



***“Investigating Causes Influencing Manifestations of Violence against
FSW as a Factor of Increased Risk of Exposure to HIV”***
Operational Survey
Brief Results

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LIST OF ABBREVIATIONS AND DEFINITIONS

Adaptability – ability to adapt.

Victimhood [from Latin *victima* – “victim”] – rather sustainable personality trait, characteristic of person’s ability to become a victim of external circumstances and activity of the social environment, a sort of personal disposition to become a victim in the circumstances of interaction with surrounding people which are neutral, “non-dangerous” for other personalities. A synonym of edginess.

HIV/AIDS – human immunodeficiency virus/ acquired immunodeficiency syndrome

VCT – voluntary counseling and testing for HIV

FSW – female sex workers

STI – sexually transmitted infections

Conformism (late-Latin *conformis* – “similar”, “like”) – individual’s change of attitudes, opinions, apprehension, and behavioral norms in accordance with the attitudes, opinions, apprehension, and behavioral norms dominating in a given society or in a given group, some kind of “adjustment” to the group.

Violence (in the context of this survey and in accordance with the UN position) – an action of any persons or groups of persons with regard to FSW, if such actions bring about (or can bring about) physical, psychological, economic damage or anguishes to FSW, including threats of taking such actions, compulsion or deprivation of liberty in all life spheres¹.

NGO – a non-governmental organization

Non-IDU – those who don’t inject drugs

IDU – injecting drug users

¹“Violence against Women”. WHO Newsletter, issue no. 239 (as revised in September 2011)
<http://www.who.int/mediacentre/factsheets/fs239/ru/index.html>

Survey Methodology

International researches suggest that marginalization and stigma prevent FSW and representatives of other vulnerable populations from getting access to information, support and services helping to prevent HIV/AIDS/STI transmission. Marginalization, stigma and discrimination can be provoked by various forms of violence.

Usually, violence is associated with physical force taken and such direct aftermaths as beatings, traumas, other bodily injuries, as well as with heightened risk of exposure to HIV and sexually transmitted infections arising from unprotected sexual contacts. Unfortunately, other kinds of violence, such as psychological, emotional, etc., are hardly considered in the context of counteracting this social phenomenon. Furthermore, in the context of the HIV/AIDS epidemic the phenomenon of violence should be considered in broader terms. It is violence by law enforcement bodies, commercial clients, FSW's permanent partners and significant others that hinders getting necessary information, access to services on HIV/AIDS prevention, diagnostics and treatment, observance of human rights and social protection, which is extremely important for female sex workers².

So far in Ukraine no special researches have been held to cover problems of violence in relations of people engaged in the sex industry, and factors provoking and determining it in a comprehensive way.

The goal of this operational survey is to investigate various kinds and sources of violence against FSW, and factors increasing the risk of their getting infected with HIV in violence situations.

In order to achieve the said goal the following ***objectives*** have been set up:

1. To draw up a social and psychological portrait of a FSW as an object of violence.
2. To analyze violence as one of the risk factors of women's engagement in commercial sex services.
3. To single out basic kinds of violence against FSW and establish their relationships with main sources of violence.
4. To determine factors that elevate the risk of FSW's becoming a victim of violence.
5. To investigate strategies of FSW's behavior in violence situations.
6. To consider behavioral risks of FSW and models of their prevention in the context of the HIV/STI epidemic.
7. To assess FSW's readiness to participate in NGOs' activities targeted at preventing violence against FSW, mitigating aftermaths of violence among its victims, and to investigate terms and conditions of engagement in the said arrangements.
8. To develop recommendations on strategies to prevent violence against FSW in the context of HIV/STI prevention and formation of FSW's self-defending behavior.

² "Don't Become a Victim! Information for Women Providing Sexual Services" brochure issued by the ICF "International HIV/AIDS Alliance in Ukraine in 2010.

The survey object is women providing commercial sexual services.

Survey method and sampling method:

1. *Semi-structured interviews.* 10-25 FSW were polled in every city and 300 respondents in total. In order to get diverse and reliable data in every city FSW were recruited at no fewer than 2 different sites where they provide commercial sexual services (e.g., a rail station, a sauna/apartment in the city, hotel in the city outskirts, etc.) Recruiters were represented by staff members of NGOs and pimps who hadn't cooperated with NGOs before the research.

2. *The in-depth interviews* with employers or intermediaries of FSW and staff members of NGOs. In every city 2-3 employers and intermediaries (42 in total), and 1-2 staff members of NGOs (38 in total). All in all, there were 80 in-depth interviews.

3. The semi-structured interviews encompassed *psychognostic techniques*:

- The self-assessment diagnostic technique by T. Dembo – S. Rubinstein. 6 scales were selected for the survey (self-confidence, appearance, renown from those around, spite, self-satisfaction, optimism) characterizing individual particularities of respondents' self-assessment;
- The psycho-geometric test by S. Dellinger, a projective technique which enables understanding types of a standard behavioral scenario in situations of interaction with other people: from smoothing situations to asserting one's line of behavior, without any regard to interests of other people. The stimulus material of this technique is represented by images of five geometrical figures: a circle, a square, a rectangle, a triangle and a zigzag;
- The Hand Test by Edwin E. Wagner, a projective diagnostic technique which enabled analyzing potential aggressiveness and a probability of actions directed at getting adjusted to the social environment (communications, fear, anxiety, dependence, etc.) in course of interpersonal communication.

Territorial coverage. FSW were polled in all the regions of Ukraine:

- ✓ **Northern** (the cities of Kyiv, Obukhiv, Bila Tserkva in the Kyiv oblast, and Zhytomir);
- ✓ **Northern-Southern** (the cities of Khmelnytskyi and Lutsk);
- ✓ **Western** (the Uzhgorod city);
- ✓ **Central** (the cities of Poltava, Vinnytsia, Smela in the Cherkasy oblast, the city of Znamyanka in the Kirovograd oblast);
- ✓ **Northern-Eastern** (the cities of Kharkiv and Sumy);
- ✓ **Eastern** (the cities of Lugansk, Makiyivka, Gorlivka, Kostiantynivka (Donetsk oblast);
- ✓ **Southern-Eastern** (the cities of Zaporizhia and Kryvyi Rig in the Dnipropetrovska oblast);
- ✓ **Southern** (the city of Odesa);
- ✓ **AR of Crimea** (the city of Simferopol).

Field survey phase time-frame: June 20 – July 29, 2011

The reliability of survey methods was ensured thanks to the projective techniques applied which eliminated the factor of social desirability of answers, thanks to quota sample and its volume (300 of respondents polled) which enabled stating statistical significance of differences. The techniques applied are used in individual psychotherapeutic work, which confirms their validity. This enabled drawing the psychological portrait of a typical representative of the surveyed population (in accordance with the set terms and conditions). The received answers were matched up with the opinion of practical experts polled and with the opinion of experts studying this activity. This ensured correct matching-up of quantitative and qualitative data.

Key Survey Results

Kinds of Violence and their Sources

The survey results depict that violence in all its forms is an inevitable and permanent component of FSW's lives, and a dominant feature of the latter. In terms of abundance and frequency among various kinds of violence in the sex industry the first place is held by the psychological one (97%). It is followed by sexual violence (86%), physical violence with physical pain or bodily injuries caused (84%), and the economic one (74%) (see Table 1).

