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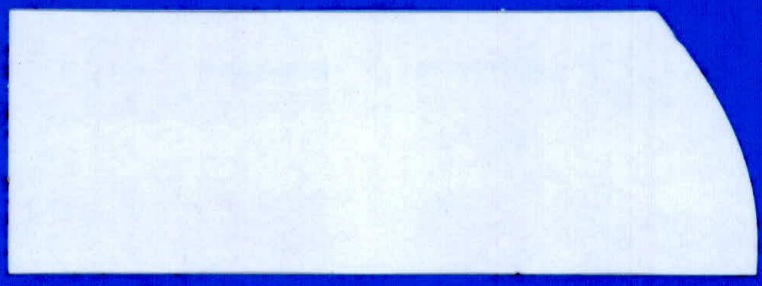

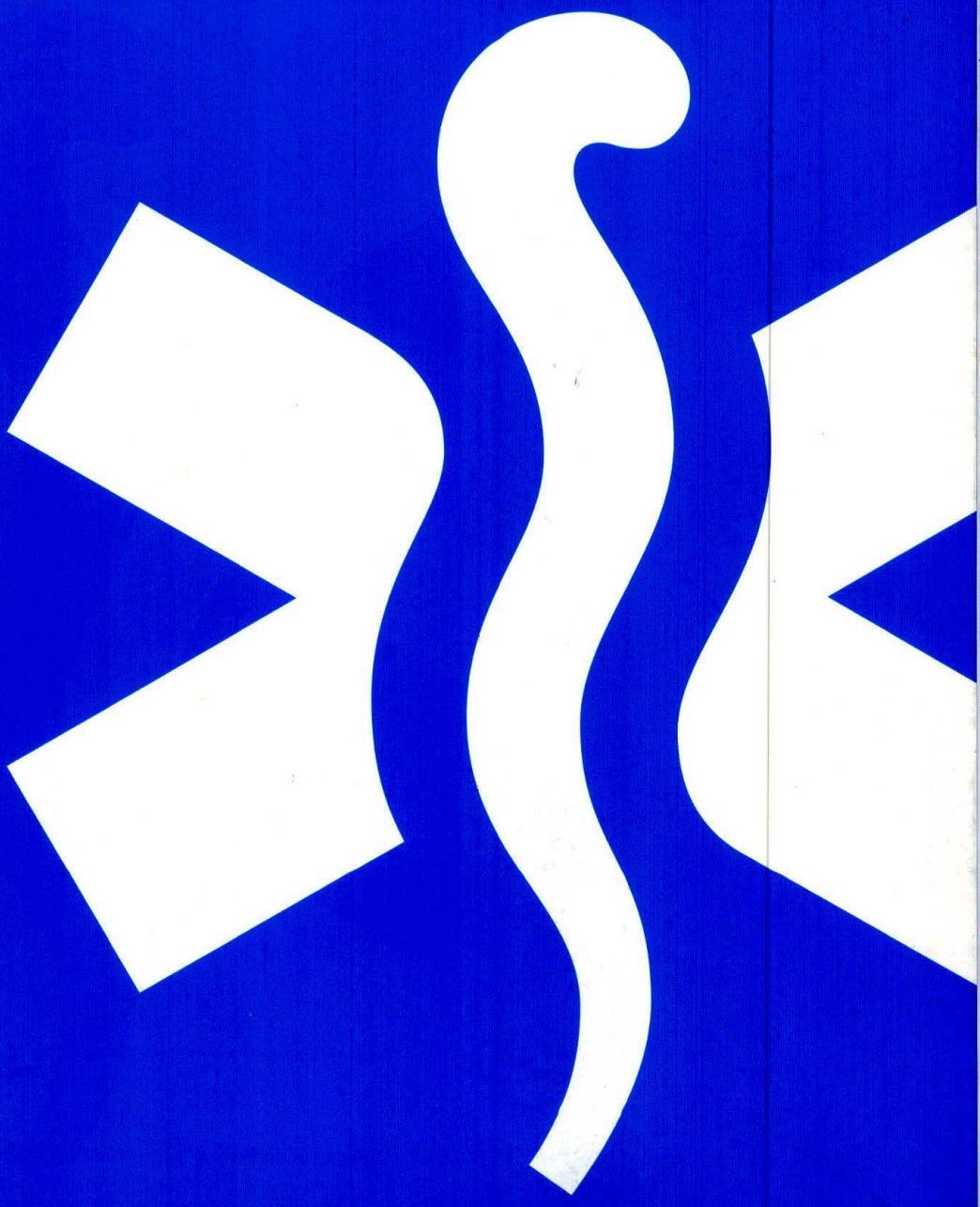

Intermediary project for prostitutes
annual report 2002 - 2004

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Foreword

This report over the years 2002-2004 covers the activities of the Intermediary project for prostitutes at the Health Service in Amsterdam. Ever since the start, in 1988, this project has had a permanent place within the organization of the Health Service's division of Infectious Diseases and is located in the STI outpatient clinic. Fieldwork, such as maintaining contact with prostitutes in window brothels, in sex houses and in other prostitution areas is the main task. In addition the Project staff members, including Public Health Nurses and Cultural Mediators, carry out small-scale projects concerning health and social circumstances of prostitutes.

The commercial sex industry can always count upon a large-scale interest from the media and in the last few years there has been no lack of it. We must think here of the political commotion surrounding the legalization of the prostitution business, the closure of the streetwalker's zone, the illegal prostitutes, victims within prostitution, steps (mis) taken by political leaders and the criminal activities of lover boys, pimps and other exploiters.

The last three years were especially distinguished by the attention paid to the threatening closure of the streetwalker's zone at the Theemsweg in Amsterdam, and the thereto belonging Drop-in centre for prostitutes, the enormous attention for the deadline of the closure in December 2003 as well as the attention paid to speculations on the increase in illegal streetwalkers after the closure.

