first years of the project TAMPEP also covered border regions and clubs situated in rural areas.
- Areas with various constitutions of the groups of sex workers: areas with predominantly prostitutes who have just arrived in the Netherlands, often straight



from their countries of origin, as well as areas with women who have been working longer in prostitution and have been living in the Netherlands for a lengthy period.

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

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

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

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

In the first years (from 1993 on), TAMPEP's activities have been focussed simultaneously on the prostitution windows of four different towns in the Netherlands: Arnhem, Den Haag, Nijmegen and Alkmaar and in the sex clubs in the towns of Enschede, Maastricht and in the provinces of Noord Limburg and Gelderland (Nijmegen region) where the sex workers from countries of Central and Eastern Europe, Latin America and Africa were the main target group. In the last two years we worked mainly in the window prostitution in Arnhem, Nijmegen, Den Haag and Alkmaar. We were forced to abandon our activities in sex clubs in the above mentioned areas because the majority of the clubs had been cleaned up from the presence of migrant sex workers or were closed. We visited occasionally some sex clubs if we were called by one of our (former) client or were invited by local health services to assist them in the first contacts with migrant sex workers.

As mentioned before, these last years were marked by the passing of the new policy on prostitution in the Netherlands. Therefore, when comparing the current prostitution scene with those of previous terms of TAMPEP, one can observe some characteristic trends:

- the change of the make up of the target group: an increase in number of women from EU associated countries, a diminishing of the number of women from former Soviet Union, the change of the composition of the group of Latin American
- a drop of prices of sexual services
- a greater mobility of sex workers
- a greater tolerance to working more often without a condom

- changes in the make up of prostitution scenes: in first instance, after the cleaning up of the prostitution scene by the police, in most Dutch towns there were only women with Dutch or EU citizenship; the non-EU went either underground; moved to other countries; tried to arrange new (legal) status or documents; or chose for staying shortly at various prostitution places risking to be caught by the police. For more than one year, more of the prostitution windows stayed practically empty. According to the owners of the windows and clubs, 60% of their working places were not rented. At the same time in some cities with window prostitution where the association of self employed prostitutes was set up, we started to observe a great concentration of migrant sex workers. Due to the introduction of this model of juridical construction in other cities, the migrant women started coming back and filled up the empty places.

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

**B**ecause this manual is based on TAMPEP experience, underneath one can find the description of the main principles of practice of outreach work carried in the context of interdisciplinary activities all based on direct contact with the members of the target group.

The main principles of TAMPEP working methods are:

### **An on-going process of research and investigation**

Migrant sex work is characterised by constant changes in the make-up of the target group, with frequent variations in the concentration and number of sex workers in every town as well as in the nationalities represented and their degree of mobility. As the result of the latest law changes in the Netherlands, the mobility within the country and amongst the various countries has increased considerably. Therefore in order to be able to trace this mobility and to be able to adapt and develop the right activity for each different group of sex workers, TAMPEP conducts continuous research concerning:

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

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

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

### **Outreach work**

Regular and intensive fieldwork is essential if one wants to achieve behavioural changes within the target group. Because of the marginalized position, social isolation and great mobility of migrant sex workers, fieldwork is an important tool in building up a trustful relationship between the members of the target group and the service providers. It

serves to have a better overview of each specific situation, to promote safe sex practices, carry out STD and HIV/AIDS prevention activities in an efficient way, influence positive behavioural changes, boost group cohesion and build up migrant sex workers self-confidence, self-efficacy and self-esteem.

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

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

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

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

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

### **Peer education**

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

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

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

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

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

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

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

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

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

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

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

TAMPEP-Netherlands experienced that, in a situation of great instability in the prostitution scene, these information materials play an even more important role in the work with prostitutes. For women who are moving amongst various towns and countries, TAMPEP materials are not only a source of relevant information but also constitute a recognition point and a means of support.

## **Networking**

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

## **Field of our interventions: window prostitution in four cities**

### **ARNHEM**

In Arnhem (a population of about 140 000) we find the window prostitution at one district of the town. For years it has been the highest concentration of window prostitution in the region of Eastern Netherlands. But the 5 streets were about 220 windows used to be located, today this number has been reduced to only 3 streets and the number of windows has been reduced to 60% of the previous number. The intention of municipality is to close this area for window prostitution at the end of 2002, but until now there has not been other area (alternative) appointed. Brothel owners have already received their licences, but it is not clear what will happen next year.

For many years a special police team has been conducting frequent rounds to the window area and noting down the personal details of the prostitutes working there: this makes it practically impossible for illegal working sex workers to avoid being caught and expelled. However last year some women from Central and Eastern Europe had been found working. The consequence was that the brothel owner did not receive his licence and his brothel was closed.

The degree of occupation depends largely upon the time of the year (around Christmas there are always less women), but during the year more than 70% of the windows are usually occupied.

The majority of the regular prostitutes are Latin Americans (normally over 45%), followed by Dutch nationals (about 30%), by Africans (some 15%), Central and Eastern Europe and Asia (10%).

The new legislation on prostitution has had little consequences for migrant sex workers in this town because already before the introduction of the new law, only migrant sex workers who possessed legal papers were allowed to practice window prostitution. Also mobility is not very high for the same reason, most of the migrant women have already been working for many years in Arnhem. Some of them have been paying income taxes for a long time, others are waiting for the first tax-control to start paying. It is reported that some migrant women would stop with their work in Arnhem from the moment that they would be directly confronted with the need of paying income tax.

In spite of the continuous presence of police on the streets, there is a lot of criminality in Arnhem's prostitution neighbourhood that is mainly tied to drugs dealing. Therefore the safety of prostitutes leaves much to be desired. Most of the windows are not equipped with an alarm installation. The hygienic condition of the houses is mostly very poor, the presence of vermin is common. Rents have remained constant about 300 euro per week.

The rates of sex services have remained reasonably stable or increased a little. This is due to the fact that a lot of women since many years have established their own network of clients and have a lot of experience with dealing and negotiating with clients. Most of them work for themselves, which means that they are free to decide about their working hours and the choice of their clients. However, this year there has been a lot of tension due to the insecurity about the future of the area: the women do not know how long will they be able to work in the old area and where to the prostitution area will be moved.

## **THE HAGUE**

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

The tolerance towards the presence of migrant illegal sex workers (who formed 80%-90% of the whole population of prostitutes) lasted until the end of 1998. From this moment the so called “promo team”, a police unit specially created for this purpose, started controlling the prostitution streets of The Hague. The police did not employ one clear way of conduct towards the illegal women. Only one thing was certain: no sex workers without a residence permit were allowed to work in The Hague. During daily police controls, some of the women were advised to leave the prostitution and the country immediately. It concerned mainly women from Central and Eastern Europe. If caught again working in the window, they risked deportation. Police also carried out regular raids on prostitution premises with an African and Latin American occupation. Women surrounded in these raids were usually immediately sent to their country of origin in spite of the loud protests of the “Prostitutie Projekten” a local organisation for social assistance for sex workers. The impending changes of policy towards illegal prostitutes, brought along a feeling of insecurity and tension among sex workers. Some of them moved to other towns (Alkmaar, Groningen), many of them started looking for other solutions to their illegal status such as a marriage with the Dutch or EU citizen. These police controls caused a complete change of the prostitution scene in Den Haag and after this the regulation system has been implemented what meant that the window owners had to apply for the licence.

In the Poeldijksestraat and Doubtletstraat with together about 520 rooms, until the end of 1998 about 75% were Latin American, 15% African and the rest were of Central and East European origin. About 90% of them were working without a residence permit / working permit. The occupation of the windows was between 80-90 %. In this time the prices of the services of prostitutes were between 25 – 35 guilders (11-17 euro).

After 1998 due to the repression, the occupation of the windows went down until in one moment 35% ; after this deep point the occupation increased until today when we see an occupation about 70 to 80%.

The composition of the group has changed, we see now that about 90% is of Latin American and 10 % of African or Asian origin. The women who are today visibly working have a residence permit without restriction to work.

Before the rent was about 100 - 150 guilders (45-70 euro) per day, today the rent amounts to 60-70 Euro which means an increase in price. The prices of the sex services have went up slightly and are now 20 Euro on average.

The hygienic conditions of the working places, very bad before, still are not very much better, but some of the very bad rooms are closed or being renovated. Also there are new windows opened.

The third prostitution street, the Geleenstraat with its 300 windows, used to be

populated predominantly (70%) by East European women. On this street the new law on prostitution has been implemented quite early and very efficiently with the result that now only women with legal papers are allowed to work. The windows abandoned by the illegal sex workers were quickly taken over by the Dutch nationals and EU citizens. This street is considered as the "best street" in The Hague. The hygienic conditions of the houses are quite satisfying. The prostitutes are mostly young and good-looking. The rent of the window is higher than in other streets, the same concerns the prices of the services of sex workers that are much higher than in other streets.

In September 1999 the municipality of Den Haag imposed a closing time of the window area (01.00 o'clock during the week and 01.30 o'clock during the weekend) to big dissatisfaction of some sex workers. Also cameras were placed on the streets which means that the criminality rate went down, especially in the two streets where before there was a lot of public order disturbance.

## **ALKMAAR**

Alkmaar (population about 100 000) has one prostitution street with 132 windows. In 1999 40% of them were occupied by the women from Central and Eastern Europe, 20% by Latin American and the rest by African and EU citizens. In 2002 80% of women come from Central Eastern Europe (mainly from Bulgaria), 8% from Latin America, 8% from Africa and 4% from EU. The community of sex workers amounts to some 270 women of whom all are foreign (with exception of a Dutch woman who works occasionally). Most of them are without residence permit.

As the result of the new policy on prostitution the brothel owners found themselves in the situation (as the colleagues in other cities) where they were not allowed to rent their windows to the women without residence permit. Therefore in order to regulate the legal position of migrant prostitutes, Alkmaar's room owners 5 years ago contacted a lawyer who thought up a juridical construction that permitted persons from countries that are associated with the EU to establish themselves as self-employed workers in the Netherlands and as such apply to the authorities for a residence permit. To this purpose, the prostitutes had been united in an association (Association Achterdam) into which originally all-illegal sex workers were allowed to inscribe. For every member of the association the lawyer applied at the Ministry of Justice for a residency permit on the base that these women worked as self employed. During this legal procedure the women were allowed to stay in Alkmaar and work in prostitution.

The procedure regarding the first group of the applicants took a long time because there was no jurisprudence. Now, four years later, 46 members of the association from countries outside the EU received their decision: 12 were allocated a residence permit on the ground of staying in the Netherlands for more then 3 years and others received a negative decision. However in spite of the fact that the juridical procedure for these women had been finished, until now the municipality has been tolerating their presence. Women from countries that are associated with the EU are still awaiting the decision and in the mean time they also can stay and work in Alkmaar. Due to the special position of the women from associated countries that have a special agreement with the EU permitting to work in EU countries as self employed, they have more chance to be recognised as self employed in prostitution.

Of course this request won't be honoured automatically. It is still not known what conditions will be imposed by the Immigration and Naturalisation Services (IND) regarding the work permit for sex workers coming from associated countries. However, until now there is no political will to recognise the possible access to legal prostitution for persons from associated countries. From the other side the fact that this association is officially registered and follows the new rules regarding the women who work in prostitution as self employed, might form a new situation where the judge will consider every individual case and will analyse the grounds of the decision of the IND and will state whether the decision is according to European treaty with associated countries. And maybe the legal structure of the association will respond to the conditions and limitations set up by the IND. There is no precedence so it is not known how this procedure will end and how the minister of Justice will eventually decide. It will be a big stride and the various phases will be decided in the courts. At present time only the women coming from associated countries are allowed to become members of the association. This is the reason why the population on the street in Alkmaar has now such a make up.

Parallely to this the owners of sex establishments have reached an agreement with the local police concerning the conditions of the tolerance. The women are registered at the police and receive a special stamp either because they are members of the association or because they have a visa for at least three months. On the other side the sex business owners are considered as responsible for the safety on the street, the conditions of the establishments and for the control that there won't be any criminal acts (trafficking, pimping, minors, etc). Until now this kind of (pragmatic) solution has been accepted by the municipality and the proprietors applied for the licences. It is expected that the licences will be allocated at the short notice.

For many migrant women the creation of the association appears to be an adequate arrangement, even though the costs and trouble seem quite high for the individual (illegal) prostitute (i.e. lawyer-fees, etc.) and it might be too big of an investment for those who are planning to just stay for only a short time in Alkmaar, on the other hand it is the only possibility to stay and work in the Netherlands. But it is not a durable solution as it is of a temporary nature. Also, it cannot be seen as an example of professional and independent way of working. Many elements of constriction of individual women are still present, such as dependency on pimps, and the difficulties in surviving in prostitution are still present.

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

The price of the room is 75 euro per day, the prices of sexual services vary between 25 - 35 euro. Usually all of 132 windows are fully occupied, many women share the window and work in shifts. The majority of the women live in their working rooms.

## **NIJMEGEN**

In Nijmegen (population of about 150 000) window prostitution is concentrated in one street in the city centre with about 20 windows.

Until August 1999 prostitutes without '*residence permit without restriction to work*' were tolerated to work in Nijmegen, most of them were Latin American women living



at their working place. Anticipating the implementation of legislation, the women applied for a residence permit with the result that during the procedure they were tolerated to work until the next year. Then the new regulation was implemented and it became impossible to work without a residence permit with authorization for work visibly in Nijmegen. Women who lived and worked for years in the windows in Nijmegen didn't have any place to live while they were still waiting for the juridical decision. Until today they have been moving from one place to the other, others returned to their country and some obtained a residence permit through marriage.

The occupation of the windows before 2000 was about 80 - 90%, in 2001 the occupation was hardly 60% but is growing now.

The Latin American women are still in majority, however also women from other EU countries arrive.

Until now the brothel owners haven't received the licences, but it will happen soon.

Because of the renovation of two brothels the rent has increased (100 Euro per day), the rent of the other brothel remains stable (90 Euro)

Police carry out regular controls, the tax services haven't appeared yet.

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

**T**AMPEP's interventions on health and social services focussed on the same above mentioned four towns. These towns already possess an existing network of medical and social services for (migrant) prostitutes.

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

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

### **ARNHEM**

Since six years the municipal health service (GGD) has been offering two hours of open consultation to the sex workers.

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

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

### **DEN HAAG**

The health and social service for prostitutes is well organised in den Haag. There are the following services:

#### **STD clinic run by the GGD (Municipal Health Service)**

It is located in a hospital in the centre of the town. Every day, a dermatologist and a nurse hold a consultation hour. The consultation and the STD check-ups are free of

charge, however the women are not supposed to make regular use of these services. After a first medical check-up they are expected to go to the health centre Nieuw Schilderswijk (see below) for a follow-up.

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

### **The public Health Centre**

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

Every day this clinic has a consultation hour especially for prostitutes. The prostitutes are treated anonymously and are charged a small fee for the consultation. The testing itself is free of charge; the medicines are sold at purchase price. The consultation concerns not only STI, but also general health. The close collaboration with the STI clinic, in the above mentioned hospital, makes it possible for the women to obtain the results of the tests in few days. The sex workers can also make an appointment with a general practitioner or a dentist in the same clinic. If there is a need, the women can be sent to a specialist in the hospital, although they will be charged the full fee for the consultation. There is a Spanish-speaking physician permanently at the clinic.

### **The abortion clinic Preterm**

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

### **A private physician**

Apart from the official health service, there is also a private gynaecologist who offers medical services to the prostitutes. This doctor has gained the confidence of many of the sex workers. They pass on his address from one to another. Also the owners of the windows encourage the women to attend his consultation hour. He has a private laboratory where he performs STI and HIV tests. The accuracy is being questioned regularly by some of his patients and by the members of health organisations. He has been accused of carelessness in performing STI and HIV tests as well as of making medical errors. Some people believe he jeopardises the health of his patients, but taking legal measures is difficult because conclusive evidence is hard to get.

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

The Prostitution Project is an independent social help organisation for (ex) prostitutes with four social assistants. A Spanish social worker performs fieldwork among Latin American prostitutes working on the streets of The Hague. Another social assistant collaborates with the TAMPEP's East European cultural mediator with whom she often conducts fieldwork.

In spite of the fact that these social services operate only locally, TAMPEP cooperates with them and refers to them also the women who work in other places than The Hague. These services remain for us the reference point for practical social work. The intake of the women is prepared by us together with the staff of the Prostitutie Projekten. We follow up the practical steps during the whole trajectory, we mediate and represent the

women in the case when the offer of services does not respond directly to the needs of the women. We follow the women in their various working and living places and form the bridge between them and these social services, also in the situation when the women left the city. This manner of working forms the base of our methodological approach. **We activate, mediate and monitor the activities of existing social and medical services but we do not act in the place of these services.** For example: if a woman needs to have an apartment, wants to bring her child to Holland, or needs any other assistance we prepare a plan of intervention with these services, accompany the woman and control the whole trajectory. But it is a social worker who is responsible for the carrying out of this assistance.

## **ALKMAAR**

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

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

## **NIJMEGEN**

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

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

## **Central and Eastern European women**

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

Of the four cities where TAMPEP have been servicing, at this moment only one (Alkmaar) has a strong concentration of Central and East European women working in window prostitution. For this reason we pay special attention in our description to this group. It is because we could follow them systematically and observe the developments and changes in the make up of this group. Their situation is representative for other cities in the Netherlands. They come from Poland, Czech Republic, Bulgaria, Hungary, Slovakia, Lithuania and Ukraine and occasionally from former Yugoslavia.

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

One category consists of (mainly Ukrainian) women who have lived for a longer period (two to three years of time) in Alkmaar. Their legislation is yet undecided (their request for

residence permit is still in procedure) because they are participants of the so-called sex worker's association (see for further details the section on Alkmaar's prostitution scene) and therefore they cannot be expelled from the Netherlands. Alkmaar, as a place to work, binds them twofold: 1) their membership of the association is only valid in Alkmaar and 2) even a short interruption of their stay in Holland (for a visit to their home country for example) will put them at risk of not to be able to return because their status does not provide them with return visa for Holland.

Another group of East European women is formed by the women coming from associated countries. Upon their arrival in Alkmaar they have to register themselves at the alien police where they receive a stamp in their passport authorising them to work in Alkmaar. They also have to become members of the association of self employed prostitutes. In this moment the majority of prostitutes working in Alkmaar belongs to this category. They are Bulgarian, Czech, Slovak, Hungarian, Lithuanian and Polish. The Bulgarians form by far the most numerous group.

From the beginning of 1999 (and practically until now) when police started checking the streets of Dutch cities, many women from Poland, Czech Republic and Hungary passed through Alkmaar. Usually they did not stay long enough to be registered at the police. These women were looking for a (temporary) safe and profitable place to work. Alkmaar however, is a small town with a limited number of clients and one cannot count on big earnings. Therefore the women were moving further on: Groningen, Leeuwarden and other cities and then again Alkmaar when they found out that it was difficult to work in those towns. This group is very mobile and works for a short time in various places.

The characteristics of the target group have not changed much during the past 8 years, although one can say that, on average the individual's age is now slightly higher. Another difference is that many women before they came to Alkmaar used to work somewhere else in prostitution, for example in Germany, or Italy, etc. It is estimated that some 70% of the women used to work in prostitution in other countries before they arrived in Holland. Some of them worked also in prostitution in their home country. Newcomers in the Dutch prostitution scene are Bulgarian women who are all very young (around 20), have none or little experience in prostitution and usually do not speak any foreign language.

The majority of the women are between 20 and 30 years old (with the exception of the women who work longer in prostitution). They are well educated; many of them have a professional secondary education and many of them used to work in their country in their profession before they set off to West.

They usually come from big towns.

Many of them are single mothers whose children are being brought up by their grandmothers during the mother's absence. Almost all money they earn in prostitution is sent home in order to support the family.

The women come from all levels of society.

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

For most of these women, moving to the West and working in prostitution is not just a short-term activity. At first instance, many of them might have the intention to do this type of work just temporarily, but after having moved abroad they usually do everything

possible to remain there and try to make a lot of money. The difference in purchasing power between the Netherlands and East European countries like Ukraine, Russia, Bulgaria or even Poland is still quite considerable which means that the money earned in Holland has much more value in the countries of the women. This way they can gather a large amount of savings that then they can invest in their homelands. Working in the West is, therefore, an attractive opportunity for these women, even if they have to share their earnings with a pimp or a person who arranged their travel.

Their way of arrival in the West is varied. Some of them came on their own initiative, some of them heard about a good job from a girl-friend, many of them were recruited by professional recruiters in their country, in most cases being well aware but sometimes not that they would be working in prostitution.

### **Trafficking in women**

Generally speaking, most of the Central and East European prostitutes entry in prostitution in the situation of dependency: they work, one way or another, for a pimp, madam or for members of an internationally operating gang. The longer they work in prostitution (in Europe), the more independent they are. Some of them paid off their pimps, some of them escaped from their pimps (in another country), some of them come to the Netherlands for the fourth or fifth time and have the experience how they can travel and work autonomously.

Their dependency on a pimp or trafficker varies according to their circumstances or background:

- if women happen to be recruited by a professional recruiter in their home country (irrespective of whether it concerns prostitution work or another job outside prostitution), they usually have an arrangement with the trafficker concerning the amount of money they have to pay back before they can work on their own.
- some of the women come on their own initiative to work in the West. They try to stay independent, but it often happens that, when facing a serious problem, for example deportation, they have to call on the help of a pimp and this way they bind themselves for a long time or forever to this man.
- many women are introduced into prostitution by girlfriends who are actually working as sex workers. They are obliged to share their earnings with the "madam" as long as they work together at the same place or town.

