



support and empowerment
for female sex workers
and trafficked women
working in hidden places

Portuguese Final Report

2008-2010





Support and empowerment of female sex workers and trafficked women working in hidden places

From December 2008 to December 2010

This report was written by APDES, under the participation in the INDOORS project

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Introduction

Since December 2008 APDES has been integrated in the European project “INDOORS – Support and Empowerment of Female Sex Workers and Trafficked Women Working in Indoors Places”, a network co-financed by DAPHNE III programme.

The INDOORS project was carried out since December 2008 by six organisations in five countries: Agência Piaget para o Desenvolvimento in Porto (Portugal), Amnesty for Women in Hamburg (Germany), Autres Regards in Marseille (France), Comitato per I Diritti Civili delle Prostitute Onlus in Genoa and Trieste (Italy), Health and Social Development Foundation in Sofia (Bulgaria) and Médecins du Monde in Nantes (France). TAMPEP Onlus in Turin (Italy) and TAMPEP International Foundation in Amsterdam (Netherlands) were affiliated with the project. Coordination of the project was carried out by Autres Regards in Marseille (France).

The project aimed to support sex workers and trafficked women, working indoors in hotels, apartments, brothels, clubs, bars, massage parlours, saunas, sex shops and other indoor venues, to protect themselves from any kind of violence (including social violence and physical/psychological threats to health), in giving them the means to empower themselves and to respond to violence.

More specifically, the project aims to accompany and to support sex workers and trafficked women in their indoor work:

- through advocating for better access to public services for sex workers and especially supporting them in their access to public health services and to their fundamental rights
- through supporting improvements to the situation of indoor sex workers, especially their working conditions, in order to encourage their decision-making skills and their empowerment, by giving them tools, advice and information relating to these issues
- through improving the knowledge of outreach workers and professionals on indoor prostitution and ensuring that outreach and support is provided with a respectful and non-judgemental approach
- through promoting outreach work in the field of indoor prostitution at a local, national and European level, in order to promote and encourage long-lasting support.

Through the development of various activities, the INDOORS project provides a comprehensive assessment of the indoor prostitution scene in seven cities; a better knowledge of the mechanisms of indoor prostitution for outreach workers and professionals in contact with indoor sex workers; greater awareness of problems in indoor prostitution and the need for broader prevention of these problems.

Collaboration between partner organisations has encouraged the development of new outreach methodologies and has facilitated exchanges of experiences, knowledge and good practices on violence prevention and harm reduction among indoor sex workers.

I. Context of the survey in Portugal

Number of contacts / visits (number of observations): 279¹

Number of persons contacted / visited for the first time: 145

Number of persons contacted / visited for the second or more times: 132

City: Porto (metropolitan area)

Country: Portugal

Main prostitution work place researched: Apartments

Period of the survey

From: 1st January 2009 To: 16th June 2010

II. Prostitution scene

a) The sex work structure in Oporto city

GENDER		
Female		92,8 %
Male		3,6 %
Transgender		3,6 %
AGE		
18 to 25		25,2 %
26 to 35		47,7 %
36 to 45		19,2 %
46 and more		7,9 %
MIGRATION		
Migrants ²		78,6 %
Nationals		12,5 %
	Migrants	Nationals
Female	79,2%	12,3%
Male	50 %	33,3%
Transgender	100%	0%

¹ This is a sample within a universe of almost 500 sex workers contacted by the Portuguese outreach team during this period of time.

² Migrants are those who were born in another country, including EU citizens.

b) Origin of migrants

Western Europe	2 %
Central Europe (EU countries) ³	1,3 %
Latin America and Caribbean	83 %
Africa	1,3 %

NATIONALITIES

1. Brazil
2. Portugal
3. Romania
4. Mozambique
5. Nigeria

Explanation of the results

The majority (83%) of the sex workers we have been able to contact come from Brazil. Brazilians are the most significant migrant population in Portugal, essentially due to our common historic past and also to the fact that we share a common language. Either working exclusively or as a complement to other jobs, a great majority of Brazilians - especially women - choose sex work as a more rapid way of raising their revenue and fulfilling their migration objectives.