Since 1996, at the time the Amsterdam Municipal anticipated on the legalization of the brothels, the new system of registration has driven many prostitutes into hiding. The new brothel law finally came into effect in October 2000. The steady decrease of the number of visible prostitutes since then has resulted in the steady decrease of the number of prostitutes who visited the STI outpatient clinic. In spite of this, the Project staff made every possible effort to get into contact with prostitutes who began to work in hidden circuits. In spite of their illegal status, Project staff supported the women to protect their own health and set up consulting hours in prostitute locations, such as brothels, for STI check-up and free hepatitis B vaccination

In this report, among the project goals and the work activities, illustrations of a number of cases and observations, made during outreach work, are given.

Thérèse van der Helm
Intermediary for prostitutes
Health Service Amsterdam
August 2005

1. Introduction

Over the past forty years, prostitution in The Netherlands has changed dramatically. In the 1960s Dutch women dominated prostitution. Western European countries opened their borders to individuals who had previously needed a visa, and a large number of foreign prostitutes arrived in The Netherlands. At the beginning of the 1970s migrants, mostly Southeast Asian women from Thailand, appeared in Amsterdam and other cities. In the 1980s we began to see prostitutes from Latin America and Africa. Since the fall of the Iron Curtain, the numbers from Central and Eastern Europe have increased dramatically. Many were brought up surrounded by poverty in a society where no help could be expected from their governments. Until the 1990's there was a national policy of toleration towards foreign prostitutes, which meant that prostitutes who worked in The Netherlands did not fear arrest if they asked for help. Good relations existed between these women and health workers, and long and stable associations could be built. However, as the sex industry grew and diversified, political pressure mounted to introduce more controls. A new law came into effect in October 2000 that imposed regulations on owners of brothels. In this new brothel law, owners were prohibited from employing foreign women outside the EU who did not have a residence permit. Brothels were legalized and prostitutes employed by them, were registered.
It was unclear, however, whether this law would simply benefit 'public order' or whether it would also improve the working conditions for all prostitutes. Nevertheless, this new brothel law had an immediate effect on the number of arrests and deportations, and on the number of women entering the country.

During the French occupation of Holland at the end of the 18th century, prostitution was regulated following the French example. Every prostitute had to register with the police and was checked for venereal disease every two weeks by a doctor. Most of the prostitutes paid very little heed to this regulation, including its enforced medical examination. In the beginning of the 19th century, it was estimated that there were 3000 prostitutes in Amsterdam, of whom only 800 were registered. In the second half of the nineteenth century, there were calls throughout Europe to abolish prostitution on the grounds of both liberal ideas and morality. This led to a law in 1897, which forbade brothels in Amsterdam. It was adopted nationally in 1911, and is known as Article 250 bis. As a result of this law clandestine prostitution grew, brothels were called hotels, prostitutes were called domestic help. [1]

New prostitution law in The Netherlands
During the twentieth century the Dutch developed a pragmatic approach to prostitution, despite this law remaining in force. While the personal exchange of sex for money was not considered to be a criminal offence, organized prostitution was forbidden, even though in practice, commercial brothels were allowed to operate freely. This semi-legal status of brothels allowed employers to do their business without fear of government sanctions even if they appeared to be abusing employees either mentallty or physically, or failed to provide hygienic working conditions.
It proved difficult to control the excesses of this large and varied semi-legal prostitution, and some people considered that tolerating the brothels was hypocritical and also illegal. Many attempts, to eliminate the discrepancy between the official law and actual practice by rewriting Article 250-bis, including attempts to legalize organized prostitution, failed. In the 1980s and 1990s, there was a major debate concerning the regulation and legalization of prostitution, culminating in the "brothel law" that came into effect in October 2000. This " brothel law" stipulated that brothel owners who meet the requirements of this new legislation could obtain a license; those who did not would have their brothels closed. Requirements of the law include that:

- brothels have to be clean, hygienic and free of fire-risk
- prostitutes may not be forced to drink alcohol with their clients
- nor may they be forced to have unsafe sex with their clients
- health advisors must have access to women working in brothels
- minors (under the age of 18) are forbidden to work in prostitution
- women from outside the EU without residence permits are not allowed to work in prostitution

[1] JF van Slobbe, head of the Vice Squad, Amsterdam: Prostitutie in Amsterdam, 1937

The new brothel law offers advantages for those who can work in legal brothels since they enjoy better occupational health and safety conditions. Moreover, prostitutes will be covered more adequately by the broader social security system, through labour laws that will turn prostitution into a legal profession. The re-organization of brothels makes it easier for health and social services personnel to contact prostitutes, provide education and medical care and referral to social services. Despite these potential advantages, the new system of registration has driven some prostitutes, who could work legally, into hiding. Those working for short periods, may oppose the new legislation because they are concerned about being registered as a prostitute, and also because they do not want to pay taxes. Prostitutes from outside the European Unit have fewer rights and are prohibited from working in The Netherlands. Many have disappeared into escort services or private circuits that are difficult to reach. These women in particular are vulnerable to violence and intimidation. It is estimated that the number of 'legal' as compared to 'illegal' prostitutes is very small.

2. Objectives of the Intermediary project

One of the objectives of the project is to offer help and information to the prostitutes and especially for the improvement of their own health care. Given the risks women face in their profession an important focus of the counseling is the prevention of HIV and other sexually transmitted infections (STI). Information and advice are given about contraception, hygiene and health care in general. The Project staff also serves as a coordination point for complaints from prostitutes, such as those arising from the exploitation of the prostitute by a third party and forced prostitution. Depending on her problems, they are supported by the Project staff or referred to other care organizations.
Moreover, the Intermediary Project staff functions as a bridge between the prostitutes and city authorities and they are regularly consulted by policymakers about procedures concerning the improvement of the position of the prostitutes. To reach the objectives, an active approach is chosen. Prostitutes are visited at their job location; most women have no objection to this.