The researchers paid a particular attention to the most discriminative and dangerous (in terms of would-be exposure to HIV/STI) forms of sexual and physical violence and their sources. Clients turned out to hold leading positions in the rating of sources of violence against women engaged in the sex industry. At least once over the previous year they caused psychological violence to 72% of all the FSW surveyed, sexual – to 85%, physical violence – to 70%, and the economic one – to 50% of them. According to a number of mentions, the second place is held by law enforcers having 53%, 17%, 38%, and 34%, correspondingly. This category takes a lead according to the positions of “physical pursuit (spying, control)” (25%) and “blackmailing, threats, intimidation” (22%).

Table 1

Kinds of Violence among FSW over the Previous 12 Months and its Connection with Main Sources of Violence*, %

Manifestations of violent acts	Those who suffered from it themselves, total	Those who caused psychological violence to FSW					
		Clients	Police	Other FSW	Pimp/bottom girl/intermediary	Husband/live-in lover	Parents/ relatives
Psychological violence							
Insult, humiliation (incl. obscenities, critics, offensive nicknames)	91	70	43	26	12	20	14
Psychological pressure (intrigues, tattles, “gang-ups”, etc.)	89	37	35	51	10	9	9
Blackmailing (including with your child), threats, intimidation	43	14	22	5	7	8	6
<i>At least one of the above mentioned</i>	97	72	53	56	19	24	20
Sexual violence							
Compulsion to sexual contacts without a condom	70	68	9	-	4	5	-
Compulsion to sex in a form which is unacceptable for you / you don't like (including perverted forms, physical abuse, group sex)	67	64	8	-	5	2	1
Attempts to rape	64	59	8	0,3	1	2	0,3

Manifestations of violent acts	Those who suffered from it themselves, total	Those who caused psychological violence to FSW					
		Clients	Police	Other FSW	Pimp/bottom girl/intermediary	Husband/live-in lover	Parents/ relatives
Compulsion to vaginal sex with a client during an illness, in course of the curse, pregnancy	48	39	2	1	9	6	-
Raping (including perverted forms)	42	40	4	-	2	2	1
Compulsion to sex with clients who are known to be mentally sick, emotionally unstable, rude	25	15	1	-	9	1	-
Compulsion to sex with clients who are known to have been infected (with HIV, venereal diseases, hepatitis, etc.).	7	4	0,3	-	3	0,3	-
<i>At least one of the above mentioned</i>	86	85	17	1	18	12	1
Physical violence							
Causing bodily injuries / causing physical pain (e.g., beatings, strangulation, slaps, kicks and causing other traumas)	74	59	23	6	6	14	2
Physical pursuit (spying, control)	47	6	25	3	9	8	5
Keeping by force at sexual services provisioning sites (an apartment, a hotel room, a sauna, a country house, etc.) for a few days or longer (locking up, not letting go out)	35	27	9	1	5	1	-
Compulsion to use of drugs or alcohol	20	14	2	1	2	2	0,3
Non-provisioning of medical aid when it is needed or impeding attempts to refer for medical aid	16	3	4	1	2	4	2
<i>At least one of the above mentioned</i>	84	70	38	9	18	21	8
Economic violence							
Compulsion to <u>free-of-charge</u> sex (e.g., with husband's/live-in lover's mates, involvement in "Saturday workdays" at police departments, etc.)	67	41	29	0,3	16	5	-
Not giving/taking away all the money earned or necessities: – foodstuffs, beverages, clothes, etc.	45	31	13	2	9	3	1
<i>At least one of the above mentioned</i>	74	50	34	2	23	6	1

**The row total exceeds 100%, as respondents were allowed to select several answers*

The survey results showed that there were significant and rather strong interrelationships among indicators of a number of cases of violence against FSW in its various manifestations, i.e. those incurring from one kind of violence are more likely to do so also from other kinds of violence (see Table 2).

Table 2

Interrelationships among Kinds of Violence³

A number of cases of violence	Physical violence	Sexual violence	Economic violence
Economic violence	.635**	.436**	.507**
Physical violence		.596**	.550**
Sexual violence			.504**

**Correlation is significant at the level of 0.01.

It should be pointed out that the surveyed FSW don't always consider crude treatment of them as violence. For instance, if an act of violence has been agreed upon between a FSW and her client in advance or if a girl has received monetary reward after such act, violence would be re-qualified as "special occupational conditions" in the opinion of the surveyed FSW.

Examples of statements from interviews with FSW.

"Violence is humiliation of human dignity, but I do it consciously for money (and this is my earning). And in such a case I don't consider it to be violence. Because it is better to tolerate this work for 7 years or so and purchase an apartment. Thanks to clients' violence I have got an expensive CUV already. So, why do you think that playing violence is violence?"

"Violence is the way you regard clients' behavior. If you are beaten and humiliated, but you will get paid more than agreed, in my opinion, this is not violence. But if you hadn't been reimbursed for it, yet being threatened to keep silence about "over the top, out of sight", this is the very violence itself. Everything can be settled for a certain amount [of money]..."

"I don't have violence. Simply men like hard sex".

Factors Determining FSW's Vulnerability to Violence

In course of the survey key factors preconditioning a high level of FSW's vulnerability to violence, their mutual dependence and impact on a "number" of cases of violence. Such factors include:

- outlawed operation of the sex industry;
- conditions of sex services provisioning (e.g., on a highway, in a client's car, in an apartment, in a sauna, etc.) and availability of the "supporting" environment (e.g., a pimp, security guards, taxi drivers, etc.);
- social factors, including drug and alcohol use experience;

³ The Pearson correlation coefficient was calculated to discover interrelationships.

- psychological organization of the inner world of a typical representative of this industry.

Subsequent to the survey, more than 60% of commercial sex workers are in the double or heightened risk zone. In other words, working in the most dangerous conditions (a car, a highway, on the “client’s” territory or in public places which are not suitable for it), FSW attend clients not knowing in advance how many people they will have to serve, and don’t have an opportunity to take self-sustained decisions, in particular to refuse working with a client.

The survey results showed existing differences in terms of a degree of violence display, depending on a place of sexual services provisioning. First and foremost, one should single out girls who sell services in premises that are suitable for these purposes, i.e. “on their territory” (in baths, in a sauna, a hotel, rest houses, country recreation and retreat centers, an apartment and so on), where in addition to acceptable household (hygienic) conditions, there is a possibility to set up an effective system of alerting security guards in case of emergencies, violence inclusive, or hide/shelter from an aggressive client, e.g. in a lavatory where a cell phone may be hidden, etc. This group of FSW has **the least risk** of exposure to violence at work.

The medium risk level is incurred by girls who go to a client or work at motels, roadside cafes, etc. In this case, it is more difficult to ensure FSW’s security, as they work on the “alien territory”. Usually, a place of girls’ location and duration of their work with a particular client are known to pimps or taxi drivers who bring them to a client and get them back thereafter. In unforeseen situations, for example in case of a disruption of the girl’s work schedule, when a girl doesn’t get in touch in the specified moment, they can take respective measures.