The presence of other nationalities is not very expressive. We feel Portuguese sex workers are not so receptive to our work as migrants. This is due to the fact that they have more access to health care and other social resources and also to the fact they are more afraid of being exposed as sex workers. It is also possible that we do not reach them as easily as Brazilian workers because our main source of contact is through "snow ball" and word of mouth (which reinforces contacts within the same national community).

c) Administrative/legal situation of sex workers

Not concerned (no need of permit)	11,9 %
In a regular situation	25 %
In an irregular situation	52,4 %
Don't answer	10,7 %

Explanation of the results

Most of migrant sex workers enter in Portugal in a legal way but end up overstaying the valid limit of their visa. From this moment on they remain in an irregular status. Regularisation is often a difficult process as Portuguese migration policy requests an employment contract as a mandatory item to obtain a residence permit. Since sex work is not recognized as a formal work activity, there is no possibility of having a contractual relationship, and thus sex workers remain in an irregular status. We believe the irregular situation is not linked to a particular nationality. Most of our irregular sex workers come from Brazil because almost all of our migrant population is Brazilian.

d) Access to a health insurance

Yes	34,5 %
No	52,4 %

³ **Central Europe:** Bulgaria, Czech Republic, Hungary, Poland, Rumania, Slovakia, Slovenia.

	Migrants	Nationals
Health insurance	29,7 %	94,7 %
No health insurance	70,3 %	5,3 %

Explanation of the results

When we mention public health insurance we are referring to the tax contributions that enable access to the public medical care. Private health insurances are special health plans that people pay to insurance companies and that facilitate access to private clinics and hospitals.

Most of the migrant sex workers do not have contact with public health services. This happens mostly due to a lack of information about Portuguese legislation on this topic (see below). No one has private health insurances because it is too expensive. Some sex workers prefer paying their medical care in private clinics because they are provided with faster service and quality.

There are few nationals with private health insurance because they are all covered by public medical care and also because these insurances are not very affordable for the common middle class.

e) Sex workers workplace

Apartment	92,9 %
Hotel	1,2 %
Bar	2,4 %
Brothel	0,6 %
Club	1,8 %
Massage parlours	1,2 %

For those sex workers working in apartment, they work:

At the client's place	0,6 %
At the sex worker's working place (<i>apartment only</i>)	81,4 %
At the sex worker's home	13,5 %

Explanation of the results

Almost none of the sex workers we have contacted go to the client's home because of security reasons. If they have to meet clients outside of the apartment they will chose to do it in hotels or motels.

Most of the sex workers (around 81%) have a residence and use the apartments specifically to work. If they work and live in the same city, they labour in a definite timetable established with their "employer" and then return home to sleep. In case they are working in a different city, they can be 15/30/45 days without going home, but they always return after a period of intense work. Some apartments offer 24h services, which means that in the period a sex worker is there she also works/lives in the same place (nevertheless we count these apartments as a working place because they always have a place they consider home).

Some sex workers are able to rent a house (usually together with one or two other colleagues) and work for themselves. In this case they manage their own business, living and working in the same place. This happens in 13,5 % of the contacts we have made.

f) Number of people sex workers work with

Alone	7,7 %
With another person	24,4 %
With more than one person	61,9 %
When sex workers work with other persons, they work with:	
Men	6,9 %
Women	95,9 %
Transgender	4,1 %

Explanation of the results

The reality of the sex industry we have encountered so far is structured in a collective way: apartments have always at least 2 sex workers and the largest apartments can gather up to 5 sex workers. From what we have heard from the sex workers, they mostly work together because of security reasons and also in order to have a greater range of offers to the clients (not really in terms of sexual practices but mainly in terms of the appearance of sex workers – different workers can suit different clients’ tastes).

Sex workers are often accompanied by the owners or receptionists of the apartments. These are usually females. Their function is to put the ad in the newspaper, interact with clients regarding the payments of services, manage the place including the cleaning, and sometimes respond to the needs of the sex workers. Occasionally these owners/receptionists can also be sex workers - usually older ones with more experience and accumulated knowledge and established in Portugal for a long time.