Dana
"My friend swallowed her pills down with a bottle of vodka. She is still sleeping, but could we have an appointment with you?" When they come two days later for the appointment, Dana is still in a daze. She is accompanied by her friend and by her new boyfriend. Dana calls herself a borderline case. When she was a child, her father and her uncle sexually abused her. Her mother is an alcoholic. Dana has lived in a relief centre for problem children but she ran away to live with her boyfriend. He is a body-builder and addicted to coke. To be able to provide coke for the both of them, Dana worked at several different streetwalkers' zone. After one year they accumulated an enormous debt and fled their debtors. They found a place in a new housing estate in the country. Dana starts to work in illegal brothels. She earns well, she stops using coke and saves money "because she wants to get her life on track". Her ex boyfriend tries to take her money. When she refuses to give him money, he starts to threaten her. Dana hides out with friends but still seeks contact with him. "To keep him quiet," she says and even her new boyfriend tries to calm down her ex. Dana did not dare to report him to the police because of fear to be registered and thus give the debtors a chance to find her. Her ex, however, starts to stalk and threaten her friends. This is the moment that Dana can not take it any longer, as she says, she takes the pills that she has at home and swallows them down with vodka. During our talk she tells us of her wishes. "I would like to be taken up into a relief agency, where I can work out my problems and get my life back in order". A while later she says:" I want a quiet life and have children", and she looks lovingly at her new boyfriend. I ask her friend if Dana can live with him. She cannot, he still lives with his mother and she knows nothing about his relationship with Dana but he is at the top of the municipal housing list to rent an apartment of his own. Dana understands very well that she herself will have to put a stop to her ex. We set up agreements about the steps she has to take: Dana will report to the police without them taking any direct action toward the ex-boyfriend. She'll report that she is being stalked and threatened. She'll arrange with the police that when her ex bothers her again she'll report to them immediately. She shall also register with a general practitioner (GP) in her hometown and be directed towards a Social Work institution for help with her financial reconstruction. When she called me one week later she still had neither found a GP nor had she been to the police. Instead she had gone to a temporary employment agency, "but they had looked somewhat funny at her", she thought. I ask her if she thinks that she, in her unstable condition, can work." No, she did not really think so", she says and we agree that she'll first take care

of the other matters. Three weeks later she lets me know that her new boyfriend has an apartment and that she'll live with him. She now also has a GP and has already made an appointment with a social worker. She has again reported to the police that her ex is stalking her almost daily. A police officer has spoken to him and since that time Dana has not been bothered by her ex.
(Thérèse van der Helm)

3. Contact with prostitutes

In the past, statements were regularly made about the total number of women working in prostitution. However, because of the shift in prostitution, from the regulated prostitution into the hidden or the illegal circuits, only rough estimates can be made about the number of prostitutes. Based upon observations and estimates in 2004, about 8000 prostitutes have worked in Amsterdam. Based upon these estimates there would have been, per month, about 700 prostitutes active in Amsterdam of whom 25% in the windows, 25% in brothels, 1% as streetwalkers and the remaining 49% in closed or private situations such as escort services, bars, private houses or at home. More then two-third of the women are from foreign origin.
Since the closure of the streetwalkers' zone in December 2003, only a small number of prostitutes still work in the streets. These are mainly hard drug abusers who have never worked in the street walkers' zone during the past few years. Due to strict police controls most of the foreign street walkers have disappeared; they have been deported or they began to work the illegal circuit such as escort services, in apartments or in bars.
Regulations for the legal prostitution businesses and the intensified controls as to the observance of these regulations have led to a decrease in the numbers of prostitutes in regulated prostitution, especially in the number of African and Easern European women. These have left in order to work in well known, but hard to access, locations. In their place, an increasing number of young Dutch women work in the (window) brothels of whom a number under the coercion of their pimp (lover boy).
Because of the work pressure and mobility of the women, an active approach by the Project staff through the outreach work is as yet still the most effective method. In most cases staff have access into the brothels and the women are open to information on a variety of questions on several topics. During the personal contacts with prostitutes written information is offered; this information is in the relevant language and includes addresses for health and social care[2]. Depending upon the requests by the women, they are helped by the staff or are referred to other forms of help in or outside Amsterdam. A number of women reported that they have been sexual exploited by third parties. Project staff discuss the possibility of reporting this offence to the Vice Squad. But most of these abused women have fear for the perpetrators and in only a few cases, the women allow us to support them in reporting the offence to the police.

Isabel
We meet Isabel, 22 years old, in one of the window brothels. She studied law for some years and according to her", "by way of the party circuit she had quickly learned how to pick up men, and earn lots of money". She is an easy talker and does not mince her words. She has problems with her friend Ali, who is also her pimp. For a short while he had been her client. At the time Isabel had problems with her former friend. Ali helped her to get rid of him but Ali turns out to be even worse than her former friend. Isabel has to turn over to Ali 8oo euros per day and may keep 50 euros for herself as spending money. Recently she has refused to hand over her money because she has heard that he has several women working for him in The Hague too. Ali turned aggressive because of her refusal but she was able to handle him, she said: "because verbally I am much stronger than he is". One week later Isabel comes for a consultation at the STI clinic. She tells that she has been abused and raped by Ali. She cries. Always when I work in the windows I have problems, I never have these when I work in the brothels". "It seems like I always attract scum when I work in the windows". She decides to take a break and not work in the windows for the time being. When she needs money urgently, she'll work in a brothel. We propose that she reports to the Vice Squad on account of extortion, abuse and rape. She wants to think about it.
It takes several weeks before we see Isabel again in the red-light district. She is somewhat scared, even though Ali is not around; his friends walk the neighbourhood and keep an eye on her. She tells

