

Social Work with People Practicing Same-Sex Relationships

Theory. Methodology. Best Practice



Social Work with People Practicing Same-Sex Relationships

Theory. Methodology. Best Practice

Editor and Compiler: Laima Geidar.

Publishing Editor: Myroslava Andrushchenko.

Text Authors: Laima Geidar (Women's Network Information Centre),
Sviatoslav Sheremet Gay Forum Ukraine),
Yury Sarankov (AIDS Foundation East-West),
Svetlana Valko (AIDS Foundation East-West),
Elena Semenova (Information Centre "For Equal Rights"),
Irina Kupriyanova,
Maria Sabunayeva (Feminist and LGBT Organization "Gender — L"),
Alexey Zavadsky and Zorian Kys' (All-Ukrainian Network of PLHA),
Maksim Kosyanchuk (Donbass-Socproject),
Natalia Nagornaya (International HIV/AIDS Alliance in Ukraine),
Myroslava Andrushchenko (International HIV/AIDS Alliance in Ukraine),
Anna Dovbakh (International HIV/AIDS Alliance in Ukraine).

Social Work with People Practicing Same-Sex Relationships.

Theory. Methodology. Best Practice. International HIV/AIDS Alliance in Ukraine, K. — 2009

Социальная работа с людьми, практикующими однополые сексуальные отношения

Теория. Методики. Лучшие практики, *Международный Альянс по ВИЧ/СПИД в Украине*, К. — 2009.

© **International HIV/AIDS Alliance in Ukraine**

5 Dimitrova Street, building 10A, 9-th floor,

03680, Kiev, Ukraine

Tel.: (+380 44) 490-54-85, 490-54-86, 490-54-87, 490-54-88

Fax: (+380 44) 490-54-89

E-mail: office@aidsalliance.org.ua

Web: www.aidsalliance.org.ua

To be distributed for free.

Circulation: 2,000 copies

Layout: Larisa Kononchuk

Literary Editor: Igor Andrushchenko

This book is in the first place intended for leaders and activists of LGBT community, specialists and social workers, for all people working with LGBT organizations and groups, and will undoubtedly help them to create favourable environment and to build the needed services for LGBT and, in its own right, will contribute to the response to homophobia, stigma and discrimination. You will learn about specific LGBT needs and services, obtain practical advice on methods to respond to homophobia; you will learn about advocacy and lobbying of the interests, about mobilization of LGBT community and role of LGBT movement in the social and political life in Ukraine and will read about the basic principle of social studies methodology.

Interpretations presented in the brochure reflect the authors' opinion and should not be perceived as an official position of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Besides, there is no direct or implied approval or sanctioning of these materials by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Acknowledgements

The editor would like to express her sincere gratitude to:

Anna Dovbakh, Pavel Skala, Myroslava Andrushchenko and Natalia Nagornaya for useful advice and comments to the text; Sviatoslav Sheremet for the courteously provided quotations of the opinion leaders, officials and politicians, as well as for the database of organizations and photo materials; Inna Iriskina for the expert evaluation of the text on transgender people; Darina Bogdan, Anna Sharygina, Svetlana Valko, Ludmila Grishko and Andrey Maimulakhin for the training materials; Oksana Pokalchuk for legal advice on the Agreement on Confidentiality.

We are glad that this publication has received a comprehensive support from the Standing Reference Group on LGBT Problems and MSM Projects in Ukraine.

The book has illustrations courtesy to the civil society organizations, such as Gay Forum of Ukraine, Women's Network Information Centre, Insight, Kharkiv Women's Organization "sphere", Gay Alliance, Credo Information Centre, and Kiev-Testosterone; photographers: Laima Geidar, Natalia Kravchuk, Oksana Sarkisova, and wire services Obozrevatel and UNIAN.

Quotations are taken from the site: *<http://homo-aphorism.narod.rul>*

Great thanks to all people, who inspired us and helped to publish this book!

Content

1. Background Information. <i>Laima Geidar</i>	5
2. Specific Needs of the Target Groups	10
2.1. Medical Aspects Related to LGBT Health. <i>Yury Sarankov</i>	10
2.2. Health Needs of WSW. <i>Laima Geidar</i>	18
2.3. Problems of Transgender People. <i>Elena Semenova, Laima Geidar</i>	21
3. Psychological Health and Counselling	24
3.1. Stress Minorities. <i>Natalia Nagornaya</i>	24
3.2. Six Phases in the Formation of the Homosexual Identity. <i>Irian Kupriyanova</i>	27
3.3. Basic Principles of Psychological Support for the Homosexuals. <i>Maria Sabunayeva</i>	30
3.4. Problems with Counselling for MSM and WSW. <i>Natalia Nagornaya</i>	37
3.5. Provision of Care and Support Services to HIV Positive MSM in Ukraine. <i>Alexey Zavadsky, Zoryan Kys'</i>	41
4. Technology of HIV/STI Prevention among MSM and WSW	45
4.1. Outreach Work. <i>Svetlana Valko</i>	45
4.2. Community Centres. <i>Vladimir Kiseliov, Myroslava Andrushchenko, Laima Geidar</i>	55
4.3. Specific Package of HIV/STI Prevention Serviced for WSW. <i>Elena Semenova</i>	62
5. Response to Homophobia, Stigma and Discrimination	64
5.1. Methods of Response to Homophobia, Stigma and Discrimination. <i>Laima Geidar, Anna Dovbakh</i>	64
5.2. Conducting a Training Session/Workshop: Key Recommendations. <i>Laima Geidar</i>	72
5.3. How to Correctly Discuss Homosexuality with the Media. <i>Laima Geidar</i>	75
5.4. The Role of Civic Society LGBT Organizations and Initiative Groups in the Response to Homophobia, Stigma and Discrimination. <i>Laima Geidar</i>	78
6. Mobilization and Organizational Development of the LGBT Community. <i>Laima Geidar, Anna Dovbakh</i>	81
7. Advocacy: Theory and Practice Regarding LGBT. <i>Sviatoslav Sheremet</i>	94
7.1. Background Information	94
7.2. Steps of the Advocacy Campaign.....	98
7.3. Methods and Tools of Advocacy	108
7.4. National Strategies of Advocacy LGBT Campaigns.....	114
8. Methodology of Research of LGBT Community in Ukraine. <i>Maksim Kosyanchuk</i>	117
9. Glossary of Key Terms.....	120

1. Background Information



Laima Geidar, Women's Network Information Centre

According to the national and international experts¹, total number of men, who have sex with men (MSM) in Ukraine, ranges from 177,000 to 430,000.²

The number of women, who have sex with women, of bisexuals and transgender people, as well as their role in HIV/AIDS epidemic in Ukraine has never been estimated.

In order to start the talk about the work with the community of lesbians, gays, bisexuals and transgender people (LGBT community), as well as with people without a homosexual identity, but a clearly expressed homosexual orientation, who practice same-sex relationships (MSM, WSW), we need to understand the specific characteristics of our target audience. To understand the various terminology used in the texts presented for your attention, we suggest using the glossary of key terms.

Unity in Diversity

Homosexual men and women, as well as heterosexual people are very diverse within their populations: they are people of different age, religious beliefs or political preferences, they practice different life-styles and have various professional interests and gender references, they may differ not only by their social and family status, but by ethnic origin. In other words, homosexual and heterosexual people do not have much difference in terms of social and demographic aspects. What is then so special in our target audience?

Its specific features include:

- their homosexual orientation, i.e., their permanent emotional, romantic, sexual or erotic (sensual) attraction to same sex people;
- sexual practices;
- homosexual identity, i.e., each gay or lesbian experience a very painful, long-term process of “coming out” — i.e., self-recognition as a gay or a lesbian;
- many homosexuals experience the “minority stress” in the process of self-recognition;
- gender reference points and behavioural models acceptable by homosexual people;
- practicing the gay or lesbian life style (e.g., same-sex family/partnership, their range of homosexual friends and acquaintances, visiting the meeting places, shops, cafe, dancing-halls, mass events for LGBT, and so on);
- gay and lesbian subculture (clothing style, slang, music, books, movies, art, Internet, magazines, etc.);
- existence of social and political movement standing for the equal civil rights of LGBT.

As you may have noticed, there is something that unites gays and lesbians as a community. First of all, this category of people has certain common needs. Gays and lesbians, as a stigmatized group, have common unmet need in the protection of their fundamental human rights and recognition of their civil rights; while in their turn, they need to have an easier access to health, legal and social services. But the most meaningful factor that unites gays and lesbians is a negative social attitude towards homosexuality as such, which is full of hatred and prejudice — homophobia³.

¹ Оцінка чисельності груп підвищеного ризику інфікування ВІЛ в Україні/ Балакірева О. М. (гол.ред.), Гусак Л. М., Довбах, Г. В., Лавренов О. О., Паніотто В. І., Петренко Т. В., Погоріла Н. Б., Салюк Т. О., Сидяк С. В., Хуткий Д. О., Шамота Т. С. — Київ: МБФ “Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2006. — 28 стор. — 20 стор.

² These figures are considered underestimated and are critically perceived by the experts and representatives of LGBT community.

³ Resolution of the European Parliament “Homophobia in Europe” (January 18, 2006) defines homophobia as an “irrational fear and loathing to homosexuality, lesbians, gays, bisexuals and transgender people, based on prejudice, and is similar to racism, xenophobia, anti-Semitism and sexism”.

What is the harm of homophobia for society?

Homophobia:

- inflames hatred to the “different”, “other”, “those not like us” and bears a direct threat to human life regardless of sexual orientation of an individual, and has common roots with racism, fascism and anti-Semitism;
- is a continuation of sex-based discrimination, propagation of social heterosexism¹ and heterocentrism, the means of economic, cultural and political control of a patriarchal state and church over the life of people irrespective of their sexual orientation;
- is an indicator of a social maturity, as well as democracy or totalitarianism;
- is a form of a social blackmailing of men of the European culture, who are panically afraid of losing their “masculinity” status and have to permanently prove their heterosexuality² [read “normality” — note of the Editorial Board];
- causes social isolation and marginalization of people with homosexual behaviour and is a cause for discrimination, which is a direct violation of the human rights both by individuals and by governmental institutions;
- leads to invisibility of homosexual and bisexual people in the society that is manifested in silencing or distortion of their problems in the mass media messages, in the lack of LGBT-related social policy of the government, and in their non-inclusion as a target group by NGOs;
- prevents people from getting information on prevention, detection and treatment of HIV/STI among MSM/WSW, because most of heterosexual men and women, who have sexual contacts with homosexual people, do not consider themselves to be homosexuals and are not included as clients to the programs designed for MSM/WSW.

What is the difference between LGBT and MSM/WSW?

Acronym LGBT is broadly used to define the community of lesbians, gays, bisexuals and transgender people. This means that the above categories of people practice certain life styles and have accepted certain identity. These very people are clients of HIV/AIDS/STI prevention projects aimed at the homosexual community.

People, who deny their homosexual identity and sexual orientation, who consider themselves heterosexuals but regularly practice homosexual behaviour, are called men who have sex with men, or women who have sex with women (MSM and WSW). These people with heterosexual identity are active clients of sexual services. And they are most hard-to-reach for prevention programmes, because they consider themselves heterosexuals and completely ignore information campaigns or medical and social services aimed at gays or lesbians.

Until the moment when an individual declares his specific needs related to homosexuality, or to social, medical, psychological or legal services, he or she is relatively safe because he or she is not different from heterosexual people. People, who accepted the homosexual identity and openly position themselves as lesbians or gays, are most vulnerable to stigma and discrimination.

What threats are posed by homosexual behaviour?

In spite of the fact that 18 years have already passed since the abolition of criminal sanctions for sexual relationships between men (Criminal Code of Ukrainian SSR, article 121, part 1), lesbians and gays are still victimized due to homophobia. Ukrainian males and females are still being expelled from the educational institutions, fired from their jobs, prohibited to hold certain positions, refused to rent housing on grounds of their sexual orientations. Cases of prejudiced and humiliating attitude towards gays and lesbians on the part of government institutions, law enforcement bodies, army and

¹ Please, see the Glossary of Terms..

² Eve Kosovsky Sedgwick “Epistemology of the Closet”, page 272 in Russian translation (Сэд-жвик Ив Косовски. Эпистемиология чулана. Перевод с англ. О. Литовской, З. Баблюна. — М.: Идея пресс, 2002. — 272 с.)

health care institutions are rather frequent. Homosexual families in Ukraine are deprived of rights and freedoms envisaged by the legislation for heterosexual families, including, for example, the right to create family partnerships, adopt children, bequeath property in case of death of a partner, be a guardian for the children of a partner; to receive social benefits to care for children and sick members of homosexual family. Information space of our country is filled with negative and stereotyped information about lesbian women and gay men. Until now there are attempts to forcefully treat homosexual people and it is a direct violation of international and national legislation.

What is causing homophobia in the society?

The answer to this question lies in the gender perspective. I suggest that we should start our discourse about gender and homophobia from the following question: are there any uniform standards for a male or female human being? Many people will answer “yes” to this question without thinking. A woman should be such and such, and a man, as opposed to woman, should be such and such. In other words, while describing “male” and “female” qualities of a human personality, we say, that to be a man or a woman means something more than just to have primary and secondary sex characters by which we can determine the biological sex of a person. Our list of qualities inherent to men and women includes, first of all, their social roles and behavioural patterns for men and women. Few people think about the fact that these qualities of “masculinity” or “femininity” are not inborn but are developed by the socialization institutions¹ in accordance with cultural requirements relevant for a given moment of time. Correspondingly, we are talking about gender — a social and cultural characteristic attached by a society to an individual according to his or her biological sexual features, which requires a strict compliance to all rules of a standard behaviour of a “normal” man or woman. The norms of “masculinity” and “femininity” are not constant. They are changing depending on a historical epoch, cultural traditions, social and political situation and many other factors. Some “natural” and “correct” things from the point of view of a patriarchal society are considered immoral in the modern world and are subject to legal prosecution. For instance, such as public executions and the death penalty as such, or discrimination on the basis of gender, race, religious beliefs or political preferences, or ethnic origin, corporal punishment of children and adults, domestic violence, forced marriage, forceful recruitment in the army, deprivation of the right to education and choice of profession, etc.