The least protected FSW are those who “seize” a client on the street and provide sexual services in a client’s car, in roadside vegetation, in a park, on a beach and in other places where they are brought to by a client. These are so-called “on-the-street”, “highway” FSW. Here the only form of back-up is work in pairs (or together with several colleagues). In this case girls can inform each other about where exactly they go to with a client, for how long or write down a number of the car that took away the mate. **The highest risk** of exposure to violence at work is incurred by the very girls who forget about precautions or ignore them.

In order to distribute the surveyed FSW among particular risk groups, as determined by occupational conditions, respondents’ answers to the following two questions were used: “*Where do you offer sexual services most often?*” and “*When you leave with a client, does anyone back you up (writing down a car number, for instance?)*”. Based on them, the following three groups of FSW were formed:

- Those working **in premises only** (n=91). This group is comprised of respondents who pointed out in their questionnaires that they usually worked in baths/in a sauna/ in a hotel/in a country recreation and retreat center/ in an apartment, and didn’t sell services elsewhere.
- Those working **on the street with a back-up** (n=76). This group encompassed FSW who answered that they sold sexual services in cars and in public places (a

highway, a beach, a summer café, a park) or in a place where they are brought to by a client, but for the time of work with clients (as a rule) somebody backed them up.

- Those working **on the street not being backed up** (n=123). This group is comprised of girls who provided services in a car/ on the street/ on a highway/ on a beach/ in a summer park/ café or where they are brought to by a client, and also pointed out that when left with clients, usually, they were not backed up at all (“depending on circumstances” or “as a rule, no-one backs [them] up”).

10 respondents fit none of the groups (and, respectively, dropped out of the survey). These are FSW who refused to answer the question regarding the back-up during a ride with a client or didn’t give a clear answer to the question about a place of sexual services provisioning.

Depending on occupational conditions, a share of FSW incurring violence varies. The “more comfortable” conditions are, the fewer cases of violence occur. There are almost no statistically significant differences between adjoining groups (see Figure 1). The indicators on physical and sexual violence against FSW working in premises (74% and 75%) and on the street not being backed up (91% and 92%) significantly differ at the level of $p=0.01$. The economic violence indicators are largely lower (by 24-28%) for FSW working in premises, as compared to those working on the street ($p=0.01$).

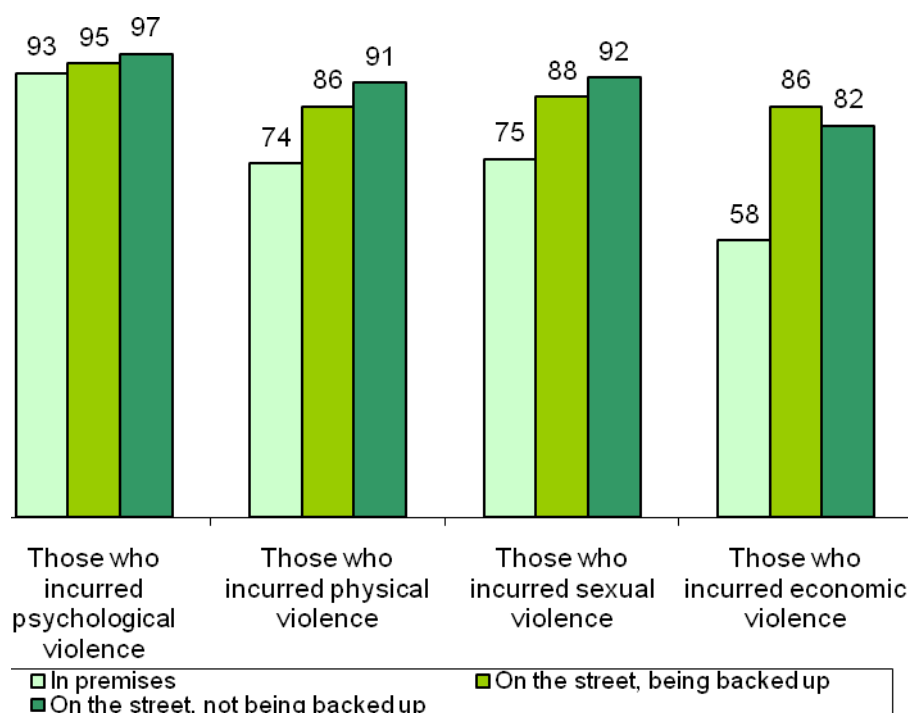


Figure 1. FSW who Incurred Various Kinds of Violence, %
group averages, depending on a work place

Most of the surveyed girls still try to “back up” in response to would-be manifestations of violence in various ways. For instance, prior to providing sexual services, FSW negotiate with a client the “list” of services and reimbursement (55% responded that they always did so) and also try to get money before performing their “work” (47% responded that they always did so). Still and nevertheless, the survey

showed that there is another part of FSW who “don’t back up” in response to economic and other kinds of violence, taking such actions (14% in the first case and 17% in the second one). These girls don’t ever (or in the majority of cases) negotiate the list of services and their unit prices with a client, don’t get money in advance. Also, according to FSW’s answers, in some 8% of cases the mentioned “preventive” measures are ensured by pimps.

The survey results enabled drawing a conclusion about possible triggers of violence in sexual services provisioning. So, main causes may be social-behavioral ones (alcohol/drug intoxication, aggressive/wicked mood, social status, and negligence to sex workers) and personal (appearance, manner of behavior, “complicated character”) particularities of both a commercial client and a FSW herself (see Table 3).

Table 3

Triggers of Acts of Violence against FSW *,
among those who Incurred One or Another Form of violence %, n=287

My offender’s alcohol/drug intoxication	59
Violator’s (aggressive, wicked, etc.) mood	57
Biased attitude to me because of my engagement in the sex industry	56
My violator’s status (position, occupation)	46
Violator’s personality traits (“complicated character”)	40
The fact that the sex industry remains to be outlawed in Ukraine	33
My violator didn’t like my behavior (including voice tone, words, pose, gestures)	32
My alcohol/drug intoxication	28
My violator didn’t like my appearance (clothes, make-up, etc.)	19
I’ve got extra paid for it	17
It is difficult to answer/I haven’t thought of it	1
<i>*The total is in excess of 100%, since respondents were allowed to select several answers</i>	

It should be noted that the very high level of violence, especially sexual one, in the sex industry, voluntary (because of a higher reward) or forced refusal of condoms, traumatic vaginal and anal sex, including group sex, are leading factors of FSW’s vulnerability to HIV transmission. Furthermore, the HIV transmission risk is also fostered by FSW’s drug injecting and alcohol consumption.

Over the last year 36% of the surveyed FSW injected drugs. Quite a few girls regularly resort to injecting drugs before their work: the frequency of injections varies from several times per week to several times per month. Every fifth surveyed girl uses drugs “for company’s sake” with a client/clients (see Table 4).

Table 4

Frequency of FSW's Use of Drugs and Alcohol over the 12 Months Preceding the Survey, %	Never	Several times per year	Several times per month	Several times per week	Difficult / don't want to answer
Drug use together with a client/clients	69	7	11	7	6
Drug use prior to working	62	7	10	18	3
Alcohol consumption prior to working	17	17	33	30	3
Alcohol consumption together with a client/clients	15	21	36	27	1

Among FSW who inject drugs the indicator of violence cases is by far higher than among those who are not IDUs (see Figure 2). It is significantly higher in case of sexual ($p=0.01$) and economic violence ($p=0.05$).