[2] Most materials are designed by the Dutch SoAids Foundation and are distributed nationwide

that she slept again with Ali and that he has beaten her so hard that she had to go to First Aid to be treated for her injures. She starts to understand that Ali will never leave her alone and wants to take measures. At her request we made an appointment for her with the Vice Squad. Unfortunately, she has not kept her appointment.
Months later she comes again to the STI clinic. She is really cheerful; she is in love since three months and would rather not work in prostitution any longer. But she is also dissatisfied with her situation. She has tried to get "normal" work, she has large debts and lives in a sublet apartment for which she pays 1100 euros per month. Once in a while she works in a brothel and a regular client pays part of her rent. Her present friend does not know that she works in prostitution and he is not to know that. She wants help to put her debts in order and she wants financial assistance (welfare) but has no home address because she rents a sublet, which is illegal. She cannot turn to her family for help, they refuse any contact with her and outside the prostitution business she has no friends. We have made another two appointments with her but she did not turn up for either of them.
(Henk Sulman, Thérèse van der Helm)

4. VIP[3]-support for migrant prostitutes in Amsterdam

The internationalisation of the commercial sex industry in The Netherlands has meant that our educational materials had to be presented in different languages and adjusted for the varying backgrounds of the prostitutes. Important objectives for health care organisations in the Dutch prostitution policy are to support and encourage prostitutes in their prevention of STI and to give support in birth control. The majority of the migrant prostitutes do not speak Dutch.
Co-operation with cultural mediators, (VIP's), these are support workers who can speak the languages of migrant prostitutes and have insight into their culture, has become an integral part of our outreach work. Outreach work in prostitution areas is therefore carried out together with cultural mediators; they give information to prostitutes in the window brothels. They are trained as health educators and work since 1994 at the Intermediary Project.

"I know the red-light district very well; I have lived there for some years. I never expected that after my study of Russian and Bulgarian at university, I would be asked to work in the Intermediary project.
I also work in the Drop-in centre, one evening per week. The contacts with the women there are very different from those in the red-light district. The encounters I have in the red-light district are usually short, 15 minutes only. In the Drop-in centre there is more time to build relationships.
I cannot imagine that these very young Eastern European women knew the circumstances they would have to work in. The stories of their lives are often abominable. They have to pay their pimp € 500 per week. He makes them believe that he has to pay for the STI check-ups in the Drop-in centre. We told the women this is a lie because all check-ups are free of charge. Still, they don't dare to stand up to the pimp because they are very frightened. I think they are part of a large network of human trafficking. I give information about the special facilities for victims when they report trafficking. During the investigations of, and trial against the perpetrators they have the right to stay in the Netherlands. But this is not what they want; in many cases they have children and most of the women want to go home as soon as possible". Sara, cultural mediator. (interviewed by Thérèse van der Helm)

5. Education in the Drop-in centre at the streetwalkers' zone

In 2002 and 2003 organized educational meetings for the prostitutes were regularly held at the Drop-in centre in the street walkers' zone. Every night about 100 prostitutes and transgenders[4] worked in that zone. The prostitutes came primarily from Latin America and from the Middle and Eastern European countries. Cultural mediators gave education in the Drop in center weekly. They were asked regularly to translate for staff of the Drop-in centre and the prostitutes, as well as for the physician during STI check-ups by prostitutes, or they translated for the Police Prostitution Team at the street walkers' zone. Because of this co-operation with the cultural mediators many prostitutes were reached who before, because of language barriers and cultural differences, were not. Most prostitutes did not make use of the regular help organizations. Therefore, during the last years,

[3] VIP is a Dutch abbreviation for Voorlichters In Prostitutie, meaning Cultural Mediators
[4] Because 98% of the transsexuals/transvestites at the streetwalkers' zone have not or not had a total sexchange, we call them in this report transgenders

physicians and Public Health Nurses of the Amsterdam Health Service held a weekly STI consultation hour; this was done together with the cultural mediators. Migrant prostitutes in general work in the street walkers' zone. Most of them are very young and are forced to work by exploiters and pimps. The promotion of empowerment by prostitutes was therefore an important point of discussion during group meetings. Appeals are regularly made to the Project staff for help in case of trafficking. In co-operation with the Police Prostitution Team at the streetwalkers' zone, a satisfactory solution has been found for the victims. Thanks to the effort of the cultural mediators it was possible to discuss issues in all relevant languages. The Staff of the Drop-in centre provided a relaxed atmosphere during the meetings, pleasant background music, snacks and refreshments. Prostitutes taking part in the meetings received a small gift, such as skin cream, and other make-up. The shock was therefore tremendous when the city government decided to close the street walkers' zone. The door was left ajar for eventual re-opening of the zone but no one believed that ever to happen. After the closure of the streetwalkers' zone, many Eastern European prostitutes disappeared and so far have not been traced within the regulated prostitution. Due to this, the labour contracts with Eastern European cultural mediators have been suspended. Maybe they will, in the future be re-appointed by the project. This depends upon the possibility of whether contact with Eastern European prostitutes can be re-established.