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

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

Also it has been established that every repressive measure from the Dutch authorities provokes countermeasures and meet with immediate responses from the traffickers who are simply adjusting their working methods. The same applies to all women who intend to migrate to the West. So, for example, after the Dutch sharpened their criteria for visa to Ukrainian women, these people immediately invented methods for acquiring so called Schengen visa. Something similar happened with the practise of fake marriages with Dutch citizens: the bureaucratic requirements imposed by the authorities are – for those who are really determined – no longer such great obstacles as before; it is just a matter of paying a lot more money for the services of go-betweens! According to TAMPEP's observations, the costs of intermediation for a transit to the West now amounts about 12 000 euro (some 5 000 euro higher than some years ago).

### **Field work**

The CEE women are contacted by outreach workers in different cities at least once a week with special focus on health matters and assistance to victims of trafficking. After the expulsion of all Central and East European sex workers from the windows in den Haag, the visits to this town have become less frequent and they were usually limited to the Geleentstraat where some legal (i.e. in possession of a Dutch residence permit) East European sex workers could be found. Unfortunately, their legal status is not automatically a guarantee for a good knowledge of hygiene, health - and safe sex matters. Usually, they have a medical insurance but their family doctor is not informed about the nature of their profession so that these women were grateful and eager to hear about the possibilities of attending a sex worker's consultation hour in the neighbouring clinic.

### **Central Eastern European sex workers in ALKMAAR**

There are around 200 CEE women working in Alkmaar. They often work in shifts in the cycle of 24 hour.

About 20% of the prostitutes (in Alkmaar) are acquaintances of previous years and some of them of previous peer educator's courses. The contacts with these women are of great value because they usually inform the outreach worker about the appearance of newcomers in the windows and about the situation in the street. Also such topics like the quality of services provided by official authorities is being discussed with them.

Another 50% are newcomers who stay in this city for at least one to two years and with whom the outreach worker could establish a more or less regular relationship with repetitious discussions on health and related matters.

Unfortunately, still a considerable part of the women (30%) is very mobile and "volatile" and is changing their working places frequently. This situation really implies that a first meeting between the outreach worker and a newly arrived sex worker must have a very high "educational level" in order to transfer TAMPEP's informational messages on safe sex practices, AIDS/STI, birth control, condoms, lubricants, personal hygiene, self-protection techniques, etc as much as possible at the very first instance. Otherwise one risks that the women is already gone without having received the full information package.

This picture and percentage of the newcomers and the turnover is valid only in the present moment in Alkmaar. Before the mobility was higher, but now there is less possibility to change the place of work. In spite of the fact that no migrant women are allowed to work in the Netherlands, we still observe that new women arrive for work in prostitution.

Contrarily to Latin American sex workers, East European women prefer to be approached individually (not in a group) and this requires a much more time consuming and intensive style of outreach work. However, it is often possible to improvise a workshop in the kitchen behind the windows or in the working room, attended by more women.

The goal of sex work-related HIV/STD prevention is to reduce the health risks associated with sex work. The two principles of health promotion activities of TAMPEP are based on: ensuring the protection of the health of sex workers (including HIV/STI infection risks) and on ensuring their access to health care services.

In order to obtain a behavioural change among the members of the target group of sex workers, TAMPEP believes that it is necessary to address health in general but equally important and necessary is to deal with the overall social position and the working conditions of the sex workers. TAMPEP has experienced that sex workers who are able to employ health-protection techniques and engage in risk reducing behaviour such as HIV/STD-prevention, automatically acquire more self-esteem. For many of them this is a way of empowerment and a way of gaining control over their health and their lives in general.

How to achieve this state of empowerment? There are many strategies and activities which lead to this goal.

As far as field work is concerned continuous, frequent, intensive and regular outreach activities are essential if one wants to establish a fundament of trust. Passing on knowledge by merely handing out leaflets and condoms is not sufficient for obtaining behavioural change among the members of the target group. At the same time individual and group counselling (also on social, legal and psychological issues) is necessary if one wants to help sex workers to acquire control over their lives.

In practical way these activities include:

- conducting assessment of the situation of every woman while making personal contact and acquiring position of trust, lending support and assistance in the personal lives of the women. Every woman was individually approached and the communication occurred in her mother tongue. The subjects that were deeply touched included: the (previous) experience in prostitution and their migration trajectory, the conditions of the work, the problems of sex worker, her needs, home situation, plans and expectations, her relation with brothel owners and her rights as a prostitute and as a person, her personal life, perception she has about her situation. In this moment the strategy of empowerment, and self esteem were implemented and various options were discussed. Assistance for returning women and getting in touch with organisations in their home countries who would help them with vocational education.
- counselling women about STI/AIDS prevention, prostitution, contraception, hygiene, self-protection techniques, negotiation skills with clients and auxiliary materials and products. Parallely to above mentioned activities, the techniques of using of condoms, brands of lubricants, experience of breaking of condoms, symptoms of STIs, means of transmission of STIs, HIV testing, and risk of transmission in sex work, general health problems in sex work, the need of backup contraception, advantages and disadvantages of various kinds of contraception, use of condom in private life. These last two items are especially important for sex workers coming from CEE countries. Negotiations with clients, experience with clients, behaviour of risky clients. Use of additional prophylactic products in prostitution. Use of drugs, alcohol and peep middles in prostitution. Other frequent gynaecological problems and symptoms coming from

frequent sex activities. Techniques of sex services. Self-defence and self protection in sex work. Discussion about myths about health and work that circulate among prostitutes.

- supplying women with TAMPEP educational material in their languages and discussing the contents of the information supplied. The discussions with women are accompanied by reading together of the information material and discussing about their knowledge regarding the issues included in the material. Checking the gaps in their knowledge and getting to know how her knowledge is related to her individual behaviour.
- informing the women about the consulting hour of the public clinic, encouraging them to make use of it and accompany them to these services. This is a very important part of the outreach work. The way of working of health system in the Netherlands is explained: what she can expect and what not, what are the advantages of and the necessity of screening, checking the previous experiences and contacts with STI clinic (including the mother country), checking self medication habits, and most important to prepare the visit of the women to STI clinic, monitoring the contacts between the woman and the services providers, accompany the women to clinic, or making appointment for her at the clinic. For this purpose, often the field work is conducted in the company of the nurse from the local clinic.
- informing the women about the abortion clinic and about the social services and other help organisation for sex workers. Assist the women in organising their abortion, arranging the abortion (in the case it is necessary), following the women after the abortion. Introduce and mediate between social services and anti-trafficking organisations for individual trajectory for social support and protection.
- mediating between service providers and the prostitutes: regular contacts and exchange of information between the project worker and the worker of the health and social services, inform and prepare the services about the backgrounds, needs and requests of the women – this is a part of cultural mediation work.
- supplying sex workers with juridical information: providing information about legislation, prostitution and migration law, mediating with the lawyer, information about the changes of the policies towards prostitution/migration in various cities and countries, etc
- evaluating the presented information and the services offered, jointly with the women concerned: every (repeated) contact consisted of evaluation with the women regarding the offer of our services, her expectations and critics, her experience with the medical services was evaluated, her behavioural changes (or lack of) were evaluated in the form of interactive conversation,
- testing materials: every new material was tested with the women. Suggestions and critics were welcomed and incorporated in the revised materials; the form, contents, clarity and acceptability were checked
- organising peer education activities, preparing women for peer support: women who showed the qualities for peer function were prepared with special workshop for this function, their work as peer supporter consisted of : contacting newcomers, supplying them with basic information and information materials, prepare the contact with the project worker, initiating contacts of the new comers with the clinic, accompany their colleagues to the consultation hour, supply their colleagues with information about the



work in prostitution at the particular street, transfer knowledge coming from their own experience in prostitution.

- monitoring the activities of peer supporters: meeting with peer supporters, evaluating their activities and results, receiving general feedback on the situation on the streets, and evaluate with them our outreach activities, supplying them with new material, organising follow up workshops, etc.
- helping the victims of trafficking: see hereunder
- keeping continuous contacts with sex business owners in a given prostitution area: these contacts are very important because the owners are key persons in prostitution. We mediate between them and women, evaluate with them the situation on the street and the management of their business, for the aspects that influence the working conditions of the women. In some cases we engage in contacts with other key persons that are presented on the street, such as pimps, run boys or partners and boy friends (in the case that the women asks for it), clients
- administrating and reporting on all these activities: all activities are recorded, evaluation interviews are collected, data of the women is anonymously registered.

### **Help to victims of trafficking**

Ninety percent of the women from Central and Eastern Europe are - some way or the other - in the power of pimps, madams or traffickers. Many women accept it without much protest, but some of them want to change the situation. This means that the TAMPEP worker is regularly asked for advice on how to be liberated from the power of pimps. In most cases the women do not consider the possibility of turning to the police or going home. In such a moment the outreach worker tries to help the women to define their options, that is to say: what are the choices in their particular situation? To go home is not an acceptable alternative for them. They came here to make money: what will they say back home if they return with empty hands?

In such a case, the TAMPEP worker's (starting) standard procedure is to advise the women to try to get complete control over her work situation. This can be achieved by using "step by step policy". This way the first step for more freedom would be to gain control over her body. Someone who is in entirely passive position relative to a pimp, who doesn't dare to resist at all, is unlikely to feel strong and in control enough to use exclusively safe sex techniques. Therefore the use of condoms is one of the first priorities in such a situation. If the woman consequently refuses to work without a condom, she has a good chance to obtain control over her body and subsequently she will regain respect for her body which might eventually lead to improving her work situation.

This empowerment of the women is being considered as one of TAMPEP's first goals when performing fieldwork among prostitutes. When making the women more assertive and helping them to get more self-esteem, the TAMPEP worker is able to convince them that they are capable of opposing the pimp and that they are able to decide about the course of their lives. TAMPEP has reported of many women who have set themselves free from the power of pimps (often with the help of a TAMPEP worker) and who continued their work in prostitution. Their working conditions have drastically improved and they appeared to be completely different persons who could take better care of themselves. This leads to the conclusion that AIDS prevention should be primarily directed to improving work conditions of the women concerned.

### **Co-operation between TAMPEP and service providers**

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

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

### **Examples of cooperation between TAMPEP and service providers**

For example the women are advised to go to the clinic for a medical check-up. In principle TAMPEP worker has frequent contacts with the doctors involved. Some of them attend TAMPEP's peer educators courses for East European and Latin American prostitutes, present themselves to the trainees and answer their questions. The women have an opportunity to ask about the way the consulting hour is run and about the possibilities of medical care at the centre.

The TAMPEP worker usually refers women with gynaecological problems to a Russian speaking gynaecologist who works in the abortion clinic "Preterm" in den Haag. It is a good address for East European prostitutes for they do not need to pay the (high) fees of the official hospital and they can communicate in their mother tongue with somebody who understands the way they think. The consulting hour of this doctor is also attended by the East European sex workers from Alkmaar.

Sometimes TAMPEP workers conduct field work together with a social worker of the "Prostitutie Projekten Den Haag", a social help organisation for prostitutes. The TAMPEP outreach worker introduces her to the prostitutes, the principles of her work are explained and her visit card is handed over. This way the social worker make acquaintance with this group of women who until now had been beyond her reach due to communication problems. The tasks of social worker varies from assistance in the procedure of pressing charges against the pimps, help in starting an harm reduction programme, help around acquiring a residence permission and in arranging of an abortion, assistance in relation problems, etc. All these activities are monitored by the workers of TAMPEP.

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

- during outreach work the TAMPEP worker informs the prostitutes about the opportunity of a medical check-up and encourages them to make use of it. At the same time, prostitutes are informed about the way the Dutch physicians work and they are given instructions concerning the way they should explain their problems to the doctor.
- or the sex workers are accompanied to the doctor by the TAMPEP worker who is facilitating communication between the patient and the physician. At that time the presence of the member of the TAMPEP on the street and during the consulting hour led to such a high attendance of the consulting hour, that the public service was compelled to prolong the consultation hours.
- sometimes - in the case of a complicated medical problem - the TAMPEP worker telephones the nurse from the consulting hour in order to explain the problem beforehand.

- regularly the TAMPEP cultural mediator carries out field work in company of the nurse from the consulting hour for sex workers. During these encounters held in an informal atmosphere women are encouraged to ask questions about their health problems, express their doubts about the way the consulting hour was being run and to make an appointment at the central clinic of the public preventive services
- on many occasions the GGD in Alkmaar organises special activities in close co-operation of TAMPEP. The topics of these activities included: training in self-defence, discussion about drugs and alcohol, etc

In Alkmaar the TAMPEP worker maintains close contacts with the window owners: cases of trafficking are being reported (of course with full consent of the woman involved) and solutions are being sought. Usually the window owners take their own radical measures to deal with traffickers, such as threatening them with expulsion from the street or threatening them with the police. Several times the TAMPEP worker has been asked to participate in meetings between the owners, the lawyer and the members of the co-operation.

The window owners report regularly to the TAMPEP worker about the situation on the street and if there is a need they call in her help.

### **Background information**

Some background information about the group of sex workers from the Central and Eastern Europe which might give the framework to the case study of a Central Eastern European woman

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

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

There are different shades of trafficking and levels of dependency of the women on the trafficker. Again, we cannot put all the women coming from Central and Eastern Europe in one category of poor victims who did not know what was happening to them. While most of women coming to the West know that that they will be working as prostitutes,

they do not anticipate the human rights abuses that confront them upon arrival. The women are forced to work in appalling conditions and see little of the money they earn for their boss. Held often under constant control, the women have little or no control over when and how they work.

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

## Latin American women

**F**or more than twenty years, Latin American (LA) women have been coming to the Netherlands to work in prostitution. Among LA women, women from the Dominican Republic and Columbia still form the largest group followed by a smaller number from several Latin American countries, such as from Brazil, Venezuela and Ecuador.

Although in recent years, their admission to Europe has become more difficult and the price they paid is therefore higher, there is scarcely any evidence of a decline in the number of Latin American women working in prostitution. The introduction of a compulsory Dutch visa for Colombians and Dominicans was an important restriction, however, after having entered the Netherlands, it was possible for them to work, because of the tolerance policy (see above).

After the introduction of the new regulation on prostitution, it is now impossible for Latin American women to work without a '*residence permit without restriction to work*' in an official prostitution circuit (with small exceptions in some municipalities). As described before, this policy has had a dramatic impact on the situation of the majority of Latin American prostitutes working in the Netherlands.

In spite of, the restrictive European policy towards migrants from outside the EU in relation to their residence in Europe, there has existed a principal **motive** of the women to search for work in Europe. Still their principal motive remains the same because of the fact that their economic situation in their home countries has not changed at all for the last twenty years. Therefore there is no any reason (nor evidence) to believe that the number of Latin American women working in prostitution will decline in the future.

As long as there exist a need for migrant women to look for work outside their country, the international trafficking networks will respond with open doors in Latin America. These networks become stronger and more professional all the time and continuously anticipate the changes in policies and adapt their working methods to the new reality. The Latin American women, coming to Europe, have to pay the toll because of the restrictive policies. To facilitate their passage to Europe and for the arranging of their stay in one of the European cities they have to pay high prices and they have to stay dependent on third persons. At the national level, special ways are invented by networks and individuals that offer Latin American women the possibilities to enter into the visible or invisible labour market.

Also women, who used to work independently during the tolerance period without a '*residence permit without restriction to work*', have become nowadays dependent on

these networks and individuals. They have to pay much higher prices despite the fact that their perspectives to stay in the Netherlands will be much more difficult.

At the same time, autonomous networks of Latin American women currently residing in the Netherlands, (regardless of whether they still work in prostitution or not), have been developed and established. These networks provide initial housing for relatives, friends and acquaintances who want to come to the Netherlands. The same network now has to support the group of Latin American women that are not tolerated to work anymore but are still living in or coming to the Netherlands.

### **Latin American women in window prostitution**

In the course of its fieldwork, TAMPEP has followed Latin American women in the window prostitution in the cities of Arnhem, Den Haag, Alkmaar and Nijmegen.

The impact of the new legislation and the reaction of the women towards it depends on different factors. Some of the main factors are like socio-economic background, motivation to work, social network here and in Latin America, educational background, level of knowledge of language(s), the time and the way of their arrival and under which conditions, and last but not least their juridical status. These factors determine a large spectrum of different situations in which these women find themselves.

We can say that the majority of the Latin American women have the intention to stay and to work in prostitution in the Netherlands only temporarily. They see their work as temporal investment in the future of their children or/and of themselves. Before the new legislation, only the minority had valid documents to work, while the majority of Latin American women in Den Haag, Nijmegen and Alkmaar didn't have the residence permit. They didn't have the aim or the necessity to obtain residence papers. During what we used to call the "tolerance period" it was even possible to leave the Netherlands for some weeks in order to see their families in their home country and come back to work again. Now, after the new legislation, because of the necessity to have the "*residence permit without restriction to work*" women have to adapt to the new reality. They have to define their situation i.e. to leave the Netherlands without the possibility of returning back again or to try to obtain a resident permit in the Netherlands. For the women who managed to enter the Netherlands, returning back to their home countries is not the first option. This is because these women have a debt to pay back and also because they have to fulfil family obligations. That is why they will take all possible measures in order to stay in the Netherlands. The need to define their judicial status has influenced the new composition of the group of Latin American women working in window prostitution.

This change of composition of the target group should be considered as an important factor in relation to the effectiveness of the STI/AIDS prevention programmes and the access of the women to them. In order to understand how we have to anticipate and adapt STI/AIDS prevention programme adequately according to the changed reality, different circumstances will be described within their historical context in detail. As the practical implementation of the Dutch prostitution policy is determined locally, we shall describe its effects on Latin American window prostitution in each municipality and on STI/AIDS prevention programmes.

The aims, contents and working methods of TAMPEP fieldwork are described in detail above. For this reason, we will only concentrate on the aspects of the fieldwork that are specific for the target group of Latin American women.

## ARNHEM

For many years a significant number of LA women have been working in the prostitution in the Netherlands. They usually obtained a *residence permit without restriction to work* through marriage or living together with a partner. If they stayed more than three years in the Netherlands (including the Nederlandse Antillen) with their partner, they obtained an unlimited residence permit. Today, if they are divorced or not, they are not longer dependent on their partners for their resident permit. They have the possibility to choose staying in the profession. In Arnhem the majority of the Latin American women belong to this group.

A steady group of about 30 women of *independent full time self-employed sex workers* have been working for years in Arnhem. They are between 30 and 60 years old, well established and they work one part of the year in the Netherlands and regularly visit their families in Latin America. Many of them achieved the goals they set before coming to the Netherlands i.e.: debts have been paid, children have completed their studies and their mortgages have been paid off. But in spite of the fact that their original goals have been achieved, their financial responsibilities to their families continue. The income from their work in prostitution enables some women to invest for their future in their home country but some others who return back find themselves in a more difficult situation. It is because during the time they worked in prostitution, they couldn't acquire a profession that they could be able to exercise in their home country.

Despite the fact that these women have been working for years in the Netherlands, their general position changes very little. Their socio-economic situation is very complex. They are struggling a lot to fulfil their sets of obligations both in the Netherlands and in their native country. In the Netherlands they have to pay the expenses of the two places: the one where they live and the one where they work. The financial support they provide for their families has become structural in the course of the years i.e. their families need their continuous support and are used to receiving it. That is why, a suspension or reduction of the financial support causes much tension. This limits the chances that the women (if they want) look for a job outside prostitution. At the same time, the route to the (official) labour market other than prostitution is full of obstacles. Besides other problems that all migrants face such as to be fully accepted in the labour market, there are other practical problems i.e.: in order to avoid recognition, the women generally work far from where they live, and the irregularity of their schedules makes it difficult to enrol in a language course or educational programme. Therefore, they are unable to build a stable local social network.

You might expect that the new legislation have a positive influence on their situation. However, in practice, until now, we have not been able to notice any improvement in Arnhem. Although some women have paid taxes for years, the benefits they get back from the Dutch welfare state are still minimal.

In general, improving one's position as a migrant prostitute with double responsibilities requires a tremendous determination and creativity in this individualistic Dutch society. Because of this, a strong prostitution subculture with its own codes, habits and values has developed in the course of the years within this LA group.

In addition to the steady group described above, there are about 150 women who are working full time or part time in Arnhem. They move between various towns, working in clubs or behind windows and some of them live in Germany. Other women re-enter

the business full time for temporary additional income. TAMPEP outreach worker meets these women also in other towns, especially in Den Haag and Nijmegen.

### **Fieldwork**

Regular fieldwork is carried out in Arnhem by TAMPEP outreach worker in a close co-operation with the GGD. They conduct the fieldwork while fully understanding the needs of the women and the subculture that is developed and maintained among them. These women found out their own preventive and curative methods in prostitution. The HIV/STI clinic is located near to their workplace and is generally known to this group. Some women visit this centre on a regular basis. Others visit HIV/STI clinic or a family doctor in their place of residence, or visit doctors in their home country. Sometimes some women visit family doctor or a clinic only when symptoms appear and persist.

Working for a longer time and knowing their clients helped these women to have a strong negotiating position, therefore, the use of condoms is generally widespread. In addition, they rely on self-medication such as the use of antibiotics, metronidazol and other medicines, which are available on the black market or can be obtained during their annual family visit in Latin America.

Also typical for this group is that they have more trust towards the health care system in Latin America than towards the one in the Netherlands. In their opinion, comparing to their country, in the Netherlands, the access to the healthcare system is very complicated, medication is difficult to obtain and a visit to a specialist is nearly impossible to arrange. Besides not all the women have a health insurance. This is due to the fact that the insurance for a particular is considered to be too expensive.

TAMPEP worker is aware of the traditional settings that are deep-rooted among this group. Using the dynamics of the group and their positive experiences helps to change the traditional way of prevention of STIs. This is strengthened by disseminating the right information on STI prevention in collaboration with the peers in the field.

The way of approach that is used towards the steady group differs from the approach towards the group of temporary sex workers; it will be described in detail in the section regarding field work in Den Haag.

### **DEN HAAG**

Three years ago, over 400 Latin American women without a *residence permit without restriction to work* were working weekly behind the windows in Den Haag. After the period of vacated windows, we see today again more than 400 LA women working weekly, but the composition and dynamics of the group have totally changed.