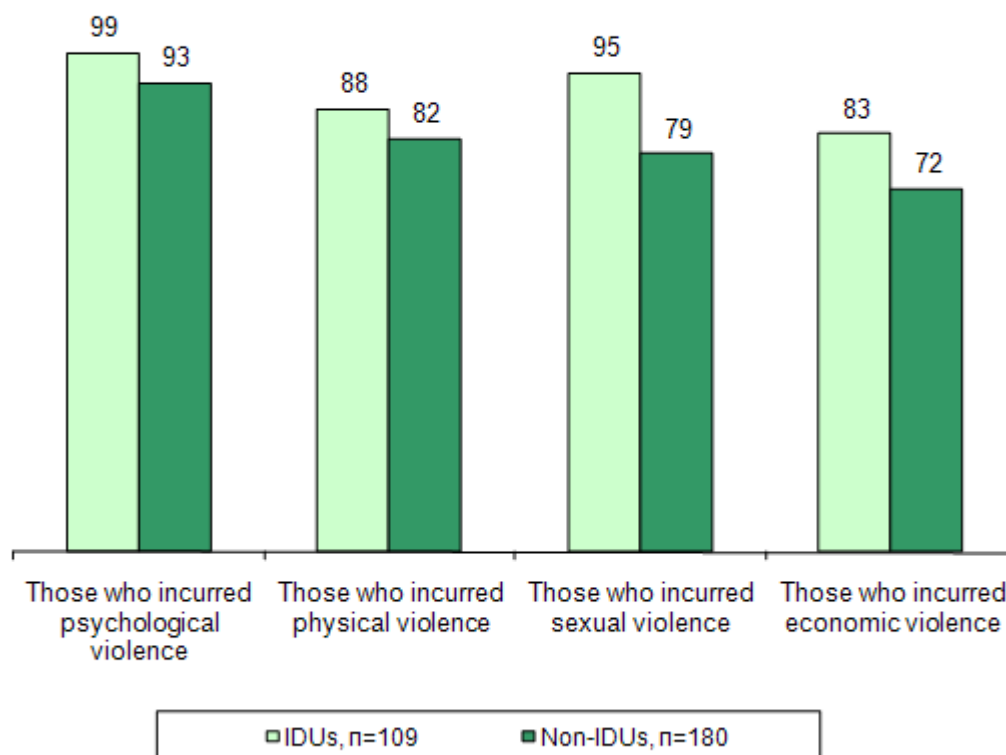


Figure 2. FSW who Incurred Various Kinds of Violence, % by groups, depending on IDUs

These results give grounds to state that injecting drug use is a factor largely increasing probability of violence against FSW. Furthermore, FSW who inject drugs are characterized by undervalued self-esteem. It is quite possible that injecting drug use and lower self-assessment have circular causality. Drug use leads to lower self-esteem, while

depression caused by lower self-esteem incentivizes stress relieves by means of taking another dose of drugs.

It can be acknowledged that sex workers' behavior which is inadequate as a result of drug and/or alcohol use rises a risk of clients' aggressive attitude and violence acts against them (in other words, it determines violence against FSW). On the other hand, girl's inadequacy arising from drug or alcohol intoxication is directly associated with permissibility of unprotected sexual practices, thus being an obstacle to safe sex.

One of the key and generally acceptable markers of safe sexual behavior is condom use which can prevent STI and HIV transmission. However, the survey results showed that a large portion of FSW ignored the rules of safe sex: 66% of the surveyed responded that they had provided sexual services without a condom over the previous 12 months and in 45% of cases they had done it voluntarily.

The use of alcohol/drugs prior to working or directly in course of work (together with a client) has another adverse impact on FSW's adherence to the rules of safe sexual behavior. This is accepted most often by alcohol consumers (26% and 13%, $p=0.05$). At the same time, FSW who don't inject drugs work without a condom less often (64%) than IDUs (77%), $p=0.05$.

Sex workers often times have no rights and, therefore, can't always negotiate safe sex and in many cases work being forced or threatened with violence. For instance, over the last 12 month 70% of all the polled FSW were forced to have sex without a condom, every second FSW (48%) – to have sex during her illness or the curse or pregnancy, 7% - to have sex with clients who are known to have been infected with STI/HIV, hepatitis, etc. These forcing actions were mainly initiated by commercial clients, while such behavior was also practiced by police, FSW's employers/intermediaries, their husbands and live-in lovers.

Girls engaged in the sex industry and their employers/intermediaries comprehend quite well that they can suffer from violent actions because of specific features of this field of activity. And, as the survey results showed, the majority of such sex workers, in the event of an "emergency event", chose passive protective behavior policies. For instance, the most typical feedback of FSW who incurred violence at work turned out to be "using one's own capabilities" (see table 5).

Table 5

FSW's Behavioral Reactions in case of Occurrence of Situations with Violence Acts

% of FSW who incurred violence, n=228

<i>PASSIVE PROTECTIVE BEHAVIOR</i>	
Tried to mitigate a conflict, to calm	54
Tried to escape/escaped	44
Endured, cried, etc.	31
Shouted, damn	26
Did nothing	16
<i>ACTIVE PROTECTIVE BEHAVIOR</i>	
Used physical force (fought back) to protect oneself	22
Tried to call/called for help	18
Rang up a friend, a husband, a pimp, a significant other	18

Rang up an NGO staff member	3
<i>* The total is in excess of 100%, since respondents were allowed to select several answers</i>	

Such reactions largely relate to psychological particularities of FSW. For instance, the self-assessment analysis according to the T. Dembo – S. Rubinstein test showed that four indicators of current self-assessment (self-confidence, appearance, renown from those around, optimism) are within the statistical norm for the surveyed FSW. Still, an overstated level of anticipation and an overstated level of aspiration were discovered. At the same time, many of the surveyed FSW are not satisfied with themselves.

Furthermore, the analysis of FSW’s self-assessment showed that spite seems to “overfill” FSW’s sole. It can be said that this very feature acts as a compensatory mechanism for them (a sort of protective mechanism) against depression brought about by social antagonism to their activities. This very mechanism explains hidden dissatisfaction with oneself among the majority of the surveyed FSW.

Yet, subsequent to the S. Dellinger test (geometrical test), it appeared that typical behavior of FSW in situations of interaction with clients, pimps/intermediaries is characterized by their “adjustments” to another person, his behavior, considering all his wishes (conformism), which in some cases can be treated as victim behavior, too.

The Vagner hand test interpretation results showed that the surveyed FSW had rather a high level of potential aggressiveness (with a sampling average being 2.97) and a low level of readiness to establish mutually beneficial relations with other people (with a sampling average being 1.53). In the standard sample readiness to establishment of interrelations should prevail to a certain extent. On the contrary, FSW are seen to have aggressive behavioral style prevailing,⁴ which points at non-constructive behavior in conflict situations.