In some rare cases, the owner is a very absent figure that only shows up to collect the rent/payment from the sex workers.

When sex workers go to hotels or motels they usually ask a male friend/acquaintance/taxi driver to accompany them. This person should be alert if something happens, be receptive to phone calls, control the time a sex worker is taking to do the service and help in any way if necessary. Sex workers pay them for this service.

g) Causes of mobility of sex workers

In our experience the mobility of sex workers is greatly due to the preferences of clients. Even if sometimes they like having a stable companion, most of the times they prefer to have different new persons to interact with.

h) The meaning of ‘on tour’ and the perception of sex workers about it

‘On tour’ sex work is structured in periods of 15 days. Work positions in apartments change every 15 days but the same sex worker can stay for two or more periods, as long as it is agreed with the owner of the house. Sex workers have an agenda where they register and manage their work calendar. Some of them have work scheduled as far as next year.

They perceive this mobility as a positive thing. Circulating through several cities and work places is a very good way of: 1) meeting new people; 2) getting updated information about the sex work industry (what is going on, new places to work, etc.). This is a way breaking the isolation of being locked up in one particular place. In this sense mobility does not appear as a form of violence.

III. Methodology used for the survey

a) Contact with sex workers

Direct contact over the telephone	1,4 %
Visit	91,4 %

Explanation of the results

Our work methodology is mainly based on visits directly to the apartments. We chose this way of contact because we intend to have a proximity approach to the sex workers and to build a rapport with them. Our presence in sex work natural contexts also helps us to better evaluate the work conditions and needs of our target population. Certainly this approach is possible to implement because the sex workers we are dealing with are very opened and receptive to our work (and here we must mention the cultural characteristics of Brazilian persons which are very friendly and sociable). Rarely, in first contacts they can be a bit suspicious, but this initial mistrust is totally overcome as they get to know us and hear about us from other colleagues.

Before appearing in a specific apartment we always contact one of the sex workers or the owner of the place by phone to introduce our work and to ask for their permission to show up. We use the phone to make this initial contact and also to give them some feedbacks on specific requests they make us during the visits. The 1,4 % in the table above refers to specific phone calls in which the technical staff really rendered psychological or social support to a sex worker via phone.

As it has been said before, after an initial phone contact, the field work is developed in the apartments where sex workers are providing their services. During these visits we distribute male and female condoms, lubricants and give information about sexuality and safe sex; we render psychological and social support and basic nursing care; we also inform about the rights of migrants; we ask sex workers what their needs in terms of health are and explain the services we can refer them to.

Besides the visits, a lot of background work is needed to provide the sex workers with health and social support (establish protocols with several community structures, contact them to refer specific cases, make appointments to the doctors, etc.). One of our main activities is also to ease access to and accompany sex workers to socio-sanitary structures of the community (social security, migration services, public hospitals and health centres, hormonal treatment, a private dentist with special prices, etc.). Some of the sex workers feel comfortable about going alone to health and social services. For the ones with more difficulties (because they do not know the city or how to use public transports) we accompany them to the services. Gradually they end up feeling more independent and confident to go there alone if they need.

b) Professionals involved in the work

We have people from different professional backgrounds: psychologists, social worker, sociologist, economist, nurse and also a cultural mediator. For a couple of months we had the collaboration of a transsexual mediator, who helped us reach new populations.

c) Community-based approach and the involvement of sex workers

We do implement principles of a community-based approach. Before the creation of the outreach team we have done a need assessment with some informants in the community. At the time, we visited some apartments to collect opinions on what would be interesting services for this community. Our main objective was to involve the sex workers in the planning of services and in the definition of our outreach programme.

During the course of the work, we try to generate experimental learning opportunities based on the sex workers feedback on our action. During the visits we usually ask if there is anything in our services that could be improved. We also try to understand if the services we refer them to are providing good quality services.