As a result of the implementation of the new regulation on prostitution, many women left the windows. But after some time, these vacated windows were taken over by women *re-entering the profession*, by *occasional workers* and by *independent full time self-employed sex workers*. Some women have remained and others returned after obtaining their residence permit. But in spite of the fact that no migrant women from outside the EU are allowed to work in the Netherlands, we still observe the arrival of the *new women*.

Women who *re-enter the profession* replace their sisters and relatives, who are not more allowed to work as (legal) prostitutes. The reason why they decide to re-enter the profession of prostitution is that they became the only major source of income for their families in their home country. In addition, they have to help their sisters and relatives who are still living in the Netherlands and who are out of prostitution.

This *re-entering group* has to re-educate themselves about the sex work market. In general, they speak the Dutch language better than the women who kept on working as self-employed. Some of the re-entering women are confronted with the anger of their Dutch partners because they do not agree that they re-enter in prostitution. This can lead to serious relation problems.

*Occasional workers* work some days or weeks in the same place to earn enough money to pay their trip to their home country or to pay hospital costs of a family member.

*Independent part-time workers* work some (part of the) days each week to generate income, for example to supplement their partner's salary. In general, they have a strong position, because their income does not depend only on prostitution. This group works in a flexible way i.e. their work schedule depends on the situation of the market.

In the group of *full-time self-employed*, we can distinct between women who have had a residence permit for many years and are independently self-employed and on the other hand, women who have recently obtained a *residence permit depending on their partner*. The former group used already to work in Den Haag or they come from other towns.

Due to the new legislation, the number of the women belonging to the second group (with a *residence permit depending on their partner*) has increased considerably in the last three years. These women have worked for years in prostitution, but never found it necessary to apply for a residence permit. Or some women have lived in the Netherlands only for a short time, and have not been able to achieve the goals they set up. Their Dutch partner's income is usually not enough to support the family in their home country or the Dutch partner is not willing to contribute to the costs of their maintenance. On some occasions, the women may have to support their Dutch husband, in addition to themselves and their family. Sometimes, their husbands force them to stop working in prostitution what can lead to the situation that they work without the knowledge of their husbands. This situation can also lead to abuse, exploitation and violence. On the other hand, many women found understanding partners and they were able to continue with their work, while escaping the fear of deportation, assuring themselves with a home and a health insurance through their husband.

Recently, a group of *new Latin American sex workers started arriving*. They come to the Netherlands directly from their home country. Some of them were working in the Netherlands before having obtained the Dutch passport while others hold a passport from Spain or from other European countries.

Many women, who worked before the implementation of the new legislation in Den Haag, could not obtain *residence permit without restriction to work* and therefore they *disappeared* behind the windows. Some of them returned back home on their own initiative, or were deported, while others went to other European countries like Spain, Italy, Germany, Switzerland etc. Some are living with their family in the Netherlands, depending economically on them. Besides, others are constantly moving to places where they are still tolerated (Leeuwarden, Groningen). In addition, a significant number is



working in invisible circuits. Of course this last group is the most vulnerable group one can imagine. Because of the new legislation, the autonomy they had before has disappeared and they are forced to depend on third persons, who might abuse the situation while making false promises to provide a residence permit after a payment of a significant amount of money. In Den Haag, a lot of women entered a juridical procedure in order to prevent deportation. They pay more than 2500 euro for applying for a residence permit that does not authorise them to work.

Also clients abuse the situation: some of them pay less or no money at all for the sexual services while using the threat of informing the police. For daily necessities (food, telephone, sending money to their family, etc), women also become dependent on others. Now it is not only the pimp or the lack of information that is the cause of their dependence, but also a deep fear to be caught by the police during the work or on the street and to face deportation. Because of inhuman circumstances in which they are working, it is impossible to work healthy. Their position has never been as weak as nowadays. It is very difficult to contact this group and to provide the necessary information. The only possible way of contacting this group is through their families and friends who have a legal status. It is also possible to have contact with them through their mobile telephone.

As the picture of the streets is continuously changing, even in every part of the day, the composition of the group is also changing. Three years ago the majority of the women were living in the place where they worked, running morning- afternoon – evening and the night shifts. At the same time they lived in Den Haag the periods of about 1 to 3 years. Because of this reason, women knew each other very well and had intensive communication. Because of that contacting some women, meant spreading the information to the whole group. But now, because of the changing situation the communication among the women has declined. The communication canals, before so characteristics for this group, cannot be used in the same way as previously. They have no time to orientate themselves on what the health services are offering, because they stay for a short period time in a given city.

Women have no idea what they can expect from the new legislation because there exist a great lack of correct information. Besides, the little information that is spread by the municipality is only concentrated on the duties and obligations of the women but not on their new rights. The moment of implementation of the income tax duty is approaching and causes a lot of confusion. It's not because that the women are not willing to pay taxes but because they don't want to lose their anonymity and to be registered by the tax office as a prostitute. If woman works without the knowledge of her partner, her work cannot be clandestine anymore because she has to pay income tax.

In general, in spite of the new legislation the position of the LA women in Den Haag is not improved.

### **Fieldwork**

In this TAMPEP 5 period, fieldwork in Den Haag meant a lot of empathy, flexibility and dynamic anticipation on the totally changed composition of the group.

There is a need to up to date oneself about recent municipal policies and to understand the effects of them on prostitution. In addition it is important to know the strategies and tactics used by criminal persons. The higher prices paid by these women are not only in terms of money but also in the terms of unprotected sexual relation.

Fieldwork means to stay in continuous contact with the peers and other key persons in order to become rapidly aware of the situation in the street. Only in this way women can be provided with the information they really need that can lead that they stay independent and not vulnerable to a third person.

Fieldwork also means to observe, collect signals and bring them to the relevant organisation. For instance TAMPEP observed that because of the changed composition of the group, a lot of women didn't know what the GGD services were offered. Therefore on the advice of TAMPEP, fieldwork by the GGD was intensified.

As we know, it is very important to give preventive information adapted to the circumstances, knowledge and needs of the women. The factors that determine the contents of the preventive information, like how many times a given woman has been contacted by TAMPEP cultural mediator, which knowledge she already has, what information she has about the offer of health services etc, is described in detail in the practice of fieldwork with women from Central and Eastern Europe. For this reason, we will only concentrate on the aspects of methodology used in the fieldwork that are specific for the target group of Latin American women in Den Haag.

Making use of the existing specific ways in which Latin American women inform each other in the prostitution is inherent to the TAMPEP methodology. Improving, adding and updating information and encouraging exchange of information within the existing networks is the most important function of the fieldwork. Using the dynamics inside the group one has to understand them, and exactly in this TAMPEP period these dynamics, as we have analysed before, changed a lot in Den Haag. The increased mobility of the women has also been taken into account as an important factor.

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

Besides, as a result of their work the women feel physical discomforts. Feelings of insecurity, isolation and stress, staying far away from their children and families and also staying in the Netherlands longer than initially expected lead to serious psychological problems.

## **ALKMAAR**

The composition of the Latin American group in Alkmaar didn't change in the past TAMPEP 5 period. A small group of 13 to 15 women remained working in Alkmaar. With the exception of some women, all (13) are members of the association mentioned before. Even though, the composition was stable, the situation wasn't stable at all. This period is characterised by tension caused by the juridical procedure and the results of the negotiations of the lawyer with the municipality. Women live from one critical moment to the other. The most important moment for this group was the judgement passed after the session was held in court of Haarlem on 24 of April 2001 that decided judicial procedure to obtain a residence permit. Out of 13 LA-members of the association 3 LA-women won the procedure based on the ground of their 3 years residence in the Netherlands. They obtained a residence permit to work as a self-employed sex worker, i.e. a permit that cannot be obtained anymore by women from

outside the EU. In spite of the fact that they so far haven't received their papers, they cannot be expelled.

The other 10 women have not succeeded in receiving a positive decision. In contrast with the women from associated countries, LA- women have no possibility to obtain a residence permit on the ground of working as a sex worker, therefore their juridical procedure has finished and no other alternative juridical way exists. Nowadays, their situation totally depends on the (tolerance) policy of the municipality of Alkmaar.

But to start working in another town depends on the mercy of the policy of that municipality, i.e. in most municipalities the possibility of expulsion of the Netherlands is much higher. Therefore, they have to stay in Alkmaar, waiting for the next non-ending continuous negotiation, which is really a nerve-racking situation. These women are compelled to pay up to fl 150 a month (membership of the association exclusive health insurance) in order to delay their expulsion. A short visit to their country will put them at risk, because they cannot be provided with a return visa. For example, a woman from the Dominican Republic decided not to see her seriously sick child, because the risk of not being able to return back to the Netherlands was very high. This example shows, how these women are prepared to pay all possible prices in order to stay in the Netherlands.

The Latin American women that worked before the new legislation without a *residence permit without restriction to work* and who were a member of the association or those who left the association and who have a partner do not work in Alkmaar anymore. On the other hand, the others who belong to the *disappeared group*, TAMPEP has lost contact with them. As far as know, many LA women in Alkmaar continue to work in prostitution in invisible places in Alkmaar or elsewhere. Some of them still have their contact with their former clients by a mobile phone.

### **Fieldwork**

In this period, the LA group in Alkmaar is characterised by a very stable composition but the women find themselves in a very uncertain situation. In relation to health care and prevention programme, all women know about the offer of the GGD and they make regular use of it. They use condoms and know their customers, which put them in a good negotiation position.

Besides the regular fieldwork activities aimed at HIV/STI prevention, no specific activities were organised.

The continuous tension in which these women found themselves leads to serious health troubles. An important role for TAMPEP cultural mediator is to offer support (correct information) to these women in their difficult times so that they are able to take the necessary measures in order to overcome their dilemmas. At the request of the women, TAMPEP worker played a role of the cultural interpreter in the meetings of the association. This way correct information was supplied to the women and it helped them to solve their doubts and to take their own decisions. The clarity about their real situation will help them to acquire self-determination. This will create a sense of self-esteem what will obviously lead to self-empowerment. These factors are important to guarantee safe sex work.

Information could be exchanged and spread efficiently within the group through the peer in the field.

## NIJMEGEN

Women without a *residence permit without restriction to work* who are still in the procedure, are not allowed to work anymore in Nijmegen. These *disappeared women* who occupied more than 80% of the windows for many years were well known to TAMPEP, GGD and to the police. However, after the 1st of October 2000 their existence has been totally denied by the municipality of Nijmegen. This group did not receive any support from the municipality except when they were informed that they had to depart from the city. The other LA group that replaced them, were supporting them. TAMPEP still is in contact with this *disappeared group*, of whom some are in Amsterdam, Groningen and Leeuwarden, also some of them left for Spain. The vacated places have been taken by *independent full time* or *part time self-employed prostitutes* who have worked in prostitution for a long time, women *re-entering the profession*, *occasional workers* and *new women*, similarly to the situation in Den Haag..

### Fieldwork

Intensive fieldwork is carried out in Nijmegen by TAMPEP in close co-operation with the GGD. Next to it, TAMPEP cultural mediator is present during medical consultation hour held on the street every two weeks.

The effectiveness HIV/STI programme depends on factors such as: the confidential relation with the cultural-mediator and the GGD, preservation of the anonymity, easy access to the clinic and free consultation.

TAMPEP has conducted 'fieldwork' with *disappeared women* by a mobile phone. Because of the confidential relationship between TAMPEP and these women, who have no health insurance, it is possible for them to continue to use the services of the HIV/STI clinic in Nijmegen, which is still accessible to them.

Sometimes, TAMPEP has to mediate for them and make appointments with family doctors or specialists. This mediation is the only way for them to enter into the very closed health system that exists in Netherlands. For example, if a patient has no health insurance, the costs of health services are very high (e.g. a 10 minutes of consultation a family doctor without translation costs about 25 Euro). Neither it is easy to make an appointment with a family doctor. Therefore it is very difficult to develop a structural healthcare network for this group; also because of the high mobility and the invisibility of the women. A mobile phone is the only possibility to stay in contact with them and to give support when they are faced with urgent situations.

### Trafficking

There are different ways in which Latin American women get involved in the Dutch prostitution. They come to the Netherlands independently, via their families, through intermediates or via obscure closed trafficking networks. Even though, the majority of them know what kind of work is awaiting them, the working conditions and (im)possibilities are largely unknown to them. Depending on the network through which they entered the prostitution women end up in different situations.

In general, these women who enter prostitution via obscure closed networks start to work in various sex clubs in Europe. They cannot escape from the bondage of debts before intermediation costs are paid off. TAMPEP encountered some of these women in window prostitution after they had worked for some time in obscure sex clubs. Finally, after having paid off their (high) debts, and after having left the clubs, they were able to try to achieve their original goal, i.e. earn enough money for themselves and their families. After the introduction of the new legislation, this route towards independency (in the window prostitution) has been completely altered. Women who will come to the

Netherlands via these networks will be doomed to keep on working in these invisible networks, because there is no place for them behind the windows.

Despite of the fact that in the Netherlands it is possible to obtain a temporary residence permit if one is a victim of trafficking (regulation B9: juridical protection of victims of trafficking), Latin American women have hardly made use of this law in the past years. There are various reasons for this. Firstly the fear for reprisals is often too great. The network knows the addresses of these women and of their families. To file a complaint in the Netherlands, in the long run can result in one's own death or of the one of a family member. Having protection in the Netherlands does not mean that the families of the victim of trafficking are protected in their home country. Secondly, by obtaining a temporary residence permit via B9, the given person does not obtain a permission to work. This implies that one cannot pay off the debts and cannot achieve the original goal of her coming to the Netherlands. Also, pressing charges against trafficker does not mean that he/she will be caught and sentenced.

In the future, it seems unlikely that denunciations of traffickers will occur. The way to the Dutch justice system is even more difficult to reach for these women because information about this issue has become inaccessible.

As explained above, the women without a *residence permit without restriction to work* and those who arrive to the Netherlands independently, invited by their family or by mediation of a third person are not tolerated to work in prostitution anymore. In order to work they have to enter the invisible circuit. Start living together with a partner and appealing for a *residence permit depending on a partner* is the only way to take place behind the window. Possible consequences will be such that the partner can turn out to be a pimp and abuse the woman. In Den Haag we have been already confirmed about this reality.

In general, there is no reason to believe that the number of Latin American women victims will decrease. The women will keep on coming while being forced to "choose" a risky future rather than stay in a life with hopeless prospects for their children and themselves.

## Conclusions

**T**he Netherlands implemented a prostitution policy in which the reality of 70% of the sexworkers was not taken into account. The history of 20 years was denied, the municipality closed its eyes of the consequences of their policy and collective social care and migration guidance were missing completely. Migrant sex workers without legal status look individually for other ways to continue their work, ways which often lead to a loss of autonomy. Women who had liberated themselves from their pimps/debts bondage are now back in the weak position which they left thanks to their strength and persistence. In some communities the women can count on the natural network of family and friends, what means for them that the whole community is suddenly confronted with the extra problems or the clandestine situation. This leads to a chain reaction, for example: when a given member of the family has to abandon prostitution due to the fact that it was impossible for her to work in prostitution, her family member (with legal status) is obliged to re-enter prostitution in order to provide financial means for her and her family in the home country.

We state that the majority of the migrant sex workers whom we followed these last years have not left Europe: this is not the option for them as long as the (basic)

necessities of their families are not being full filled. Therefore they are ready to take all kinds of risk in order to send some money home. It means that some women entry clandestine (i.e. with bad work conditions) prostitution circuits, some women fall in the hands of intermediaries (traffickers) who arrange work in another country, or come in dependency situation while trying to arrange (kind of) legal papers that will permit them to continue to work in prostitution.

On the other hand still new women keep on arriving and on entering prostitution. It is a strong signal that the channels of trafficking into the Netherlands are still operating and that there are still working places where the women are being placed with all consequences for them, such as: total dependency on pimps and on (malafide) owners of sex business, isolation, lack of access to information and health and social support. And there is little chance that the women can escape from these places because there are no alternative places for them to work. A lot of these women without legal status are not reachable to service providers, the possibility to carry out self protection is limited and the women are devoid of information about their rights and of possibilities of self determination.

The lack of clear information on the consequences of municipal prostitution policies leads to inhuman uncertainties and panic among the women involved, and to the exposition to false information and abuse. It also leads to greater mobility of the women because in this situation of uncertainty they are obliged to work shortly in a given place, until the time the police control takes place or the new rules are applied in a given prostitution place. Uncertainty about the possibilities to maintain their work leads away from the attention towards their own health. Safe sex might loose then its priority and additionally the women have no time nor the possibility to orientate themselves on the health and social care facilities. The combination of these two factors augments their health risk.

Intensive fieldwork is one of the conditions for an effective health and social promotion programme. Co-operation with peers is very valuable particularly in this crisis moment. It is the way to bring the message over in accordance with the situation. The efforts from the side of public health service providers to maintain easy-to-access facilities and carrying of outreach activities are crucial and should be recognised as a high necessity and should be supported by the local prostitution policies as far as provision of the prevention services for undocumented sex workers is concerned.

The prostitution policy in the Netherlands provokes that women have to take ad hoc decisions. In some cities, these women who chose for pending the juridical process can stay working, but the uncertainty remains and the relevant juridical information for them is missing. However, they are obliged to stay in one place where the juridical procedure is being carried out; also, visiting their home country in the meantime often makes the return to the Netherlands impossible.

The only condition for a process of empowerment is to have a right to make own decisions about the nature of the work, ones life and the conditions in which a person works and lives. In this country, where prostitution is legalised as a profession it is contradictory to exclude migrant sex workers from the access to legal prostitution. TAMPEP advocates for the protection of working rights for all migrant sex workers and parallelly for the carrying out of an effective and realistic protection programme of trafficked women based on the principle of protection of their human rights.

## **The TAMPEP 5 Team in the Netherlands**

### **Licia Brussa**

General co-ordination and International Networking

### **Hanka Mongard**

Cultural mediatrix for Central and East European Women and International Networking

### **Miek de Jong**

Cultural mediatrix for Latin American Women and Health Issues

### **Ellen Verbruggen**

Finances

### **Betta Plebani**

Office Assistance

**Peer educators and supporters, volunteers**

## THE LEGAL FRAMEWORK

**N**orwegian policy is basically an abolitionistic one: Prostitution is regarded as **violence** against women and as **unwanted**. However it is not forbidden to sell sexual services. It is not forbidden to buy, except buying from persons under the age of 18.

Prostitution is only mentioned in the penal code: pimping, procuring and renting out premises for the purpose of prostitution is forbidden. It is also forbidden to explicitly advertise for sexual services. And – as mentioned – purchase of sexual services from anybody under the age of 18 is forbidden.

Prostitution laws are not often implied: it is not a priority by the police. However there is much discussion on prostitution in Norway, especially on criminalization of purchase (as in Sweden) and on the effects of the growing number of Russian prostitutes in the small communities in the North of Norway.

Prostitution is not regarded as work. So it is not forbidden for foreigners to prostitute in Norway (that goes for non-Schengen members as well). However: if it causes a *public disorder* it may be a reason for deportation. This is stated in a circular on the Immigration Act from 1999, but it has not been used so far. The police seems to try to limit the number of prostitutes by constantly checking visa, permit to stay, money etc. among assumed prostitutes, instantly expelling them if something is missing.

Norway is going to ratify the UN Convention on Organized Transnational Crime soon, but we don't know yet if this will cause more control or if emphasis will be on the rights of victims of trafficking.

Sex workers – and especially foreign sex workers - are stigmatised in the public debate. Russian women get the blame for several problems in the northern communities. Due to the stigma sex workers tend to be more isolated, not knowing their rights or their legal status in Norway.

Police actions (harassment) on foreign sex workers has as a result that they are reluctant to report violence, exploitation and abuse, fearing they will be expelled.

We cannot see that changes of laws has brought about any big changes in the last years, even if the prostitution law and the foreign law have been changed. It seems that the factors that bring about changes lies elsewhere, especially when the police does not make prostitution a priority. However we have seen that the prostitution in the north has gone more “underground” due to the stigmatising public debate and actions.

As for the increase of sex workers from Russia and the Baltic countries in Norway the last years, we assume that there are numerous reasons for this, but it is interesting to note that this has happened in the same period as the Netherlands and Sweden has changed their laws. Are the opportunities for sex workers without a working permit less in these countries due to the changes in the laws?



## THE PROSTITUTION SCENE

**T**here is a demand for sexual services in the whole country. The main forms of prostitution are: street-prostitution, in-door prostitution (mostly massage parlours and from flats) and “mobile prostitution” – that is prostitutes travelling to different places. We assume that there are about 3000-3500 prostitutes in Norway and that 45-50% of them are foreign. Foreign sex workers are mostly in the in-door or in mobile prostitution. In the streets 5-10% are migrant. The main way to get in contact with customers is advertising in special papers, magazines and Internet (Internet is an increasing marked).

- We assume that 45-50% of the foreign sex workers come from **Central and Eastern Europe**. This is the most rapidly growing number of foreign prostitutes. Russian prostitutes are mostly in the northern parts of Norway, where we have a common border with Russia. In the rest of the country we have seen an increasing number of women from the Baltics, mostly from Lithuania (NB!-not Latvia as stated in the overview) and Estonia. Most of the CEE-prostitutes are in Norway on a tourist visa.
- **Thai** sex-workers have traditionally been the biggest group of migrants. Today we assume they are about 35-40 % of the marked. They usually have a permit to stay and work in Norway by family reunion.
- **Latin American** sex-workers have been in the country the last 15 years. In general they also have a permit to stay and work.

Little is documented on illegal immigration in prostitution.

The vulnerability factors are connected to their isolation, not knowing their legal rights and status in Norway. This makes them more exposed to exploitation and violence.