Violation of LGBT rights is explained by the fact that the heterosexual society establishes certain norms and rules of behaviour, into which the representatives of lesbian and gay community do not fit. Deviation from these norms and rules is viewed by the society as the manifestation of inadequacy. So, male homosexuality is perceived as a threat to the society and patriarchal mode of life which typically recognizes the superiority of men and “male” values. Gays are regarded as people, who do not blend in this mode of life² because they are not “men”. They are associated with negative “feminine” properties. Patriarchal attitude towards lesbians can be expressed by the following quotation: “any sexual contact is deprived of any social importance if it occurs without the involvement of penis”³.

Lesbians and gays are perceived by the society as people unable to control their sexual desire. They are perceived as people inclined to lecherous actions that are dangerous to other people, and who are seducing underage children to incline them to homosexuality. All this made some gay activists to mock such perceptions by wearing T-shirts with an inscription: “Give us your children and what we underfuck, we will just eat!”.

Understanding that discrimination of LGBT contradicts the laws, society is trying to invent some special rules for gays and lesbians based on double moral standards and religious dogmas. The society tries to restrict opportunities provided to gays and lesbians by their civil rights (e.g., to enter into a marriage, or to choose profession,



*ILGA-Europe Conference, 2007.
Michael Cashman, Member of the
European Parliament: “God Bless
heterosexual procreation! In fact,
it brings thousands of homosexual,
bisexual and transgender people
into the World.”*

¹ Family, kindergarten, school, institute, mass media, army, health care, church, and so on.

² Weinberg, 1972.

³ Bernard, 1992, p. 27

the freedom of meetings, organization of public events, meetings and communication, etc.). For example, there is no governmental programme for LGBT, no community centres, TV and radio programmes, newspapers and magazines, in which this community could have discussed their everyday issues.

What does science say?

Thanks to the large-scale research the leading scientists of the world share the idea that treating lesbians and gays as an anomaly and deviation is inadmissible. One of the first and most known studies that pointed at the scale and prevalence of homosexual behaviour and feelings in the society was Alfred Kinsley research performed in the USA in 1930–1950-s¹. Today the popular approaches to explaining the phenomenon of homosexuality included explanations based on genetics, hormonal development studies, evolutionary biology, anthropology, sociology, gender theory and so on. But all they contribute to dispelling the myth about abnormality of homosexuality. Modern psychiatrists and sexologists are concerned not about the issue of changing sexual orientation for the “correct” one, but about how to help gays and lesbians overcome their social and psychological problems related to their life in the society where not everybody would positively react to disclosure of their homosexuality.

What do the United Nations and European Community say?

Tolerance to homosexual, bisexual and transgender people is norm of public behaviour and a legal requirement in the modern democratic societies. A number of national and international organizations are actively opposing the prosecution of lesbians and gays. American Psychiatric Association excluded homosexuality from the list of mental disorders back in 1973. Since 1991 the World Health Organization at the UN also had not been considering homosexuality as a disease or personality disorder². The Council of Europe Parliamentary Assembly, in which Ukraine is a member since 1995, had adopted a special Recommendation № 1474 *“situation of lesbians and gays in Council of Europe member states”, which has addressed the issues, in particular, in Ukraine. This thorough document indicates that “Nowadays, homosexuals are still all too often subjected to discrimination or violence, for example, at school or in the street. They are perceived as a threat to the rest of society, as though there were a danger of homosexuality spreading once it became recognised”. The Council of Europe Parliamentary Assembly recommended “to include sexual orientation among the prohibited grounds for discrimination” “considering it to be one of the most odious forms of discrimination”.*

The UN-supported international conferences, such as the Cairo International Conference on Population and Development (1994) and the 4-th World Conference on Women in Beijing (1995) contributed to significant changes in the interpretation of the very definition of a sexual norm. In 1997, at the Congress of the World Association for Sexology in Valencia, approved the Valencia “Declaration on Sexual Rights”, which stated that: *“sexuality is an integral part of the personality of every human being. Its full development depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness and love...Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation and abuse at any time and situations in life”*³.

Conclusions

Thus, homosexual relationships are part of sexual repertoire of a human being and, as well as any contacts between the adults, that occur on the basis of mutual consent and without coercion, they should not give rise to aggression and condemnation, especially on the part of health workers, psychologists and social workers. Nobody has the right to put the pressure on an individual if it is related to changes in his or her sexual

¹ Alfred Kinsley performed 2 studies: “sexual Behavior in the Human Male” and “sexual Behavior in the Human Female”. Both studies demonstrated that homosexual behaviour was quite common in people of both sexes.

² On May 17, 1991 homosexuality was excluded from ICD-10, (International Statistical Classification of Diseases and Related Health Problems). This document is used as a basic statistical classification standard in the health care. On a regular basis (once every 10 years) it is reviewed under the leadership of WHO. ICD is a regulatory document ensuring the uniformity of methodological approaches and international comparability of materials.

³ Lottes and Kontula, 2000, p. 14–15

orientation, and nobody has the right to discriminate people, humiliate their dignity or neglect them due to their sexual orientation.

The lack of truthful informant about the communities of homosexual, bisexual and transgender men and women does not provide an opportunity to plan targeted HIV/AIDS prevention programmes that would meet the needs of these groups.

One of the conditions for a comprehensive approach to scaling up the access to medical and social services and to HIV/AIDS prevention among MSM and WSW is a counteraction to homophobia, stigma and discrimination and provision of the whole range of civil rights and freedoms to LGBT in all spheres of social relationships.

There is hardly anyone whose sexual life, if it were broadcast, would not fill the world at large with surprise and horror.

William Somerset Maugham, English writer, 1874—1965

The only unnatural sexual act is that, which you cannot perform.

Alfred Kinsey, American biologist, 1894—1956

¹ Progress in Reproductive Health. Issue 67. WHO, 2005

2. Specific Needs of the Target Groups

2.1. Medical Aspects Related to LGBT Health



Yury Sarankov, "AIDS Foundation East-West"

Homosexual relationships are part of sexual repertoire of a human being and, as well as any contacts between the adults, that occur on the basis of mutual consent and without coercion, they should not give rise to aggression and condemnation, especially on the part of health workers, psychologists and social workers. Anybody has the right to satisfy his or her sexual needs and have an opportunity to maintain and improve his/her sexual health, which is reflected in the documents of the World Health Organization (WHO). Among other, the **sexual rights** of a person include *"the right of all persons, free of coercion, discrimination and violence: to the highest attainable standard of sexual health, and to access to sexual and reproductive health care services; to seek, receive and impart information related to sexuality; to sexuality education; to respect for bodily integrity; to choose their partner; to decide to be sexually active or not; to consensual sexual relations; to consensual marriage; to decide whether or not, and when, to have children; and to pursue a satisfying, safe and pleasurable sexual life"*¹.

At a glance, it may seem that the representatives of LGBT community, MSM and WSW cannot have any specific health needs, but it is not exactly so. Their specific sexual practices and life styles that affect their health can cause a whole range of health conditions that require attention of medical specialists. This section contains a number of recommendations that can significantly improve the medical environment to help the physicians pay a proper attention to the needs of LGBT community representatives.

A survey performed among the members of Gay and Lesbian Medical Association (GLMA) in 2002 helped to compose a list of 10 most important issues to be discussed with the clients from LGBT community.

10 important issues to be discussed with LGBT patients:

1. HIV/AIDS and safe sex.
2. Drug use.
3. Depression/anxiety.
4. Hepatitis and vaccination.
5. STIs.
6. For MSM — prostate gland cancer/testicular cancer/rectal cancer; for WSW — breast cancer/cervical carcinoma.
7. Alcohol use.
8. Smoking.
9. Fitness (diet and sports).
10. Human papillomavirus and anal papilloma.

HIV/AIDS Prevalence among MSM

Sex between men continues to be the main HIV transmission route in many countries of the world (almost all countries of Latin America, the United States, Canada and some countries of Western Europe). There are few data about HIV prevalence in Central Africa and Middle East. Globally, HIV prevalence among MSM varies significantly by countries and regions: from 0% in the Middle East to 36.6% in Latin America¹. Men who have sex with men in countries with middle and high HIV prevalence levels (1.1% — 5% among adult population) are almost 10 times more likely to have HIV infection compared to general population in the regions where injecting drug use is not a key driver of HIV epidemic. However, in the countries where injecting drug use fuels HIV spread, e.g., in the countries of the former Soviet Union, men who have sex with men are 13 times more likely to be infected compared to the general population².

Today the following HIV transmission routes prevail in Ukraine: injecting drug use (45.6%), unprotected heterosexual sex (33.5%) and mother-to-child transmission (18.2%). According to official statistics, the share of MSM in the transmission of HIV is miniscule. According to the Epidemiological Department of the Ukrainian AIDS Prevention Centre, from the beginning of the epidemic in 1987 there were only 184 officially reported cases of male to male HIV transmission through sexual contacts (by 01.07.08). Such low visibility of MSM in the epidemiological picture is explained by the fact that most people prefer to indicate a heterosexual or unknown transmission route due to the stigma and discrimination attached to homosexual behaviour.

Nevertheless, a sentinel epidemiological surveillance study performed in 2007 in 12 Ukrainian cities³ identified that HIV prevalence among MSM varied from 4% in Kiev and 8% in Kryvoy Rog, to 10% in Nikolayev and even to 23% in Odessa.

MSM and General Population: a “Bridge” for HIV

Men who have sex with men are not an isolated group. In many countries even men, who identify themselves as gays (homosexuals), can from time to time have sexual relations with women. In Senegal 88% of MSM reported of having vaginal sex and 20% — about anal sex with women⁴. In China half of the men who have sex with men reported about sex with women, and one third of them were married to a woman⁵.

One third of men in some cities of Central and Eastern Europe, who frequented public places where gays usually gather, had sex with both men and women⁶.

Factors of an Increased Risk of HIV Infection

We suggest examining the biological, behavioural, social and cultural factors of infection risk.

Biological Factors

There is no evidence that MSM are biologically more susceptible to HIV. However, anal sex is an important biological factor associated with sexual contact. Despite the fact that mucous membrane of both vagina and rectum has receptors that are quickly affected by the virus, anal sex is more dangerous due to higher rate of injuries (rupture of mucous membrane). Unprotected receptive anal sex is at least 10 times more unsafe, than an unprotected vaginal sex.

The studies demonstrate that presence of genital diseases with ulceration, especially genital herpes type II, primary syphilis and chancroid, increases the risk of HIV transmission as they serve as the “point of entry” for the virus.

In spite of the fact that MSM are not biologically more susceptible to STIs than other population groups, certain diseases localized in the mucous membrane of the oral cavity and rectum often remain undiagnosed. For instance, pharyngeal gonorrhoea⁷ is observed in 5.5% MSM in the USA (136 cases of 2,475 tests)⁸.

“The Love that dare not speak its name” in this century is such a great affection of an elder for a younger man as there was between David and Jonathan, such as Plato made the very basis of his philosophy, and such as you find in the sonnets of Michelangelo and Shakespeare. It is that deep, spiritual affection that is as pure as it is perfect... It is beautiful, it is fine, it is the noblest form of affection. There is nothing unnatural about it...

Oscar Wilde, an English writer, 1854—1900

¹ UNAIDS Men Who Have Sex With Men, HIV Prevention and Care. UNAIDS. November 10-11, 2005.

² Baral S et al. Elevated risk of HIV infection among men who have sex with men in low- and middle-income countries 2000 — 2006: a systematic review. PLoS Medicine 4 (12): e339, 2007.

³ Моніторинг поведінки чоловіків, які практикують секс із чоловіками: аналіт. Звіт за результатами опитування./ О.М. Балакірева, Т.В. Бондар, М.Г. Касянчук та ін.. — К.:2008. — 64 с.

⁴ Niang CI et al. (2002). Meeting the sexual health needs of men who have sex with men in Senegal. Horizons Report. New York: Population Council.

⁵ Liu H et al. (2006). Men who have sex with men and human immunodeficiency virus/Sexually transmitted disease control in China, STD Diseases, 33, 2, 68-76.

⁶ Hamers F, Downs A (2003) HIV in Central and Eastern Europe, Lancet, 361, 1035-1044.

⁷ Inflammation of pharyngeal mucous membrane caused by gonorrhoea.

⁸ Prevalence and Incidence of Pharyngeal Gonorrhea in a Longitudinal Sample of Men Who Have Sex with Men: The EXPLORE Study. Morris SR, Klausner JD, et al. Clinical Infectious Diseases. Volume 43 (2006).



Round table on LGBT issues, MOH of Ukraine, 2008

¹ Royce R, Sena A, Cates W, Cohen MS (1997) Sexual transmission of HIV. *New England Journal of Medicine*, 336(15):1702-8.

² Koblin BA et al. Risk factors for HIV infection among men who have sex with men. *AIDS* 2006;20(5):731-9.

³ McFarlane M, Bull SS, Rietmeijer CA. The Internet as a newly emerging risk environment for sexually transmitted diseases. *JAMA* 2000;284(4):443-6. Rietmeijer CA et al. Risks and benefits of the internet for populations at risk for sexually transmitted infections (STIs): results of an STI clinic survey. *Sex Transm Dis* 2003;30(1):15-9. Bolding G et al. Gay men who look for sex on the Internet: is there more HIV/STI risk with online partners? *AIDS* 2005; 19(9):961-8.