Since FSW’s activities are not upheld in the society, a protective reaction to low self-satisfaction stemming from such state of affairs and giving a rise to hidden depression turns out to be spite against the society, one’s own self who is forced to be engaged in such activities. In the bottom of their hearts FSW feel certain non-satisfaction with their position (self-satisfaction indicators significantly differ from other indicators of current self-assessment, $p=0.01$), although outwardly FSW try to and make quite a typical impression which is similar for most people.

Still, they have overstated expectations in terms of their capabilities and achieving life goals. They want to achieve everything and, preferably, at once. Meticulous and routine activities are not typical for them. They need to see fruit of their work immediately. Impossible quick realization of their life goals, work in the environment associated with permanent manifestations of violence, no skills of constructive conflict situation settlement determine high potential aggressiveness which advances with the increase of age (up to 30 years), and stays on the more or less stable level in the middle years (see Figure 3). There are various significant differences between such age groups as FSW aged under 20 and those with the age of 21-24 $p=0.01$, and also between the age

⁴The level of potential aggressiveness was computed as a difference between indicators of readiness to manifest aggressiveness (“aggressiveness”) and a direction towards adjustments to the social sphere (“adaptability”).

groups of 21-24 and 25-29 years $p=0.01$, between the age group of those under 20 and those aged 25-29 $p=0.01$.

Given the sex industry conditions, such combination can act as a self-defense element in conflict situations. On the other hand, potential aggressiveness and no skills of constructive problem situation settlement may incentivize destructive trends in behavior which may cause violence against them in conflict situations with other people. Furthermore, FSW on their own can provoke such situations.

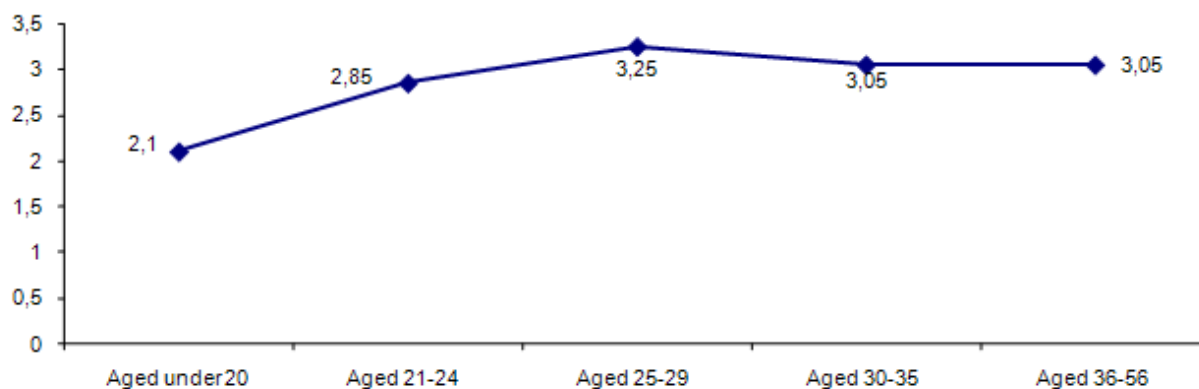


Figure 3. Potential Aggressiveness Level, Averages for Various Age Groups, Score

Thus, the main strategy in a situation of violence which is resorted to by most of the FSW is a passive form of protective behavior. FSW who don't resort to it are seen to have higher current self-assessment according to all the indicators (renown exclusive). However, the statistically significant difference is observed in terms of appearance only ($p=0.01$), which is quite explanatory, as they are not willing to lose "marketable appearance", so to say. Also, they are observed to have a bit higher self-confidence, self-satisfaction, greater optimism and a higher indicator of spite. From the psychological viewpoint, FSW using active forms of protective behavior occur in a twofold situation; their activeness in course of a violence situation, on the one hand, advances their self-assessment, still, on the other, this can foster more aggressive clients' reaction and manifestations of violence which lower self-assessment.

FSW's Referrals for Help

Activities of sex workers are often times come together with stigma, including self-stigma and marginalization. When a person incurring stigma or marginalization becomes a victim of violence, often times s/he is the one accused of being guilty in it, which causes an internal feeling of guilt or self-condemnation. In many cases a person who suffered from violence or a threat of violence has understated self-assessment; as a result, often times s/he doesn't take all the necessary actions in order to protect him/herself (in particular, to protect oneself from HIV).

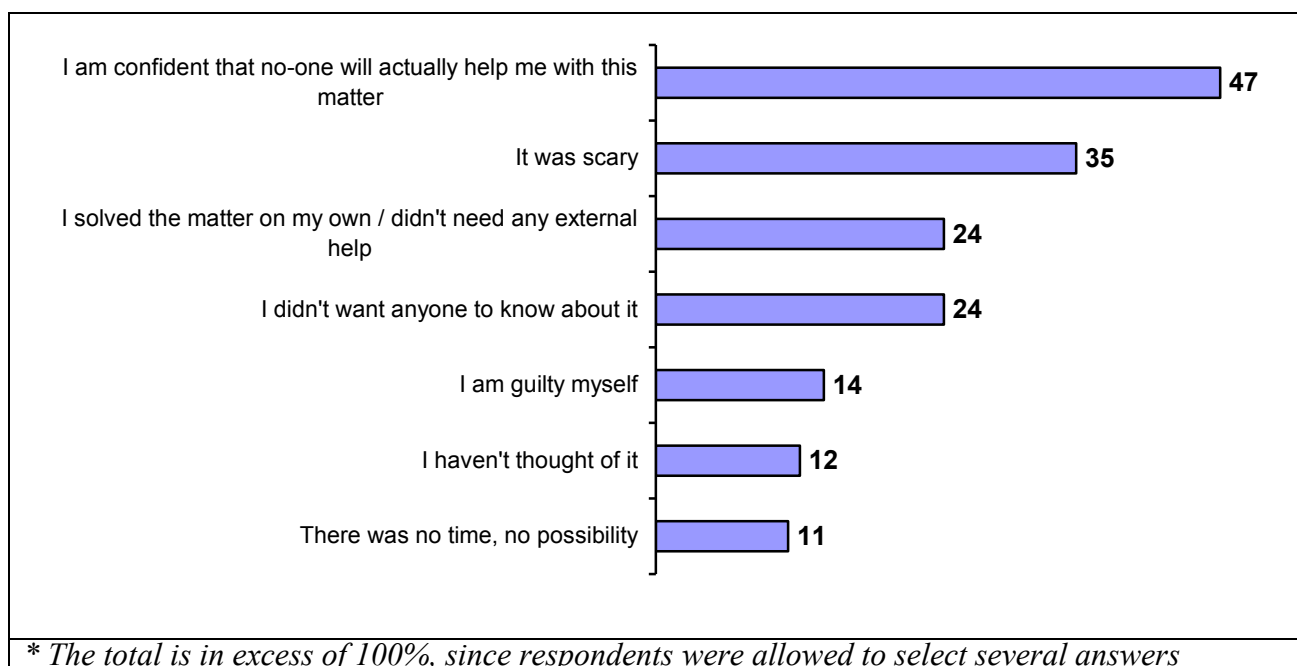
This is confirmed by the FSW survey data, according to which 74% of the polled hadn't referred to anybody after violence caused.