Additionally, we have made questionnaires in which the sex workers evaluate several dimensions of our work. These are a few examples of relevant topics:

- Relationship with the team
- Quality of the information given on several issues (Safe sex, HIV/ITD, safety tips, etc.)
- Time, length and frequency of visits to the apartments
- Quality and quantity of the condoms and lubricants we distribute
- Accompaniment to medical appointments
- Usefulness of the information on migrant issues
- Other topics that the sex workers would you like us to talk
- In what format would they like to have this information

The answers to the questionnaire are totally anonymous and confidential and will be used to improve the adequacy and efficacy of our intervention.

Additionally, the most important way to reach new apartments is through the word of mouth of the sex workers that already know us. At this moment, they are the main source of contacts of new sex workers as they talk to one another of our team and the services we provide.

d) Our approach to the sex workers

Our initial approach is based on health - promotion of health through safe sexual practices, linking sex workers with the public health system, HIV prevention, etc. The distribution of condoms (see below) is a very good way to facilitate our entry in the apartments and to make sex workers more receptive to our presence. Other dimensions such as social or legal situation, violence, their rights, their work conditions and other several personal issues come up naturally during our conversations. We believe these are fundamental issues to approach complementarily with health related issues.

Calls and visits are made from Monday to Friday from 9 a.m. to 7 p.m.

Generally we can call them whenever it is necessary to make an appointment or to give them some information on a specific demand they have made us. If they are busy at that moment they will not answer and we try again later.

The visits occur during the working hours and are always scheduled previously with the sex workers. If a client shows up during the visit the sex worker we will interrupt our work/conversation. Sometimes we hide in a room during the negotiation with the client and, if necessary, we also leave the apartment.

Each time we visit an apartment we give each sex worker a small bag with prevention material. If the sex worker is a female the bag has 32 male condoms, 5 extra-strong male condoms, 5 female condoms, 3 flavour condoms, 20 lubricant unit-doses and 2 of our cards (see below). If the sex worker is a man or a transsexual the bag has 20 male condoms, 22 extra-strong male condoms, 30 lubricant unit-doses and also 2 of our cards.

We also distribute the following information materials (all in Portuguese language):

- Leaflet elaborated by our outreach team on how to access public health services
- Leaflet elaborated by our outreach team with information on oral sex
- Leaflet elaborated by our outreach team with information on anal sex
- The outreach team card with a list of the services we provide and our mobile phone contacts
- Leaflet of the place where they can freely take the HIV/AIDS test
- Leaflet with the location and contacts of the dentist we refer them to
- Leaflet of a telephone line for migrants support (SOS Racism)
- Leaflet about how to use female condoms

IV. Working conditions

a) Sex workers' target

Men	91,4 %
Women	3,6 %
Couple	4,3 %
Group	0 %
Not known	1,8 %

b) The 10 main declared sexual practices

1. Vaginal sex with protection	6. Cunnilingus with protection
2. Fellation with protection	7. Games
3. Anal sex with protection	8. Annulingus with protection
4. Cunnilingus without protection	9. Vaginal sex without protection
5. Fellation without protection	10. Annulingus without protection

c) What sex workers tell us about their risk behaviour

Unsafe sex	16 %
Safer sex	62,4 %
Not possible to evaluate	21,6 %

Explanation of the results

The evaluation of safe or unsafe practices is based on the sex worker's speech. If she refers doing any kind of unsafe sex (vaginal, oral, anal or other) we consider it as unsafe practices. If the sex worker is not clear about the sexual practices, we consider that is not possible to evaluate the nature of the practices. We consider safe sex when is told by the sex worker that all the sexual practices are done with protection. However, in our point of view, it is possible that these percentages do not correspond to the reality. In some situations we suppose they may omit the unsafe practices, probably fearing any kind of moral judgement from the technical team.

d) Approach of HIV/STI prevention during the visits

Yes	89,6 %
No	5,7 %

Explanation of the results

Sex workers have loose information about HIV and STD. Although they know about the diseases as well as some forms of protection and transmission, they commit many faults in the preventing behaviours. Some of the most frequent faults are: to use two condoms expecting an extra-protection; to proceed to the intern vaginal washing after a situation of looped condom; to use self-medication (mainly vaginal ointments) as a strategy of STD prevention, with a weekly or monthly's frequency; the belief that it's possible to have unsafe sex when both people have HIV/AIDS, without any consequences for health; the ignorance about possibility of HIV/STI transmission through oral sex.