⁴ Comparative analysis of 12 studies to evaluate the prevalence of smoking among the lesbians, gays and bisexuals in the United States was performed within the period from 1987 to 2000. The smoking rate among young LGBT varied from 38% to 59%, and among adults — from 28% to 50%. Ukrainian smoking indicators constituted 28% — 35% for young people and 28% for adults (Ryan H., Wortley P.M. et al. Smoking among lesbians, gays, and bisexuals: a review of the literature. *Am J Prev Med*. 2001 Aug;21(2):142-9)

Behavioural Factors

Specific sexual practices in the repertoire of MSM increase the infection risk: they include an unprotected receptive anal sex, unprotected insertive anal sex and oral sex. Not all sexual contacts between an HIV infected person and non-infected partner result in HIV infection. The probability of infection in case of unprotected anal sex (without condom use and with ejaculation in the rectum) is estimated to be the following:

- 0.03%-0.1% for all contacts, in which an uninfected partner plays an active role (penis is inserted in the partner's rectum), while an infected partner plays a passive (receptive) role (range: from 1 case per 3,333 to 1 case per 1,000 contacts).
- 0.1%-3% for all contacts, in which an infected partner plays an active role, while an uninfected partner plays a passive (receptive) role (range: from 1 case per 1,000 to 1 case per 33 contacts)¹.

Some behavioural practices also increase the risk of infection, for instance, having sex with multiple partners, inconsistent condom use for anal and oral sex, lack of knowledge about HIV and STIs, negative or negligent attitude to safer sex. High levels of alcohol and drug use contribute to the lower level of self-control and responsible decision-making.

There is a link between depression and higher sexual risks, such as unprotected anal sex, alcohol and drug use, inconsistent condom use and sex with multiple partners².

A link has been described, particularly for young MSM, between sexual violence in childhood and higher sexual risks, such as unprotected anal sex, alcohol and drug use and selling sex for money or drugs.

A quick development and spread of Internet contributed to the fact that thanks to the appearance of special meeting sites and chat-rooms, traditional places frequented by MSM (bars, clubs, saunas) are becoming more impersonal and virtual and do not require much time to get acquainted with other people and get information about potential partner. In spite of the fact that a person can be HIV infected, MSM prefer not to provide this information in the personal questionnaires. Acquaintance through the Internet with “sexual” implication increases the chance to contact with a HIV infected partner³.

Social and Cultural Factors

Stigma and discrimination, homophobia, racism, xenophobia and depression increase the risk of drug use, the frequency of unprotected receptive/insertive anal sex, the number of partners and inconsistent condom use.

Stigma associated with homosexual sex prevents many MSM from recognizing their sexual identity (homo- or bisexual): “I will not get infected because I do not belong to a risk group, I am a heterosexual and HIV prevention programmes for homo- and bisexual people are not related to me”.

Since the middle of the 1990-s, when thanks to the appearance of highly active antiretroviral therapy, HIV infection was shifted to the category of chronic diseases, the so-called HIV optimism has started to spread in the MSM communities. Confidence in the accessibility and efficiency of the modern antiretroviral therapy, as well as the social tiredness of the constant, standard calls for safer sex practices contributed to the growth of risky sexual behaviour (e.g., unprotected anal sex). Nevertheless, according to the UNAIDS, due to various reasons only one in 20 MSM in the world has an access to HIV prevention and treatment services.

Use of Psychotropic Substances by LGBT

Alcohol use, tobacco smoking and use of both legal and illicit psychotropic substances are widespread among LGBT people around the world, which is confirmed by numerous research data⁴. The reasons for such behaviour will be discussed later, but first of all it should be noted that LGBT community is very attractive for transnational corporations

producing alcohol and tobacco. Some “traders in death” implement advertising campaigns with the use of homo-aesthetic images (i.e., images of gays and lesbians as consumers of their products) and sponsor some prestigious LGBT events and civil society organizations.

Use of the so-called recreational drugs (for entertainment) increases the frequency of risky sexual practices. A lot of data is published on this subject. For example, one of the studies performed among 2,873 MSM in Israel (through the Internet)¹, showed that 669 (23%) of them had practiced unprotected receptive anal sex (URAS) in the past 6 months, and 1,319 (46%) of them used psychotropic substances. The use of psychotropic substances was significantly higher among those, who practiced URAS, than among those, who did not engage in it (31.5% compared to 26.4%). According to the research data, 366 respondents (13%) reported simultaneous drug use and URAS practice. HIV infection rates were higher in this dual-risk group, and respondents also reported having more sexual partners in the past 6 months than those, who did not belong to this dual-risk group.

High level of alcohol consumption as a legal psychotropic substance among gays, lesbians and bisexuals has a complex nature and is explained by both social and psychological factors.

Social Factors Contributing to High Alcohol Consumption:

- visiting bars or meeting venues (“pleshki”) as the only place for social congregation and meetings of LGBT, where alcohol plays an important role in the process of socialization;
- homophobia and discrimination;
- hatred-driven or homophobia-driven crimes;
- non-recognition of homosexual relations by the society.

Psychological Factors Include:

- depression;
- internalized homophobia;
- alcohol as a “social lubricant”;
- fear of meeting and having sexual relationships with other MSM or WSW;
- desire to be liberated and merry, i.e., “to be like everybody else”;
- attempt to overcome loneliness;
- deep emotional conflict with family members due to coming-out, or feeling of guilt for the failure to justify hopes and expectations of relatives and close ones, etc.

Impact of Homophobia² on the Health of LGBT and Its Role in the Spread of HIV/STI Epidemic

Disapproval of one's own sexual orientation (an internalized homophobia³ or homonegativism⁴) can result in isolation and risky anonymous sex. Stress caused by disapproval of one's own sexual orientation builds intrapsychic defence mechanisms that have an impact on interpersonal relationships (for instance make it impossible to establish long-term relations with another person, which leads to a continuous search of new sexual partners and, as a result, increases the contact with biological fluids containing pathogens).

A US research of 422 homosexual men, in which they studied mutual relationships between the impact of internalized homonegativity, showed that it was internalized homonegativity, and not the level of homosexuality, which was significantly associated with depression, dystimia and probability to receive therapy. Besides, the internalized homonegativity has a negative impact on the general sexual health, psychosexual



Training of trainers on outreach work, 2007

Training on safe sexual behavior



¹ Mor Z, Davidovich U, et. al Gay men who engage in substance use and sexual risk behaviour: a dual-risk group with unique characteristics.

Int J STD AIDS. 2008 Oct;19(10):698-703.

² See Glossary of Key Terms.

³ See Glossary of Key Terms.

⁴ The terms “homonegativism or homonegativity” were suggested by Hudson and Ricketts in the article: Hudson, W. and Ricketts, W. (1980) A strategy for the measure of homophobia. Journal of Homosexuality, 5, 357–372.

¹Rosser BR, Bocking WO, et al. The relationship between homosexuality, internalized homonegativity, and mental health in men who have sex with men. Abstract. J Homosex. 2008;55(2):185-203.

²Research performed in Massachusetts and presented at the 136-th Annual Meeting of American Public Health Association (25-29 October 2008) by the group of researchers (Joseph R. Merighi, Deborah Chassler, et al.), was designed to study the association between sexual identity and regular contacts with health specialist. The results showed that MSM, who identified themselves as heterosexuals, compared to those who considered themselves gays or bisexuals, were 60% less likely to have regular contacts with health specialists; MSM, who used drugs in the past 30 days were 54% less likely to have contacts with health specialists; and MSM, who had more social support were 32% more likely to have contacts with health specialists. Authors make a conclusion that the research result underscore the impact of sexual identity, illicit drug use and presence of social support on medical aid appealability among MSM.

³Steve W. Cole, Margaret E. Kenedy et al. Accelerated Course of Human Immunodeficiency Virus Infection in Gay Men Who Conceal Their Homosexual Identity. Psychosomatic Medicine 58:219-231 (1996)

⁴It was proven that suppression of a free expression of emotions and information about oneself, which can potentially be life threatening, can increase the activity of sympathetic nervous system, which in its turn has a suppressive action on the immune system (the amount of circulating lymphocytes and monocytes, production of antibodies, immediate and delayed reactions of hypersensitivity). The studies in which participants could freely release a psychological material (thoughts and feelings related to the traumatizing life experience) demonstrated improvement in some aspects of physical health (e.g., visits to the doctors) and functioning of immune system (e.g., control over latent viruses, production of antibodies and lymph proliferation), as well as reduced activity of the sympathetic nervous system.

growing-up, feeling of comfort related to sexual orientation, openness towards other people and socialization with people, who are equal by status. According to the authors of this study "service providers should contribute to sexual health and avoid interventions that strengthen internalized homonegativity"¹.

The research data indicate that MSM, who are not associated with the gay community, do not receive prevention information and protection means, and this significantly increase the risk of HIV and STI infection. A fear of discrimination by health care workers makes homosexual people reluctant to seek for medical services². Many MSM do not want to get tested for HIV, especially in small towns, due to a real or perceived threat of information leakage that will lead to the disclosure of their sexual orientation.

MSM Living with HIV/AIDS: Non-recognition of Oneself and Homophobia as the Chronic Stress Factors

HIV diagnosis is a major stress factor. This diagnosis is associated with such psychological/mental conditions as despair, anxiety, depression, suicidal thoughts, feeling of hopelessness and loss of the sense of life. More and more data appear in the scientific literature arguing that psychological stress (in this case — a dual stress caused by internalized homophobia and HIV related stigma) impacts the immune system weakening its defence capacity.

Psychosomatic Medicine magazine³ published the data Los Angeles research, which was performed to determine the impact of internal suppression of one's own homosexuality (internalized homophobia) on the progression of HIV infection among 80 HIV infected gay men. It was assumed that a psychological suppression is influencing the health status⁴. The hidden homosexual identity was measured with a 5-score scale, in accordance with which the research participants tried to determine the degree of their homosexuality by the following categories (in relation to other homosexuals): "definitely closed", "closed most of the time" or "fully open". The obtained results cannot explain the progression of HIV infection to a critically low CD4 count, the time of AIDS diagnosis and death of AIDS using such characteristics as age, HIV infection status at the onset of the research, treatment (e.g., antiretroviral therapy), behaviour that could have an impact on health (e.g., sexual practices), alcohol and recreational drugs use, smoking, sport exercises and sleep. In general, the sampling was homogenous by such aspects as gender and nationality. According to the research data, HIV infection was progressing more quickly among those participants who concealed their homosexual identity compared to those, who did not do it. The time of reduction of the level of lymphocytes, period of disease progression to AIDS stage and AIDS associated deaths were significantly longer among those, who were less secretive. HIV infection was progressing much slower among those, who were "open most of the time". This testifies to the fact that only moderate and high levels of "concealment" can be linked to a significant acceleration of disease progression. However, in spite of this evidence the research authors indicate that, first of all, the cohort sampling for the research was representative only for all HIV positive gays in Los Angeles, but it is unclear, whether the research conclusions can be applied to all gays, and secondly, the *"observational character of this research does not allow making any definite conclusions about the mechanism that may link a concealed homosexual identity to the accelerated progression of HIV infection. In particular, these results do not mean that coming out will improve one's physical health"*. In the end of their article the authors write: *"These results find their parallel with the data of research among 222 HIV infected gays, that demonstrated an increased rate of infectious and neoplastic (tumour) diseases on the background of a higher level of "concealment". The data of both researches coincide with previous studies that found the link between a psychological suppression and disorders in the activation of sympathetic nervous system, immune system functioning and physical health."*

HIV Testing among MSM as a Serious Problem: What Should Specialists Do?

Unfortunately, HIV infection is diagnosed at late stages of disease when a person already has clinical manifestations of opportunistic infections and when the efficiency of ARV therapy is declining. For example, of 14,158 new diagnoses made for MSM in England and Wales in 9 years (1993-2002), 31% were late (with CD4 count <200 x 106 mm3 at the moment of diagnosis). In 2001, despite the trend towards declining of incidence, around 430 (25%) MSM were diagnosed at the advanced stage of disease. The late diagnosis was mostly made to MSM, who live outside London, who were not “white” by origin and were in the mature age. During the year after the diagnosis 710 deaths (5% of 14,158) were reported. An estimated indicator of a short-term mortality was 14% for MSM and 1% for other population groups. The short-term mortality indicator was declining simultaneously with the broader availability of HAART and was independently associated with age and diagnosis made outside London, but was not related to the ethnic origin. According to the authors, “A continuing late diagnostics in one of four MSM indicates that these people lose an opportunity to initiate treatment earlier, lose the chance to prevent further spread of infection and are approximately 10 times more likely to die within one year after diagnosis... Early diagnostics among all MSM in 2001 could have prevented the short-term death by 84% and all other AIDS mortality indicators by 22% in the same year”¹.

Non-acceptance of their own sexual identity by the homosexuals as a result of internalized homophobia, an associated fear of coming out and facing stigma and discrimination are well-known obstacles for them to turn for HIV testing.