Among the key reasons why FSW who incurred violence don't refer for help are as follows (see Figure 4):

- no belief that anyone will actually help;
- fear;
- non-willingness to have the happened publicly known and endeavors to solve one's problems on one's own;
- self-condemnation.

There is a wide-spread belief among FSW who inject drugs that no-one will be able to really help them (58%), while there are 41% of such believers among non-IDUs ($p=0.01$). 23% of FSW who inject drugs acknowledge their guilt, while there are 8% of such respondents among non-IDUs ($p=0,01$). Girls who hadn't used drugs before oftener relied on their own resources and tried to solve the matter on their own (36%), while for IDUs this indicators is at 6% ($p=0.01$).

Among FSW who consume alcohol there are more people who lost their confidence in possible help in case of violence (53%), too, while for non-drug users this indicator is at 33%, $p=0.01$.



Opinions of experts regarding reasons why FSW don't refer for help after violence caused largely coincide with answers of the latter.

Experts point at the interrelationship between violence and fear, and between violence and self- self-condemnation (i.e. sex workers "are guilty themselves in all things"), as they don't opt to disclose facts of violence incurred, don't refer anywhere for help, even if it constitutes a serious problem for them.

In many cases FSW don't refer for help being afraid about their private lives, of losing earnings, because of fear of revenge from client's security service, response by a pimp rather than being afraid of publicity.

Just like FSW, stating reasons of non-referral for help experts point at the fact that victims of violence lack confidence in law enforcement bodies. Girls neither expect nor rely on objectiveness of police service and courts. Quite often FSW don't even consider the police service as a body one can refer to for help, as this implies making their outlawed activity publicly known, which may bring about adverse aftermaths for them.

Examples of statements from interviews with employers/intermediaries

"In general no-one refers for help. Maybe they are ashamed of talking about it. It is possible to call a friend. As a matter of last resort, one may refer to law enforcement bodies. But the situation is delicate, and, thus, most often no-one refers [to them]" (a pimp from Poltava).

"[They] haven't referred, but told [about violence]. And they don't refer for help anywhere, because they are denied [of help]" (a pimp from Kharkiv).

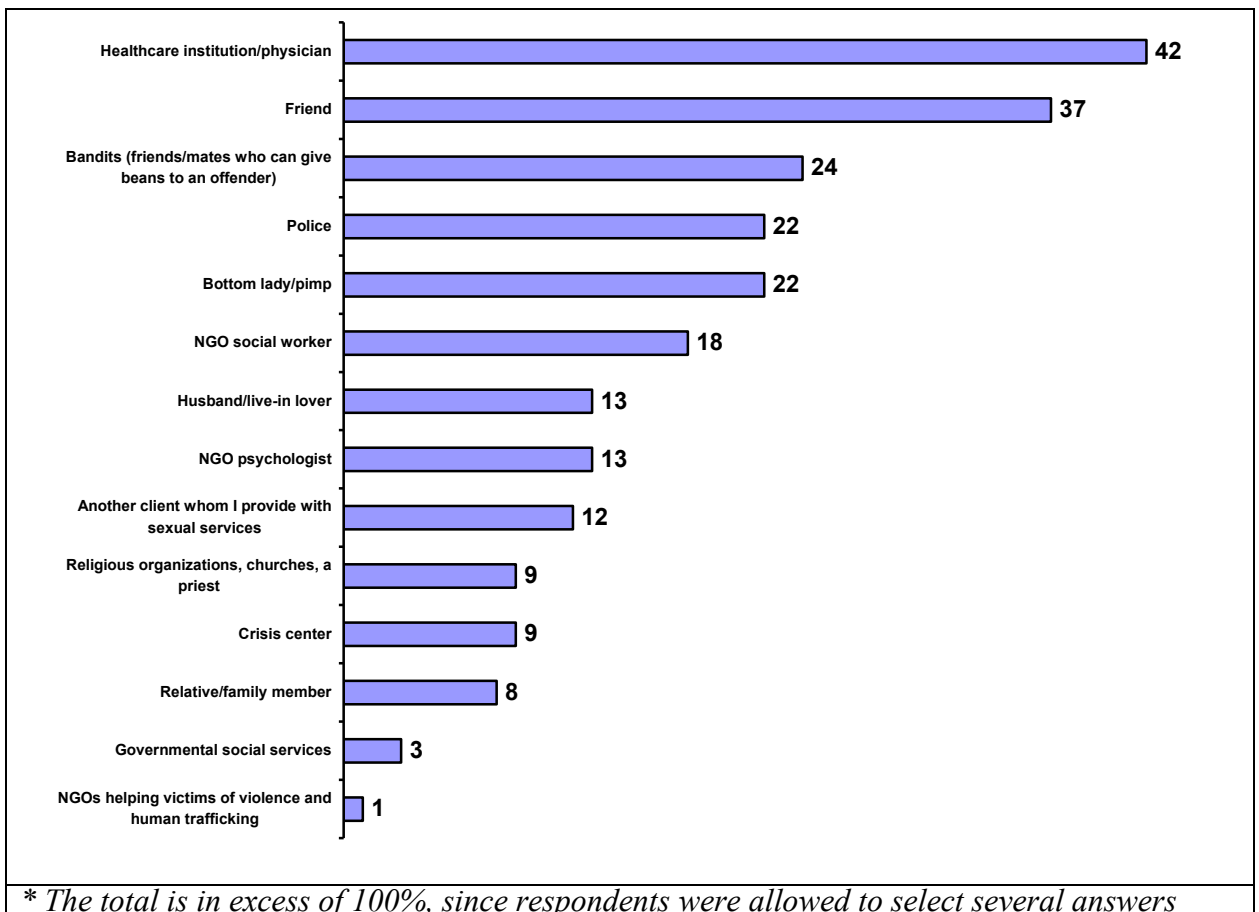
As a result of victimhood of female sex workers, they often encounter violence and start apprehending it as normal, some kind of occupational "overheads" or a possibility to earn more, which is another obstacle to any referrals for help.

Examples of statements from interviews with employers/intermediaries

"Girls hardly refer for help. [They do it] very seldom. Each of them solves her problem on her own, but can tell about them easily thereafter. Well, for instance, she was beaten by a client and then got extra paid for it. Will she run to us and complain? What for? She's got compensated and that's it." (a supervisor of girls from Smela)

"... if you offer any help to them, they start saying that they will figure it out on their own. It can be said that these are overheads of our work. I offer them help. I convince them that their way of life triggers violence. And it will be so, until she quits this business" (a taxi driver from Kharkiv)

At the same time, 78 of the polled FSW told that they had referred for help. Given the fact that violence is often times followed by various (physical and/or psychological) traumas, this does largely determine who FSW refer to for help and a kind of help (see Figure 5 and Table 6).



Most often victims refer for help to healthcare institutions for diagnostics and treatment of bodily injuries, insults and STI. The second place is held by friends as Esculapii of souls (psychological help) and bodies (help in case of bodily injuries). The third one is occupied by employers, bandits (criminals) and law enforcers as protectors and “consultants on how to behave oneself in such situations”.