After the closure of the street walkers' zone

After the closure of the streetwalkers' zone in December 2003 a lot of rumours did the rounds as to new and illegal streetwalkers' zones where the women supposedly were working. In the media the number of streetwalkers were exaggerated and in one of the daily's a fake picture of a streetwalker was printed on the front page. Initially we took the rumours seriously and we went out in order to investigate and establish contact with these stree walkers. So at night we went on our bikes behind Amsterdam Central station, past the harbours, through the Spaarndammer neighbourhood, past the graveyard and municipal allotments till we came to the closed streetwalkers' zone. We cycled past the spots where no one would like to ride at night. But these were the very spots where a large streetwalkers' zone could be started; no through-traffic and lots of soothing greenery. We joked about setting up a refreshment stall here for prostitutes and clients. There were however neither prostitutes nor any clients to be seen. Also behind the Amsterdam Central Station, a favoured spot, there were no streetwalkers. It was indeed only 10 pm and possibly a bit early. To make good use of our time we visited some clubs in the neighbourhood to hand out information. By midnight we cycled the same route as before to look for stree walkers. No one around! We called one of the whistle blowers out of her bed to ask where, according to her, the streetwalkers were. "Well at the place where you are now, but, if they are not there today, they certainly will be there tomorrow"
(Henk Sulman and Thrérèse van der Helm)

6. Outreach work in window prostitution areas in 2004 (table 1)

Table 1 Outreach work in window prostitution areas in 2004
Nationality of prostitutes in first contact*

Netherlands	Other EU	Middle/East Europe	Latin America	(North) Africa	Asia	Others	Total %
206 34%	44 7%	72 12%	179** 30%	73 12%	22 4%	7*** 1%	603 100%

* Follow-up contacts with prostitutes are not shown in this table
** Including 12 transgender
*** Surinam and North America

Weekly, the Project staff visit a specific neighbourhood in window prostitution areas. Given the high mobility of the women, relevant information has to be provided at the first meeting, as they have often disappeared, to be replaced by others, by the time of a second visit. Therefore, conversations during the first contact focus on safer sex, STI/HIV, condoms, lubricants, tuberculosis and birth control and, where relevant, how to use a condom using a dildo for practice. Women are provided with educational material in the appropriate language and with contact information on how to obtain free assistance in The Netherlands. Flyers are distributed in nine languages with information about the work of the Vice

Squads' unit "human trafficking and prostitution". This may encourage women to notify the authorities if they consider themselves to be victims of exploitation or abused in other ways.
With regularity staff are confronted with women who have been the victim of trafficking. In most cases, the women hesitate to step out of their forced working situation. Reporting to the Vice Squad and the further developments scare them and moreover there is the fear for the violent pimp and his cronies. Victims of trafficking have some legal rights but lose any right to stay in The Netherlands after their case is resolved, and so many are reluctant to report abuse to the authorities. However, abuse depends on perspective and what some perceive as trafficking or slavery is seen by others as just another cost associated with working. The following account, from the perspective of Lisa, illustrates this.

Lisa
Lisa is a 22 year- old woman from Belarus. She came to Amsterdam via Greece and Germany, together with six women from her village. They all have Greek passports; that was arranged by an "agency". They have to work in prostitution to pay their debts. They have worked in brothels in different places. In Amsterdam, they all worked in illegal circuits. "None of us will go to the police", Lisa said, " of course the men of that agency are taking advantage of us; we must pay a lot of money, but we knew what the contract was about".... "We all are happy to stop working in this job once our debts have been paid, but we will not go back to Belarus. Although we are well-educated, there is no employment for us at home".... "The men in my village are also unemployed, they drink too much and they abuse their wives and children". "We will find a nice man here, so that we can stay; we are survivors".

Lisa's comments could be construed in terms of the ' trade in humans', outlawed by Dutch legislation. But they also show that some women, at least, do not consider themselves 'victims' but rather 'survivors', earning a living as best they can in difficult circumstances, made worse by restructuring in Eastern Europe. In 2001, a survey of 124 prostitutes using the Drop-in centre in Amsterdam showed that many Eastern European prostitutes consider it normal to pay pimps or agencies through contractual agreements and therefore had no reason to report any offence to the police. Moreover, since the police in their own countries is often corrupt, they had little confidence in the police system elsewhere. (Heleen Driessen 2002)

7. STI check-ups in brothels

As mentioned before, the number of prostitutes that visited the STI outpatient clinic decreased simultaneously with the decreasing number of prostitutes working in regulated prostitution. In 1994 there were 1572 consultations performed among prostitutes, this is 33.7% of all female consultations in that year. After that, the number of consultations decreased yearly and in 2003 the number of consultations among prostitutes was 658; this is only 14% of all female consultations in that year.[5]
Therefore, the Project staff started to carry out STI control on location in 15 brothels. In 2003-2004, 255 STI consultations by 231 prostitutes were done (table2). Because of the long waiting times at the STI clinic, caused by the enormous influx of clients, prostitutes are hard to motivate to come to the consulting hours. In order to give them the opportunity to be checked with some regularity, we carried out the STI check-up in several brothels.
Agreements were made with the manager of the brothel who arranged that the women would be present at the appointed date. This was done on the basis of voluntary participation of the women. The check-ups were done according to the protocol held by the STI clinic of the Health Service. Results of the STI check-ups were not given to third parties. When a STI is detected the women comes for treatment to the clinic. Prostitutes as well as brothel owners are enthusiastic about the service. In 2005, STI check-up on location will be extended to the women in the windows.

[5] Several annual reports STI clinic, Health Service Amsterdam

Table 3. STI check-up in brothels in Amsterdam 2003-2004, N= 231, number of consult = 255 Nationality of prostitutes and STI							
STI	Netherlands	Other EU	Middle/Eastern Europa	Latin America	(North) Africa	Asia	Total (%)
Positive syphilis serology*	1	-	-	6	-	-	7 (3%)
Gonorrhoea	2	+-	1	-	-	-	3 (1%)
Chlamydia	16	-	5	2	1	1	25 (10%)
Trichomonas	-	-	-	-	-	-	- (0%)
HIV	-	-	-	-	-	-	- (0%)
Of the 255 consulted, seven prostitutes were found with positive syphilis serology; three had earlier syphilis and the remaining four had been treated in the past for syphilis. In three women, gonorrhoea was found, and in 25 women a chlamydia infection. In this group of prostitutes, more than one fourth regularly used harddrugs; XTC and cocaine: 28%							

STI check-up on location must be seen as a relatively small contribution to the STI prevention in prostitution. At the same time, we are aware that a large. but invisible group of prostitutes does not benefit from this STI prevention. Ideally, there should be an expansion of the number of Project staff who regularly, as a mobile unit, visit all prostitute locations. This way, a much larger number of prostitutes for health information, for STI/HIV prevention and for social help would be reached.