Many sex workers ignore the existence of free health services provided by the portuguese National Health System, particularly in HIV/STI issues. This situation is due to factors related to the migrant condition, mostly the illegal state. Most of the time they don't know their rights neither the way to. On other hand, the

procedure to require the documents for the National Health System is extremely bureaucratic and, in some cases, hampered by the public service's workers.

e) Sex workers possibilities to access health services

Every people, in regular or irregular situation, may accede to the National Health System. The medical assistance for family planning, where are made the screening of STI and the distribution of pills and condoms, are free. There also exist health departments dispersed around the cities which proceed to the screening of HIV/AIDS and tuberculosis. People in legal situation may benefit from these and other health services, paying a small tax for it. People in irregular situation, to accede to the National Health System, must require a document, at the local government agency, testifying the dwelling-place and after require, in the local health department, a temporary inscription. Sometimes this procedure is hampered by the health institutions and in some cases we assist to the denial of requests to irregular people, against the law guidelines. The health services for people in a irregular situation, who don't have the temporary inscription are very expensive, once they don't have a State's contribution. On other hand, the health private system is available to all people who are able to pay these services.

f) When did the conversation about HIV/STI prevention take place

	Issue discussed	No conversation
First contact	98,6 %	1,4 %
Second contact and more	88,7 %	11,3 %

V. Main themes discussed

a) Five main themes discussed by the Portuguese team during outreach work

FEMALE sex workers

	Migrants (139 p)	Nationals
1	Condoms and lubricants	Condoms and lubricants
2	Safer sex	What to do in case of a condom break
3	What to do in case of a condom break	Safer sex
4	Sexual practices	Sexual practices
5	Legal situation	Psychological situation

MALE sex workers

	Migrants (4 pessoas)	Nationals
1	Safer sex	Condoms and lubricants
2	Condoms and lubricants	Sexual practices
3	Sexual practices	What to do in case of a condom break
4	What to do in case of a condom break	Safer sex
5	IST	Negotiation with clients

TRANSGENDER sex workers

	Migrants (3 pessoas)	Nationals
1	Condoms and lubricants	0
2	What to do in case of a condom break	0
3	Sexual practices	0
4	Psychological situation	0
5	Negotiation with clients	0

Explanation of the results

The main approached themes with migrant and Portuguese women were «condoms and lubricants», «what to do in a case of condom break», «safe sex» and «What to do in case of a condom break». Also in the other thematic, we see no difference in discussed themes between Portuguese and migrant sex workers. In male and transgender populations the same topics were the most worked as with the women. We didn't find any difference in the approached themes.

The theme of «strategies of negotiation with clients» has been worked with 45 sex workers and the theme of «security» was approached with 20 sex workers. We can not specify any distinction between different populations (immigrant, Portuguese, women, male or transgender) in the approach of this theme.

b) Five main needs expressed by sex workers**FEMALE sex workers**

	Migrants	Nationals
1	Health	Medical consultation
2	Medical consultation	Health
3	HIV/STI testing	To talk about working conditions
4	To talk about isolation, living conditions	To talk about isolation, living conditions
5	To talk about working conditions	HIV/STI testing

MALE sex workers

	Migrants	Nationals
1	Health	Medical consultation
2	Medical consultation	Health
3	Accompaniment	HIV/STI testing
4	HIV/STI testing	Pressures or abuseses
5	Social support	Professional integration

TRANSGENDER sex workers

	Migrants	Nationals
1	Medical consultation	0
2	Health	0
3	Pressures or abuseses	0
4	Accompaniment	0
5	HIV/STI testing	0

Explanation of the results

«Medical consultation», «health» and «HIV / STI testing» are the mainly expressed needs by all sex workers. The health's area is one of the most relevant in the outreach work of the team and is also the area in which is given a more relevant support, considering the available services. With male and transgender sex workers it was also expressed the need of deal with the «pressure and abuses».