Gold and G Karantzas², researchers from the School of Psychology, Deakin University, Australia, decided to analyze the thought processes associated with reluctance in gay and bisexual men to be tested for HIV. The sampling made in 2007 included 97 men, who had not been tested for at least 4 years (69 of them had never been tested). 73% of them practiced unprotected anal sex in the past year. Anonymous interviews were made in 3 gay bars in Melbourne. Instead of traditionally asking the respondents about their reluctance to be tested, as it had been done in other studies before, the psychologists asked the participants (with the use of an anonymous questionnaire) to suggest that they might be tested for HIV soon, and then to mark any negative thoughts (from the provided list) about such suggestion. In the 1-st part of the questionnaire the respondents were asked whether they knew about an opportunity to be tested for HIV; in the 2-nd part they were asked to imagine that somebody had offered them to be tested soon (within the next 10 days) and a list of 29 possible negative thoughts was offered (answers were collected from research literature and were taken from the interviews with gays, who did not have HIV test). Twenty most common answers were selected for analysis. All respondents were subdivided into three groups according to the number of partners, with whom they had unprotected anal sex in the past year: no partners — N (26), one partner — O (34), had more than one/multiple partners — M (37). Possible answers included: “In fact, I do not need the test because I had not had risky contacts, so I am absolutely sure that I am not infected”; “In fact, I do not need the test because I did not have any symptoms that would suggest that I am infected”; “I do not want to be registered in any lists as an infected person. I am not sure that even the fact that I was tested will remain confidential”. Other respondents said that they would feel stress if they know about their positive status; that there is no urgent need; that testing reminds of AIDS and it is very depressive; I will be tested when I find a man with whom I will build relationships; if I learn that I am infected, it will destroy my family/relationships with my boyfriend/partner; it will destroy my life; I hate when my blood is drawn; somebody may recognize me in the clinic where they perform tests, etc.

The research result demonstrated that:

- almost all (97%) of men mentioned at least one of the thoughts suggested in the questionnaire;
- average number of answers — 7.6;

The bisexuality of many famous authors of both sexes has probably reflected their subconscious strive for androgeniety: that is, a wish to absorb both sexes and to experience feelings that are not destined to you by nature, to feel yourself a human god...

Grigory Chkhartishvili,
Russian writer, literary critic,
translator, born in 1956



Seminar “Child-rearing in same-sex families”, Kharkov, 2008

¹ T R Chadborn and others. No time to wait: how many HIV-infected homosexual men are diagnosed late and consequently die? (England and Wales, 1993-2002). AIDS 19(5): 513-520. March 25, 2005.

² R S Gold and G Karantzas. Thought processes associated with reluctance in gay men to be tested for HIV. Int J STD AIDS 2008;19:775-779

- two similar answers, each of which were given by the one third of respondents included the confidence that they were not infected, and, respectively, did not need testing;
- the number of positive answers grew with the increased level of sexual risk — it was especially apparent in the 3-d group (group M, who had more than 1 partner);
- many respondents (and this is surprising) confirmed the thought that they do not need testing because they do not have symptoms. The authors wrote: *“Our results remind the data obtained in other studies, which say that men, who know about their own infection are reluctant to seek treatment until symptoms occur”*;
- The 3/5 of respondents from this sampling said that in the meantime they could opt for testing for HIV. The authors explain this answer by the process of rationalization — if the test is delayed, then the thoughts about its consequences can also be postponed, i.e., they wanted to keep everything as it was.

The research authors recommend two suggestions that can help professionals to work with so important thought processes. Firstly, it is necessary to work with the psychological defence in the form of rationalizations used by gay men to buttress a decision not to be tested. Secondly, there is a need to explore the thoughts about perceived problems or losses allegedly related to testing.

There are a number of arguments that can be used by health care workers, psychologists and social workers (outreach workers) at the counselling of LGBT community representatives in order to increase motivation to be tested for HIV¹.

Motivation for HIV Testing

1. When you know the test result, you can get rid of uncertainty related to disappointing thoughts that you may possibly have HIV infection, but you do not know about it.
2. If the test result shows that you do not have HIV, while you know that your behaviour is related to risk of infection, you may learn how to be more careful to avoid infection in the future.
3. Knowing about the presence of virus in your body, you will be able to protect other people, first of all, your sexual partners, from infection.
4. If you get positive test result, you can consult a doctor to obtain care and support.
5. The earlier the test was made, and, if needed, the earlier treatment was started, the better are chances for you to preserve your health. Research data show that late detection of virus is related to higher indicators of infection-related morbidity and mortality.
6. A doctor or a counsellor will help you to make a decision about how to behave yourself you’re your relatives and close ones, or how to talk about HIV with people, whom you possibly exposed to the risk of infection.
7. You can get information about organizations and self-help groups for people, living with HIV, and find people like yourself, who can share their experience of living with HIV.

¹ Testing for HIV: Why Is It Needed?
AIDS Foundation East-West, Kiev,
2007

And, in conclusion, it should be noted that unfortunately the problem of HIV/AIDS among LGBT has not got any proper attention in Ukraine, because an official statistics demonstrating an insignificantly low rates of infection among MSM, with the absolute lack of data about WSW, is a justification for the lack of government action and a reason for the lack of funding to work with this population group.

To find more detailed information about problems and health needs of MSM, click the following link:

[*http://www.afew.org/english/publications/MSM-UKR-Med-issues-ALL.pdf*](http://www.afew.org/english/publications/MSM-UKR-Med-issues-ALL.pdf)

65.7% of female respondents have never taken an HIV test.

67% of female respondents estimated their own risk of getting infected as low, and only 5.6% indicated that they were at high risk for HIV infection.

2 girls of 143 respondents reported that they were HIV positive.

21% of female respondents reported that they had consulted an STI physician at least once in the past year.

18 % of female respondents reported that they had obvious STI symptoms in the past 12 months; most of them were diagnosed and half of them stopped any sexual contacts after the detection of symptoms for the period of treatment.

Гейдар Л., Довбах А. Быть лесбиянкой в Украине: обретая силу. — К., 2007, — 122 с.



Photo: Dmitry Veligura,
Photo-project "Different view",
Non-governmental organization
"Insight"

¹ Гейдар Л., Довбах А. Быть лесбиянкой в Украине: обретая силу. — К., 2007, — 122 с., стр. 71.

² K.D. Beiswenger, Chr. Hopfner, Mara Seibert (ed.), Wer lutscht schon gern ein Dental Dams Informationen für Frauen, die Sex mit Frauen haben, Berlin: Deutsche AIDS — Hilfe e.V., 2002, seite 3-4.

³ New Jersey Women and AIDS Project, 1993.

⁴ Гейдар Л., Семенова Е. Настольная книга для женщин: сексуальное здоровье. — К, 2008 — 76 с., стр. 55 — 61.

2.2. Health Needs of WSW

Laima Geidar, Women's Network Information Centre

Lesbians and women, who practice sex with women, are not visible in HIV/STI discourse because the society is sure that WSW are not in danger of infection. It would be a mistake to think that WSW community is isolated from the rest of the world, because an overwhelming majority of WSW has sexual experience with men; the WSW group includes not only lesbians but also women with bisexual behaviour, female sex workers, transgender people and injecting drug users. All these factors increase the risk for WSW to be infected, especially taking into account that the use of contraceptives among WSW is very rare¹.

The process of HIV transmission during unprotected sex between MSM is poorly studied and is gender oriented, because until recently such studies were performed exclusively by men of hetero- or homosexual orientation among heterosexual population or gay men².

Studies of HIV Transmission among WSW

The Health section of the official website of American Lesbian Alliance contains information that cases of infection of women through unprotected sex with other women have been known in mid-1980-s, but they were unjustly overlooked.

A 1989 survey in the Bellevue Hospital in New York showed that in 2 of 101 HIV cases among lesbian and bisexual female patients infection had supposedly occurred through the unprotected sex with another woman.

In the beginning of the 1990-s the Texas State University in Austin implemented a research, which confirmed that HIV can be transmitted between women during sex contact.

In 1993 in New Jersey there were 5 cases of sexual transmission of HIV between women³.

In 2003 Reuters informed that the researches of the Jonathan Lax Immune Disorders Treatment Centre, Philadelphia, registered the first established case of HIV transmission through the sexual contact between two women. Genetic research demonstrated the similarity of viruses isolated from both partners and the analysis of their life styles and risky behaviour excluded other transmission routes. This means that lesbians and bisexual women are exposed to HIV infection during the unprotected sex.

HIV/STI Transmission Routes in WSW Sexual Practices⁴

Menstrual blood, vaginal discharge, breast discharge and traumatic sexual practices all pose a potential risk of HIV/STI infection. Nevertheless, WSW as all other people can be HIV infected through an unprotected sex with a man or a woman, through extracorporeal impregnation with an unscreened sperm, the shared sexual toys for vaginal/anal sex; through injecting drug use, non-sterile medical manipulations, piercing and tattoo with non-observance of sanitary safety standards.

According to the information of one of the biggest resources for WSW — Washington Department of Education, the United States (<http://depts.washington.edu>) — and to the surveys among lesbians and bisexual women performed in 2003 in the United Kingdom, key infections among WSW include:

- vaginal candidiasis;

- human papillomavirus (HPV) (that causes genital warts and ulcers);
- genital herpes virus (HSV-II);
- trichomoniasis;
- hepatitis A and C.

Also WSW can transmit such infections as Chlamydia, gonorrhoea and syphilis through sexual contact.

Prevention of HIV/STI Infection Risk among WSW

In 2007 the Women's Network Information Centre published the results of a qualitative research of behavioural practices of lesbians and bisexual women in six regions of Ukraine¹.

This research identified a rather low level of female respondents' awareness of the specific risks of HIV and STI infection related to female homosexual practices. The low level of concern about risk and low awareness of disease symptoms is combined with the low level of specialist service uptake (most of WSW visit gynaecologists less than once every 2-3 years regardless of the age of respondents). On the basis of all these factors a conclusion can be made about a big unmet need in HIV/STI prevention for WSW.

Having reviewed the accessibility of health and social services for WSW, the research authors made the following conclusions:

Limitations in the provision of health care to WSW by physicians are explained by the following:

- lack of information among the physicians about the depathologization of homosexuality;
- violation of medical ethics (disclosure of the homosexual status, intolerable statements on the part of physicians/health care workers about the female client, refusal from the provision of services, inadequate service provision);
- lack of adequate information among the physicians about the health care needs of WSW and about the specific behavioural and sexual practices of lesbians and bisexual women, as well as about the impact of WSW sexual practices on the health of homosexual women.

It should be also noted that the lack of government programmes aimed at socialization of homosexual women, reduction of social stigma and discrimination contribute to the risky sexual behaviour, as well as to alcohol use and smoking in this target group.

Acceptability of health care services among WSW is complicated by the following:

- existing stereotypes about the safety of sexual relationships between women and a negligent attitude to their own health;
- lack of information about the consequences of STI for WSW;
- lack of information about risky and protected sexual practices of WSW;
- fear of the need to disclose one's own homosexual behaviour to a physician;
- lack of information about the available services for homosexual women.



*Photo: Dmitry Veligura,
Photo-project "Different view",
Non-governmental organization
"Insight"*



*You can find this book at
www.feminist.org.ua*

¹ Гейдар Л., Довбах А. Быть лесбиянкой в Украине: обретая силу. — К., 2007, — 122 с. Ознакомиться с книгой можно по адресу: www.feminist.org.ua

One of the important conclusions of the research of HIV/AIDS and STI infection risk is the fact that WSW do not protect themselves from sexually transmitted infections in their sexual practices.

Stereotypes and cliché existing in the society in relation to WSW make it difficult to evaluate the real risk of HIV/STI infection. So, women who have sex with women are not taken into account by the Ministry of Health of Ukraine as a HIV vulnerable group, which is not surprising because Ukraine had never researched this subject. Donor organizations do not show interest to the WSW problems and, as a consequence, HIV servicing programmes of NGO are not focusing on this target group. As a result, WSW remain without prevention programmes, information about safe sex and without a specialist counselling.



*Women's Network Summer Camp,
2008*

2.3. Problems of Transsexuals

Laima Geidar, Women's Network Information Centre,



Elena Semenova, Women's Network Information Centre

Transsexuality is a medical term that means a mismatch between one's biological and social sex on the one hand, and gender identity — on the other. That is, a person feels himself or herself “imprisoned in the wrong body”. Transsexuality is a personality, or gender identity disorder classified in the ICD-10 under the code F 64.0.

Sexual orientation and gender identity are two different things. Transsexuality is not related to sexual orientation, because a transsexual person can be heterosexual, homosexual or bisexual as any other human being. That is, if a trans-man (FtM)¹ had a sexual attraction to men before the sexual reassignment surgery, then he will retain this sexual attraction, and this given FtM will have a homosexual orientation, because being a man he would have sexual relationships with other men.

Transsexuals are included in the collective category of “transgender people”. This category does not include people with homosexual orientation, because gays, lesbians and bisexuals do not have the need to self-realize themselves as persons of the opposite sex.

It is presumed that the pathology that causes transsexuality is caused by a severe impairment of differentiation in the brain structures (hypothalamus and others) responsible for sexual behaviour. Such impairment leads to a distorted self-identification and to the feeling of belonging to the opposite sex in spite of the biological sex and respective role upbringing in the childhood².

Allegations that transsexualism results from the attempts to bring up a child as an individual of the opposite sex are not grounded. First of all, the sexual self-identity of a child develops in the age from 2 to 7 years, and when the manifestations of transsexuality start to be perceived by other people as a pathology, no repressive or educational measures are able to change the self-identity of the child.

Life of transsexuals in childhood and young age is a constant fight for the right to achieve harmony between their own sexual self-identity and perceptions of the other people, fight for their own self, for the right to change their sex and obtain integrity. Such life is full of problems and tragedies. Very often their despair and inability to change the life situation, negative relationships with relatives and close ones, insurmountable obstacles to social adaptation may lead transsexuals to suicidal attempts. An acute dissatisfaction with their biological sex combined with severe depression and inclination to suicide is called “a gender dysphoria”.

According to ICD-10³, transsexuality can be diagnosed if the personality identification with the other sex is stable (is being observed for at least 2 years) and is not a manifestation of another disorder (mental, or some genetic anomalies).

As soon as this subject has not been researched in Ukraine, then the evaluation of the size of this population should be based on the data of Western researchers. It is usually believed that the prevalence of transsexuality among biological males is 1 case per 10,000 cases and among biological females — 1 case per 30,000 cases. However, there are data⁴, which consider these figures significantly underestimated.