As employers/intermediaries (20 out of 39) and NGO staff members (18 out of 34) explain it in their answers, FSW who incurred violence refer to them for help. In such a case both employers and NGOs provide the following kinds of help:

- psychological (psychologist’s counseling, talks, advice);
- medical (diagnostics, treatment by gynecologists, skin and STI specialists, interruption of pregnancy, counseling and treatment by trauma specialists, etc.);
- legal (legal advice, legal assistance offered by NGOs, as a rule);
- referrals to needed specialists from other organizations (offered by staff members of NGOs only);
- financial (offered by employers only);
- protection/giving beans to an offender (offered by employers/intermediaries only).

Table 6

Kinds of Help Received by FSW who Suffered from Violence^{*}, %
Among those who Referred for Help, n=78

PSYCHOLOGICAL	
An advice who to behave in such situations	49
Treated with understanding, heard out, calmed	46
MEDICAL	
Medical aid was provided	36
PROTECTIVE	
An offender was amerced	24
A criminal case against an offender was initiated	9
SOCIAL	
Brought to a place where help can be received	9
<i>Did nothing</i>	<i>10</i>
<i>* The total is in excess of 100%, since respondents were allowed to select several answers</i>	

The comparative analysis of answers by clients of NGOs and FSW who have never received services from non-for-profit organizations depicts that cooperation with NGOs, at this stage, doesn't have any impact on manifestations of violence against FSW. However, clients of NGOs are more active in terms of defending their rights. In its turn, this leads to higher self-assessment, more constructive attitude to the surrounding world, which will enable finding more adequate behaviors reducing risks of violence in future.

Subsequent to the survey, services of NGOs were received by 59% of respondents, while 52% are ready to participate in violence prevention activities. Still, this percentage is by far lower among respondents who were recruited through pimps rather than through NGOs. The very few of such FSW told that they had received services at NGOs and only 15% were ready to cooperate with social workers on violence prevention in future.

The key reasons of FSW's non-readiness to participate in NGOs' activities focused on violence prevention are as follows:

- no conscious need (54%),
- scepticism regarding capabilities of NGOs (30%),
- fear (14%).

Girls who are interested in cooperation with NGOs have the following needs (see Table 7).

**Rating of Violence Prevention Services
which FSW Would Like to Get from NGOs *, %, n=155**

Physician's services (services by gynecologists, skin and STI specialists)	82
Free-of-charge antiseptics	77
Psychologist's services	69
Lawyer's services	65
Information on how to behave in a violence situation (in print format)	64
Trainings on behavior in violence situations	59
Offering premises, a room where one can sleep over/live for some time during a crisis situation (leave a baby with a baby-sitter, etc.)	37
No services needed	5
<i>Other</i>	4
<i>* The total is in excess of 100%, since respondents were allowed to select several answers</i>	

Only 33% of the surveyed FSW are ready to refer for help to law enforcement bodies through NGOs (see Figure 6). This indicator largely differs among clients of NGOs (48%) and those who don't have any experience of cooperation with NGOs (12%).

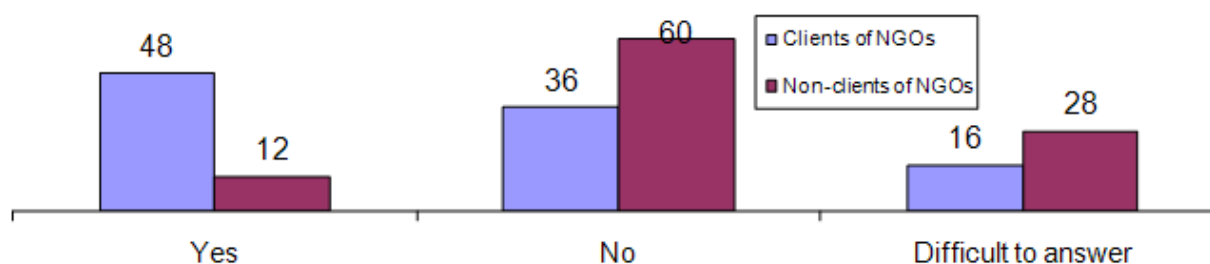


Figure 6. Distribution of FSW's Answers to the Question "Are You Ready to Inform Law Enforcement Bodies through NGOs about Abusive Treatment in Future?", %

The polling of employers showed that in general they didn't oppose to the situation when their girls under their aegis would be trained on "occupational safety rules" and clients' violence prevention methods, if such trainings were arranged by a non-for-profit organization.

Most of the polled employers/intermediaries favored an idea that their girls under their aegis would have an opportunity to refer for help to various institutions, when needed, and were ready to support them in such efforts.

Factors Enabling Reduction of the Risk of Violence against FSW

The survey results enabled drawing conclusions that there were few key factors reducing a degree of risk of occurrence of violence against FSW. One should point at the following among them:

- a level and adequacy of FSW's knowledge about kinds of violence, including their key manifestations;
- knowledge and skills in occupational safety (e.g., what shouldn't be put on at work: beads, chains, etc.);
- knowledge and skills of "back-up actions" against possible acts of violence in sexual services provisioning (e.g., ringing up a friend, a pimp, a security guard, writing down a car number, launching a data-base of "unreliable" clients, etc.);
- specific psychological features of FSW, including an adequate level of self-assessment, adaptability to the social environment and conformism;
- knowledge and skills in establishing a positive contact with surrounding people, communication skills;
- skills of adequate settlement of problem and conflict situations;
- skills in prevention of violence situations and possible reactions in violence situations;
- a level and adequacy of FSW's knowledge on possible sources of help to victims of violence;
- no alcohol and drugs before and during work.

Forming these FSW's knowledge and skills is possible with the use of individual and group counseling by a psychologist and a social worker, special trainings and awareness-raising classes, self-help groups, etc.

Recommendations on Strategies of Prevention of Violence against FSW in the Context of HIV/STI Prevention and Formation of Self-defending Behavior of Female Sex Workers

Given HIV/AIDS prevention tasks, violence prevention in the sex industry inclusive, the following key strategies can be called the most effective ones. In practice they should be implemented jointly by NGOs and respective governmental authorities (social services, healthcare institutions, law enforcement bodies):

- promoting a healthy lifestyle and values of health;
- promoting safe sexual behaviors among FSW, their clients, employers/intermediaries (with a focus on the need to practice safe sex in relations with regular sexual partners, rather than at work only);
- ensuring accessibility and training in correct use of barrier means of contraception (condoms, femidoms);

- preparing and holding target activities for FSW who inject drugs, including approaches to harm reduction (e.g., awareness-raising campaigns and syringe exchange programs);
- training “know how to negotiate with a client” techniques;
- training “self-defending behavior in a violence situation” techniques;
- promoting and ensuring accessibility of services on STI/HIV diagnostics and treatment;
- launching and maintaining “crisis counseling hotline” with short and easy-to-remember phone numbers;
- field work in places where services are provided by the most vulnerable categories of FSW, including provisioning of medical, social and legal services (outreach and peer-to-peer techniques);
- establishing conditions to foster formation of initiative groups or NGOs by FSW (since FSW’s confidence in their rights and ability to defend them make medical and social help for this group more accessible) and aligning their interaction with legal advocacy non-for-profit organizations;
- extending prevention work with FSW to small cities and towns of Ukraine, and resort areas attractive for mobile sex workers;
- ensuring FSW’s access to services targeted at solving psychological and emotional problems in conjunction with political-level efforts to tackle social, cultural and economic conditions of their work, including de-criminalization of the sex industry over the long run.