Although sex workers usually work in pairs or in a small group they experience social isolation, especially in relation to community. The relations among them are not based on friendship but often on competitiveness. Also, they spend most of the day in the apartment and have little contact with exterior. It is also a general practice working on weekends and not taking any time off work (this happens mainly because migrants want to gather as much money as possible in a short period of time so they can return to their country of origin). In this context, the majority of sex workers has a deficit of interaction with community and know badly local services and national policies.

c) Five main needs regarding health

FEMALE sex workers

	Migrants	Nationals
1	Gynaecological problems	Dental problems
2	Dental problems	Gynaecological problems
3	Other (vaccination, clinic tests)	Other (vaccination, breast exame)
4	Psychological problems	Hepatitis c
5	General health	Psychological problems

MALE sex workers

	Migrants	Nationals
1	HIV/SIDA	Dental problems
2	Other (secreening tuberculosis, general analysis)	Hepatitis B
3	Dental problems	HIV/SIDA
4	General health	Other (urology)
5	Tiredness, general weakness	

TRANSGENDER sex workers

	Migrants	Nationals
1	Other (urology problems, sex change procedures)	
2	Psychological problems	
3	Weight problems	
4	Hepatitis c	
5	HIV/AIDS	

Explanation of the results

The services and consultations provided by the association (gynaecology, dentistry, nutrition, vaccination, consultation for sex change) are related to the health needs expressed by the sex workers, through an evaluation report previously applied. For migrant and Portuguese women, the most expressed needs were «gynaecology», «dental», «vaccination» and other general health examinations. For men, the most reported

needs were in the area of HIV/AIDS, dental and other health issues in general. The transgender sex workers demonstrate, first of all, needs in the area of gender reassignment, urologic and psychological problems.

VI. Violence

a) Violence expressed or observed

Yes to experience of violence	18,6 %
No experience of violence	65,9 %
Observed	0 %
Expressed	100 %

b) Link between violence and...

GENDER		
	Violence	No violence
Female	21,9 %	78,1 %
Male	0 %	100 %
Transgender	50 %	50 %

MIGRATION		
	Violence	No violence
Migrants	22,6 %	77,4 %
Nationals	19,2 %	80,8 %

PLACE OF WORK		
	Violence	No violence
Apartment	21,9 %	78,1 %
Hotel	0 %	100 %
Bar	16,7 %	83,3 %
Brothel	0 %	100 %
Club	50 %	50 %
Massage parlours	0 %	0 %
Sauna	0 %	0 %
Sex shop	0 %	0 %
Not indicated	0 %	0 %
Other	0 %	0 %

WORKING CONDITIONS		
	Violence	No violence
Work alone	23,1 %	76,9 %
Work with another person	13,5 %	86,5 %

Work with more than one person	24,4 %	75,6 %
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SINCE WHEN IN SEX WORK

	Violence	No violence
Less than 1 year	14,6 %	85,4 %
More than 1 year	22,5 %	77,5 %
More than 5 years	29,6 %	70,4 %
Not known	100 %	0 %

ON TOUR

	Violence	No violence
On tour	22,9%	77,1 %

Explanation of the results

18,6% of sex workers reported the experience of violence. We found that many sex workers are unaware of their rights and they do not perceive some of their experiences as violence, even if the team tried to approach this thematic in a more concrete way.

Proportionately, we can see more transsexuals reporting violent experiences than women or men (50% transsexual and 21,9% women). No man said that suffered violence in sex work.

The clubs are the workspaces that have the highest proportion of cases of expressed violence (50%). However, the number of sex workers who work in clubs is much lower comparing to those who work in apartment, therefore they are not very representative in this universe.