As mentioned: In the recent years the sex workers from Lithuania and Estonia have been the fastest growing group of migrant prostitutes. “Mobile prostitution” has increased, probably because the marked in the biggest cities are limited.

## HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS

**I**n general: health services on first aid and on prevention of communicable diseases are open to all foreigners and, mostly, free. There are two services that aim at foreign sex workers: one mainly for the Thai community, conducted by the Prostitutes Interest organisation of Norway. The other is conducted by Pro Sentret and focuses on the in-door marked in general and also on foreign prostitutes in streetprostitution in Oslo. There is not any services for foreign prostitutes outside Oslo. Pro Sentret provides counselling, condoms/lubricants, vaccination on hepatitis A+B, social assistance, legal advice. The main method used is outreach work.

### Main barriers for service providers

- It is difficult to give a satisfactory service to the sex workers on a tourist visa, as continuity becomes a problem.
- Funding is given for a relative short period of time, while credibility and trust is achieved by being present constantly and over a long time.

- There is a lac of lawyers that will make immigration and prostitution an issue they will give priority.

#### **Main barriers for migrant sex workers**

- Social isolation: they will mainly stick to their own community or organisers.
- For some: illiteracy
- Insecurity (or not trusting) about the role of civil servants.

## **ANALYSIS AND EVALUATION**

#### **Obstacles in implementing health and social services**

- Indistinct or not clarified political attitudes on migrant prostitution leading to arbitrary or unpredictable police enforcement.
- No one are engaged in working with health and social issues for migrant sex workers in the north of Norway (and to some extent for those migrant sex workers that does not visit Oslo at some time)
- For some – language problems

#### **Priorities**

- Health services for migrant prostitutes in the north of Norway
- Develop our own service further ( especially health services as general services and gynechologia)

#### **Recommendations and strategies**

- Clarify political attitudes towards migrant prostitution and police code of conduct. Also strengthen the polices knowledge in the field.
- Research on the migrant sex workers in the North ( their situation and needs) and the marked in the North.
- Networking, support and co-operation with services in the Baltic's and Russia.

#### **Positive results**

- So far we are known to a large part of the in-door marked. We have achieved some credibility – especially with some key-persons in the in-door scene.
- We have given out a lot of information, vaccination and condoms/lubricants and covers much of the marked in the Southern parts of Norway.
- We also have some political credibility – politicians put emphasis on our advice.
- Some experiences on the use of cultural mediators.

## **ACTIVITIES WITHIN THE TAMPEP PROGRAMME**

**T**his period Pro Sentret has had an observatory status in TAMPEP, so what we have achieved within the TAMPEP framework is limited. We want to be a full member of the TAMPEP programme for the next period.

#### **Lobbying**

We have contact with the Government on a Ministry level in order to provide information on the development on migrant sex work, describing the needs of the women and put a light on police practise.

Possibly the Ministry of Child and Family Affairs will arrange a seminar for police, politicians etc. on trafficking and migrant prostitution this year.

**Local and national networking**

There has been a Norwegian Network on Prostitution for several years. We are working within this network to raise other services consciousness on migrant issues. We are also following the situation in the North very close, having contact with researcher working with prostitution in the north also bodies trying to implement services.

**Use of information material**

Of course we use TAMPEP material all the time as well as relevant information from Norwegian health authorities.

We plan to make some information on the prohibition of purchase from persons under the age of 18 both in Norway and abroad.

We see the need for videos, cartoons or other information designed for illiterates.

**Plans for the future**

- We have had good experience with using TAMPEP material and will continue to use (and possibly develop) these.
- We want to make direct contact with services in Russia and the Baltic's to set up joint ventures, exchange visits etc.
- We also need TAMPEP to have an overview of recent developments in migrant prostitution in Europe and development of political trends in these matters.

## THE LEGAL FRAMEWORK

In Poland prostitution is not regarded as a crime. However, penalized are crimes like procurement, making benefits on earnings of a prostitute, renting apartments for conducting prostitution, spreading sexually transmitted diseases, or trafficking women for the purpose of prostitution. Most of the punishments for above mentioned crimes are: between 3 months and 5 years of imprisonment. The punishment is bigger as far as child prostitution is concerned (1-10 years of imprisonment).

Sex-working is also not considered as a legal job, so the sex-workers are not insured, do not have a right to free health-care etc. Recently there was much discussion on political level regarding the running of escort services. Some of Parliament members proposed some administrative regulations and special tax system regarding the escort agencies that operate under disguise of offering other services than sex work. In spite of broad discussion, these propositions of regulation of sex business were not put in life because they are in contradiction with the abolitionist law that rules in Poland. According to this law, procuring and profiting from prostitution is penalized.

The situation of migrant sex workers is much worse than situation of Poles – they are very often dependant on their pimps, exploited and badly treated. Migrant sex workers do not get any social help from governmental institutions, they do not have an access to free health care. They can stay in Poland 1-3 months (depending on the country of their origin), then – mostly – they work in Poland illegally until they are being deported.

In March 2001 there was an instruction of Minister of Internal Affairs addressed to local authorities saying that migrant victims of trafficking should have the possibility to stay longer in Poland if they testify. But there is no social help for those who decide to testify, so the law is practically not in use.

## THE PROSTITUTION SCENE

There are about 20.000 of sex-workers working in Poland, according to TADA estimations. According to Police Headquarters data, there are only 1500 sex-workers, but the Police sees mostly street prostitution. Equally well, the real number is much bigger. It is exceptionally difficult to analyze the phenomenon in respect of statistics because it is scarcely possible to penetrate the prostitutes' community. Only data coming from our outreach work gives a more realistic estimation. Besides, the map of prostitution has been constantly changing. For example, prostitution intensifies in summer/winter resorts, on routs leading to country borders.

### Forms of prostitution

- Top call-girls - well-of, educated, smartly dressed, controlled by a pimp, thus not easy to approach. Not much is known about them.
- Hotel prostitution - at good hotels prostitutes are attainable 24 hours.

- Prostitution at escort agencies that have been developing intensively for the last few years. Services are in great demand, so supply is great, too. Both the client and the prostitute feel safe at agencies which are not difficult to find. Advertisements can easily be found in press.
- Streetwalking - in the vicinity of hotels, city centers, passage ways, squares. Prostitutes are to be found for 24 hours.
- Male prostitution which until recently has been considered as non-existing in Poland. No sooner had AIDS become a problem than male prostitution was noted. This phenomenon refers mainly to gay community, although now and again it is being met in heterosexual communities as well.
- Juvenile prostitution is especially distressing. It happens among 13-14-year-old girls. This kind of prostitution is often approved of by the girls' social environment which is additionally alarming.
- Migrant prostitution – which we will describe below
- Non-professional sex workers – mostly young girls who are contacting with clients in the pubs, bars or disco – these girls do not consider themselves as sex-workers
- Prostitution in women's own flats

As far as migrant sex-work is concerned, from the information acquired from Police Headquarters we know, that nowadays in Poland work over 2000 migrant women. Also, regarding this data we state that this is a strong underestimation of the real number of migrant prostitutes. La Strada and IOM estimate that about 15000 of migrant women work in prostitution in Poland. The same source specifies that up to 10000 women from Poland leave out or are taken away and become victims of trafficking in women.

Poland is not only a country of origin of the women trade victims, but also the transit and destination country. According to La Strada sources, nobody is able to estimate the real number of women transported by transit through Poland.

Regarding destination countries – most of Polish women are taken away to Germany, then to the Netherlands, Belgium, Italy and Greece, seasonally to Spain and Portugal and also to Scandinavian countries - especially to Denmark and Sweden.

Of countries of origin – Bulgaria was on the first place until 1999. Bulgarian women belonging to the Turkish ethnical minority were the largest group of migrants working in prostitution in Poland. The Polish Police estimated that about 1200 women belonged to this group. At present the largest group of alien women are Ukrainians. Taking into account the quantity in groups, the next are Belorussians, Romanians, Russians on the next places and more and more Moldavians.

They occupy mostly the sector of street prostitution (mostly on highways), but some of them work also in escort agencies.

Recently we can observe many changes in the Polish prostitution scene. New forms of prostitution are present – for example prostitution in women's own flats. Mass-media are more interested in the problem of prostitution, there are many TV programmes, radio and TV talk shows about prostitution. Therefore, the public opinion is more and more aware about the problem. This is a good phenomenon, but this process should be monitored and we should care that it won't happen in sensational way. We hope that above mentioned changes will lead to bigger tolerance, may be even legalization of prostitution

## HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS

**T**here are no special kind of health services offered to sex workers, they can use private health care, which is quite well developed in Poland – all kinds of health care services are available. However, there are neither anonymous nor free-of-charge. If a prostitute is insured, she can of course use public health services. There are some NGOs which help sex workers in contacting with doctors.

There are some free services provided, however only by NGOs. These are STI information and counseling, condom and lubricants promotion, some social assistance. They are mostly delivered by outreach work that is becoming more and more popular in Poland, drop-in center are available for sex workers mostly for 3-4 evenings per week. The above mentioned services would be much more accessible, but there are some obstacles. The biggest is the lack of money for the non-government organizations and lack of political support for them (mostly on the local level). The negative public opinion is also one of the biggest obstacles, as well as problems approaching some groups of sex-workers (e.g. occasional sex workers, juveniles, women under control of the pimps).

As for migrants, only private services are available for them, and – what is more - there is a language and financial barrier. Besides, most of migrant sex workers are dependant on their pimps, so they have no free access to any services.

### Short description of TADA intervention cities

#### **Warszawa (Warsaw)**

In Warsaw – the capital of Poland – our work is extremely important. There are many escort agencies in Warsaw (about 600), we are working in about one tenth of them. We also work on the streets of Warsaw, but there is no possibility to reach the girls on the highways near our city (due to organizational problems). But we are planning to expand and reach those girls in the future. One of the most important places of our work is the Railway Station. There are many of the male and juvenile prostitutes on the Station and most of our work is done there.

We have a well-situated office (in the center of Warsaw), which is also used by La Strada to meet with their clients. The office is accessible to sex-workers 4 evenings a week. We are also trying to organize some social help for sex-workers, mostly juveniles (clothes, food etc.)

#### **Poznań**

We work on the streets of Poznań, on the highways. We also work among male prostitutes in pubs and clubs. We have gained the trust to our work among gay society. We also work in a few escort agencies. Our office is in the center if Poznań and we are having our duties twice a week. A lot of sex-workers come there to talk about their problems and to gain more knowledge about HIV/STI prevention.

#### **Szczecin**

We work on the streets of Szczecin, on the highways and in the hotels. We reach about 200-300 girls there. We are also cooperating with two gay-clubs. In these gay-clubs we organize discussions about STI/HIV and other prevention activities.

There is a lot of discos and clubs in Szczecin and we are reaching most of them, leaving our leaflets and other education materials. We are also working on the railway station. We work also with German organization Abendrot at the Polish-German border.

### **Gdańsk**

We work mostly in escort agencies. We have gained their trust and are welcomed there. We are also visiting several private homes, where women sell their sexual services. We are also work on the streets in three big cities: Gdańsk, Gdynia, Sopot. Sometimes we visit the ferry station (ferries to/from Sweden). In Gdańsk the prostitution is “seasonal”. That means, in the summer the sex-work is more intense near hotels and motels.

### **Zielona Góra**

We work mostly on the highways and Polish-German border, as well as on the streets of Zielona Góra. There are no escort agencies in Zielona Góra, all of them are located at the highways, nearer the border passing. We have an office that is opened almost all the day and the office is extremely well-equipped. Many of sex-workers come there by day and there is always a TADA worker to talk to.

### **Białystok**

We work mostly on a highway Białystok-Warszawa, in pubs, clubs, on the streets, railway stations, at the Eastern border in Kuźnica. Our street workers are also present in places where trucks wait for crossing the border where they chat about HIV, STI and HIV-testing.

## **ANALYSIS AND EVALUATION**

**F**rom our experience, we can name some obstacles in implementing a full effective prevention programme. First, the political transformation taking place in Poland from 1989 causes that attention of authorities is focused on the political, economical, structural changes. Therefore there is no interest and no money for the HIV/STI prevention or for working with sex-workers.

Polish authorities want to get social acceptance for the changes (especially for our entrance to European Union) – so they do not want to deal with problems that are controversial.

As we were mentioning above, political and social changes need a lot of funding, so there is less money for solving the problems of social minorities. This obstacle is the most important of all.

We have also defined some priorities for our future work. The fulfilling of them would make our activities much easier. We would like to have more influence in local authorities and gain their support. We also would like to change the public opinion, so the sex workers would be less stigmatized and isolated and Polish people would be aware that problems of sex workers are the problem of all of us

In order to realize these priorities we have to improve our own skills so it would be easier to negotiate with local authorities (people responsible for social and health policy), to continue and improve our cooperation with journalists, who will help us in changing the public opinion and – finally - to care about the high standards of our work, to get more trust to what we do in Polish society.

Our work has brought us many positive effects, that give us a lot of satisfaction of what we do. One of them is raising the public awareness of prostitution – of problems of sex-workers and their life. Another is developing the structure of TADA Association – we are now a national network of six cities. We have also developed and disseminated completely new education materials addressed to social minorities, written especially for them. What is also important, is starting the cooperation with local and international NGOs – we are teaching ourselves the best techniques of the work and exchange experience.

We work mostly with outreach work method, which we have popularized as a method of work with people stigmatized. Our outreach workers are the group of people able to work effectively for social minorities.

We have also gained the trust of central governmental institutions (Ministry of Health) and we are financed by them.

## **ACTIVITIES WITHIN THE TAMPEP PROGRAMME**

International cooperation (also with TAMPEP) and the support of foreign NGOs makes for us easier the cooperation with governmental institutions because we use the Western standards of solving the social problems in constant negotiations with government.

In 2001, basing on TAMPEP's experience and materials, we have developed the following materials: a leaflet about Sexually Transmitted Infections, gadgets – lighters, beer-pads and a booklet about TADA in English – useful in our international contacts.

In the beginning of 2001 all TADA cities have organized trainings for new volunteers about streetwork and HIV/STI problems. During the trainings we were also basing on TAMPEP's experience. On 13<sup>th</sup> of December 2001 we have organized in Szczecin a one day seminar for local authorities about HIV/AIDS problems and policy towards the HIV prevention.

### **National Seminar**

September 2002

#### **Prostitution in Central and Eastern Europe**

In September 2002 we organized our national seminar that had a form of a 3 day meeting of projects from 15 CEE countries and 5 EU countries from the TAMPEP network, which was a great success. The subject of the seminar was: Prostitution in Central and Eastern Europe.

#### **Objectives**

- To assess the situation of sex workers and changes in patterns of the sex industry in some of the CEE countries;
- To compare policies and legal aspects regarding prostitution and to explore possible strategies for advocacy and social mobilisation;
- To review and define the elements of vulnerability of sex workers, including the degrees of dependency and mechanisms of trafficking and their consequences for HIV/STI prevention programmes;



- To exchange information on effective approaches to health and social promotion activities for sex workers;
- To review specific projects for sex workers and assess their needs and gaps in intervention in the region of CEE;
- To work out strategies for cross border co-operation and prepare common recommendations;
- To explore possibilities and define priorities, finality and instruments for networking on local, regional and international levels.

Co-organizers of the seminar: Association for Prevention HIV/AIDS and Other Sexually Transmitted Diseases “TADA”, National AIDS Centre in Poland, TAMPEP International Foundation.

The participants were: 15 representatives of Eastern European NGOs, 12 representatives of NGOs from the TAMPEP Network and about 40 policy makers, journalists, representatives of NGOs from Poland. Licia Brussa from TAMPEP presented the basic principles of this network and presented the holistic approach to sex-work. Hanka Mongard and Faika Anna El-Nagashi led the workshop about programs and interventions. We have managed to start the cooperation with many Eastern European organizations, e.g. from Lithuania, Kaliningrad or Ukraine. The results of the seminar can be found in a separate report.

In the future, we would like to include more cities to our network (some southern cities, perhaps), to improve our skills, to start working with local authorities and get their support, to develop better education materials and to develop the closer cooperation with NGOs from Eastern Europe and to continue the cooperation with NGOs from Western Europe (in the framework of the TAMPEP Network).

## CASE STUDY

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**T**he sub-society of sex-workers in Poland is still the closed group, active on the margins of the society. Although the approach to social minorities is constantly changing, as well as morality is becoming more tolerant and open, sex-workers feel the strong barrier against the outer societies.

The reasons of this social isolation are:

- the fear of the social stigma – sex-workers are afraid of being recognized and they can be ostracized because of what they do;
- the fear of God’s punishment – most of Polish people was brought up in Catholic religion and they are trying to follow the Catholic rules. Every sin causes the fear of the punishment;
- the fear of their pimp – the pimps in Poland are definitely not gentlemen, they use many forms of violence against female sex-workers (physical violence, threatening). This is the socio-technique of making the women obey;
- the fear of Police – most of the women breaks some rules (stealing from clients, drug-dealing etc.). Prostitution is not criminalized, but the women have the feeling of doing something against law;

- the fear of clients – clients have many demands from sex-workers, mostly sex-workers do not want to fulfill those demands. They are afraid to disagree and sometimes they are being forced to obey the clients' demands.

These above mentioned facts are the reasons of being afraid of society. This feeling causes the bigger and bigger isolation of sex-workers and the feeling of the barrier against society. The reason of this situation is low self-assessment of sex-workers, lack of caring of one's own health, low aspirations and ambitions.

These above mentioned factors are the reasons for the following behaviors:

- many risk health behaviors – e.g. sex without a condom, drug and alcohol using, rare medical examinations;
- troubled relationships with family – most of Polish families don't accept the prostitution of their relatives;
- troubled relationships with children - many of sex workers have children, mostly brought-up by alien people or the state;
- other risk behaviors – cooperation with criminal groups.

For above mentioned facts, in developing the prevention programs addressed to sex-workers we always have to take into consideration the regional social and cultural conditions. Knowing of these conditions makes the choice of the most effective techniques of work on behalf of sex-workers easier.

## THE LEGAL FRAMEWORK

**T**he situation in Portugal bears the specific features of ambiguous legislation for prostitution. The added effects of the migrant legislation lead to high level of obscurity when it comes to analysis of the migrant prostitution problems. The most represented nationalities among the group of migrant sex workers are Moldavian, Ukrainian, Russian, alongside with some Latin American countries.

In our country the individual prostitution is not considered a crime. But the person who instigates or constraint to prostitution, or facilitates prostitution, or gains any profit from another person's prostitution (art.215), as well as recruiting any person for prostitution or trafficking in persons for another country for the purpose of prostitution are punished (art.217).

Since January 2001 Portugal has had a new immigration law: all migrants can be legalised, in case they have a legal working contract. So migrant sex workers, who officially do not even exist, do not get contracts and are still illegal.

Concerning trafficking for the purpose of prostitution: Portugal is a country of origin as well as a country of destination. Paralelly, Portugal is a country to which many people are smuggled by mafia organisations and who land in illegal work. Sometimes migrant women start to work in bars and hotels and only later they enter prostitution, or are recruited in Portugal for prostitution in other countries.

There is a general lack of knowledge about the situation of migrant prostitutes. Due to the fact that migrant sex workers and particularly the women from CEE countries work in indoor prostitution i.e. apartments and bars, it is difficult to assess their number and the conditions under which they work. Very few organisations and services have contacts with them, especially because public health projects for prostitution in our country target prostitutes working in street prostitution. Therefore we consider that it is very urgent to develop activities for the prostitutes who work indoors based on better assessment of their situation and a better knowledge of trafficking mechanisms. Moreover, the services have to find new ways how to reach these secluded groups. For this reason the networking activities that we promote are necessary and should be supported by the governmental involvement and social mobilisation actions. Therefore the activities within the framework of TAMPEP programme were based on these three objectives.

## THE PROSTITUTION SCENE

**A**t this moment the situation regarding sex work in Algarve is worrying. Female sex workers are brought by organized networks that arrange their transportation and put the women (mainly from CEE Countries) into work in private houses. They are not seen in the street prostitution. Most of these women come on their own free will but some are misguided and in a controlled and clandestine situation. Some

trafficking networks operate together with smuggling networks that bring people for work in building construction. In this case it happens that the husband is recruited for work in construction and his wife or a member of his family is introduced into prostitution. There is another connection between trafficking and local prostitution scene where the Eastern European mafia networking is involved in the local tourist and amusement industry (hotels, night clubs, bars, etc).

In the Algarve and Minho Regions (South and North of Portugal) we can see some movement of Portuguese sex workers, (most of them are drug users) who are trafficked for prostitution in Spain ( in the street and bars).

Also we detect in the Algarve Region a significant drop down of Brazilian women who used to work in bars under organized prostitution networks. Nowadays their places are overtaken by the women sex workers from CEE.

Regarding the drug using sex workers in Algarve, we notice some stabilization or even a drop down of their number. This is due, probably, to the offer of substitution therapies (implemented by the Health Ministry through Drug Addition Services). This offer is now accessible although not as much as we would like to see.

Regarding HIV and other STIs, in the private houses where they don't allow the use of condom or the women don't have access to them, the situation is of big concern. Unfortunately there aren't until now any projects in Portugal that are able to reach the migrant sex workers working in private apartments.

Another big concern is that the number of Tuberculosis infections among the general population has risen, and, also among the population of migrants.

In Lisbon there are many African English and Portuguese-speaking prostitutes who work on the street.

MAPS effectuated some research with the objective to assess the forms of prostitution, identify the prostitution places, to estimate the number and the nationalities of sex workers, etc. With this data we will be able to find better strategies to intervene in an adequate, effective and secure way. This mapping has been carried out by the outreach workers of MAPS in the region of Algarve.

The data shows us that, in Algarve region there are:

- **70 night clubs** where about 420 women work: 120 from Brazil; 80 from CEE countries; 90 Africans and 130 Portuguese and others.
- **35 “altern” bars** with 210 women: 60% from CEE; 30% Brazilian; 10% others.
- **In the streets** we found about 180 Portuguese women and 10 transgender.