Homosexuality by its nature is as limited, as heterosexuality: an ideal man should have an ability to love both woman and a man — a human being in general, without feeling fear, or embarrassment or obligations.

Simone de Beauvoir, French writer and philosopher, 1908—1986

¹ FtM (female to male) — this term is used to define trans-men, who have an inborn female biological sex and male gender identity; MtF (male to female) — this term is used to define trans-women, who have an inborn male biological sex and female gender identity.

² Г.С. Васильченко. Нарушения психосексуального развития. <http://www.aquarun.ru/psih/psex/ps15p1.html>

³ ICD-10, International Classification of Diseases, developed by the World Health Organization (the United Nations).

⁴ For example, Lynn Conway's research: <http://ai.eecs.umich.edu/people/conway/TS/RU/TSprevalence-RU.html>



At the moment the only treatment for transsexuality that brings satisfactory results is sexual reassignment surgery and hormonal correction of the human sex in accordance with the gender identity, as well as social interventions, such as change of documents and resocialization of an individual in a new gender role.

Indications for sex-change include¹:

- impossibility of a psychosocial adaptation of a patient and the risk of suicide with the retention of an inborn sex with a favourable prognosis for adjustment after the sex-change;
- impairment of sexual self-identification since the early development (3-4 years);
- constancy of the developed sexual self-identity;
- regular observation by a sexopathologist for at least 1 year;
- absence of endogenic² process;
- absence of homosexuality and mental disorders as a key motive for sex-change;
- sufficient level of social adaptation for a new conditions of life in the future;
- sufficient social maturity to make a decision to change sex and make other decisions during further social adaptation;
- absence of delinquent³ behaviour;
- sufficient presence and degree of development of apparent endocrine, morphological, neurophysiologic, psychological and physical signs of a desired sex.

Problems of Transsexuals in Ukraine

- 1.Criteria for diagnosing “transsexuality” present a big problem because these criteria have not been reviewed in Ukraine for more than 10 year. We consider that they should be redefined on the basis of experience of other countries that have been treating transsexuality for a long time and have certain practical approaches to this problem. Moreover, we insist that transsexual patients should not be hospitalized in the mental hospital for observation in order to make the diagnosis.
- 2.Eligibility criteria for sexual reassignment surgery based on the Order of the MOH “On provision of medical care to people in need of changing (reassignment) of their sexual identity”. These criteria include age limitations (25 years), social limitations (e.g., having children) and other. We think that these criteria should be reviewed with the involvement of transsexuals.
- 3.The procedure of socialization in a new gender is not perfect in Ukraine. A transsexual is supposed to live one year in a new gender and only then he/she can receive permission for sexual reassignment surgery. At the same time this person would have the documents (passport, driver's license, diploma and other ID certificates) based on his/her inborn sex. This creates problems with employment, with the law enforcement bodies and other unpleasant situations. For example, if a trans-woman tries to find a job and a discrepancy between her female gender and male documents is found, you can only imagine consequences for such person. We insist: the first stage of transition⁴ in a person with the established transsexuality diagnosis should involve the replacement of documents, because there is an urgent need to improve the procedure for replacement of all personal documents in accordance with the new biological sex for transsexuals, who have undergone surgical treatment.
- 4.An absolute lack of any government-level research of the transsexuality problem. Until now it is unknown, how many transsexuals live in Ukraine, what are their specific characteristics and needs. The lack of scientific data about this category

¹ According to the draft Order of the Ministry of Health of Ukraine “on provision of health care to people needed to change (adjust) their sexual affiliation” proposed in 2008 to replace the similar Order that was applicable earlier.

² Schizophrenia, affective disorders, cyclothymia, dysthymia, schizoaffective psychoses, endogenic organic diseases, epilepsy and other disorders.

³ Delinquent behaviour — antisocial, unlawful behaviour of an individual expressed in his or her actions (or failure to act) that are harmful to both individual citizens and society in general.

⁴ Transformation (or “transition”) is a process of passage from one biological and/or social sex to another, which better corresponds to a person's internal self-sentiment and gender identity.

of people is directly related to the lack of funding for the sexual reassignment and resocialization programmes, as well as for the refresher training for the specialists working with this category of people in our country.

5. The lack of awareness of physicians and population in the regions. Where should a person who feels himself/herself transsexual turn to? Do the physicians who provide services to transsexuals in the regions have an appropriate professional level? The lack of information excludes these people from the social life, makes them invisible during the planning of HIV/STI programmes and complicates their access to medical and social services. Another important issue is distribution of information for the general public underlining that transsexual people who have undergone treatment become normal. This will contribute to the successful socialization of transsexuals and reduce the rate of crimes based on hatred to gender identity.



After the Sexual Reassignment

Some transsexual patients face even bigger problems after the sexual reassignment surgery than before the transformation. It is explained by their lack of specific experience to overcome obstacles related to both bodily and social, but mostly their internal, transformation. Sometimes people who underwent such surgery have some elevated expectations and believe that the sexual reassignment in itself will change their life for the better. Nevertheless, in most cases transsexuals are very happy about the operation results and all difficulties related to the lack of experience of life in a new gender are temporary and can be overcome within the first year after the surgery. Transsexuals, who changed their sex for a desired one, restore their mental balance, their gender dysphoria disappears and such a person can return to a full, active life in the society.

Because a man can turn into a woman, and a woman — into a man, the sea can dry up and the mountains can fall to pieces ... The love alone is never yielding to the reason.

Lee Yui, a Chinese writer, 1611—1679. *The Carnal Prayer Mat*



Photo: Alex Budin, Photo-project “Different view”, Non-governmental organization “Insight”

As for my homosexuality, I've been lucky in my life. My story is among those encouraging ones. Covert homosexuals believe that they will lose all if they disclose their orientation. In my case it was the other way round: all was repaid me a thousandfold.

Melissa Etheridge

3. Psychological Health and Counselling

3.1. Minority Stress



*Natalia Nagornaya,
International HIV/AIDS Alliance in Ukraine*

Talking of homophobia and heterosexism¹ that prevail in the society one can hardly neglect the “minority stress”, which represents one of the consequences resulting from these phenomena. The term gained currency due to research conducted by Virginia Brooks among U.S. lesbians in 1981². Having examined factors that cause stress, stress-inducing conditions and its consequences among homosexual women, the researcher has described the phenomena under observation as minority stress, as most of the research participants have demonstrated its characteristic causes and traits. In the following years, similar studies have been conducted among gays, lesbians, bisexuals and transgender persons. Findings of these studies play an important role in planning and performing social work, counselling and various research projects targeting homosexual audiences.

What is it — this mysterious minority stress? What role does it play in the behavioural practices in the context of HIV/AIDS?

According to the original definition of the author of the term, the main cause of this condition is the attribution of the status of a backward and inferior to a certain group of people based on race, ethnic origins, disease, limited physical abilities, sociosexual preferences and so forth, which negatively affects the life and health of an individual. An individual who appears to have been attributed to the “outcast” category has no power over the process of social labelling and unexpected obstacles and life challenges. In that sense, HIV-positive people, persons with special physical needs, homosexuals, African Ukrainians, and Gypsies as well as other categories of “different” people may experience as perceived pressure, rights infringement and discrimination on the part of the society. Reasons of such attitude include failure to meet various socially constructed standards deeply rooted in one's culture.

In the case of homosexual people the problem stems from sexism, heterosexism³ and homophobia, deeply rooted in the society's culture. The history of these “isms” and “phobias” goes back to times when agriculture had been the main occupation of people and their main problem were frequent wars during the time when the patriarchal values were being established, largely sanctioned by monotheistic religions, reproductive standards, gender inequality and, eventually, a negative attitude toward those who fails to meet these requirements. Dogmas sprouted ... complex combinations of standards defined the ideals... People would increasingly divide themselves into “right” and “wrong” ones while forgetting that they all are human at the first place... While living in a homophobic society, the homosexual people are faced with psychological and physical violence, discrimination in all spheres of life and at various stages of realization of their orientation. They more frequently feel lonely and isolated⁴.

¹ See Glossary of Terms.

² Brooks, V. R., *Minority Stress and Lesbian Women*, Lexington, MA: D.C. Heath, 1981.

³ See Glossary of Terms.

⁴ DiPlacido, Joanne, “Minority Stress Among Lesbians, Gay Men, and Bisexuals”, in: *A Consequence of Heterosexism, Homophobia, and Stigmatization*, in: Herek, G. (ed.), *Stigma and Sexual Orientation: Understanding Prejudice Against Lesbians, Gay Men, and Bisexuals*, London: SAGE Publications, 1998, pp. 138—159.

*All love combinations
Have their spirit and content
And to the sexual perversions
I would attribute abstinence
alone.*

**Igor Guberman, Russian author,
b. 1936**

In cultures with prevailing heterosexual standard, homosexuals are considered monsters, sick people and potential criminals. They are believed to be the antipodes of normalcy, therefore, most homosexual people are afraid that their sexual preferences become known outside a “narrow circle”. People, who from time to time, enter into sexual relationships with same sex partners, keep these relationships strictly confidential. Homosexual people, from their own experience and the experience of their friends, are very well aware of the risks related to both a voluntary public admission of one's homosexuality and its “disclosure”: domestic altercations, dismissal from job, humiliations and violence. Consequently, gays and lesbians are faced with — on top of everything else — stress-inducing situations, different from those faced by heterosexual people. Moreover, they have to think over such things that it would never enter the minds of a heterosexual man or woman to be even considering, for instance, to kiss his/her friend in public, to hold hands, tell your friends (family, colleagues) how you spent holidays or how your relationship is developing. Not everyone would dare put a photo of friends or one's loved one on one's working desk or apply to police in case of falling victim to blackmail, robbery or violence. Homosexual people have to lead double life, be more cautious, less open, and maintain self-control while communicating with others. Naturally, such situation does not make people happier; neither does it help sustain an optimistic mood or psychological comfort. Nor does it make an individual physically and mentally healthier. The consequences of minority stress are experienced in a particular acute manner during the period of becoming aware of one's homosexuality and “fighting oneself”. Young gays and lesbians appear to be the most problematic group in the regard. Minority stress in this period aggravates and stimulates the development of internalized homophobia, which oscillates between self-doubt and self-hatred that result from the adoption of the values and norms of the society where the heterosexual standard prevails. In the process of becoming aware of one's difference from the social norms and standards, one's own “anomaly” and social reproach, the homosexual people make these negative feelings part of the their self-image¹. This leads to frequent depressions, pessimism and negativism. Precisely in the period of becoming aware of one's homosexuality various forms of risk behaviour most frequently occur, which could go beyond the sexual sphere and risky sexual experiments as such. These include — suicidal tendencies, depressions, drug substances and alcohol abuse. All this produce a harmful effect over the health of gays, lesbians, bisexuals and transgender people and exposes them to the risk of HIV and STD infection. Therefore, HIV prevention programs and social work with the members of LGBT community, particularly the young people, in many countries focus on overcoming the minority stress and its negative consequences, and providing psychological support in the period of becoming aware of one's sexual orientation.

Minority stress is also characteristic of men having sex with men and women having sex with women, but do not identify themselves as gays, lesbians or bisexuals. Moreover, the rejection of homosexual tendencies as an important part of one's personality negatively affects the self-rating, psychological condition and mental health. The reason for that goes back to the double life, the assumption of uncharacteristic roles and foregoing one's right to be oneself. This group is largely characterized by risk behaviour, which may become an essential element of life style and gradually year after year destroy individual and his/her family and close ones psychologically and physically².

HIV-positive gays and lesbians bear double and often even triple burden of the minority stress. For they are discriminated both as HIV-positive and homosexual people. In addition to that, they may also have the status of injection drug user or former inmate.

Speaking of the attitude toward homosexual people in the context of HIV/AIDS epidemic, one need to be mindful of the following important points. Numerous studies have demonstrated that there is a correlation between the experience of discrimination and negative attitude in the society and the problems of psychological and mental health among the MSM and WSW. Further research (Antony, La Pierriere, Schneiderman, and Fletcher (1991)) found a link between stress and the state of immune system among HIV-positive and HIV-negative gay males³. The more support and understanding one encounters, the easier it is to overcome difficulties related to the HIV-positive status, and the more carefully one would observe recommendations of the medical professionals and other specialists. Support and understanding on the part of the others, availability of people whom one can confide in help neutralize stress, which

¹ Ibid., p. 147.

² DiPlacido, Joanne, “Minority Stress Among Lesbians, Gay Men, and Bisexuals”, in: A Consequence of Heterosexism, Homophobia, and Stigmatization, in: Herek, G. (ed.), Stigma and Sexual Orientation: Understanding Prejudice Against Lesbians, Gay Men, and Bisexuals, London: SAGE Publications, 1998, pp. 142—144.

³ Ibid., p. 141.



Photo: Bogdana Bondar,
Photo-project “Different view”,
Non-governmental organization
“Insight”

Do not start. Do not blush. Let us admit in the privacy of our own society that these things sometimes happen. Sometimes women like women.

Virginia Woolf, English writer and literary critic, 1882—1941. *A Room of One's Own*

negatively affect the immune system of both HIV-positive and HIV-negative people.

Practices of the programs operating in the Western countries have demonstrated that social support and personal qualities of an individual have no small share in neutralizing stress. Already in 1980s, researchers and social workers proved¹ that a timely social support offered to homosexual people suffering from minority stress, resulting from a generally negative attitude to homosexual people in the society and the process of becoming aware of one's identity, may forestall the negative consequences of stress, prevent risk behaviour, diseases and even save life. Support on the part of the parents, friends, partners, LGBT community and other people, whom a homosexual person encounters in his/

her life, help overcome the minority stress and its negative consequences. Thus, for instance, studies conducted in the 1990s in the US, UK and Australia demonstrate that support on the part of one's social environment is very important for the HIV-positive homosexual people (as much as for anyone else) and helps hold out in the struggle against the disease. One may observe the direct effect of such support on the health of an individual. At the same time, the lack of support, reproach, rejection and hatred produce an opposite effect². To conclude, it is the social support that helps people, lends them strength and energy that enable them to successfully cope with life difficulties, live and enjoy their lives. Social support represents an antidote to minority stress and its harmful consequences. Meanwhile tolerance and respect to human personality regardless of sex, sexual orientation, race, ethnic origin and physical status sets us on the path toward the moment in time, when the minority stress will be ultimately consigned to oblivion.