While developing and implementing sex industry violence prevention programs as a component to STI/HIV/AIDS prevention among FSW, one has to consider the following:

- pro-active involvement of sex workers at all stages of development and implementation of projects;
- adherence to ethical principles, since sex workers engaged in HIV prevention activities immediately draw law enforcement bodies’ attention to themselves;
- systemic work on advocacy of prevention programs among representatives of public authorities, in the healthcare sector, and among social services for FSW;
- coordination of response activities with a view of mobilizing and streamlining the use of limited resources of HIV-service NGOs.

Key NGOs’ fields of activities on reduction of FSW’s vulnerability to violence should be as follows:

- 1) prevention, including formation of self-defending skills in behavior with clients and their information support;
- 2) support and rehabilitation of violence victims.

While holding prevention sessions/trainings with FSW, one should have a special focus on:

- ✓ information targeted at:
 - de-bunking “expediency” of sexual services provisioning to clients who pay extra for all kinds of unprotected sex, including anal and oral sex, by means of comparing amounts of “extra payment” and costs of treatment of possible STI and their consequences;
 - de-bunking “expediency” of sexual services provisioning to clients who pay extra for abusive treatment and traumatic sex, by means of comparing amounts of “extra payment” and actual costs of treatment of typical traumas and economic losses related to temporary incapacity to work;
 - familiarizing with cases of clients’ abusive treatment arising from FSW’s ignoring the rules of self-protective behavior, including the piling-up of visual evidence, e.g. respective photos and videos;
 - familiarizing with a list of services offered by HIV service NGOs, including assistance in rehabilitation in cases of violence;
 - familiarizing with kinds of social services and conditions of receiving them at NGOs and municipal “anti-crisis” institutions working with victims of violence, homeless people, etc.

- ✓ formation of occupational violence prevention skills, including:
 - convincing a client to use a condom;
 - putting on a condom as a sex play element;
 - sequence (algorithm) for negotiating conditions of services provisioning with a client, including ability to say “no” to risky sexual models;
 - recording data about a client (a car number, an incoming phone number, etc.), informing contact persons (a pimp, a security guard, a friend, an operator) in case of off-site work, on client’s territory;
 - treatment of aggressive clients;
 - requirements for cloth, shoes and accessories;
 - applying additional safety measures in work with groups of clients, especially in case of under-aged persons and youth, and clients in cars having foreign car numbers.

- ✓ discussion of behavioral factors reducing the risk of violence against FSW at work, including:
 - refusal of/ reduction in the use of alcohol and drugs before and in course of work;
 - when possible, a shift from a highway to sauna, hotels, special rented apartments equipped with alarm bottoms or development and use of conditioned signs (location of curtains, special illumination, etc.);
 - more careful selection of rented apartments where sexual services will be provided (not higher than on the first floor, possibility of blocking some premises in apartments, etc.);

- refusal of work with clients who have evident external symptoms of STI, are heavily intoxicated, mentally unbalanced or blacklisted.
- ✓ during psychological counseling:
- focus should be shifted to correction of adverse traits of FSW's personality which are among factors of the risk of violence manifestations. They former include an overstated level of aspirations, overstated expectations from one's capabilities, an overstated level of spite to the world, a high level of aggressiveness, a low level of development of communication skills. Since occupational conditions of FSW foster entrenchment of these features, while effects from trainings will be temporary, it is desirable to arrange the sessions in a way that a FSW could always have an opportunity to struggle out of the vicious circle of her activity.
 - draw clients' attention to the need to wider a number of their mates and contacts beyond the regular circle of communication.
 - offer clients to start forecasting their future lives, getting acquainted with new kinds of labor activities, expanding their horizons.

Key areas of information support of clients are as follows:

- publishing and distributing of leaflets, brochures, target periodicals (e.g., the "Podorozhnik" magazine which is rather popular among FSW), including comics. At that, one has to take into account specific lingual features of the target population, e.g. it is preferable to publish some literature for the Zakarpattia oblast in the Roma language;
- drawing up a black-list of FSW's clients who go in for abuse and violence with all their available details recorded (e.g., description of appearance, a car number, behavior manners, particular features of a client with photos provided (when available)); it would allow identifying them and making familiar with this black-list as many FSW as possible.

Main fields of activities with FSW who suffered from violence:

- formation of girls' conscious need in getting timely medical aid (including a competent approach to post-contact prevention, regular testing for HIV/STI, attending a gynecologist/skin and STI specialist for preventive check-ups);
- provisioning of medical and social services, first of all psychotherapeutic and legal assistance;
- arrangement of assistance and support of FSW at specialized healthcare institutions (at a skin and STI clinic, for example) and governmental institutions with a view of solving social problems (e.g., restoration of documents);
- launching of tight cooperation with institutions that can provide temporary shelter in the event that a girl doesn't have dwelling or she needs to change a place of residence in order to hide from an offender (crisis centers, social hostels), provisioning of information about such institutions to girls, and, if needed, client management.

An important field of NGO's activities is involvement of new clients. To this end one should:

- work to make bottom ladies/pimps interested in their FSW's receipt of the services;
- provide for financial incentives for clients in the form of antiseptics and other handouts (condoms, femidoms, sanitary pads, alcohol wipes, leaflets/brochures, etc.);
- regularly visit places where sexual services are provided by the most vulnerable representatives of the target population ("highwayers");
- pay a special attention to FSW who work in resort areas (the Azov-Black Sea Seashore, the Carpathians), activating work with them during the holiday season. The particularity of holiday zones is that FSW provide services at any time of day or night rather than only in the evening like in other regions, which will ease organization of outreach for NGO staff members.

On the national level priority fields of counteraction to HIV spread among FSW may be as follows:

- organizing and holding prevention activities among those selling sexual services and allocating funds for development and support of the operation of non-for-profit organizations engaged in this realm;
- involving mass-media into awareness-raising activities among the general public as to personal and public HIV prevention measures;
- introducing training programs in response to drug use expansion and on HIV prevention healthy life-style promotion in schools, general educational and specialized vocational training institutions;
- providing aid and support to healthcare authorities in implementation of programs on HIV/AIDS prevention among drug users and those selling sexual services in terms of law enforcement bodies of Ukraine;
- expanding cooperation with international organizations with a view of providing free medical and social services, and psychotherapeutical aid to women who are victims of violence.

The above-mentioned activities will remain hardly effective, unless strategic and practical programs and actions on prevention of involvement into the sex industry are developed on the national level. Successful vulnerability reduction measures should be based on many-fold programs that are focused on social and economic factors pushing people into the sex industry, for example:

- widening educational opportunities for girls;
- arranging and implementing grant programs on professional education and/or its continuation for young women from most-at-risk populations (low-income/many-children/troubled families, orphans, etc.) and at least temporary resolution of their dwelling problems;
- arranging and implementing job creation programs with local industries and the services sector, so that young women could get employed.