Facing these results, we conclude that because most of the sex workers (206) are from CEE countries we decide that there is a high urgency to set up services and to carry out outreach work with these women. Therefore we trained a cultural mediator following TAMPEP methodology and employ her as an outreach worker. Also information materials for these women have been produced. This experience is implemented by MAPS in Algarve and until now it is the only project that reaches specifically the women from CEE countries. We hope that through our national network we will be able to expand our activities to other regions of Portugal and promote the specific methodology of working with migrant sex workers.

The MAPS approach to sex workers, next to sanitary and psycho social services, is to involve sex workers in its activities and working on their empowerment. For this purpose we employ peer education and vocational training for the women who intend to leave prostitution. Within this community approach and with employment of cultural mediation we intend to develop specific services for migrant sex workers.

In Lisbon there is a project called *Drop-in*. The reality in Lisbon differs from the one in Algarve. However, due to the fact that this project carries activities only for street prostitution, it is not known what is the situation in indoor prostitution. On the streets of Lisbon there are some migrant sex workers, especially from Africa (Guinea, Sierra Leone, Uganda, Cap-Verde Islands, Angola, etc.). Drop-in offers to the sex workers health care, psychological and social support, but it does not have any specific information for migrants, nor it employs a cultural mediator. At this moment we cooperate with them in order to combine our work in the issue of migrant prostitution.

From the data of the national questionnaire, our national seminar and from our experience, we conclude that there hardly are services that provide health services for sex workers in general, the services are originally targeted to drug users (in prostitution). Next to this, there is no any framework of policies on prostitution from the government.

We have been recently confronted with the phenomenon of migrant prostitution and trafficking in women. The traditional migrants in sex work come from Portuguese speaking countries (Brazil) or from former colonies (Angola). Portugal is also a transit/destination country for women from other African countries. In the last years the groups of women from CEE starting arriving in Portugal, apparently connected with the influence the East European criminal organisations have in the Portuguese tourist industry. Due to all these facts there is a high need in the country to set up a structural cooperation among organisations dealing with prostitution in order to intensify and promote activities on promoting discussion on prostitution issues, sensibilisation of policy makers, specialise our services and make them accessible for migrant sex workers and to find the ways how the indoor prostitution.

The knowledge regarding prostitution scene and particularly migrant prostitution scene is very limited, or inexistent. Therefore we need to carry out a wide assessment on the national level. And finally: to find the way how to implement the new methodologies of HIV/STI prevention for (migrant) sex workers. Another important lack is that there is no any association of sex workers that would promote the protection of the rights of sex workers or propose the changes in the policies on prostitution and striving to change the image of prostitution and take it out of clandestinity.

## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

**A**s said above, in Portugal there is no specific policy on prostitution, this fact creates some difficulties to deal with issues related to prostitution. The following activities that are aimed at the reaching of our three action plan objectives (setting up of a national network, social mobilisation, lobbying and governmental involvement) took place:

In October we participated in a seminar organised by Comissão Nacional de Luta Contra a SIDA (National Commission fight against AIDS), entitled “The AIDS and Woman”, where we led several working groups on the subjects of sex work and migrant sex workers. Various important issues were discussed in each working group, such as: legislation, regulation of prostitution, specific health cares services for sex workers with flexible hours, preparation of cultural mediators, etc. All the recommendations and the conclusions have been taken to the national government for discussion and evaluation. Besides, we are pressing politicians so that at least prostitution won’t be considered as an illicit practice.

### **TAMPEP national seminar**

23rd of November 2001

#### **HIV/AIDS and STI’s Prevention among Sex Workers: “A Migrant Reality”.**

This seminar took place in Faro, there were 23 persons present who are the representatives of the following organisations: *MAPS*; *Segurança Social*; *CAT Olhão and Portimão* (health service for addicted people); *Gato*; *Grato* (institutions that works with addicted people and prostitution); *Drop-In*(service providers for sex workers in Lisbon), *VAMP*, *Ninho*, *Auto-Estima Espaço Pessoa*, *CNLCS*; and the media- *Journal de Noticias*; *Journal Região Sul*; *Journal do Barlavento*; *Radio Solar* and *Algarve Mais Magazine*. Veronica Munk from TAMPEP-Germany participated as a representative of the TAMPEP Network.

The main objective of this seminar was to extend the network, to present the TAMPEP Project at the national level and to create a network with the organisations that are implicated in this work.

It had a character of working seminar, with the public part when the press conference was held. It was organised this way that every organisation had an opportunity to present its work and activities and to express its needs for cooperation. The central discussion points were introduced by general presentations/topic in the form of round table debate and the discussion led to formulation of conclusions and recommendations.

In the second part of the meeting there was a press conference. This event was divulged and publicised on the national level. The conclusions of the seminar were also forwarded to the government.

During the seminar the topic “model of prostitution policies” was thoroughly discussed. Most of the participating organisations stated that they agreed with the legalisation of prostitution or at least with the regulation of prostitution practices; except of one organisation, the “Ninho” that considers prostitution as a form of slavery (woman as exchange product), and perceives prostitution as a social exclusion.

### **Programme of the national seminar**

09:00h	Wellcome. Documentation delivery
09:30h	MAPS & TAMPEP presentation: Antonio Malta and Veronica Munk
10:30h	<u>Table I:</u> Presentation of NGO and GO which work with Prostitution
	Moderator: Dr. Carlos Santos
	Drop-in: Dr. <sup>a</sup> Maria José Barbosa
	VAMP: Dr. Filipe Nery
	Ninho: Dr. <sup>a</sup> Felisbela Rilhó
11:30h	Coffee Break
11:45h	<u>Table II:</u> Presentation of NGO and GO which works with Prostitution
	Moderator: Alistair Grant

	Auto-Estima:	Dr. <sup>a</sup> Olga Rocha
	Espaço Pessoa:	Eng. Jorge Martins
	CNLCS:	Heitor Costa
13:00h	Lunch break	
14:30h	<u>Table III:</u>	National legislation about prostitution Dr. <sup>a</sup> Margarida Gouveia and Dr. <sup>a</sup> Laurinda Alves
15:30h	<u>Table IV:</u>	Round table with the media Moderator: journalist Conceição Branco Radio Solar RTP (TV) Journal Barlavento Diário de Notícias Algarve Mais Magazine
16:15h	Coffee break	
16:45h	Press conference	
17:00h	Conclusions	

### **Seminar's conclusions**

- When we talk about sex workers we cannot forget their woman rights. As any other human being, the sex workers, or prostitutes have their rights, which can be violated, due to their profession. For an example people might not know that prostitutes are often raped, and that it is an aggression to their physical integrity.
- Due to the nature of this activity there is a resistance in obtaining medical treatment in the traditional way, for an example health clinics. To overcome this situation, services and projects aim at providing special health care that will not be judgmental. The propaganda of these programs must be amplified and promoted to provide awareness to these resources and community supports.
- Working with these individuals requires a great focus on facilitation listening skills and promotion of self-esteem.
- The realisation of breaking the social coercion in which they live in can only occur with more infrastructures of support and shelter for these women and their children. This is a task which the government must face and facilitate by providing inter ministry aid between the health, social services, unemployment and education ministries.
- The regional health administrations, which regulate the activities in sub-regions must also intervene by promoting collaboration between health care services and support services.
- It is imperative that the existing infrastructures won't be affected by the lack of financial resources provided by government, as seen in previous situations.
- Studies confirm the helplessness and tolerance by authorities on trafficking of women and their exploitation. Known cases of police officers benefiting from this trade are well documented.
- When talking about sex workers, let's not forget to talk about their clients. Some of them offer higher amounts of money in order to have unprotected sex, which makes them responsible of transmitting HIV/AIDS.

Among the organisations that were present, "Drop-in" from Lisbon and MAPS are the only projects that work with migrant sex workers. We agree that this gap has to be fulfilled.

All organisations that were present (except "Ninho") believe that every person has an individual freedom of choice, accept people as they are and create some resources and information and support a person to change the life style - if this is the person's option. We are against those who confiscate the earnings of sex workers such as dealers/pimps

we are against exploitation of minors and violence in whatever form (physical and psychological). We are anti- abolitionist and we in favour of legalisation of prostitution. Although Portugal has no specific law about prostitution – prostitution is not illegal, we at MAPS are advocating for the regulation of prostitution practices.

### **Putting TAMPEP methodology in practice**

In Portugal there are no any specific projects targeting only migrant sex workers. But we have some projects that work with sex workers and others with migrants in general. In this way we work on combination of the services and intensify the networking with these organisations. For this purpose we are actually connected with other institutions like SOYUS (non profit association that supports people from Eastern European countries living in Portugal). SOYUZ promotes integration of these migrants in the Portuguese society. One of the members of SOYUZ makes part of our staff as a cultural mediator. At the present time she is translating a resources guide into Russian that was made in order to inform and help CEE sex workers about the offer of social and health services and about the conditions and situation in Portugal. We are producing other specific material for this group. Through outreach work in indoor prostitution we carried prevention activities targeting migrant sex workers. We also negotiate with local authorities and police for the creation of support mechanisms for women who are under the control of pimps and traffickers. Cultural mediator accompanies the women to our social and sanitary services.

## **ANALYSIS AND EVALUATION**

- Reinforce and maintain working contacts with the government and policy makers
- Incentive the public debate on prostitution while working with mass media.
- Coordinate the national network of NGOs and GOs
- Continue to conduct outreach activities – and offer a broader range of services in cooperation with the organisations of migrants. Introduce peer education activities.
- Involve the society through social mobilisation activities while using the representatives of civil society and human rights organisations
- To continue with the organisation of national seminars in the framework of TAMPEP programme in order to share the experience and results of the network with public service providers and public authorities, such as politicians, police functionaries and local administrators.

## **CASE STUDY**

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**L**ast year an engineer from Kosov came to Portugal with his wife under the mafia's control/smugglers of human beings. He is 42 and she is 35 years old. They have one daughter of 10 who lives with her grandmother in Kosov. Every month he has to give a part of his earning to the mafia, but since two month his employer has not paid him, therefore he has been unable to pay the mafia. Due to this situation they have forced his wife to work into prostitution house, while blackmailing them that would do something to their child.



He cannot denounce this situation for two reasons: firstly because he is afraid of what the mafia can do to them and secondly because they are illegally staying in Portugal.

The authorities asked for our help to solve this situation. What to do now? What answer can we give?

The main problem in our country is there is not juridical protection for the people that had been smuggled to Portugal and for those who are forced to work illegally. Above this there is a very strong influence of the mafias that operates in this area.

We are trying to negotiate with the police and other authorities in order to arrange a protection for those people. At the same time we are in contact with them in order to support them and create some alternatives.

# ROMANIA

## Country Background

**R**omania is located in the southeast region of Europe and, according to the latest population figures it has around 22 millions inhabitants. Bucharest is the capital of Romania and, with more than 2 millions inhabitants, is also the largest city in the country.

The Romanian health care system is affected by two negative economic trends. On one hand, the poor health condition of the population in the last years of the communist regime worsened due to the decline in living standards, depreciation of the social and economic environmental climates, and the dissatisfaction and stress caused by the efforts to adapt to a new life style. On the other hand, the health sector is seriously threatened by a gradual drop in potential resources, by chaos, confusion and dysfunction that affect all the social and economic components of the transition.

By the end of 1999, in Romania had recorded 6117 AIDS cases. For a population of 22,5 millions inhabitants, the cumulative incidence rate of AIDS in Romania was 245 cases per 100.000 inhabitants. The HIV/AIDS prevalence was 0,03% in Romania, compared with 0,10% in Moldavia Republic, 0,47% in Ukraine, 0,09% in the Russian Federation, 0,02% in Hungary, 0,03% in Czech Republic and 0,01% in Slovakia. This percentage appears to be high for a European country, but the prevalence is still low compared to other continents (Africa and Asia).

What is known about sexual behaviors in Romania suggests that a large proportion of young people, especially in urban areas, be at risk of HIV infection and sexually transmitted diseases (STDs). National survey results showed that more than half of the men and (some) 20% of women have had two or more sexual partners during the last three months, while only 40% and 20% respectively had used condoms. Reports also showed a significant lack of knowledge of sexual matters, a lack of belief of vulnerability, and a lack of communication between couples. The number of reported sexually transmitted infections (STI) cases have been rising rapidly, with about 2/3 registered in urban areas and the remaining 1/3 in rural area. Because of a lack of access to adequate information and services, those persons engaging in risky behavior and living in the countryside may be particularly vulnerable. The same is probably true with regards to the Roma ethnic minority.

Little is known about the proportion of Romanian men who frequent sex workers, but although illegal, sex-work appears to have been expanding. Sub-regionally, it is known that several tens of thousands of Romanian sex workers are working in countries such as Turkey, Greece and Cyprus. As in other countries, mobility associated with risky behavior facilitates the spread of HIV.

As a result of the political and economical changes over the last eight years, Romania has been facing a variety of new social phenomena. The most problematic of these are

the increasing mobility of the population, the adoption of a Western lifestyle and values, and increased sexual activity among teenagers. The difference between living standards in Western and Eastern Europe has contributed to the growth of some phenomena that are not widely accepted by the majority of Romanians, such as commercial sex-work and other related activities.

Commercial sex-work by women in Romania gets more and more visible. The spots where they work and meet their customers are quite well known. A country such as Romania, where law forbids the commercial sex-work and the public morally condemns prostitutes, has struggled finding ways to deliver support to commercial sex-workers. Sex workers should be able to protect themselves from HIV and other STD infections. They should have safe working conditions. These include the power to turn down abusive or uncooperative clients, and to refuse engaging in practices likely to transmit HIV and other STD, including any penetrative sex performed without condom. Exposure to unprotected intercourse exposes the health of women involved in commercial sex and their partners at higher risk in getting HIV and STDs.

Geographically situated at the crossing of the roads that connect the consumers countries to the producing ones, Romania represented a real turning place and continues to be a quasi-compulsory transit place for illicit drugs. If presently only between 10% and 20% of the entered drugs stay in Romania, in the future this percentage will increase according to the police statistics. In order to form a market the traffickers sell the drugs for promotional prices even accept soft local currency. It is obvious that in a large proportion the Romanian drug traffickers are the same with the “sex traffickers”. The underground, interlope world manage both the sex trade and the drug traffic. Since there are pimps that also sell and use drugs, their families, their children and their sex-workers are at high risk for drug use.

On one hand, the 1999 “Qualitative Research on HIV/AIDS/ STD Behavioral Determinants among Sex Workers”, showed poor working conditions for the majority of the street female sex-workers. Poor reproductive health of street workers and the low-level sanitation of venues where they perform the sex work illustrate these conditions. Although, all interviewed women reported having protected sex at least once, only thirteen out of sixty-one women reported having protected sex all time.

The study showed also that the prevalence of positive attitude toward alcohol use is 0.49 (95%CI=0.43; 0.53) and the prevalence of positive attitude toward injecting drug use is 0.09 (95%CI= 0.02; 0.16). It also showed that in a large proportion the commercial sex-workers arrived in Bucharest during the last two years. The commercial sex-workers migration in country and abroad is another risk factor for drug use and HIV/STD infection. Many Romanian commercial sex-workers work in countries like Turkey, Cyprus or Italy, countries where the drug use is more common than in Romania. Another group of commercial sex-workers, about 10%, are born in Moldavia, Ukraine and other countries from CIS, where the main HIV transmission is through intravenous drug injections.

While dysuria was frequently reported in the respondents’ lifetime, the vaginal discharge was the most frequent sign found in the study population. For example, 56 women reported vaginal discharge during their lifetime and 35 women during the last 12 months. Unfortunately, the actual risk level among this population could not be

determined with certainty. Hence, the most of street sex-workers do not link these signs to their sexual behavior.

On the other hand, the lack of available information for sex-workers makes difficult to improve their working conditions. Consequently, it hinders opportunity to obtain physical and psychological well being. By the side, the AIDS prevention campaign, which takes place in Romania, is very basic and it does not specifically target sex-workers or their meeting spots.

The Romanian Criminal Law punishes *“the act of a person who earn the subsistence needs or the main subsistence needs, performing sexual acts with different persons”* with three month up to three years of prison. In addition, the mediation of such activity is punished. Despite this, few arrested people are charged with this felony, since it is very difficult to prove it. On the other side, the Criminal Law of Romania incriminates activities connected to prostitution. Therefore, the most careful attention has to be paid to strictly delimitate the promotion of safe sex from the promotion of paid sexual trade. The ARAS is an NGO, which by its statute develops and implements preventive interventions to limit the spread of HIV infection/ STD. By no circumstance, the sex-worker would not be encourage to trade sex for money or any other goods, as well as any felony defined by the Criminal Law. The ARAS organization recognizes that raising the awareness of the target group on HIV infection/ STD issue and promoting safe sex, including condom distribution, are preventive interventions proven to reduce the spread of the infections and to improve the public health. All these preventive interventions should be associated with activities that are aimed to reduce discrimination and stigmatisation towards vulnerable groups and people infected and affected by HIV/AIDS.

### **Negative Factors**

- The legal framework has a big influence on the life and working conditions of the Romanian sex workers.
- Many sex workers are abused and trafficked.
- Sex workers are under the pimps „protection” which in fact means a limitation of their liberties, including the liberty to leave the neighbourhood.
- Health is not a priority for sex-workers and pimps. Since a sex-worker costs about \$50 or even less, the pimps are not interested at all to invest in the health of their sex-workers.
- Clients, managers and private sex partners have great influence on the behaviour and sexual health of sex workers. The pimps are the sexual decision maker. The pimp negotiates with the clients and many of the clients request unprotected sex. Finally the pimp decides whether a sex worker use condoms.
- Frequent exposure to dominating and exploiting clients who force them to accept any offer: low prices, unprotected sex, and 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.
- Mobility because they are in illegal situation; they are forced and taken by their pimps to another place.
- Because of the CSW marginalized situation, isolation and mobility, fieldwork is of a crucial importance in building up a trusting relationship between the target group and the ARAS’ outreach team.
- Many sex workers do not have IDs or do not legally reside in Bucharest and consequently, they do not have access to free health services.

- Since there is discrimination towards HIV infected people in Romania, the impact of HIV/STDs prevention activities is limited.

*Hence, for the prostitutes, the key words are “hard work and survival”.*

### **Scaling up of our prevention activities and influencing of the context**

ARAS started five years ago the first Romanian project dedicated to sex workers, as a result of the identification of specific needs of this vulnerable group, which had been approached during the information campaigns. Till that moment, even if prostitution had become more and more visible, there was no other initiative in Romania to support women or men in sex work, to inform them about the risks they were running, to change their attitude concerning safe sex/condoms. On the contrary, prostitution was and still is incriminated by the Criminal Law, in articles 328-329, altogether with the trafficking of persons. At present, a woman found practicing prostitution does not go to prison any more, but she has to do community work in her native town, which she rarely does, as most prostitutes work in other towns and never go back. Now, police tolerates sex workers, who in general work in specific areas (gas stations, train stations, discos, bars, houses around the North Station, cheap hotels).

At the very beginning, it was almost impossible to contact female sex workers because of the policemen – who did not know ARAS and identified ARAS team with another kind of pimps - and of the real pimps, who saw ARAS team as a threat for the girls. Since 1999, it has taken a lot of time, a great quantity of physical and psychological effort to establish a relationship with the female sex workers, with their pimps and the police. The situation we have now can be called a success, as we have good contacts with members of the police and we have made a little step toward the recognition of sex workers as a vulnerable group, with specific needs, especially in terms of dedicated services and projects.

ARAS had started its information project for female sex workers even before joining TAMPEP, and this acceptance of our NGO in the network and the exchange of experience with other NGOs working in the same field have showed us new dimensions of this matter and have helped us improve our work. We found good inspiration sources in TAMPEP methodology, especially regarding peer work, outreach work, advocacy.

In 2001, ARAS developed several small projects for female sex workers, funded from different sources: SOROS Foundation, UNAIDS, USAID, UNFPA - all of them respected TAMPEP principles and applied TAMPEP methods. The most important point was the outreach activity – this also included the training of ARAS team in basis principles of outreach work. We succeeded in establishing good contacts with groups of female sex workers working in 2-3 venues, with their pimps and the policemen working in the areas. The outreach activities included distribution of information materials (on HIV/AIDS prevention, use of condoms, prevention of STDs) and of hygienic products. Another very important success was the fact that some of the girls accepted to take an HIV test in ARAS testing centre – they were accompanied by members of the outreach team. Also, the project team developed the logistics of outreach activities, including a Daily Monitoring Form for outreach workers (numbers of persons reached, type and amount of materials distributed to the sex workers, frequent questions coming from the beneficiaries, individual risk assessment, referrals to health care/social services facilities).

The priorities for now are:

- the revision of the legal frame regarding prostitution
- the sensitization of the general public, local authorities, policy makers etc to the problems of CSW
- the fight against national traffic of women
- the continuation, at ARAS, of a long term project with the female sex workers as a target group

As ARAS is now a member of the National Multisectorial AIDS Commission, we will be involved to a great extent in all the activities regarding HIV/AIDS field: changes in the legal system (social protection, prostitution), changes in the treatment of people infected or affected (access to medical treatment, social integration), promotion of the HIV testing (for the general public and for the group of children born between 1987 – 1991), stop of the vertical transmission, revision of the national AIDS strategy.

## **TAMPEP Project Background**

**T**ill the beginning of ARAS project, there was no initiative in Romania to support women or men in sex-work, to inform them about safe sex and to change their attitude concerning safe sex/condom use. The project employed a novel approach for supporting HIV prevention among street sex-workers in Romania.

The HIV/AIDS epidemic spread, together with the possibility of infection through sexual intercourse, explain the necessity to look at prostitution in a different way. Undertaking support activities for the street sex-workers would prevent HIV and STD among them as well as among general populations. Prostitution may be seen as a new way of earning the living, while the traditional connotation of a prostitute would be replaced by the new definition of sex worker.