Sexually Transmitted Infections have been known for centuries but until the second half of the nineteenth century, it was assumed that they were all identical. No distinction was made between syphilis, gonorrhoea and cancroids. Prostitutes were seen as the cause of the spread of these diseases. Combating them was synonymous with combating prostitution.[6]

Most of the prostitutes are aware of the risk of contracting STI/HIV in their profession if they practise unsafe sex. With the exclusion of the 23% STI, that has been found present in women and transgenders at the streetwalkers' zone in 2003, the percentage cannot be confirmed among the prostitutes in brothels[7]. Prostitutes are more consistent in condom use as compared to the unpaid sexually active persons. Still, with some regularity, STI is found to be present (table 3); condom use is not consistently practised by all. In some cases the condom is not used, such as with regular clients. When a client offers more money for sex without a condom, or when he knows how to manipulate the woman, she will sometimes, either voluntarily or involuntarily, agree to unsafe sex.

8. Hepatitis B vaccination (HBV) program for prostitutes

In November 2002, after a successful trial from 1998 to 2002, a new start was made with the HBV vaccination programme for prostitutes. This vaccination programme includes people with different sexual partners, among them clients from the STI clinic, men who have sex with men and prostitutes. Research is financed by the Ministry of Health, Welfare and Sport and is co-ordinated by the Dutch Health Service. The co-coordinating organization in Amsterdam is in the Amsterdam Health Service, at the department of infectious diseases.
Thanks to the good contacts of Project staff with prostitutes, it is possible to motivate the women to take part in the vaccination programme. Prostitutes who work in brothels are generally rather "homebound". Usually, they work for a long period in Amsterdam and work in one particular brothel. From a practical viewpoint, it was likely that these women in brothels would finish the vaccination programme. Among the prostitutes who work in the windows this is different. Window prostitution is characterized by the high mobility, through which many of them cannot be traced down for their 2nd or 3rd vaccinations. Initially we hesitated to include the window prostitutes into the programme. But being encouraged by the high compliance rate (65%) of the vaccinated persons in the trial, the window prostitutes were also to be included.

[6] JF van Slobbe, head of the Vice Squad, Amsterdam: Prostitutie in Amsterdam, 1937
[7] Several annual reports STI clinic, Health Service Amsterdam

After the third and last vaccination the prostitutes receive a click-radio as a present. This is an initiative from the Dutch Health Service. The click-radio serves as motivation to complete the hepatitis B vaccination schedule.

The prostitutes were solicited and vaccinated in brothels and in the Drop-in centre at the street walkers' zone. However, after a number of women had been vaccinated, a number of them were apprehended and deported during police controls at the streetwalkers' zone. This happened in December 2002 and early 2003. As a result, most foreign women disappeared from view. Also a number of prostitutes could not be traced for further HBV vaccinations. It was therefore decided to terminate the vaccination programme at the Drop-in centre. The streetwalkers' zone closed in December 2003. Only 29 women received their 1st vaccination and of these 29, only seven women could be traced to complete the schedule.
From the start of the HBV vaccination program in November 2002 till January 2005, 692 prostitutes got their 1st vaccination, 154 of them had already antibodies (22%). Eleven prostitutes are carrier of HBV. We aimed at a compliance rate of (65%). This means that the prostitute often is recalled in order to motivate her to finish the vaccination schedule, which is rather time-consuming. The recall is done by way of sms rappel and phone calls.
In February 2003 consultation hours for prostitutes were started in the Prostitution Information Center (PIC) in the red-light district. From the start these consultations in the PIC were heavily frequented. The prostitutes were also recalled by phone when they needed to come for vaccinations. But also police controls were conducted and due to that a number of foreign prostitutes could not be traced for follow-up vaccinations. From March till November 2004 weekly consultation hours set up in the office of one of the brothel owners for window prostitutes in the Singel, a rather small red-light district outside the centre of Amsterdam.

Table 4 Nationality of prostitutes and locations of HBV vaccination November 2002 till January 2005

	Netherlands	Other EU	Middle/Eastern Europe	Latin America	(North) Africa	Asia	Total	(%)
STI clinic	76	13	43	43	13	2	190	(28%)
Brothels	110	9	22	4	15	5	165	(24%)
Windows	39	12	15	174	62	6	308	(44%)
Drop-in centre*	5	2	10	12	0	0	29	(4%)
Total	230	36	90	233	90	13	692	(100%)

* Drop-in center closed in December 2003

9. The 'hard-to-access" group in prostitution

Any one who thinks that prostitutes are easily to put into stereotypes will be disappointed.
The image of women who are victims of human traffickers and the image of the super independent prostitute does exist in general, but each prostitute has her own exception to the rule. Women, who according to the rule of law are victims, appear, at the same time, to have enormous strengths to survive bad times and the apparently independent among them turn out to be subservient in the private sphere.
However, stereotype is certainly the social isolation of prostitutes since they often feel the necessity for secrecy and are leading a double life. Prostitution is mostly accepted as a social phenomenon, but not in the direct social environment (family, friends). In every day practice, prostitution functions as a sub-culture with its own rules and is seen as a service to a socially acceptable demand.