23,1% of sex workers who work alone claimed to have suffered from kind of violence. The forms of violence most referred were «sexual», «verbal» and «psychological», committed by friends or family members. Then, the sex workers who work with more than one person have a total of 22,5% of affirmative answers on the experience of violence. The forms of violence are, first, through «discrimination and stigmatization», then through «verbal» and «psychological», committed by society in general and by the client. We can indicate that the sex workers who work alone are the most exposed to violence in general because they are more isolated. These data, however, emphasize more the discrimination by friends and/or family and do not express significantly the exposure of these sex workers to the violence committed by customers.

Sex workers who work for more than 5 years in the sex industry are the ones who have the highest percentage of violence. Possibly, this is due to their greater history and experience of work. However, we believe that these figures may not reflect correctly the violence suffered by the sex workers which started recently in this area of work, especially on psychological and economic exploitation.

One of the major constraints found for sex workers to talk openly of violence happens when they are in the presence of the owners of the apartments, bars or clubs. These are often the triggering agents of the violence: through the economic exploitation of sex workers; by the deprivation or misrepresentation of information about their rights (especially when sex workers have recently come to Portugal or started to work on the industry of sex); through persuasion to encourage sex workers to receive any type of client and practice unprotected sex.

Another situation that difficult the dialogue happens when sex workers are approached in groups and not alone. In the presence of other sex workers they tend not to expose themselves too much, as a precaution and because they do not trust each other.

Finally, we also consider, as we have already said, that there is some difficulty for sex workers to interpret some of their experiences as forms of violence (economic exploitation, sexual abuse, discrimination and stigmatization, ...).

c) Form and perpetrator of violence

Forms of violence				
	Once	Rarely/Seldom	Occasionally	Often
Discrimination and stigmatisation	4,5 %	9,1 %	63,6 %	22,7 %
Verbal	17,4 %	4,3 %	52,2 %	26,1 %
Psychological	12,5 %	0 %	25 %	62,5 %
Physical	33,3 %	6,7 %	40 %	20 %
Sexual	50 %	0 %	50 %	0 %
Economic exploitation	20 %	20 %	0 %	60 %

By whom				
	Once	Rarely/Seldom	Occasionally	Often
By a client	26,7 %	3,3 %	53,3 %	16,7 %
By a relative, friend, acquaintance	18,2 %	9,1 %	18,2 %	54,5 %
By a trafficking network	50 %	0 %	0 %	50 %
By the police	100 %	0 %	0 %	0 %
Other	11,1 %	11,1 %	66,7 %	11,1 %

Explanation of the results

The most explicit form of violence was discrimination and stigma, followed by verbal violence and then psychological and physical violence. These forms of violence were primarily committed by the client and by society in general, followed by cases of violence committed by a family member or friend.

Sex workers know and use a variety of strategies to prevent violence, trying to avoid the occurrence of an explicit situation of violence. The strategies are many and they were listed in the contents of the flyer produced during this project.

d) Consequences

Did sex workers present charges?

No	15,4 %
Yes	2,2 %

If not, why?	
Fear of repatriation	2,4 %
Fear of direct retaliation	11,6 %
Fear of indirect retaliation	4,7 %
Affective relation with the oppressor	11,6 %
Other	37,2 %

Explanation of the results

The vast majority of sex workers who have experienced violence did not present any complaint. The reason for this is due primarily to the fact that sex workers had not even thought of that possibility. In other cases, sex workers did not complain for fear of direct retaliation or because of the maintenance of affective relationships with the oppressor.

VII. Appointment at the association / Referral

a) Need of social counselling

No	64,9 %
Yes	23,3 %

b) Need of medical counselling

No	24,7 %
Yes	67 %

c) Referral to

Percentage of response	59,1 %
Health services	57,3 %
Social services	11,1 %
Administrative and legal services	6,5 %

d) Accompaniment to the police

Percentage of response	89,6 %
Yes	0,0 %
No	89,6 %

Explanation of the results

67% of the enquired sex workers expressed special needs related to health care, while the social needs only appear in 23,3% of the responses. The social support that was given was done by the team in 47,7% of the situations and in other 46.2% were done by a public institution. On other hand, the medical support was mainly done by public services through the routing of the team, in 57,8% of the situations. None routing was done to the police services.