Most sex-workers experience increased vulnerability to HIV/AIDS due to a very low level of education, drug use, pimps “protection” - which in fact means liberties limitation, poor living conditions, and limited accessibility to health care services and general health information. Since they have multiple partners and live in promiscuity, they have also high risk for HIV/STD infection. Moreover, there are many other persons involved in commercial sex, such as pimps, clients, middlemen and other persons who live in communities where commercial sexual activities are practiced.

Usually the sex-workers are females who are under a pimp “protection”. The pimp negotiates with the client the characteristics of sex sessions, so the pimp is the real decision-maker. Since unprotected sex is quite frequent among clients, the pimp forces the sex-workers to have unprotected sex. Usually the pimps are male, but there are female pimps too.

There are many venues of commercial sex: “in house”, on the street, in hotels, bars, public toilets, etc. In North Station area there are many “red light spots”, located in houses and in chip hotels. Due to the poor hygienic conditions and promiscuity, poor Roma families who share their houses with sex-workers are at risk for HIV/STD infection. Many males from these families are involved in commercial sex as pimps, middlemen and clients.

There are several laws that ensured the regulatory framework of the project. The Constitution of Romania, as well as the Public Health Law statues the health of the citizens as a “public good”. Moreover, a recent Governmental Ordinance enabled the Ministry of Health to support prevention projects initiated by non-governmental organizations (NGO). ARAS is an NGO, which by its statute develops and implements preventive interventions to limit the spread of HIV infection/ STD. On the other side, the Criminal Law of Romania incriminates prostitution, as well as activities connected to its practice. Therefore, the most careful attention was paid to strictly delimitate the promotion of safe sex from the promotion of paid sexual trade. ARAS recognized that raising the awareness of the target group on HIV infection/ STD issue and promoting safe sex, including condom distribution, were preventive interventions proven to reduce the spread of the infections and to improve the public health.

## **ACTIVITIES WITHIN THE TAMPEP PROGRAMME**

### **The mapping stage**

The outreach workers gathered all possible information about the area in general and the sex-work trades in the area. The information sources used by the project team were newspaper articles, unstructured interviews with taxi-drivers, and unstructured interviews with person’s living/ working in the neighborhood. They preferred public working places like pubs, discos or news stands etc.

### **First contacts**

Since the sex-trade activities are illegal, they are performed many a time in dangerous areas. For this reason, the safety of outreach workers was a priority for ARAS and an impulse for the creation of a Safety Guide for Fieldwork before starting the outreach activities.

### **Informal short presentations through face-to-face, street conversations and small informative sessions**

The informal presentations were performed either through face-to face/group street conversations, or through small informational session held indoor (meaning venues that the are most convenient for the target group members such are pubs, houses etc).

The short informal presentations included the following topics, customized for the educational level and the values of the target group:

- health risk related to high number of casual partners;
- high number of vaginal/oral/anal intercourse episodes;
- unprotected intercourse episodes;
- safe injection for drug use;
- interaction between sexual behavior and drug use;
- poor general and genital hygiene;
- general information about HIV infection/ AIDS/ STIs Hepatitis B and C (signs, symptoms, ways of transmission, diagnosis, treatment and prophylaxis);
- the availability of preventive, diagnosis and therapeutic services;
- other information requested by the beneficiaries.

### **Informal discussions aiming behavioral change**

During the short informal presentation, especially during the face-to-face conversations, the outreach workers presented information on HIV/AIDS/STIs, the benefits of change,

explained the effectiveness of condoms and sterile injecting equipment and tried to influence the self-perceived risk by conducting individual HIV/STI risk assessment. At least two elements of the AIDS Risk Reduction Model were used in the outreach work: clear risk behavior labeling (e.g. unprotected sex with a known IDU should not be accepted) and support to enact changes (e.g. free condom distribution, injecting equipment exchange).

### **Provide HIV, Chlamydia, Syphilis and Hepatitis B counseling and testing services**

Once the knowledge level of the target group members was raised, pre-test counseling sessions was offered to those who accepted anonymous/confidential HIV testing. Upon the demand of the target group members, the counseling was performed at the testing place (ARAS counseling and testing centre).

The pre-test counseling sessions included topics like:

- The necessity to have a HIV/HBV/syphilis test;
- Information about testing procedures;
- Testing advantages;
- How long does it take to receive the test result;
- What means a positive result;
- What options have an HIV+ person.

### **Condoms and syringes distribution**

Every HIV prevention activity was accompanied by condom distribution. The distribution was a mechanism to offer incentives to the beneficiaries of the project, in order to increase their interest and involvement in the project. The condoms themselves were a prevention mean, given that each condom used protects one risky sexual intercourse between a sex-worker and a client.

Since many persons use incorrectly the condoms, the outreach workers performed demonstrations on correct condom use (on two fingers) and discussed with the beneficiaries on this issue, as often as was necessary.

After one year of intervention, the project included a new component, respectively needle exchange for intravenous drug users. There are many studies that confirmed that needle and syringe programs do not lead to higher rates of illegal drug use or injecting. The WHO document *Basic Principles for Effective HIV Prevention among Injecting Drug Users* strongly supports the development of needle and syringe programs. The needle exchange component of the intervention is based on harm reduction principles.

### **Improve accessibility to medical services**

The Sexworkers and IDUs were referred to the available services for HIV/AIDS/STI check-ups and to the Detoxification Center. The ARAS outreach workers accompanied the solicitors to the services (in ARAS car). Unfortunately the project could not pay for the medical services.

### **Editing and distribution of IEC leaflets**

The leaflets consisted of a series of several brochures ("Night by Night" series) that included general information on HIV/ AIDS/ STIs/ Hepatitis B & C as well as information concerning specifically the target population as condom use, how to negotiate safe sex, safe injection, drugs etc.

The leaflets were distributed gradually, taking into account their knowledge level, the moment of intervention and the topics. The recommendation was to bring something new periodically in order to maintain their interest alive.



PROJECT PHASES	I	II	III	IV	V
Number of locations where the outreach team performed outreach activities	26	18	8	10	12
Total number of Sexworkers in the locations where the outreach team performed outreach activities	Data not available	Data not available	159	250	260
Average number of outreach events a week per location	Data not available	2	2	5	3
Total number of Sexworkers approached through at least one outreach activity	103	120	135	320	20
Total number of other people (pimps, middlemen, Roma and Romanian adults and children who live in the neighborhood, owners of small business in the area etc) approached through at least one outreach activity	107	98	79	124	30
Total number of street outreach events including mapping	45	32	120	175	20
Total number of beneficiaries reached by the outreach team through initial face-to-face informative sessions	170	160	89	120	6
Total number of beneficiaries reached by the outreach team through repetitive face-to-face informative sessions	Data not available	150	137	135	10
Total number of indoor informative sessions	3	15	38	50	6
Total number of condoms distributed to persons involved in commercial sex during outreach events	3000	4200	6625	8325	400
Total number of distributed personal hygiene materials (soap, tooth paste, tooth brush, female tampons, shampoo, clarifying gel)	N/A	N/A	450	500	50
Total number of T-shirt with the project logo offered as awards to Sexworkers that won an HIV knowledge contest	N/A	N/A	20	N/A	N/A
Total number of distributed informative materials with general information on STIs, reproductive health, HIV testing etc (previously produced for youth group by ARAS and other organizations)	200	300	557	600	30
Total number of distributed "Night by Night – HIV and condom use" leaflets	200	150	176	160	7
Total number of distributed "Night by Night – Gonorrhea " leaflets	N/A	50	75	70	3
Total number of distributed "Night by Night – Syphilis " leaflets	N/A	50	85	56	3
Total number of distributed "HIV testing" flyers	Data not available	50	158	220	10
Total number of music audio cassettes distributed for beneficiaries who answered the "HIV risk related to drug use" interviews	N/A	N/A	N/A	30	N/A

Total number of Sexworkers taught how to perform self-risk assessment	30	10	7	26	2
Total number of beneficiaries counseled for HIV testing	48	30	10	40	20
Total number of persons tested for HIV	3	0	0	35	5
Total number of injecting drug users in the project locations	N/A Data not available	N/A 1	10	115	90
Total number of non-injecting drug users in the project locations	N/A Data not available	N/A Data not available	N/A Data not available	15	20
Total number of syringes distributed	N/A	N/A	N/A	5120	400
Total number of collected syringes	N/A	N/A	N/A	1105	500
Total number of leaflets distributed to the community members during sensitization activities	N/A	50	90	100	10
Total number of condoms distributed to the community members during sensitization activities	N/A	400	850	1500	200
Total number of short presentations performed during the sensitization activities	N/A	50	200	150	10
Total number of Sexworkers trained as peer educators	2	N/A	N/A	N/A	N/A
Total number of outreach workers and volunteers trained in outreach activities	10	10	10	17	4
Total number of phone-cards distributed	20	N/A	N/A	N/A	N/A
Number of Sexworkers interviewed for the drug use evaluation (Drug-Related HIV Risk Questionnaire)	N/A	N/A	N/A	100	N/A
Number of Sexworkers interviewed for the project evaluation (Outreach Monitor Questionnaire)	N/A	N/A	26	82	0

## Changes made during the project

**A**mong the activities that were changed during the project implementation the most important are described below.

At the beginning of the project, the outreach workers offered to the Sexworkers phone-cards in order to facilitate the communication between them and the project team. Since the pimps started to confiscate the phone cards for their own use, the team decided to stop giving them to sexworkers. Still, after two years the intervention, the pimps and the sexworkers gave to the outreach workers their phone numbers in order to have an easy communication whenever is necessary.

Initially, the project aimed to train sexworkers as peer educators and than to develop the project as a peer support project. Since the pimps restricted some liberties of sex workers, including the liberty to leave the neighborhood, it was almost impossible to recruit and train 5 sex workers as peer educators. Still, two, who worked without pimps in a block of flats in Berceni area of Bucharest, were trained sexworkers. Since they worked on their own in a place isolated from the main sex-trade areas of Bucharest, they couldn't transmit information to other sexworkers. Since the two sexworkers were frightened that the pimps would kidnap them, they considered that was risky to be in contact with other sexworkers, and implicitly with pimps. Therefore they refused to act as peer educators. Given this situation, the project continued the outreach work and gave up the peer support component of the project.

In the first phase of the project, the street workers tried to cover many locations in Bucharest instead of focusing efforts and actions in areas where the team had already established a good relationship. With a team composed of three outreach workers and 26 locations, the average number of outreach events a week per location was very low. Given that the behavioral change is a long process that involves trust building and emotional support, it was obvious that the outreach interventions were not very efficient. Therefore, starting with the third phase of the project the outreach team focussed its efforts on a small area (North Station area of Bucharest) where the team had already established a good relation with the target population. Although many female sexworkers had changed the working places, the regularly visits of two important areas (Ciurel and Stefan Furtuna) and maintaining contact with key persons previously identified, made the ARAS' team being easily recognized in the area and the contact with new sexworkers easier.

At the beginning of the project the outreach workers held the indoors informative sessions directly in the houses where the sexworkers lived and offered sexual services. In the same houses lived also the pimps, the middlemen, their families and their relatives. In these houses the pimps demonstrated their authority by cuffing the sexworkers. When the outreach workers witnessed such violent scenes, they decided to stop the indoors informative sessions held in houses. The team stopped the indoors informative sessions held in houses and changed them with indoors informative sessions held in small pubs in the neighborhood.

After the first months of intervention the outreach team noticed the sexworkers lack of information on hygiene and general health. Given this, the project team decided to start the education at the very basic level of hygiene and general health. Another way to

tackle the hygiene issue, and also the HIV/STI prevention, was to offer them hygiene materials as incentives and as a starting point for educational activities.

Even if the project initially targeted only female sexworkers, the first stage of the project proved that was important to include among beneficiaries other persons involved in commercial sex, namely pimps, middlemen, their families and relatives with whom they live together, injection drug users (IDUs), etc. Since the pimps and middlemen had multiple partners and lived in promiscuity; they have also high risk for HIV/STD infection. Another reason to include the pimps among beneficiaries was that they negotiate with the client the characteristics of the sex sessions, many times forcing sex workers to have unprotected sex.

Since the number of drug users, especially IDUs, had increased dramatically in the last time, it was necessary to offer them HIV prevention services, too. In the fourth stage of the project, with the financial support of OSI - International Harm Reduction Development Program (IHRD), the project included a new component, respectively harm reduction for injecting drug users. The project supported by IHRD, has been a comprehensive public health intervention, designed to prevent a synergic interaction between sexual behavior and drug abuse, based on harm reduction strategy which aims at preventing or reducing the adverse consequences of drug use without requiring drug users to become abstinent. Establishing communication channels with sexworkers who used drugs and their entourage, the project collected valuable information about the interaction between the drug use and commercial sex, information that did not exist. According to the Health Belief Model, the outreach workers transferred knowledge about HIV/STIs and drug abuse and skills related to safe sex and safe drug use. The results of the baseline evaluation of the situation showed that the most popular drug among people involved in commercial sex was heroine (92,30%), followed by cocaine (69,23%), marihuana (38,46%), hashish (30,76%) and opium (15,38%). 92,30% from the study population use to inject and smoke drugs and 78,57% snort drugs. Most of them declared that they have started using drugs due to the entourage and group pression. As far as sexual behavior was concerned, the level of education had a positive influence on the sexual behavior but there was no correlation between the level of education and the level of knowledge concerning HIV/AIDS Hepatitis B & C - ways of transmission. There is also a relevant correlation between age and drug use; the more age increases the more drug use increases.

In the third stage of the project there were designed and produced 20 pink T-shirts with the ARAS sign and the logo "Night by Night - I have safe sex". They were offered to those Sexworkers who won knowledge contests on HIV/AIDS. Since the Sexworkers worn the T-shirts with pleasure, many other Sexworkers, pimps and middlemen notice them and the project logo.

As for the relationship with the police is concerned, ARAS couldn't sign a formal agreement with the Police. Still, after the first incident when an outreach worker was preventively arrested for 24 hours during a Police raid in a sex-trade location, the project coordinator discussed with the police representatives and obtained an informal agreement for the project activities in those areas.

The Outreach Monitor Questionnaire was designed as a monitoring and evaluation tool. It was applied for the first time in September 2000, after one year of intervention, on a group of 26 sexworkers with the following characteristics:

- Age: 23% were minors (16-17 years old), 53.8% were between 18-22 years old, and 23% between 23-26 years old;
- Education: 57.7% had less than eight years of education, while 42.3% had between 9 and 12 years of education.

**Among the outreach Monitor Questionnaire Results are:**

- In the last month before applying the questionnaire 46.2% of sexworkers had talked with the outreach workers in average once a week, and the rest of 53.8% had talked with the outreach workers twice or three times a week;
- 80.8% of sexworkers declared they have talked with the outreach workers about STIs, 53.8% about safe-sex, 23% about HIV/AIDS, 19.2% about how to negotiate with the clients about safe-sex; other topics mentioned by the beneficiaries were: facilitation of access to medical and testing services, the ARAS organization, etc;
- 96% of respondents declared that they trust the ARAS outreach workers;
- 65.4% of sexworkers wanted the outreach workers to come more often, while 30.7% wanted them to come as often as in the last months;
- All of them wanted to receive condoms, and 88.5% declared that they want HIV testing and medical check-ups;
- 80.8% were able to mention correctly at least three STIs, while 19.2% mentioned only two of them; the most frequent STIs mentioned were: "Sculament" (Gonorrhea) 92.3%, Syphilis 88.4% and AIDS 80.8%;
- Only 46.2% of sexworkers were able to mention at least three signs and/or symptoms of STIs, the rest of 53.8% mentioning less than three;
- 88% considered that is possible to protect themselves of STIs, while 11.5% considered that it is not possible; As prevention means 80.8% mentioned the condom use, 19.2% mentioned other correct prevention means, but 19.2% mentioned incorrect prevention means;
- 65.4% considered that they have a risk for HIV/AIDS infection, while 34.6% considered they do not have such a risk
- 96.2% of them declared they would like to use always condoms.
- 11.5% used the condoms as often as six months ago, 50% used them more often, and none of them use the condoms less often; 38.5%, didn't answer the question.

**Lobbying and social mobilization activities**

The lobbying activities were developed especially at possible founders and supporters of ARAS activities (USAID, UNAIDS, UNFPA, SOROS), which were informed and sensitized to the existence of sex work in Romania. ARAS is now an active member of the National Multi-sectorial AIDS Commission, which was formed in December 2001, and also assures the Secretariat of this Commission for 2002. There are two very important issues on the agenda of the Commission, in which we can make use of our experience: the revision of the legislation regarding prostitution (task force: Ministry of Internal Affairs, Ministry of Health and Family, Ministry of Justice, ARAS, UNAIDS, other NGOs (and the revision of the National Strategy on HIV/AIDS (task force: General Secretariat of the Government, Ministry of Health and Family, National Health Insurance House, Ministry of Youth and Sports, Ministry of Education and Research, Ministry of Defense, ARAS, other NGOs, UNICEF, UNAIDS, UNFPA, USAID, EU Delegation). Our presence in this Commission and the fact that ARAS members will

take part in all the meetings of the specific task forces are important opportunities for us to make a difference in the process of changing the legislation. Also, it is a chance for starting a network process among all the entities involved in HIV/AIDS prevention, both on local and national levels. The meetings are a good place for sensibilisation of service providers and policy makers towards the delicate problems of female and male sex workers and of prostitution in general.

### **National Seminar**

Also, we have organized the national seminar on sex work. Theme: “Identifying realistic strategies for reducing the negative consequences of prostitution - at the individual (sex workers and clients) and social level”

It has involved policy makers, service providers, local authorities, representatives of other NGOs and was held in 2 sessions, one in Bucharest and the other one in Constanta (important harbour on the Black Sea coast, where the local ARAS branch has a project aimed at female sex workers).

Participants: Ministry of Health, UNDP/UNAIDS, The League for the Defence of Human Rights (LADO) in Romania, Ministry of Labour and Social Solidarity, International Organization for Migration (IOM), Ministry of Interior – Police, Ministry of Justice, Ministry of European Integration, Relevant political leaders, Chiefs of Health, Justice and Police Commissions in Parliament, Relevant NGOs.

### **Priorities and objectives for the future**

#### Priorities

- To set up and develop services for sex workers and to facilitate the access of sex workers to existing public services.
- The projects addressed to sex workers should take place in collaboration with stigma-reduction activities and with HIV/ITDs prevention activities for clients, pimps, middlemen and other people involved in commercial sex activities.
- To increase the tolerance of the public authorities (Police, Ministry of Justice, Ministry of Health, Ministry of Labour and Social Solidarity) towards the sex workers in Romania

#### Objectives

1. Proposing and testing a model for reducing the negative consequences of practicing commercial sex through designing and implementing a pilot project for sex workers consisted of:

- a free area assigned by local authorities for practicing prostitution in Bucharest
- free medical and social assistance for CSW
- support coming from the Police in order to avoid traffic, violence and abuses towards CSW
- HIV/STDs prevention services for CSW
- community sensitisation towards the project

2. Decreasing the discrimination and stigmatisation towards sex workers and HIV infected people (stigma may actively prevent people accessing care, gaining support and preventing HIV transmission) through mass media and streets campaigns (the campaigns will focus on human/women rights, HIV/AIDS problematic).

## ANALYSIS AND EVALUATION

**D**uring the project implementation, ARAS developed a set of monitoring and evaluation tools. Actually, we consider the Qualitative Research on Behavioral Determinants among Sexworkers (UNDP April-June 1999) as the first evaluation tool of the project, since it was designed to get a good knowledge of the Sexworkers' situation in Bucharest.

The study was a rapid assessment of the street prostitution related risk. A sample of 61 persons was selected at the end of recruitment. The short semi-structured questionnaire-based face-to-face interview was structured as follow:

- Accessibility and utilization of health care services. This section consists of seven factual questions and four clarification questions concerning the frequency of medical visits, the reasons of the visits, and the behavior while the participants were pregnant.
- STDs signs and symptoms prevalence and risk perception. This section consists of three factual questions, three representativeness questions and one opinion question concerning the presence or absence of some STDs signs and the causal relation between sex life and STDs signs presence.
- Feasibility of health education strategies. This section consists of a factual question and three opinion questions concerning the health behavior of prostitutes and their preferences on information sources and communication venues.
- Perception of risk for HIV infection in relation to alcohol consumption and drug use. This section consists of two opinion questions and two hypothetical questions concerning HIV infection risk in relation to alcohol consumption and injectable drug use.
- Behavior description and attitudes regarding vaginal intercourse. This section consists of two factual questions, one opinion question and one clarification question concerning the age of first intercourse, number of partners and the determinants of encounter number.
- Condom use and the determinants of safe sex behavior. This section consists of four questions (one factual, one hypothetical, one regarding the representativeness and a clarification question) concerning the frequency of condom use and its determinants.
- Risk sexual behavior and its determinants. This section consists of eight question regarding anal sex, oral sex, and information on client's demographics
- Socio-demographics. This section consists of eight factual questions on participants' socio-demographic characteristics.

The fact that ARAS project was the first one in Romania in this field, that the people working in it (both staff and volunteers) were highly trained and had the opportunity to take part in several international workshops and reunions, that the project was financed not only by TAMPEP but also from other sources and received important professional support from TAMPEP members, ARAS decided to continue the activities and to write a best practice manual for outreach work. This manual, also a premiere in Romania, should include general advice and rules for the outreach workers, such as: selection of locations, mapping methods, relationship with the Police, materials and condoms distribution, evaluation methods, training.

## THE LEGAL FRAMEWORK

**N**owadays in Spain, there is no legal text that governs or establishes the juridical patterns that frame the sexual work in our country. We have to resort to the Constitution, the Penal Law and the Migrants Law, to be able to design the tendencies of the present regulation on prostitution. Therefore, we can state that Spain has adopted an abolitionist position – this means, it punishes the conducts of mediators but not the prostitution itself, though the prohibitionist thesis had traditionally a big influence.