Billy
"Two years ago, my friend and I applied for work in an escort agency. Actually, I do not need the money, because I have a well-paid job. But I find the escort job very exciting; I see this as a nice hobby. I get to meet interesting men and go on business trips with them and all that goes with that, and I am very well paid". Billy is a beautiful young Dutch woman. She is 29 and single. After high school she left her village in Groningen."I became a bit stressed there; I have had a sheltered upbringing within a strict Calvinist community". Travel became her passion. "During my study I've seen more of the world than of the university". Only two friends know that I work as an escort. I sometimes feel guilty when I tell my parents that I go on a trip for my work while I spend time abroad with a client. Lately, I have really become attached to the extra income; I dream of buying a house on Curacao and I see the escort job as an investment to realize my dream".
Recently, Billy has developed a fear of flying; when she goes on a vacation, when she has to travel because of her work and also when she has to visit a client abroad. "During my last flight I started to hyperventilate and I thought I got a heart attack. I had to go to the medical service immediately upon arrival at the airport". "The doctor advised group therapy where you can learn to control hyperventilation". However, Billy is scared that she'll have to tell about her private life during the group sessions and this is what she she does not want to do. "I will have to conceal much in the group and therefore do not think that such therapy will help me".
" I find my double life a bit hard, but of course, I do not want to talk about this in a group".
She wants to get insight into her problems during a number of sessions, and learn to cope with hyperventilation. I propose that she opts for individual therapy and give her the address of a therapist. When I see her again a few months later she has had a few therapy sessions and says that she feels much better. "Since I do less escort work, I have the feeling that I do something less secretive and so I feel less guilty", she smiles. (Thérèse van der Helm)

In order to get an idea of the number of escort services in Amsterdam, Project staff collected adds with cell-phone numbers in the newspapers and called the advertisers. It became clear that a large number of cell-phone numbers belonged to known brothels in Amsterdam for whom the prostitutes also worked as escorts. Of the managers of the escort services, only a few were willing to give their address. We were welcome at only two escort agencies for a personal meeting. Most did not want to give information about the women in their business. They did not want any interference because... "There are only Dutch women working here and they are informed about everything"... Making an inventory of cell phone numbers in advertisements is time consuming with hardly any positive response. All the same, we regularly keep making these inventories.
This "hard-to-access" group in prostitution is not by definition a phenomenon that came into being after the legalization of the brothels or after the closure of the streetwalkers' zone at the Theemsweg. It happens within the prostitution business. After all, many prostitutes prefer to work in anonymity, without any interference from third parties. However, following the introduction of strict controls after the legalization, these prostitutes shall not easily call for health care and other help.

The sms trial. In order to give an extra impulse to promote the health care to hard to access prostitutes, the Project staff has started in 2004 the sms trial initiated by Dutch SoAids Foundation. By way of sms the prostitutes are invited for free STI control and hepatitis B vaccinations. The large cities in The Netherlands participate in this trial, among them Amsterdam. In Amsterdam, about 10% of the prostitutes, reacts to our sms for free hepatitis B vaccination. Experience teaches us that

recalls through personal phone calls, where at the same time appointments can be made, are indeed labour intensive, but a far more successful method than sending an sms. Nevertheless, the combination of both recall methods is expected to contribute to higher compliance to the vaccination schedule among prostitutes.

www.Hookers.nl. *The website hookers.nl is a Dutch website for clients of prostitutes. They discuss with each other their experiences with prostitutes and give 'advice' to fellow clients about where to go or not to go. When hookers.nl was launched I expected by way of this site to find prostitutes who, for us, had not any longer been accessible. From most women we have a cell-phone number but after a while this number is not in use any more and they have a new phone number. I visited the site and saw familiar names of prostitutes. Including their work locations. These locations are the same at which we regularly did fieldwork, with some luck; we'll find them there. But most of the time we did not, they work irregular hours like we do, and when the curtains are closed they cannot be disturbed. Thus the hooker's site did not help us much in our work. The visit at that site I have never been able to do for more than 10 minutes. It is rather disgusting how clients talk about prostitutes. Of course, I am aware that fake stories from would-be clients are included on this site. Also, prostitutes sometimes play the part of a client in order to smear a colleague. Anyway, this site proved not to be a functional tool for our work. So we'll just continue with our own proven reliable methods. With some effort and creativity these methods have always been successful to re-establish contact with "lost" prostitutes. (Thérèse van der Helm)*

10. Co-operation

For satisfactory referrals to request for help from prostitutes, knowledge of the system and good working relationships with other agencies are necessary. The largest concentration of prostitutes is in the inner city of Amsterdam, in particular the red-light district. In this area most requests for help come from those without health insurance. A close co-operation has been developed with general practitioners, social workers, and lawyers, the Vice Squad and with the city policymakers. Nationally the Project staff works with the Municipal Health Services, with prostitution projects in various cities and with the Dutch SoAids Foundation.
Ever since the start of the Intermediary project, in 1988, national and international networks have been set up for the improvement of the position of the prostitutes, as well as networks to fight human trafficking. To keep the directives of the help service clear and concise, Project staff attends meetings about consulting and expertise. Some of these are structured into regular consultation meetings; others are intended to be once-off expertise meetings.
The co-operation with international projects is not a priority task of the Project staff. Often there is a request by the other parties for the exchange of expertise at the start of health projects for prostitutes in their home country. In the last three years, there has been co-operation with prostitution projects in Bulgaria, Thailand and Cambodia, of which a short illustration below.