We confirm in our work that most of the sex workers don't go to the public health services. 52,4% of the enquired people are in a irregular situation in the country and, although they have the right to accede to the public heath services, the registration's process is too burocratic and many times difficulty by the techniques or

institutions and the sex workers show unknown about their rights or the way to exercise them. As so, one of the services promoted by the team is to support sex workers in the health service's registration.

Until the moment of the first contact with the team, most of sex workers don't accede to any kind of health service. Those who already accede to any health service went to the private health services. After the first contact with the team, most of sex workers become autonomous in the access to the health services (public or private) presented by us (with the organisations/services we have partnerships) or to the public health services.

There are also specific situations of apartment owners or pub managers who difficulty the mobility of the sex workers, including in the access to health services.

VIII. Isolation

a) Link with social and medical network

Knows the association	63,8 %
Knows another association	7,3 %
Has already a medical follow up	25,8 %

b) Link with other sex workers

Yes, with one or two others	23,7 %
Yes, with more than two	68,8 %
No contact	0,4 %

c) Quality of the link with other sex workers

Exchange of information, codes, practices	90,2 %
Know each other but the contact is rare	9,8 %
Know each other but there is no contact	0 %

Explanation of the results

We found that most of sex workers, after knowing the team, they start to accede to the health services and to the health care provided by the team. In generality, sex workers have a reduced social net outside sex industry. This social net is in the majority composed by other sex workers. In 23,7% of the situations that net is composed by 1 or 2 sex workers and in 68,8% by more than 2 sex workers. This net contributes in 90,2% of the cases to the share of information, codes and practices.

The enquired sex workers work in the majority in apartments. This kind of working place, in Portugal, implies to work with other one or two sex workers and changing from apartment 2 times per month, where the know other sex workers. This specific population doesn't reveal much isolation, at least concerning to other sex workers. However, is more evident the isolation from the general community.

We can say that both situations - sex work itself (discrimination) and sex workers social network, friends, family (stigma) - contribute to the isolation. On one hand, the hours of work for sex workers round about 12 hours per day. These hours are passed most of the time inside the apartments. And many of sex workers work 24 hours. Only a few of them take rest one day for a week. There are very few the known cases from sex workers who have vacations or periods for rest. This situation causes much isolation from general community. On other hand, sex workers reveal a strong integration of concepts of discrimination and stigma related to the practice

of sex work, generally promoted by society. The fear and the experience of discrimination reinforce the behaviour of avoiding other social nets and friendships with other people, which promotes a social retraction.

The exchange of ideas and strategies between the sex workers is very recurrent in this population. This exchange takes place mainly in the workspace and in an informal way, once they share the apartment with other sex workers, alternately. However, we found that despite the friendly atmosphere we see in the apartments, they don't appear to trust completely in their colleagues, who are their competitors.

The condition of illegal migration of many sex workers is, most of the time an important factor to the reinforcement of isolation. Sex workers hardly have social nets with friends and/or family in the host country and, therefore, they contact almost exclusively with other sex workers. On the other hand they reveal a strong unknown about laws and Portuguese services and they fear exposing themselves because of the possibility of repatriation.

d) How was the entry in sex work?

Through a friend or acquaintance	39,4 %
Agency in the origin country	1,4 %
Other	7,9 %

e) Do sex workers work exclusively in sex work?

Yes	82,1 %
No	8,6 %

Explanation of the results

The vast majority of sex workers works exclusively in this activity. Only 8.6% of them indicated to have other profession. We find that most of enquired sex workers consider this work as a temporary activity. This is considered as a good source for money which they expect to make possible their social mobility, for them and their family and/or to make possible the establishment of a business.

We think that a few number of sex workers consider their activity as a profession, the majority indicates that this is a source of income higher than others and that exercise temporarily. The terminology of "sex work" is not integrated in the vocabulary of this population.



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