In its articles 10, 13, 14, 15 and 17, the Constitution defends the person dignity and free development; as well as the legal equity with no discrimination for born, race, sex, religion, opinion or any other personal or social condition. These articles also defend the right to live and to physical integrity, freedom and security; being applied to foreigners in the national territory (always considering the specific terms defined by the law and treats).

The Penal Law from 1996, regulates more directly the prostitution issues in our country (chapter V); however it only aims to the crimes related to abuses, limits to sexual freedom and the coercion to work on prostitution. The new Penal Code has changed a lot the recent regulation: it points up the suppression of the corruption of minors of age and decriminalises the conducts of mediators concerning prostitution of mayor of age when there is no cheat (scoundrel....).

Nowadays, as an exponent of an abolitionist system, the existence of prostitution is acknowledged, understanding that is a social evil, an attack to the dignity of the person and a form of exploitation. In consequence, although prostitution is not punished, any kind of activity that favours it will be penalised, and in some cases it is punished very severely. At least theoretically, in our country no measures have been taken to eradicate prostitution.

The new Penal Code states:

- One to four years imprisonment and a fine from 12 to 24 months to those who induce, favour, promote or facilitate the prostitution of an under 18 years person.
- Two to four years imprisonment and a fine from 12 to 24 months to those who force or trick a person (over 18) to practise prostitution or to remain on it.
- One to three years imprisonment to those who use a minor of age or handicapped person with exhibitionist or pornographic aim.
- Three to ten months imprisonment or fine to those who do not inform the prostitution of a minor of age or handicapped person knowing that he/she is practising this activity, being under his/her custody or not.



Looking to the age of consent, the new normative (bill, approved on 12 December 1998), rises the age from 12 to 13 years in which sexual relationships are considered to be non-consented. The consent of those under 15 is not considered valid when in respect to sexual relationships with people older than 18.

Moreover, this bill punishes for the first time the traffic of people aimed to sexual exploitation both inside and outside of the national territory. Trying to end with sexual tourism, Spanish tribunals are allowed to judge crimes of prostitution of people under 18 committed by Spanish or foreigners out of national territory. A person under 15 will not be allowed to have sexual relationships with people over 18.

As a high percentage of the people working on prostitution comes from abroad, it is important also to remark the basic points of the Spanish Legislation on this point. On December the 22nd 2000 a new Organic Act (8/2000) was established to modify the previous emigration law developed on the same year (4/2000). This new Act was more restrictive on the regulation of the migrants in Spain.

We can stated that the migrants with work/resident permit have, for its validity period, the same rights as the nationals.

Generally, migrants without a residence permit have many limitations in their more fundamental rights:

The free-circulation right is restricted by the essential requirement of a periodical appearance to the public authorities and, in certain occasions, by the limitation on the mobility around certain places or borders. At the same time, its restricts the freedom to meet, to demonstrate, to associate and to unionise to all the foreigners with residence permit in Spain.

Just the compulsory education is free and accessible to every foreigner whatever it is his/her legal situation. However, only the regularised migrants can access to non-compulsory education and to the programs for the social integration fostered by the Public Authorities.

Merely residents have the right to receive any social or economic help as Public Health services or council housing. The migrants without any kind of residence permission only have recognised the right to the most basic social services (serious illness, accidents and assistance to minors and pregnant women before and after delivery). In the same way, the first mentioned enjoy the right of free legal assistance, which is limited to non-residents for the cases of expulsion or entry refusal.

This Act also regulates the cases of family re-grouping: it abolishes the right to re-group family members (not close ones) for humanitarian reasons, even if they are non-European relatives of Spanish citizens. In the other hand, it establishes a family re-grouping procedure by imposing diverse legal and temporal requirements.

***Obtaining a residence permit or authorisation to remain in the country is expressly indicated as a requirement to perform lucrative activities.***

Each contracting of an employee without a residence permit will be considered a very serious infringement. It is also a very serious infringement, any kind of membership to a

lucrative organisation aimed to develop clandestine human beings transportation or their transportation without having checked the validity and duration of the passport, travel entitlement, identity documents or visa.

When foreigners commit the serious and very serious infringements, the expulsion procedures, administrative files or a fine might be carried out. The expulsion can also be delayed if a crime is penalised with a one-year (or more than one year) imprisonment.

The expulsion and the administrative responsibility will not be carried out when, being a victim or a witness of illegal traffic of human beings or exploitation on prostitution; the person reports or co-operates with the authorities. The exemption of the administrative responsibility implies either the return to the origin country or the obtaining of a residence and work permit in Spain. However, in some occasions the Spanish organisations have experienced a lack in the protection of the witness or victims. In the other side, the criminals who trade with women to exploit them as prostitutes are usually nationals.

Concerning the transsexual legal situation, since the Transsexuality Law (1999), the transsexuals need to adapt their genitals to the gender they feel, in order to request the pertinent changes in the Identity Card and the divers documents that require the ID. Once they have change their genitals they have to demand the legal sex change in the administration files, a process that could last a year or two. The genitals change is not cover by the Public Health system. In the other hand, the transsexuals suffer from a great social discrimination, which implies a great difficulty to find a job. Consequently, the trasexuals have to work on prostitution and shows, if they want to finally obtain the recognition of sexual identity.

## THE PROSTITUTION SCENE

**D**uring the last 10 years the prostitution scene has remarkably changed in Spain from a sector dominated exclusively by nationals to a higher percentage of migrant sex workers over the national ones.

Among the migrant prostitutes Latin Americans (Ecuador, Colombia, Dominican Republic..) and Africans (Nigeria, Libya, Ghana...) appear in higher number than women coming form Eastern or Central Europe. A minority of them come from Southeast-Asian countries and North-African countries.

As in the rest of Europe, the sex workers in Spain travel easily and frequently from place to place inside and outside the country. They move once the sector they work in begins to be too competitive or they consider the place too risky due to their legal status and other facts they are vulnerable to. In other occasions they move forced by the pimps or the mafias they are subjected to. This mobility hardens the continuity of the activities developed by the organisations: it limits the possibility to train peer educators, it breaks the links that facilitate the entry to certain clubs, it implies a continuos “start again” ...

Their vulnerability factors can be summarise in two:

- The *legal requirements* that every migrant has to deal with: the difficulties to get a residence or work permit, the limits to the Social Security services due to this lack of “papers” (although they are covered for the primary necessities) and the barriers to rent a flat or to get public aids/services.

- The *social stigma* that every prostitute has to live with. The prostitutes are seen, most of the time, as a fringe group and they have to live with the neighbourhood scorn, the higher prices on the hostels, lodging and similar services, the abuses of some clients and the competitiveness of the rest of the sex workers.

Although prostitution has quite differentiated forms depending on the region/city we are on, we can state that street work, clubs and roads are the basic forms of prostitution in Spain. Anyhow, we can also find prostitution in bars, agencies, saunas and flats.

In general, migrant prostitutes work longer hours than the national ones. There are many explanations for this fact: the big debts they contract to come to Spain (or Europe), the need to send money to their homes, they might be forced by pimps to work longer shifts, they charge less than national ones...

## HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS

In the present moment and considering the 8/2000 Migrant Law, every migrant can access to the Social Security basic services (serious illness, accidents and assistance to minors and pregnant women before and after delivery). However, just the ones with a residence or work permit have the same rights as nationals when demanding more specific health assistance.

Due to the stigma, the limits to access to the Social Services and the legal difficulties of many prostitutes, they normally obtain sexual, health and legal advice from the different non-lucrative organisations working in the city. The offer of these institutions depends on their foundational features. Anyhow, we can conclude that in general the NGO's usually offer health advice, free condoms, free VIH/AIDS test and medical assistance, information on different issues (health, security...), legal advice, counselling, shelters, special services for trafficked women and training sessions.

The services are also provided in different ways. Some organisations count on an office where the sex workers assist to get the services the institution offers. Other entities can count on an office as a headquarters and a mobile unit to do the outreach work. In other cases, the organisations have a shelter or a drop-in centre. Finally we can find associations who mix all these options.

Concerning the transsexuals health cover, there is no public treatment for changing sex or any other type of care related to the sexual tendency they feel. There are direct consequences from the information the medical authorities transmit, in particular the confusing idea of transsexuality that transsexual's relatives could have. In the other hand, they feel discriminated and obliged to attend to private medical assistance or even to travel abroad to fulfil their sexual and health requirements.

At the present moment, they have sued the Spanish Administration at the European justice.

## ANALYSIS AND EVALUATION

In the past two years the Migrant Law have been modified twice. From the point of view of the migrants these changes have brought a more restrictive policy and many more limitations on the foreigner rights. It becomes more difficult to get “papers” and this favours the human being traffic and the “panic” to the authorities. Many times, this fear is the reason why the migrant prostitutes do attend neither to the Social Services nor the non-governmental organisations (where, if they attend, they deny to give any type of information)

As prostitutes, they are considered a marginal group and new policies are hardly defined to improve their living conditions. At the same time, it is a growing sector and the competitiveness increases constantly, which normally creates a gap in between nationals and foreigners. For this reason, there are less possibilities to foster “group consciousness” and it makes it harder to involve them in projects.

Sensitisation activities are also an aim to consider. There is a lack of knowledge about the prostitutes: their needs, their problems and their reasons; which makes it difficult to get finance from the Administration or support from the society and mass media.

And, there is also a great ideological division: We can find a sector that defends the abolition of the prostitution as it considers it a social harm and disrespect towards women. We can also hear voices defending the right to develop sex work as a business and the need to regularise it. These extremes limit the possibility to rejoin the organisations in order to define clear positions to fight as a whole for the rights of the sex workers.

We can conclude, that the main problems to work with migrant prostitutes are the limits impose by the new legislation that makes them reserved to any type of help coming from the any Spanish person or organisation. We can add that the new legislation also favours the human-being traffic, which restricts also the possibilities to access to the women (as they are normally working in bars and club where organisations are not welcome). In the other hand a lack of social and political support hardens the organisations work.

From the present moment, and thanks to the TAMPEP support a National Network have been created. With this Network we intend to rejoin different organisations in order to improve the prostitutes situation forgetting about the ideological origin of the entities. The Network not only intends to ease the organisations work through a better knowledge of everyone’s actions, but also searches for new ways to sensitise the society, the government and the media. We also count on researchers who facilitate a continuous analysis of the environment facilitating the definition of new actions.

## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

One of the best results we have obtained in the TAMPEP framework is the establishment of a National Network. For many years, different Spanish organisations had tried to set the basis of a network on a national level, but the lack of agreements and resources finally limited this option. Thanks to the TAMPEP support, the Spanish Youth Red Cross could convoke a meeting in June 22<sup>nd</sup> 2001 in Madrid. Different organisations from quite diverse environments (all of them working

with prostitutes) participate in this meeting that opened a definitive opportunity to establish formal co-operation among them.

In order to define the identity and functioning of the National Network of Organisations and Projects working on Prostitution (ROPP), a second and longer meeting was convoked in Gijón (Asturias) from the 13-16 December. The report of the meeting is published in a separated report.

53 persons attended the second meeting, representing 32 different organizations and services for sex workers, from all over Spain, each of which contributes to the national network from their own specialized field.

Happily, the meeting was a success and Spain counts now on a National Network that rejoins organisations from very diverse regions and ideologies. The most important outcome of the meeting was the final consolidation of the Network; framed by a manifesto that defines its identity, the election of 8 representants (2 per region) that will ease the co-ordination activities and the edition of the “Agenda” (the ROPP Newsletter).

The division of the territory in four zones (North, East, South and Central) not only pretends to facilitate the co-ordination actions but also to foster the local networking, or at least, the better knowledge of the local entities and their activities. Anyhow, in certain regions (Madrid, País Vasco, Barcelona) there already existed some kind of networks but normally limited alliances among two or three entities.

One of the basic goals of the Network that we should highlight in this report is to share and distribute the information and to aid the sex workers who might travel around the country. The ROPP intends to promote the participation of the sex workers, as well as other professionals, in the Network and its activities; and it plans to design formal projects for the male sex workers sector.

The continuous functioning of the Network and the establishment of new goals that will improve the situation of the sex workers in our country are the challenges for the future. Specifically, we will publish a leaflet that can be distributed among the sex workers, so they will have a reference in every region they travel to. The Agenda intends to facilitate the distribution of information among the entities so they will better know which services each one (and other entities not-members) offers. The Agenda will be edited every three months.

The training actions are also an aim for the Network. A special training commission has been designed to collect and distribute the relevant information about training sessions and to elaborate the training program for the next meetings.

Once the Network will select its legal identity lobbying actions might take place, although these ones will be designed in future meetings.

# **M A N I F E S T   O F   I N T E N T I O N S**

## **R O P P**

### **National Network of Organisations and Projects Regarding Prostitution**

#### **REASON TO BE**

- Because of the complex industry and sex market
- Because of the mobility of the migrant flows
- Because of the invisibility of the interference with the Human Rights
- Because of the need of the media of more adequate information
- Because of the partial knowledge of the reality
- Because of the lack of social sensitizing
- Because of the diversity of answers

#### **WHO COMPOSE THE ROPP**

- Companies, groups and people who work from different perspectives in the prostitution and sexual work.

#### **OBJECTIVES**

- Consolidate the Network approaching it to other companies, groups and people
- Favour the research and the knowledge of the reality
- Optimize the resources and promote the creation of new ones from the interrelation (national and international) and the exchange of experiences
- Promote, induce and claim laws and social reactions
- Denounce the interference with Human Rights: the trade of people, the legal abandonment, the economic exploitation, the social marginalization and any other discrimination way

#### **ACTIONS**

- Design and configuration of promotion materials and for internal and external communication as the Agenda, the resources guide and the informative brochure
- Create training centres as to the exchange of experiences
- Structure the internal procedures of the Network through a Permanent Commission, groups and work zones
- Foment the cooperation among the companies groups and people who work for in Network

# SWITZERLAND

## THE LEGAL FRAMEWORK

**T**he **prostitution system**: the legal/policy situation with regard to sex work.  
Prostitution is legal and guaranteed by the freedom of trade for Swiss or established persons

**The prostitution system and the legislation**: what are the aspects that affect the situation of migrant, national and trafficked sex workers.

Migrants: most of them do prostitution in an illegal way, they are not identified as sex workers, but as artists (working permit for night clubs), or masseuses (in massage parlors) or hostesses (in champagne bars).

Nationals: even if it is legal work and accepted as a financially interesting industry, the social and moral acceptance of the human beings doing this job is very exceptional.

Trafficked Sex Workers: there is no official law of protection for victims of trafficking.

### **Effects of prostitution and migration policies on position of sex workers**

The actual policies favorite division between local and foreign sex-workers, violence and vulnerability for the illegal ones.

### **Changes that occurred in the past year(s) and their effects**

Some Swiss town's offer now the possibility to foreign residents (not established) the possibility to work in a legal way in massage parlors as an employee or independent. They apply local rules.

On the other hand in the year of 2000 several swiss "cantons" (states) have begun to restrict their short-time residence permit ("artist permit") only to women from EU-countries. As most of the migrant sexworker come from other than these countries, they are now working illegally or have moved to other cantons.

## THE PROSTITUTION SCENE

### **F**orms of prostitution

Streets, massage parlors, brothels, escort services, night clubs, champagne bars, nattel, internet, sauna clubs, hotels, private flats.

### **Situation of migrant and local sex workers**

- Who are they: migrant sex workers, mainly South/Central-American and Central/Eastern European nationalities. Secondly African and Asian nationalities.
- Vulnerability factors: Exclusion, concurrence, ignorance
- What sectors of prostitution do they occupy: we can find mostly everybody everywhere, but every town or region has different realities
- Changes in the make up of the sex workers' community: we cannot talk about community, every body fights for his own survivorship in a very individual way

### **Health and support services for sex workers, including migrant sex workers**

- Description of health care services available: everyone living in Switzerland (except if without papers) has a health insurance and access to the public and private healthcare system. All services are available, there is no special service for sex workers, but in certain towns there is a service for persons without papers.
- Which services are provided: information, counseling, condom promotion, shelter, social assistance, etc and rarely special actions like e.g. free vaccination against hepatitis B
- How these services are delivered: outreach work, drop-in centers, networking
- What are the barriers for the service providers to provide these services: language/cultural barriers, service providers are mostly not familiar with the living and working conditions of migrant sex workers.
- What are the barriers for (migrant) sex workers to have access to these services: fear, ignorance, cultural barriers

### **Analysis and evaluation of the country situation**

The main problem is political, most local governments don't consider sex work and migration as a priority for social and health policies. The Swiss state gives only a few basic laws but then it is up to the local governments to apply and implement projects.

On the financial level the subsidization by the state for the outreach-working has constantly being reduced in the last years, while most of the regional governments are not willing to pay for it in the long term. So the local projects have to fight permanently for their financial survival.

The existing structures are not bad, but they have to get more accessible to sex workers and migrants

### **Recommendation/strategy**

Lobbying, networking of NGOs and more collaboration with official structures

### **Positive results which were reached**

At national level some new projects or campaigns have been realized, others reinforced. The work we have done this last years encounters more and more official recognition and there are more sex workers who can get information or help

## **ACTIVITIES WITHIN THE TAMPEP PROGRAMME**

### **Networking on local and national levels**

- APIS/AIDS prevention for female migrant sex workers: 13 local coordinators (including Liechtenstein), working with about 30 cultural mediators
- PROCORE: coordination of 22 sex work projects

### **Use of information materials, adaptation and creation of new ones**

The booklet "Stella", created by APIS two years ago, existing in 11 languages, is very useful. Local organizations have some special materials or use TAMPEP or other international leaflets.

### **Training and/or sensibilisation of service providers, policy makers, etc**

Every association, town or region have their own training and sensibilisation programs.



### **National seminars**

Once a year there is a national seminar for cultural mediators. Each network (APIS and PROCORE) meets twice a year.

### **Plans for the future**

We would like to find new strategies for prevention, especially concerning oral sex without condoms and other risky practices and also find ways how to reach very hidden and vulnerable women.

## **CASE STUDY**

**S**ince August 2000 we have a new law in Switzerland concerning night work: everyone who is employed to work at night has to get obligatory health check up to control if this person is able to do this job.

Obligatory health control for prostitutes has been abolished about 60 years ago.

Sex workers are considered as independent, not employed, so they cannot be obliged to health control. But there is one situation where they are employed: as a dancer in nightclubs. Practically the application of this law has not been implemented yet but there are negotiations and the nightclub owners would like to realize it to have more control on the employees (they say “to protect the girls”).

We think there is no advantage at all for sex workers to have this kind of control. They can take care of themselves in a independent way. As they have health insurance, they can go to a doctor every time they need it.

In some regions of Switzerland local authorities are discussing to introduce obligatory health control for sex workers.

# UKRAINE

**T**he SALUS Foundation has been established in Lviv, Ukraine in January 1996. Activities of the Foundation cover the area of the Western Ukraine with population close to 10,000,000.

The SALUS FOUNDATION is a non-profit NGO working in health care system, especially concerned with the problems of sexually transmitted infections (STIs) and HIV/AIDS.

The missions of the SALUS Foundation are:

- STIs(Sexually transmitted infections) and HIV/AIDS prevention among all groups of population including the target groups
- providing medical testing, examination and treatment of STIs and HIV
- implementation of new technologies in diagnostics of the HIV/STIs
- implementation of new therapeutic methods in the treatment of the STIs and their complications
- promotion of the healthy life style
- safe sex promotion.

Our activities

- Medical-diagnostics
- Education and information
- Problem solving for better health (PSBH)
- Harm reduction projects
- Art against AIDS program
- Projects for women
- Social projects
- Publications

## THE LEGAL FRAMEWORK

**U**kraine may be considered a country in transition from a communist totalitarian state to a democratic society, which is - or should be – governed by the Rule of Law. One of the major problems faced in this process, is the wide spread existence of corruption, which affects all levels of society, including the police, prosecutors and judges. Another obstacle in the process of democratization is the current lack of transparency and public-parliamenyary debate.

In this respect another aspect should be carefully taken into account is that the “law in the books” I.e. written down in legislation can be entirely different from everyday practice called the “law in action”.

Ukraine has ratified the European Convention on Human Rights at 11 September 1997, the international laws on violence against women. The Program for Prevention on Trafficking of 25 September 1999. But still there is an opinion that Ukraine at present is not governed by the Rule of Law.

Since 1998 the Criminal Code has contained a special article on trafficking in persons. 124 CC Art. 124 CC-old states:

*Open or hidden power over a person, connected with the transition of that person, with or without his or her consent, over the Ukrainian border, or without it, with subsequent trafficking, or any other paid transition of a person, with the intention to exploit him or her in sex business, porno business, crime, debt bondage, adoption with the intention of getting financial revenue, using the person in armed conflict, exploitation of his or her labor – shall be punished by imprisonment for the term of three to eight years with or without the confiscation of personal possessions.*

As of 1 September 2001 a new Criminal Code came into force. The new article Art. 149 CC reads:

*The sale or another paid transfer of a person, as well as any other illegal transaction with respect to a person, concerning the legal or illegal transfer of that person via the state border of Ukraine, with or without that person's consent, with the aim of further sale or paid transfer of that person to another person(s) for sexual exploitation, use in porno business, engagement in criminal activities, debt bondage, adoption for commercial purposes, use in armed conflict, or the exploitation of the labor of that person – are subject to imprisonment for the term of three to eight years.*

The old Criminal Code did not contain a provision on prostitution, however prostitution constituted an offence under Administrative law.