In co-operation with the coordinator of the prostitution project at the Dutch SoAids Foundation, a training seminar for coaches of the Bulgarian police was given in December 2002 in Sofia, Bulgaria. This training seminar was to emphasize humanitarian behavior when approaching streetwalkers in Bulgaria[8]. Incidentally, this training seminar was held in December 2002, in the same period when the Bulgarian women in Amsterdam were expelled.
In co-operation with organizations in Thailand and in Cambodia, research has started and carried out in both countries, during 2002 -2005, into STI/HIV and other health aspects among prostitutes, factory workers (girls) and girls working as domestics. The Amsterdam Health Service was hereby the supporting partner for Thailand; the Institute for Tropical Medical science in Antwerp was the supporting partner for Cambodia. The meetings for the preparation and execution were held in Phnom Penh and in Bangkok. The evaluation and dissemination of this research is planned for 2005[9].

[8] Albena project; co-operation project SoAids Netherlands and HESEF Sofia, Bulgaria.

[9] The ORISS project; Operational Research in STI and Related Services for Women in High Risk Situations in Cambodia and Thailand

At the occasion of the 10th anniversary of the EU-CHINA project, a co-operation of Amsterdam Health Service with (health) organizations in China, a four-day training was given in 2004, to Project staff from several large districts in China. The methods to reach prostitutes and their clients and the improvement of access to STI control for high-risk groups were the central themes of these training sessions.

From 1993 until 2004, the coordinator of the Amsterdam Intermediary project participated as coordinator for The Netherlands in a European project: EUROPAP[10]. In 1993 EUROPAP was formed and subsidized by the European Union. Since that time there has been a unique co-operation on prostitution programmes in the countries belonging to the European Union and also with some Eastern European countries. The goals of this international project were to get insight in the different projects and to start up health projects for prostitutes in EU and associated countries. Improving the health care for prostitutes had the highest priority.

Moreover, a small-scale survey was carried out on the health risks of prostitutes and the prevention of STI/HIV. (Table 5) At the European level, "case studies" have been published, among others about the prostitution policy in the different European countries, the emancipation of the prostitutes and the impact of mobility on their health[11]. After a ten-year co-operation with all EU countries, the EU subsidy was stopped at the end of 2003 and all organizations were expected to continue their work, either under their own steam or be subsidized by third parties.

Table 5 Health risks and some characteristics of 200 prostitutes EUROPAP 2002-2003

	Netherlands	Other EU	Middle/East Europe	Latin America	Africa	Asia	Total	(%)
Number	110	32	26	22	5	5	200	(100%)
Drugs*	47	8	6	6	-	1	68	(34%)
Alcohol	64	17	16	16	4	4	121	(61%)
Tobacco	87	27	22	12	3	2	153	(77%)
Aggression at work	23	7	5	4	1	-	40	(20%)
Physical complaints	39	11	5	8	4	-	67	(34%)
Psychical complaints	29	5	3	5	1	-	43	(22%)
Schooling till 14**,	4	2	3	7	2	3	21	(10%)
Sex work below 18	8	1	1	2	-	1	13	(07%)
Worked in other countries	13	10	6	9	1	3	43	(22%)

* Soft-and-hard drugs (one I V drug use; heroin)
** Of whom three no school education and one left school at the age of 5.

Among these 200 women, twelve had been diagnosed with a positive syphilis serology: eight of them had already been treated. On two of them early stage syphilis was found one had a second stage syphilis and one an old untreated syphilis infection; these four women were as yet adequately treated. Three women in this survey are carriers of the hepatitis C virus and one woman is carrier of the hepatitis B virus. With 13 women chlamydia was found and one gonorrhea. All 200 prostitutes tested negative for HIV.

[10] European Intervention Projects in AIDS/STI Prevention for Prostitutes.
[11] Therese van der Helm, Mobilitry in prostitution, the impact of policy and the implications for health: a case study from the Netherlands. In: sex work, mobility and health in Europe, edited by Sophie Day and Helen Ward, 2004.

11. Remarks

Since 1990, prostitution in The Netherlands has become a profession practiced largely by migrants from countries experiencing a great deal of economical or political instability. Because of the high turnover of these women, they have little knowledge of the social and health services. Moreover, migrants have responded to the new legislation by avoiding contact with officials and the 'outside world' for fear of deportation. The new regulations and laws make it very difficult to contact illegal migrants in particular, and prostitutes in general. Fear of registration has driven "legal" prostitutes into illegal arenas and fear of arrest and deportation has driven "illegal" prostitutes into the same arena. Under these conditions, easy access facilities for uninsured migrant prostitutes must be provided. Interventions for primary health and STI/HIV have to be made possible again. Information in various languages and co-operation with cultural mediators is a definite must to provide support in communication. The applied methodology has proven to be an excellent way in the approach of the prostitutes. Initiatives such as self-defense training and training in communication skills, to strengthen the self-esteem of the prostitutes, are being developed this coming year.

Unfortunately, the legalization of brothels and the following closure of the streetwalkers' s zone have not led to a well-arranged prostitution business. Although there are several organizations dealing with prostitutes, they only occasionally work together. Most of the time, however, they work on their own and their methodology is based on their particular (Christian) vision. Setting up a new network, which should be located in an operational centre wherein these organizations participate, might give a new impulse to the support for prostitutes. Such a new centre has a high priority with some of the city counselors of the Labour Party in Amsterdam. However, prostitutes do not easily go to a support centre. We have learned from experience that prostitutes do come to an established place for them, if something is offered that is beneficial to their work situation. Health education in such a proposed centre should therefore be carried out together with a free STI check-up and, where required, a hepatitis B vaccination.

Sometimes it looks as if we have to start all over again; searching for women in new (illegal) prostitute locations, gaining the trust of these women, new networks to start and starting a lobby at the municipal government. All the time, we realize that all we do seems to be like a drop in the ocean. Still, we will continue in the same manner. As Michel Keesen (Foundation of the Religious against Women trafficking) ever said: "You should be happy with a single drop, for many drops will make heavy rain".

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www.ggd.amsterdam.nl