¹ Cohen, S. and Hoberman, H.M., “Positive Life Events and Social Support as Buffers of Life Change Stress”, in: *Journal of Applied Social Psychology*, 13, 1983, pp. 99-125; Cohen, S. and Willis, T.A., “stress, Social Support and Buffering Hypothesis”, in: *Psychological Bulletin*, 98, 1985, pp. 310—357.

² Hays, R.B., Turner, H., and Coates, T.J., “social Support, AIDS-related Symptoms, and Depressions among Gay Men”, in: *Journal of Consulting and Clinical Psychology*, 60, 1992, pp. 463—469; Nott, K.H., Vedhara, K., and Powers, M.J., “The Role of Social Support in HIV infection”, in: *Psychological Medicine*, 25, 1995, pp. 971—983; Turner, H., Hays, R.B., and Coates, T.J., “Determinant of Social Support among Gay Men: The Context of AIDS”, in: *Journal of Health and Social Behavior*, 34, 1993, pp. 37—53.

3.2 Six Phases in the Formation of the Homosexual Identity¹



Irina Kupriyanova, Ph.D. in psychology, Tver, Russia

Cass (Cass, 1990) subdivides the process of the formation of sexual identity into six phases and believes that there exist individual characteristic traits in the way this process is going on at each particular phase. According to Cass, the transition from one phase in the development of this process to another one is motivated by a persistent need to preserve a full self-concept in the context of sexual orientation, as well as positive self-perception within a given sexual orientation. The concept of progressive development of the process of the formation of sexual identity, when every next phase is characterized by forming a fuller concept of one's sexual identity, looks cogent only in relation to the dominant European and American culture, but hardly reflects the other ethnic groups' life styles. For instance, many African Americans, Latin Americans and Asian Americans, apparently, do not need a homogender identity as they believe the homogender sexual behaviour to be part of another non-sexual identity. People living in Asia and Asian Americans often consider sexual behaviour to be a private matter that has nothing to do with general social schemes (Chan, 1995). Nevertheless, Cass' model appears to be appropriate, when dealing with the representatives of Western and European culture.

Below follows a description of six phases in the formation of homosexual identity (Cass, 1990), as outlined in the "Basics of modern sexology".

Phase I — doubt. At this phase in the formation of one's sexual identity, an individual begins to realize that the information on homosexual orientation somehow related to his/her own reactions. Once the person realizes that s/he cannot go on ignoring these commonalities, s/he begins to doubt as to whether his/her sexual self-perception is correct. In the period of uncertainty and doubts, the person can make efforts in order to avoid sexual activity in relation to a person of the same sex despite persistent fantasies and dreams about it (Kottman, Lingg, & Tisdell, 1995).

When a person starts asking a question: "Am I gay (lesbian, bisexual)?", one may feel the need for information on homosexual orientation. Some time later, the individual passes on to the second phase in the formation of his/her sexual identity.

Phase 2 — comparison. At this phase in the formation of sexual identity the individual feels his/her difference from other family members and peers. In such manner the individual forms a fuller idea of what it means to be homo- or bisexual. Nearly every individual is brought up with a view to a heterosexual behaviour. In the process of a homosexual identity development, the individual has to gradually abandon heterosexual principles of behaviour, which may result in a feeling of being castaway and lost. People may respond differently to the feeling of social estrangement. Following a positive realization of one's difference from the others, the importance of the heterosexual behaviour starts to reduce gradually. However, even in this situation some people continue to pretend to be heterosexual, trying to avoid problems, which an open disclosure of one's sexual orientation may bring about. At this phase, many individuals are inclined to disclaim their homosexual identities, while being aware of their sexual preferences (Johnson, 1996). The negative reaction is caused by fear of estrangement

The more a person goes public about his or her homosexuality, the less problems there will be. If we are ashamed of ourselves, how the hell do we expect the rest of the world not to be ashamed of us?

Martina Navratilova, US tennis player of Czech origin, born 1956

¹ http://www.1gay.ru/therapy_stories16.shtml



on the part of the others and brings about devaluation of the homosexual identity. At this phase many people turn their own lack of confidence into an “internalized homophobia”. As a result of that, a negative attitude is being formed toward one's own identity, as well as toward gays and lesbians. In such cases, people often try their best to demonstrate their apparent conformity with the heterosexual principles, while in reality may secretly indulge in homosexual fantasies and even sexual activity (Isay, 1996).

Phase 3 — tolerance. Having come to terms with one's sexual orientation and being aware of one's sexual and emotional needs related to it, the individual is beginning to be more tolerant toward his/her preferences and is getting used to them. As a rule, at this phase the person gets to know the gay-community, which helps find some emotional support, an opportunity to establish partner relationships, observe some positive role models and be at more ease with one's identity. At this phase, shy and incommunicative people are the ones who suffer from problems, as well as those who are afraid of others learning about their proclivities. If an individual's feelings at this phase appear to be generally negative, the further progress of the formation of homosexual identity may come to a halt. However, if a person feels quite confident and generally positively assesses one's feelings, s/he finally gets so much accustomed to one's identity that s/he would be able to dispassionately state: “I am gay (lesbian, bisexual)” (Isay, 1996: SavinWilliams, 1995). As the homophobia and discrimination on the basis of sexual orientation are still quite prevalent, the individual has to take an uneasy decision as to what degree should s/he disclose to the others. The process of getting prepared for the first open expression of one's non-traditional sexual orientation is often described as “coming out”. The degree of openness of the first expression of one's non-traditional sexual orientation and the choice of confidants depend on many factors. Some people deem it necessary to let relatives and close friends know, others believe that sexual preferences are their private business and other people have nothing to do with it. The decision to “come out” should be taken discreetly, with due regard to all likely negative consequences of such step. However, it is often the case that gays, lesbians and bisexuals find out that the others accept their sexual orientation easily (Rhaods, 1995).

Phase 4 — internalizing one's sexuality. At this phase, a tolerant attitude toward one's homo- or bisexual orientation is succeeded by a positive self-perception. Bonds with gay-community become stronger. A positive identification form with other people of homosexual orientation. Attitudes and life styles of other people with similar orientation may largely define an individual's well-being. If a person maintains relationships with people who believe that there is nothing shameful about homosexuality, s/he can form a similar belief. When an individual fully accepts one's sexuality, s/he is ready to move on to the fifth phase.

Phase 5 — pride. At this phase in the formation of the homosexual identity an individual gives up the idea of heterosexuality as a norm which could be used as base for the assessment of one's own sexual behaviour and the sexual behaviour of other people. As the self-identification with the gay-community deepens, the person begins to feel proud of his/her belonging to this community. At this phase the person takes an active part in political movements that oppose discrimination and homophobia and confronts the heterosexual establishment. In many cases, this phase turns into a period of aggression. The desire to conceal one's sexual orientation wanes, and some family members and colleagues learn about this person's sexual proclivities. Because of the prevalence of negative social attitudes toward homosexuals, people are often shocked to learn that one's husband, father, mother, child, brother, sister or friend is gay, lesbian or bisexual.

Having learned that, some people feel fear or disgust, others are ashamed of one's close one or denounce him/her, while some others show the capacity for tolerance, understanding and compassion. To let parent or other close ones know of one's sexual orientation means to take another challenge in the process of strengthening one's identity. Many parents, eventually, begin to feel easy about kids' sexual orientation.

Sometimes the circumstances may take a dramatic turn — the family would not want to accept a gay son. However, such response only aggravates the feeling of guilt and estrangement. Further formation of the sexual identity depends on how the close ones respond to the news that this person is bi- or homosexual. If the reaction turns out to be generally negative, the person becomes more firmly convinced that it is dangerous to confide in people of heterosexual orientation, while to count on them would be mindless. If the reaction would appear to be generally positive and friendly, the individual moves on to the next phase (Isay, 1996; Johnson, 1996).

Phase 6 — synthesis. At the final phase of the formation of homosexual identity, an individual no more divides people into “us” (bi- and homosexuals) and “others” (heterosexuals). The individual does not accept other people anymore on the basis of their sexual orientation. Not all heterosexuals appear to be “bad”, and all people with a homosexual orientation are perceived positively. Aggression, characteristic of the fifth phase decreases and the homosexual traits in one's identity fuse with other aspects of self-perception. Now the process of sexual identity formation is complete.

It does not matter, if you love men, women, or both. It matters whether you are able to love and bring someone happiness and joy.

Anita Naik, British writer, journalist, psychologist

I don't think homosexuality is a choice. Society forces you to think it's a choice, but in fact, it's in one's nature. The choice is whether one expresses one's nature truthfully or spends the rest of one's life lying about it.

Marlo Thomas, American actress, born 1937

3.3. Basic Principles of Psychological Support for the Homosexuals¹



*Maria Sabunayeva,
Ph.D., psychology,
Project coordinator, Feminist and LGBT organization
Gender-L, St. Petersburg, Russia.*

In practical psychology, the main precondition for providing psychological support to members of various social groups is to take into account these groups profile and their members' needs. It is important to consider the principle used to identify a certain community of people as a specific social group. This will largely define the main directions of psychological support to be provided to its members.

Naturally, homosexuality as such does not represent a ground for the provision of psychological support. Since 1993, when the World Health Organization revised the International Classification of Diseases, MCD-10 sexual orientation as such is not seen as abnormality anymore. A modern Russian researcher has noted that *“modern theory of homosexuality sees it as a side product of the biological evolution albeit quite natural one, for nature is objectively interested in diversity and variation”*².

The need of homosexuals for psychological support is defined not by the fact of sexual orientation, but by the *fact of their social status: “all gays have faced sexual discrimination due to their affiliation with sexual minorities”*³ (this statement may be extended to all homosexuals). The experience of discrimination, the need to conceal manifestations of one's personality, the fear of being rejected because of one's sexuality cause a series of psychological problems typical for homosexuals.

Let us consider a number of important and most usual problems, which a counsellor/psychotherapist may help resolve, illustrated with examples from the practice of psychological support provided to homosexual clients (lesbians, gays, male and female bisexuals).

Acceptance of oneself and one's identity

This issue is closely related to the issue of *internalized homophobia*. Originally, the homophobia was interpreted a fear of contact with homosexuals, later this interpretation was broadened to include any negative feelings toward homosexuals. For instance, aside from fear, it could be anxiety, disgust, contempt, anger, spite, or discomfort⁴. Homophobia is subdivided into “external” (institutionalized) one and “internal” (internalized) one. The primary one is the *institutionalized homophobia* — negative attitude toward homosexuality, embedded as cultural schemes and social attitudes, norms and stereotypes justifying discrimination against homosexuals. On its basis, a secondary phenomenon is formed — *internal (internalized) homophobia* — negative attitude of the homosexuals toward their own sexuality and oneself, adopted in the process of socialization in the context of heterosexual norms. Eventually, homosexuals since they become aware of their “otherness” also come to realize that they are “bad”, as the society disapproves of such forms of sexuality. This usually produces negative feelings regarding one's “non-traditional” sexuality — anxiety, discomposure, guilt, and shame, often resulting into significant difficulties in self-acceptance.

It is at this point, that the client may get assistance from counsellor. The counsellor needs support the client's self-esteem, sense of worthiness of one's personality, one's needs and feelings, and to help systematize the clients ideas of one's ego including the

¹ The term “homosexuals” is a generic name that refers to lesbians, gays, male and female bisexuals.

² Луковичкая Е.Г. Восприятие гомосексуальности // Практикум по гендерной психологии. /Под ред. И.С. Клециной. — СПб.: Питер, 2003. С.415-426.

³ Dominic Davies. Homophobia and heterosexism. / Pink Therapy: Guide for Counsellors Working with Lesbian, Gay and Bisexual Clients. Dominic Davies, Charles Neal (ed.). Open university press. Philadelphia, USA. 2000

⁴ Омельченко Е. “Не любим мы геев...”: гомофобия провинциальной молодежи // О мужественности: Сб. статей / Под ред. С. А. Ушакина. — М.: Новое литературное обозрение, 2002. — С.582-608.

awareness of one's sexual orientation — in actual fact, it means contributing to the formation of a wholesome and internally consistent sexuality and gender identity of the client.

As a result of the internalized homophobia, the homosexuals appear to be very sensitive to what other people say about them. It needs, however, to be made clear that this is not an innate but acquired sensitivity. By a word or gesture, which may be interpreted as rejecting, one may easily push away a homosexual, for s/he unconsciously is expecting such rejection, having more than once suffered from similar treatment before. Many homosexuals have experienced rejection on the part of their parents, siblings, friends, teachers and colleagues.

It's worth noting in this context that despite sensitivity to being rejected, by far not all homosexuals appear to be helpless. On the contrary, many of them have formed strong mechanisms of psychological defence: closeness, increased level of control over one's self-expression, aggression etc. One needs to understand that closeness and aggression, for instance, do not represent indispensable "companions" of homosexuality, they are not "inborn" along with it, but form within one's lifetime — as psychological defences against external effects. Similar mechanisms of psychological defence may form in other groups of people who find themselves in a vulnerable position: representatives of ethnic minorities, migrants, children growing up in low-income families etc. However, the fact that these defensive mechanisms are there, in most cases, only means that a series of psychological traumas have occurred in the past.