Administrative law, Art. 181.1: *Engaging in prostitution shall entail warning or imposition of a fine from five to ten tax-free minimum incomes \* of citizens. The same actions repeated within a year following the imposition of an administrative penalty shall entail the imposition of a fine in the amount of eight to fifteen tax-free minimum incomes of citizens.*

Prostitution became a criminal offence under Art. 303 of the new criminal Code which reads:

- 1) *Systematic prostitution, that is the provision of sexual services for material gain – is liable to monetary fine from fifty to five hundred officially set tax-free minimal incomes or to public works for up to one hundred and twenty hours;*
- 2) *Coercion to prostitution or engagement in prostitution, that is the provision of sexual services for pay by the use of violence or threats to use violence, destruction or damage of property, blackmail or fraud – are liable to a monetary fine from five hundred to one thousand officially set tax-free minimal incomes, or to detention from up to six months, or to imprisonment from one to three years;*
- 3) *Acts, stipulated by Part one or two of this Article , stipulated by Part one or two of this Article or committed by an organized group – are liable to imprisonment from three to five years*
- 4) *Trading in prostitution, that is establishment of, management of or participation in an organized group, that maintains activities for provision of sexual services by men or women with the aim to get profits –is liable to imprisonment from five to seven years.*

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\* One “tax-free minimal income” at the moment amounts to 17 UAH, equals US\$ 3.5; resulting in a total fine of UAH 85-170, equals US\$ 17.5 - 35

The first paragraph, the criminalisation of sex business as such provoked the most criticism since it criminalize the women in sex business themselves and not only pimps. Of coarse there is no obligation to prosecute a WSB especially if a woman reported a case of trafficking to the police. However the legal opportunity and thus the legal threat exists. Moreover the law excludes women who are trafficked within, through or into the Ukraine to press charges as they risk being prosecuted for prostitution.

Although the transition from administrative law to criminal may seem to be a merely formal change, in reality the effects are more substantial. It gives a pimp an extra opportunity of blackmailing a sex worker. It will also increase the bribery in the police. The uses of sexual services by police officers are not unusual. By criminalizing sex-workers they are marginalized and deprived of legal protection against violence, which makes them more vulnerable for abuse. A system of prohibition creates a black market monopolized by organized crime.

Art. 210 CC-old reads:

*Ownership of brothels, or pandering for debauchery shall be punished with imprisonment for the term up to five years*

New Criminal Code, Art. 302 reads:

- 1) *Establishment of or operating brothels and procurement of men/women – are liable to a monetary fine up to fifty officially set tax-free minimal incomes or to restraint of liberty up to two years;*
- 2) *The same acts, if committed for material gain, or if committed by a person, who was sentenced earlier for the same crime, or if committed by an organized group – are liable to restraint of liberty for up to five years or to imprisonment for the same period of time;*
- 3) *Acts, stipulated by Part one or two of this Article, if committed with the involvement of a minor – are liable to imprisonment for two to seven years.*

It may be considered remarkable that a sex worker's punishment increased while brothel keeping has gone down.

## THE PROSTITUTION SCENE

**O**fficially any information or statistics about the WSB in Ukraine are not available. It is considered that in Kyiv (the capital of Ukraine with population over 2 millions) there are more than 10.000 of WSB, and approximately 2-5 thousands in every big city. Especially big amount of prostitutes is in Crimea and Odessa (traditional resorts, and tourist camps). The average age of WSB is 15-36, though the cases are known when girls started at age of 12. The oldest woman contacted was 42.

In big cities of Eastern and Central Ukraine most of WSB live in the cities, while on South (Crimea, Transcarpathea) there is big amount of women from villages and migrant SW (Moldova, Russia).

On South and in Crimea (Mykolaiv, Sevastopol, Simferopol) during summer months the number of SW increases on account of season work of women trying to solve their financial problems.

In big cities the amount of students working in SB is rougher high. Mostly they are coming from villages and work in SB episodically.

Some of the women has been trafficked before and forced to work in sex business. Later they were afraid or embarrassed to return to their home cities and ended in sex business again.

As for the educational level, some of WSB have University degrees, but the majority have secondary education. Most of WSB are divorced or are single mothers of 1-3 children. One of the reasons to work in SB is when the husband is imprisoned. Very few of prostitutes are married. Some of women (less than 1/3) have another job (waitress, stewardess, bartender etc. even a schoolteacher). Other look for additional job just to cover the fact she works in SB.

Forms of prostitution. There are 3 categories of WSB in Ukraine:

- Elite category or “High society girls” – well paid, working within organized groups in special places (so-called saunas, private clinics, massage rooms, in expensive hotels, restaurants etc. some of those being in fact the brothels) They are provided with security guard, personal doctors. The problems with police and competitors are solved by pimps or “madams”. They often have the same circle of clients.
- Second category – call girls, organized groups in certain locations, (near hotels, bars, striptease clubs etc). They receive 25-30\$ per hour. They often have the same circle of clients. Part of their salary comes to the pimp or to “madam”, who try to control the situation with police, clients and competitors.
- The “bottom” level – women working on streets, high ways, near train and bus stops. They work both in the groups and independently. Most of these women are drugs-addicted, alcoholics, displaced persons and marginals. Often they provide sex services for a doze of drugs, for food or for a glass of cheap alcohol.

Most of the prostitutes from time to time experience the abuse from the side of pimps, police and clients. In most of the cities they are forced by the police to provide sexual services in order to escape the legal prosecution. There are cases of aggressiveness from the side of competitors. The new criminal law, lack of the legal information and support, traditional stigma, and common practice of human rights violation make the WSB socially vulnerable.

Although the informational level among the WSB is rougher high, still they are traditional highest risk group as for HIV and STDs. According to the survey of the Ukrainian national network of the NGOs working with WSB:

- 50% of WSB have STD,
- 30% have hepatitis,
- 40 % have syphilis,
- 13 % have HIV
- most of the women have dysfunction in their reproductive system. As well as other health problems.

## **HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS**

In 1999 in Ukraine there was developed a network of the NGOs working with WSB (within the project of UNAIDS. The network covered 12 regions of Ukraine, including Lviv. This project has been represented by different NGOs providing different services. In total the target group consisted of more than 1000 women. In Lviv 92 WSB has been served by Salus Foundation during 2001.

The work of the network was mostly developed within the Harm reduction services – distribution of the information, syringe exchange, providing WSB with condoms, lubricants and other items of personal hygiene. In Lviv and some other cities (Poltava, Symferopol, Odessa) within the project WSB were also provided with medical testing, STI care and counseling, psychological assistance. In Odessa, Kharkiv, Kherson and Mykolaiv the self-support groups were established. The services are delivered mostly as outreach. The drop-in centers developed in cooperation with the local state hospitals were less successful because of the lack of trust to the authorities and state doctors.

## **ANALYSIS AND EVALUATION**

The positive results of the activities were as follows:

- the needs of WSB were determined,
- the survey on the social and legal situation of prostitution was fulfilled,
- the self-support groups were established in some locations,
- the medical and health support services have been provided in some regions,
- distribution of the information about HIV and STIs,
- the program on HIV and STI prevention has been developed.

The biggest obstacles:

- high mobility and frequent changes in the target group,
- lack of trust from the side of WSB requires a long period of time in developing friendly relations with the target group which usually requires additional financing,
- sex business is highly criminalized and hidden, which causes lack of information about the problems and situation with prostitution,
- high competition within WSB, the cases of abuse and violence result in negative attitude and lack of will to cooperate from the side of WSB,
- corruption of the police and authorities makes cooperation with local government almost impossible,
- lack of confidentiality within state owned medical institutions and high cost of private medical services,
- lack of financing and transport especially in outreach activities.

## **PERSPECTIVES AND PLANS**

During the seminar of the national network of NGOs working with WSB held in November 2001 the future plans and possibilities were discussed.

- There is a big need in lobbying the changes in the applicable Criminal law.
- It was decided to continue the cooperation of network members and look for additional financing.
- The development and distribution of the new informational materials according to the real needs and demands of CSW.
- Development of the medical services.

As for the regional Salus foundation one of the priorities is considered to be the work with the migrant prostitutes, and with the victims of trafficking coming back to Ukraine from Western Europe since city of Lviv is located very close to the Polish boarder and the migration processess are very high in this region. In this regards there is a big need in developing a shelter for women in crisis (trafficked women, raped and violence victims, etc).

# UNITED KINGDOM

## THE LEGAL FRAMEWORK

**P**rostitution and the sex industry is covered by national legislation, Scotland has an independent legal system but the laws relating to prostitution are similar across the UK. It is not illegal to buy or sell sex within the UK. But it is a civil offence under the Civic Government Act (Scotland) for men and women in Scotland to 'solicit' or loiter with intent to 'solicit' in a public place, in the rest of the UK it is an offence for women to solicit or loiter with intent to solicit and men working as prostitutes are prosecuted under public nuisance legislation. It is a criminal offence across the UK to run a brothel, live off 'immoral' earnings and seek to recruit males or females to work as prostitutes under the sexual offences Acts. However, each city adopts a different approach towards the enforcement of legislation around the sex industry.

In Edinburgh there is a toleration of commercial sex establishments, which are licensed by the local authority as places of public entertainment under the Civic Government Act (Scotland) but they are not legal brothels and the controllers can still be prosecuted for running brothels or living off immoral earnings. Until 1 December 2001 there was also an area in Edinburgh designated for street prostitution in which soliciting and loitering with intent to solicit were tolerated, however, this policy was abandoned due to pressure from residents.

Other Scottish cities have not adopted a tolerant approach to commercial sex establishments and licenses are difficult to obtain from some local authorities, nor have other cities formally designated areas for street prostitution, although commercial sex establishments and red light areas exist in all major Scottish cities.

Sex work is not recognised as legitimate employment in the UK, therefore, sex workers, national and migrant, have no employment rights in the UK and are vulnerable to exploitation and unfair working conditions. In addition the illegality of the sex industry and the stigma attached to prostitution makes all sex workers vulnerable to violence and abuse.

There is no specific legislation in the UK relating to the control of migrant sex workers, illegal migrants found working in the sex industry are deported under UK immigration legislation.

Given the policing of street prostitution within Scotland (and the rest of the UK) very few migrants, particularly illegal migrants, work in this sector of the sex industry. Migrants tend to work within the indoor sex industry. In Scotland they are integrated with national sex workers and have the same working conditions, however, illegal migrants do not have the right to access state health and social care services and are often reluctant to report crimes against them to the police or authorities. In London where the majority of illegal migrants working in the sex industry are to be found there

has been an increase in reports of robberies in commercial sex establishments where migrants are working because the criminals know that the women will not report the crimes to the police.

In London in particular there has been a significant increase in police attention to commercial sex establishments, with the purpose of finding and deporting illegal migrants working in the sex industry. This has been seen as a measure to combat trafficking in women for the purpose of prostitution, but has had little impact on the trafficking.

## THE PROSTITUTION SCENE

**P**rostitution occurs in various forms in Scotland - street, commercial sex establishments (saunas, massage parlours, private flats, bars, hotels, nightclubs) and escort, but the proportion varies from town to town as a result of differing local policies, attitudes and law enforcement practices. In Edinburgh it is estimated that there are approximately 1,000 women working in the sex industry (10% of whom are injecting drug users), of whom 70-80% work in commercial sex establishments and as escorts – this figure is likely to rise with the loss of the toleration policy around street prostitution in December 2001.

In Glasgow it is estimated that there are approximately 1,400 women working in the sex industry (90% of whom are injecting drug users), of whom 80-90% work in street prostitution. In Aberdeen it is estimated that there are approximately 200 women working in the sex industry of whom 50% work in street prostitution.

Migrants tend to work in commercial sex establishments and as escorts, but the police in the UK have been clamping down on establishments with the purpose of apprehending migrants and deporting women who are illegally in the UK and do not have the right to work. Commercial sex establishments that are licensed under the Civic Governments Acts can lose their licenses and some are more reluctant to take on migrant workers without the legal right to work in the UK.

In London a number of sex work projects working with commercial sex establishments are reporting that 80% of their service users are illegal migrants, although there are few involved in street prostitution. Numbers of migrants involved in the sex industry outside London remains low with few sex work projects reporting contact with migrants in commercial sex establishments or street prostitution.

In Edinburgh although there has been a slight increase in migrants working in the commercial sex establishments, it is still estimated that only 7-8% of the women working are migrants. There is no demographical data available in relation to countries of origin etc, but it is known that the majority of migrants working in the Edinburgh sex industry are from east and central European, Latin American and Asian countries. Working conditions do not differ for migrants working within the commercial sex establishments in Edinburgh, the vast majority of whom work for themselves and are free to travel as they wish without pimps or traffickers controlling them.

In London it is reported illegal migrant sex worker are more vulnerable to abuse, violence and crime by 'pimps', clients and controllers of the sex industry because of



their illegal status within the UK. As many migrant sex workers do not speak English fluently they are disadvantaged in negotiating with clients. In addition their levels of knowledge about protecting themselves from sexually transmitted infections, contraception and accessing health services tends to be lower because of poor sexual health education in their countries of origin.

## **HEALTH AND SUPPORT SERVICES FOR MIGRANT SEX WORKERS**

**H**ealth care services for sex workers vary across the UK, some cities do not provide any targeted health care or HIV prevention services for sex workers while other cities provide a comprehensive dedicated health care service for sex workers. Therefore access to health care services for migrant sex workers is variable and dependent on what is provided locally for sex workers in general. Many sex work project provide anonymous and confidential support and services that can be accessed by migrant sex workers. In Edinburgh migrant sex workers can access the full range of support and services offered by SCOT-PEP including the medical outreach clinic, which offers sexual health screening and treatment, contraception and primary health care if required.

Support and services available to migrant sex workers and the means of delivery vary enormously across the UK. Some sex work projects in London have access to interpreters whilst others do not; some have sexual health nurses and doctors as part of their team while others have no medical input. All sex work projects offer condom provision (usually free) and sexual health promotion and drug harm reduction information and many provide a needle exchange for injecting drug users and operate an Ugly Mug System warning all sex workers about potentially violent clients. I am unaware of any sex work projects in the UK that offer housing services to migrant sex workers, although most could provide information about accommodation services. Most projects would offer social support and assistance to migrant sex workers to deal with whatever issues they are facing within the resources available to them.

Outreach has been the most successful way of establishing contact with migrants working in commercial sex establishments; once a trusting relationship has been established migrant sex workers have accessed drop-in centres and clinical services where these are available.

There are a number of barriers to service providers being able to respond appropriately to the needs of migrant sex workers:

- Lack of financial and human resources, resources are extremely limited for providing support and services to sex workers and many sex work projects are unable to dedicate resources to meet the specific needs of migrants.
- The illegal status of most migrant sex workers means that they have no right to access many services and staff within such services are not allowed to provide support to those without entitlement and in some cases would be required to report the individuals to the authorities.
- Many service providers do not have interpretation services available and communications is essential in providing appropriate health and social care services to migrant sex workers.

- Lack of contact with commercial sex establishments and controllers of the establishments not allowing service providers access because of illegality of sex industry and fear of service providers reporting illegal migrants to authorities in some areas
- Lack of awareness of migrant sex workers issues and vulnerability
- Perception that all migrant sex workers have been trafficked and are involved in organised crime networks that may jeopardize the safety of staff.

In addition to the barriers that service providers face there are also considerable barriers which impact upon migrant sex workers accessing support and services

- Fear of authority and lack of trust in services, particularly given some of their experiences in their countries of origin
- Fear of being reported to authorities and potential deportation
- Lack of knowledge about systems and services in the UK and their entitlements.
- Lack of English and ability to communicate and express their needs
- Controllers of the sex industry discouraging migrants from accessing services because of illegality of sex industry and fear of prosecution.

## ANALYSIS AND EVALUATION

**T**he following factors have significantly impacted on the implementation of appropriate and effective health and social care for migrant sex workers.

- Current legislation relating to prostitution, which criminalises the sex industry results in all sex workers being socially excluded, while current immigration legislation further excludes migrant sex workers. As a result of the current legislative framework migrant sex workers are made vulnerable on two levels - their illegal status within the UK in addition to their involvement in an illegal industry
- Lack of resources available to implement adequate health and social services for sex workers which impacts on resources available for responding to the needs of migrant sex workers
- Political perception that all migrant sex workers are victims of trafficking and therefore lack of interest in addressing migrant sex workers issues unless it is relation to trafficking. In addition there is limited support for genuine victims of trafficking and little regard paid to their welfare prior to or following deportation to their country of origin.
- Police crackdowns on commercial sex establishments and the apprehension and deportation of illegal migrants working in the sex industry have driven migrant sex workers further underground making it more difficult for service providers to contact them and build trust and working relationships.

In order to create appropriate and effective health and social care for migrant sex workers across the UK it is essential that we

- Continue to lobby for legislative changes in relation to prostitution and immigration
- Continue to lobby for the allocation of adequate resources for service provision to all sex workers and dedicated resources for migrant sex workers
- Continue to raise awareness in relation to migrant sex workers issues and good practice in relation to responding to their needs

In order to achieve this it is essential to consolidate networking amongst sex work projects in the UK and to establish a caucus of sex work projects with an interest in addressing migrant sex workers issues and developing and sharing appropriate responses to their diverse needs.

- increasing awareness of migrant sex work issues, particularly with projects outside of London
- making accessible HIV prevention and sexual health promotion materials in a range of languages

## ACTIVITIES WITHIN THE TAMPEP PROGRAMME

**G**iven the common perception amongst politicians and the media in the UK that all migrant sex workers are trafficked we have sought to ensure in all our public relations work that migrant sex workers issues are seen as distinct from the needs of women who are trafficked for the purpose of prostitution. Although there has not been a shift in political commitment there is an increased awareness around migrant sex workers issues and an acknowledgement, particularly outside of London where numbers at present remain low, that migrant sex workers are present within the UK sex industry and that they have additional needs that service providers should be aware of and develop appropriate responses to.

The recent loss of the 'toleration zone' in Edinburgh and the fear that all the achievements in relation to public health, criminality and the safety and well being of the women working as prostitutes on the streets of Edinburgh has resulted in a proposal to amend the Civic Government Act (Scotland) to allow local authorities to designate a 'toleration zone'. There is an opportunity to lobby to ensure that the proposed legislation is equitable and does not discriminate against any community including migrants.

To date there has not been a formal, independent network of sex work projects in the UK although a network has existed informally under the auspices of EuroPAP. At the joint TAMPEP/EuroPAP meeting in November 2001 it was decided to establish a formal and independent UK Network of Sex Work Projects and the process to establish it as a legal entity has been initiated, this will enable the network to seek funding to develop its activities in relation to shared resources and respond to the training needs of its members in relation to national issues including working with migrant sex workers. The sex work projects attending the TAMPEP session agreed that it would be beneficial to maintain an interest group within the new network to maintain communication and sharing of information and resources amongst projects working with migrant sex workers.

All sex work projects were made aware of the TAMPEP resources available. The peer educator and cultural mediator manuals were distributed to sex work project on request. The TAMPEP educational leaflets were distributed to sex work projects across the UK, although some sex work projects expressed a need for these to be updated most appreciated them as the only resource available to them in a range of languages. The UK TAMPEP Coordinator played a lead role in the revision of the leaflets and distributed the English version to sex work projects within the UK for feedback in relation to content.

The TAMPEP Position Paper on Migration and Sex Work has been disseminated as a means of sensitization of service providers, policy makers and other stakeholders to migrant sex workers issues.

**The United Kingdom-TAMPEP seminar** was held on 27 November 2001 in Wolverhampton. It was attended by 11 sex work projects from 7 cities. The main aims of the seminar were to review the TAMPEP resources, identifying any further developments required and to explore the issues facing sex work projects in responding to the needs of migrant sex workers and identify areas requiring further development.

### **Resources**

*Health promotion leaflets* - not all agencies provided the same advice, however, the conclusion was that all sex workers should be provided with all available information along with the potential positive and negative consequences and that sex workers themselves should be empowered to make their own decisions. The leaflets were felt to be more appropriate now that they had been updated, however, the agencies present felt there was a need to develop leaflets in relation to drug harm reduction, 'Myths' from other cultures in relation to sexual health and some agencies felt a need for a leaflet on basic personal hygiene.

*Cultural Mediators Manual* - although the desirability of using cultural mediators was acknowledged it was recognized that given that migrant sex workers come from such a diverse range of countries of origin and often do not necessarily work together the concept of cultural mediation is not always practical in the context of the UK sex industry.

### **Issues facing sex work projects**

*The availability and quality of interpretation services* - not all projects have access to an interpretation service, nor can all languages always be accommodated by the interpretation services available. Some projects at times had to rely on 'friends' or colleagues from the sex industry to interpret but the project workers could never be sure that all the information was being fully interpreted. Some projects, particularly hospital based, using a professional interpreter found some to be judgmental in their attitude towards the sex workers.

*Lack of liaison with migrant and refugee/asylum seeker projects* - the group acknowledged poor liaison and networking with migrant organizations and recognized this as an area requiring attention.

*Lack of knowledge of countries of origin* - the group felt that they had little knowledge about the countries of origin and would welcome an accessible resource in relation to the legal status and conditions in countries of origin and transition and also other countries of potential destination.

*Lack of understanding of deportation process* - the group felt that the deportation system lacked openness and transparency and projects felt powerless to support migrant sex workers who had been apprehended and were to be deported. All projects believed this was a health promotion opportunity that was being missed and that current UK procedures show no concern for the welfare or well being of migrant sex workers.

**Areas for future development**

- Consolidate the UK Network of Sex Work Projects and develop the Migrant Sex Work caucus within the above network.
- Establish links with refuge/asylum seeker and migrant organizations in the UK
- Increase knowledge of deportation procedures and how to influence practice
- Explore ways of overcoming problems of with accessibility and quality of interpretation services
- Explore ways of combating some of the 'sexual health and reproductive myths' within certain groups
- Training for staff in sex work projects in relation to
  - legal issues for migrants in the UK
  - ways of establishing and maintaining contact with migrant sex workers
  - effective working with migrant sex workers on limited resources
  - influencing policy and practice in relation to migrant sex workers.