How can a psychologist help in this case? It is well known that the experience of being rejected is best "cured" by adopting and establishing accepting and non-judgmental attitudes. This way the very context of the provision of psychological support and its essential conditions become healing. The fact that one can talk of one's homosexuality and one's homosexual feelings and be accepted helps overcome the psychological defences and disclose the personality. Later, what was initially performed in the context of therapy may be extended to other systems of client's relations (usually it happens of itself).

In the context of accepting oneself and one's homosexual identity, one should also mention **reparative therapy** (otherwise referred to as "conversion" or "reorientation" therapy), which utilizes, among others, also psychological methods of influence. The main assumption that lies at the foundation of the reparative therapy is that the homosexual orientation of an individual can be "changed" into a heterosexual one — "correct" the individual (of the English "repair"). However, nowadays major American and British professional medical and psychological organizations disapprove reparative therapy in view of its harmful affect upon mental health of an individual and the fact that it contradicts the modern understanding of the phenomenon of homosexuality. American Psychological Association (APA) gives the following answer to the question "Is homosexuality a mental disorder?" on its official website: "No, lesbian, gay, and bisexual orientations are not disorders. Research has found no inherent association between any of these sexual orientations and psychopathology. Both heterosexual behaviour and homosexual behaviour are normal aspects of human sexuality". Further, in response to the question on the possibility of applying therapy intended to change sexual orientation from gay to straight the opinion on reparative therapy is further clarified as follows: "All major national mental health organizations have officially expressed concerns about therapies promoted to modify sexual orientation. To date, there has been no scientifically adequate research to show that therapy aimed at changing sexual orientation (sometimes called reparative or conversion therapy) is safe or effective. Furthermore, it seems likely that the promotion of change therapies reinforces stereotypes and contributes to a negative climate for lesbian, gay, and bisexual persons."¹

In case the counsellor is approached for help in changing sexual orientation, this certainly cannot be written into psychologist's contract. Instead, what merits attention is the question why the client is so worried about his/her sexual orientation, what prevents him/her from accepting oneself and aspects of one's sexual identity. Usually, at the back of such request on the part of the client there appears to be a true call for help with one's self-acceptance and changing one's relations with the others.

In high school, while your children were doing what kids that age should be doing, mine laboured over a suicide note, drafting and redrafting it to be sure his family knew how much he loved them. My sobbing 17-year-old tore the heart out of me as he choked out that he just couldn't bear to continue living any longer, that he didn't want to be gay and that he couldn't face a life without dignity. You have the audacity to talk about protecting families and children from the homosexual menace, while you yourselves tear apart families and drive children to despair. I don't know why my son is gay, but I do know that God didn't put him, and millions like him, on this Earth to give you someone to abuse.

Sharon Underwood

¹ Official site of the American Psychological Association <http://www.apa.org/topics/sexuality/orientation.aspx>.

Sometimes such requests may be formulated in a less pronounced manner. For instance, a lady who had a lasting experience of lesbian relationships and, then, after having married, may come with a request “to help get rid of compulsive ideas about relationships with women”. In a case like that, one may recommend to analyze the following components: what do the relations with women mean to the client? what was the motivation for the traditional marriage bonds? is the woman happy in marriage? what is the content of “compulsive ideas”? what was the attitude of the others, particularly the reference persons, to the client's lesbian relationships? Here it is particularly important, when formulating the true demand, to avoid focusing on “forming normal relations with a man”, for it will definitely lead the counselling process into a trap — as it actually represents the call for strengthening the destructive psychological defences. Instead, it is worth focusing on the fact that the client has pronounced difficulties with self-perception from the perspective of homosexual feelings and emotional experiences. It does not follow from this, incidentally, that when working on her emotional experiences, the client would return to lesbian relationships; it is important that homosexual feelings and aspects of her identity would be reflected upon and accepted, while the decision regarding her future life would be independent and conscious.

Coming-out¹ in front of important people

One of the major difficulties that most homosexuals face is the moment of coming out before close ones and important people. I.S. Kon wrote that the first confidant that the adolescents may have (and the first homosexual experiences more often occur in the adolescent age, although this is not always the case) is usually a same-sex peer (or a friend of the other sex, which also happens), followed by mothers, while fathers occupy one of the last places in this row. A poll of adult visitors of an Internet site for gays featured the following question: “Do your parents know about your sexual orientation?”, with only 9% having responded that “all family members know”, while 32% stated categorically: “no, and will never know”².

Some homosexuals enter bogus marriages in order to “present” to one's parents a “normal” i.e. heterosexual family. This may bring about even greater psychological difficulties in the future. Imagine the following situation (totally realistic): “I have fallen in love with my current girl-friend and went to live with her to another city, my gay bogus husband went to live and work abroad, and we do not know what to tell our parents. For the time being we pretend that we live in our city and everything is alright ...”. Such situation will inevitably cause considerable psychological and nervous tensions for its participants, complicate interaction with parents and generate conflicts between partners, for the other party in the homosexual couple will also have to adapt to the context of lie.

Homosexuals face some considerable problems when they have to come out at their workplace. Many of them conceal their peculiar lifestyle traits and even play some roles fearing all sorts of consequences that may follow from their status becoming a matter of public knowledge: from public disapproval to dismissal. .

From the psychological point of view, it would be safe to assert that the necessity to always live a double life concealing from the close ones one's significant emotional experiences and feelings lead to serious troubles: neuroses, depressive conditions, an acute sense of loneliness and being rejected, and emotional emptiness.

At the same time, the process of coming out is usually accompanied by serious pressure and various negative reactions on the part of those who witness the disclosure of one's sexual orientation. For instance, on an Internet forum a girl has given the following description of her mother's reaction to the daughter's admission of her homosexual orientation: “...she said that she doesn't want to trust me anymore, that the fact that I go out with girls for her is tantamount to becoming a drug addict ... and all future is crossed out with two red lines, and that she brought up a sick person...”. The hotline for homosexuals may for instance receive phone calls such as the following: “I told my mother about myself and my girlfriend. Now I don't know should I come back home tonight. Tell me what should I do...”.

¹The term “coming-out” refers to the phenomenon of disclosing one's homosexual identity to other people.

²Кон И. С. Лики и маски однополрой любви. Лунный свет на заре. — М.: Астрель: АСТ, 2006. — 574 с.

In order to overcome psychological pressure and to preserve one's psychological integrity and uphold one's identity one needs a lot of internal resources. In such situation, a psychologist's or psychotherapist's assistance may appear to be an important resource for a homosexual client. Thus, in a situation when psychological support is provided, the process of coming out may go on much easier and the client may feel more confident.

The issues related to coming out is most often discussed in psychological support groups for homosexuals. For instance, about half of the requests from the group members are related to coming out: either with getting prepared to it or facing its consequences. It is worth mentioning that working in groups is a format that is especially useful in addressing these problems as the very awareness of the fact that other people also face such problems and the commentaries of those who have already experienced the process of coming out and managed to overcome its difficulties may become an invaluable resource on the way toward openness of homosexuals in their social life. Mutual support on the part of group members allows them to feel bolder and more confident, uphold oneself and one's identity, feel sure of the value of one's personality — and all that is an indispensable resource when coming out.

The issue of whether the counsellor should encourage the client to come out is a difficult one. Such decision should at the first place be taken by the client him/herself; but if it has been taken, assistance of a professional counsellor may appear to be very valuable. It is important to help the client sustain self-respect, self-acceptance and positive self-evaluation (as it is these components of self-attitude that suffer the most when the person faces accusation on the part of people important to him/her). It is also important to work on feelings that emerge in the process of coming out, including: fear (of the unknown or the one that engulfs a person in the face of threats or various type of blackmail), helplessness, despair, bitterness, and resentment. The emerging sense of guilt represents a special problem: the close ones often try to engender a feeling of guilt in the homosexual who had just come out in front of them. S/he may be charged with inflicting a moral damage upon his/her family and close ones, damaging their well-being as a result of his/her confession, potential difficulties that they may face in relations with others as a result of their family member's homosexuality etc. It is important to help the client overcome and comprehend these feelings — and to simply be in touch with him/her, demonstrating that other, accepting, forms of relations are also possible with a person, regardless of his/her sexual orientation.

It is worth noting that with the level of internalized homophobia decreasing the process of coming out becomes significantly easier. People having experience of being accepted by others as homosexual and feel like everybody else, usually far more often talk about their homosexuality and come out as homosexuals. Characteristically, people hailing from those countries where the rights of homosexuals are sufficiently protected face considerably less difficulties when coming out: "It is amazing: this guy who came from Belgium sits in cafe and even doesn't lower his voice when saying "my husband"! He simply doesn't care if anyone hears him ...". And this another evidence of the fact that the psychological support for the homosexuals is only one side of the process; the other side is the social transformations and the formation of the culture of tolerance in the society which will also help resolve many psychological problems faced by different groups of people.

Psychological problems in partner relationships

Problems that occur in partner relationships in homosexual couples are often similar in their nature to that of the heterosexual partners. However, the homosexuals face some problems that are not characteristic of heterosexual relationships. The major one of those goes back to the fact that homosexual relations appear to be largely "innovative"¹. Future homosexuals grow up and socialize in the context of heterosexual world, where heterosexual model of relationships is considered to be the only possible and approved one. Consequently, in books, magazines, movies, cartoons, training materials, games, and tales and simply in the everyday life around only the heterosexual model of relationships is represented. And if at one phase of its development, the individual accepts him/herself as a homosexual and tries to develop homosexual relationship, s/



I.S. Kon

¹ Gail Simon. Working with People in Relationships. In *Pink Therapy: Guide for Counsellors Working with Lesbian, Gay and Bisexual Clients*. Dominic Davies, Charles Neal (ed.). Open university press. Philadelphia, USA. 2000 C.174-197.

he is confronted with the problem of the absence of a model for such relationship. The model of homosexual partner relationship is reconstructed virtually anew every time.

Meanwhile, the attempts to follow traditional heterosexual model by adopting a “male” and “female” roles fail without bringing about the desired effect of satisfaction with the relationship. These attempts may be related rather to the social pressure and gender stereotypes embedded in one's conscience. At the same time, today in the framework of the traditional heterosexual models by far not always one would encounter a strict division of sexual roles between a passive, soft, caring only for children and home woman and active, leading and bread-winning man. In some cases, it goes the other way round, or else the roles overlap. For instance, in one interview for the media a member of LGBT organization has emphasized: “This is no secret that the traditional model of family relations today is not always functioning. It is enough to look at the divorce statistics. And there is no need to make homosexuals replicate this system — on the contrary, one can learn from us how to build non-stereotypical, flexible and personal models of relationships, where the place and role of each partner is defined not by the social prescriptions and a combination of stereotypes, but by the individual preferences and mutual agreement”.

In building such relationships the partners may benefit from psychological support whereby the counsellor is helping the couple to work out individual mechanisms of cooperation in their intimate relationship that would meet the needs of this specific family/partnership. If the psychologist also has received training in sexology s/he may help partners in addressing the issues of sexual interaction for the culture of same-sex relationships is not discussed openly many couples lack the basic information and sexual education in aspects related to same-sex relationships. Since recently, specialists working with homosexuals usually keep available special educational materials on sexology.

Obviously, the above list of issues on which homosexuals may seek assistance from a psychologist is neither complete nor final. We have not considered issues of raising children in same-sex partnerships, issues of elderly homosexuals, issues of additive behaviour of homosexuals resulting from the experience of being rejected by the society etc. It is important, however, that the general approach to providing the psychological support in relation to these issues remains the same and would include the following main points:

- to conduct analysis of the socio-cultural situation in which the client's psychological problem has formed and developed;
- to work with gender and other social stereotypes of the client;
- to give the client, in the course of counselling interaction, an experience of acceptance and non-evaluative attitude;
- to raise the client's self-esteem and form a sense of unconditional inherent worth of one's personality;
- to help form an integral gender and sexual identity of the client;
- to develop the client's capacity and skills to uphold one's life philosophy and oppose various forms of social pressure.

It is worth noting also that many problems with which the homosexuals seek help of the counselling service are essentially non-specific ones — people of heterosexual orientation may come with similar problems including: difficulties in relations between the partners, conflicts at home, feelings when leaving one's partner, psychological difficulties encountered when searching for a partner etc. In these cases, there is no need to emphasize one's sexual orientation and counselling may go on without any specific problems.

Main conditions for the provision of psychological support to homosexual clients

Traditionally, there are two groups of conditions for the provision of psychological support: organizational and psychological ones¹. Both groups have some specific traits when working with homosexuals.

1) Organizational conditions — relate to time and space management, as well as the compensation for the counselling services. Most of these conditions when working with the homosexual are not different from the usual cases. One may, however, single out two important aspects. **Firstly**, when working with homosexual clients it is especially important to make sure that the place where the psychological support is provided is easy of access and safe. One needs to be careful about disclosing details of the facilities where such support is provided; in areas and neighbourhoods characterized by a high level of homophobia, it is better to give out such information in a more targeted manner. At the same time, one need to take into account that the presence of the psychological services for the homosexuals in the public space is very important: homosexuals as a social group become visible, and in the course of time the public gets accustomed to the presence of this group.

Secondly, it is important to consider the issue of compensation for the psychological support. Traditionally, people believe that a paid-for service is valued higher by the client, and that it is “harmful not to pay for” the psychological assistance. However, it is worth noting that there are groups in the society who traditionally received psychological support free of charge — which include among others members of the marginalized groups, whose access to paid-for psychological support is limited. Being marginal — is a social phenomenon; while providing support to members of marginal groups, the society is trying to compensate them for the impact of social discrimination. In such circumstances it is implied that all types of assistance would be provided free of charge.

At the same time, in contrast to many members of other marginalized/discriminated-against groups, part of the homosexuals appear to be quite well-off people. In this regard, the approach to the material aspect of the provision of psychological support may be differentiated. For instance, to the extent possible the following types of psychological support could be provided free of charge:

- distance psychological support (Internet counselling, hotline);
- psychological support groups and other types of groups;
- individual/family psychological counselling in crisis circumstances;
- individual psychological counselling for low-income categories of the homosexuals (particularly, young people — the group that often encounters most serious problems and lacks experience in resolving them, young homosexuals also often have no means for getting professional assistance).

We should note another reason why we should support the idea of free psychological support for homosexuals (that is not to say that specialist's services should not be paid for, simply the psychologists' fees may come from other sources). Many homosexuals are not ready to seek psychological assistance, for they believed that they have no psychological problems! For instance, at a psychological seminar dedicated to the issue of homophobia, a group of homosexuals were asked the following question: “Who of you has ever experienced discrimination on the basis of sexual orientation?” Of 15 participants only four rouse hands, including the person who led the seminar. Could it be explained by the fact that all the rest had never experienced? Certainly, no: the main reason is that homosexuals often do not pay attention to discrimination or do not recognize it. Partly, this is related to the functioning of psychological defences: it is far easier to think that everything is alright with you than to recognize that your rights are being infringed. Partly, this could be explained by the immaturity of legal consciousness. And, finally, part of the reason goes back to the internalized homophobia — when because of the low self-esteem and difficulties in self-acceptance, negative and discriminatory attitude of the others is perceived as habitual, normal or natural one. We firmly believe that, for this very reason, today it is not so much important to get money from the homosexuals for the psychological services provided to them as to extend these services to the maximum number of the members of this group. This will

¹ Кораблина Е.П. и др. Искусство исцеления души: этюды о психологической помощи / Под ред. Е.П.Кораблиной. — СПб.: Изд-во РГПУ имени А.И.Герцена, 2001. — 319 с.

eventually guarantee a normal development of the homosexuals' personality and their psychological health.

2) Psychological conditions — relate to the counsellor's commitment to provide and the client's willingness to seek psychological support, methodological foundations of the counselling services, essential professional qualities of the counsellor, and observance of ethical norms when working with client etc. Some of these conditions also remain essentially the same regardless of the characteristics of the group of clients that the counsellor is working with. There are, however, some special situations.

Firstly, in the previous paragraph we have already addressed the issue of the homosexuals' willingness to seek psychological support and discussed specific difficulties which they face when becoming aware of their psychological problems. This problem may be addressed through organizing psychological and legal education for homosexuals, as well as through developing various forms of psychological support and disseminating information on their efficiency through people to people contacts ("by the word of the mouth" principle) — whereby it becomes essential that the psychological support efforts are conducted on a regular basis.

Secondly, of a particular importance is the issue of the counsellor's commitment to provide psychological support to homosexuals. To this end, the counsellor or psychotherapist should primarily work on his/her own feelings and emotional experiences regarding homosexuality and overcome his/her own homophobia. Homophobia is a socially constructed phenomenon and is adopted as an effect of socialization as a negative attitude toward homosexuality that appear in the form of cultural schemes and social attitudes, norms and stereotypes causing discrimination of homosexuals. One may set to overcome one's own homophobia by working on one's own homosexual feelings and emotional experiences (which, to some extent, are present in the life of every human being, but usually remains non-reflected upon, and, if reflected, is usually suppressed). For that, one may analyze one's own system of relations with members of the same sex and recall what feelings arose out of these relations. Additionally, in order to overcome one's own homophobia one may benefit from increasing one's competence as regards the issues of homosexuality, learning more on the development of homosexual identity, psychological problems that homosexuals face and origins of these problems including the social ones, and on the phenomenon of homophobia and the way it affects the life of homosexuals.

Thirdly, confidentiality plays an essential role when working with homosexual clients, and it is important to bring it to the attention of each client that this ethical principle should indeed be observed. Usually, this helps reduce the level of anxiety that results from the need to disclose information on one's homosexuality, which is often carefully concealed and guarded through a complete system of psychological defences.

Finally, I would like to underscore an important detail that bears on the importance of providing psychological support to the homosexuals in a general civil context. Traditionally, psychological support is believed to be an independent system, apart from the general movement for human rights that addresses strictly individual problems. However, now we observe the development of a new approach in post-Soviet countries, whose characteristic trait is that psychological support for homosexuals is integrated into the system of human rights protection and overcoming discrimination on the basis of sexual orientation and gender identity. While working on purely psychological phenomena — for instance, internalized homophobia — we help the individual develop a capacity to reflect on discrimination and resist its mechanisms, and to overcome social and political apathy on the part of homosexuals, which result from their fear to come out in the society and uphold their rights. Therefore, the psychological support to homosexuals and its methods appear to be an important condition for the development of self-comprehension and legal conscience of an individual, and from a strategic perspective — a guarantee of civil society development.

3.4. Counselling for MSM and WSW¹

Natalia Nagornaya, International HIV/AIDS Alliance in Ukraine

In the context of HIV epidemic, the work of medical professionals, social workers, psychologists, initiative group's members is of a special importance. For counselling services, prevention efforts, professional medical assistance provided in a timely manner may help prevent infection, while social and psychological support and medical assistance may contribute to social adaptation of HIV-positive people. Successful work with different audiences is directly linked to the ability to understand these audiences. For instance, among the patients and clients one may encounter homosexual people and people having homosexual relationships, while the needs of those people may differ from those of the heterosexual patients/clients. "Do the homosexual people really need a special approach? Again they want some special attention!" — someone would indignantly remark. But the issue is not the need for a special approach or sexual orientation, but professionalism and tolerance toward all patients/clients without exclusion. Homosexual and bisexual people can very seldom get an adequate medical or psychological assistance. Unfortunately, homosexuality or homosexual behaviour of patient/client, makes doctor or social worker confused. Having learned about homosexual relationships and/or sexual orientation of patient/client, psychologists will often fall back upon the knowledge of the Soviet times and try to put the patient/client in the "right way" find out the reasons of homosexuality and explain why homosexuality is wrong.

Health workers remain confused and do not know what to do with the patient, try to find the reasons for all problems and illnesses in homosexuality, advising the patient to adopt a heterosexual way of life as soon as possible, exclude homosexual contacts and even offer hormonal therapy treatment, in order to be able to overcome "behaviour inconsistent with sex". Advice regarding contraception is given upon a conviction that there could be no sex other than the vaginal one. This advice usually includes issue of protection from unwanted pregnancy and ignores issues of sexual health, HIV/AIDS and STDs, as well as the multiplicity of the sexual techniques and their respective methods of contraception (oral sex, anal sex, manual sex etc.). Meanwhile fellatio, cunnilingus and anal sex are practices by heterosexual couples too facing no less risk than the MSM and WSW, if unprotected. HIV-positive MSM are often confronted with such allegations directed at them as "you are gay — that is why you got infected". Instances of psychological, counselling and medical assistance provided in a high-skilled and tolerant manner are rarity and are more characteristic of some specialists in the Ukrainian capital and regional centres. Negative and traumatic personal experience of visiting doctors, psychologists and social workers, as well as similar experience of their friends, often prompts MSM and WSW to avoid contacts with specialists even when it is really necessary. Instances of such behaviour include: refusal to visit doctor, to do tests for HIV and STDs, even when there is a case for it, refusal to look for information on homosexuality and safe sexual behaviour for MSM and WSW, and self-treatment harmful effects for one's health and life. Homosexual and bisexual people avoid talking about their private lives and situations when they have to publicly acknowledge their homosexual/bisexual/transgender identity (come out).

At the same time, as evidenced by research and practice of working with MSM and WSW in Western countries, doctors and counsellors are not able to provide an adequate assistance to the patients not knowing of their homosexuality or homosexual behaviour. On the other hand, however, the ability of a doctor or a social worker to establish trust relations with the patient and their tolerance affect the quality of the services they offer and whether their work with patient/client would be successful. Everything from the atmosphere in the reception of a medical facility, social service or NGO, to the standard questions, forms and materials, is usually consistent with a heterosexual standard. But if the health system itself is difficult to change, every specialist is capable of changing atmosphere of his/her workplace and the style of working with patient. And that will not only produce a significant impact on the professional performance, but will also help ensure a deeper understanding of the diversity within the society, and reduce the volume of one's own stereotypes and prejudices.

¹ Нагорная Н. Проблемы консультирования МСМ и ЖСЖ// Новости ВИЧ/СПИД № 2-3, 2003. Международный Альянс по ВИЧ/СПИД — К. — 32с., — стр.20 — 22.

I am reminded of a colleague who reiterated “all my homosexual patients are quite sick” — to which I finally replied “so are all my heterosexual patients”.

Ernest van den Haag

Unfortunately, we have very few specialized programs for the doctors and social workers designed to teach them how to work with LGBT, MSM and WSW. However, since recently some relevant literature has started to appear on the book marker of Ukraine (for instance, the classical manual on work with sexual minorities “Pink Therapy” edited by Dominic Davies and Charles Neal, that came out of print in St. Petersburg, Russia in 2001), organizations of homosexual and bisexual people, open to cooperation and dialog, have stepped up their activities. The ability to use Internet and the knowledge on English allows to become familiar with the recent issues of the British Medical Journal, Journal of Sex Research, Sexually Transmitted Infections journal etc.

How to change one's style of working with homosexual clients/patients to better? We hope that some of the working principles and recommendations will help you to develop your activities for homosexual and bisexual patients/clients, and will enable you to make your counselling style more open for different target groups.

Some psychotherapeutic aspects to be considered when preparing to work with lesbians, gays and bisexuals¹

Heterosexism is at the core of many traditional schools of psychological counselling and theories of psychological development (for instance, the Freudian concept of the stages of psycho-sexual development, based on heterosexual relationships (Grain, 1985), or Ericksonian concept of psychological development).

- 1.It is important for the psychotherapist to be able to distinguish when the client's sexual orientation may or may not be a subject of discussion (for instance, when the client discusses with the psychotherapist issues of his/her intimate relationships his/her sexual orientation should not be at the centre of attention).
- 2.In the course of training, teachers should provide the trainees with a sufficient information on issues of culture and life style of lesbians, gays and bisexuals, while supervisors should pay attention to whether specialists manifest any signs of homophobia and heterosexism in their work.
- 3.When discussing the issues of psychological development, teachers should give students information on distinctive features of the formation of lesbian, gay and bisexual identities and the coming-out process as well as other issues, which the sexual minority members are confronted with in the course of their lives.
- 4.In the course of the professional training of students, teachers should discuss specific aspects of counselling persons of homosexual orientation consulting on issues of intimate relationships, psychological dysfunctions and sexual psychotherapy.
- 5.Issues of counselling lesbian and gay families as well as dealing with young lesbians, gays and bisexuals should be discussed.

Respect to the sexual orientation of the client

It means that the specialist recognizes homosexual or bisexual orientation as equally normal and healthy manifestations of human sexuality as heterosexuality and accepts them as natural variants of sexual behaviour².

Do no harm!

If you are not sure whether you could give an adequate advice or counsel a homosexual or bisexual patient/client, do not do it. An important step to upgrade your professional level would be to recognize the diversity of your audience and its needs. Think beforehand, whether you know all about your audience who you work with? What specific target groups within your target audience you could identify? What specific problems do these people have? It essential to study, in advance, life style differences of people who you mix with, and to fully appreciate the diversity of patients/clients' life experience. For

¹ Buhrke, 1989

² Pink Therapy: Guide for Counsellors Working with Lesbian, Gay and Bisexual Clients. Dominic Davies, Charles Neal (ed.). Open university press. Philadelphia, USA. 2000 (quoted from Russian translation: St. Petersburg: Piter, 2001.— P. 63).

instance, if you are a doctor and your responsibilities include educating patients about safe sex techniques, HIV/AIDS and STDs prevention, it is essential to be aware of the whole diversity of sexual practices, infection threats resulting from the exchange of various body liquids, the diversity of the means of contraception and methods of using them. Try to keep with you information on lesbian, gay, bisexual and transgender people organizations, counselling centres and people able to provide counselling support and/or medical assistance for MSM and WSW.

Stereotypes and presumptions

Many view homosexuality as a maximum possible transgression of the gender norms. Kite and Deaux (Kite & Deaux, 1987), as well as Taylor (Taylor, 1983) found that heterosexual stereotypes regarding homosexuals reflect a “sexual inversion theory”, which presumes that homosexuals are similar to heterosexuals of the opposite sex. In reality this is, however, not the case. Remember that life values and gender role distribution among gays and lesbian may differ significantly from the conventional behaviour norms for heterosexual males and females common in our culture.

Be honest with yourself and if you are uncomfortable with homosexual and bisexual people refer the client/patient to someone else. Ask yourself “what is my attitude toward homosexual and bisexual people?”, contemplate over your own stereotypes and compare them to what is described as the “objective scientific knowledge”. If things that you know could rather be attributed to stereotypes, than to the achievements of science, then the information that you have is certainly insufficient. You are risking to put LGBT patient/client off seeking assistance for good.

“...While counselling homosexual and bisexual people, for instance, on safe sex it is important not to have preconceived ideas about their sexual repertoire. According to research findings, as many as a third of gay men do not practice penetrative anal sex on a regular basis. Moreover, it is important not to make assumptions as to whether a person is “active” or “passive” partner in sex, and to make connections between sex role and social behaviour (for instance, to assume that among MSM the passive partner is less masculine and the active one is aggressive). These stereotypes are not supported by the experience — most gay males and female lesbians may play both an active and a passive role in sex.

It is also important to remember that different MSM and WSW have different life styles: some people have accepted their sexual orientation, while others continue to be in a state of confusion and experimenting; many MSM and WSW suffer a high level of internalized homophobia, one's negative self-image; many homosexual and bisexual males and females form stable relationships, while others prefer not to commit oneself for a long time to a single partner. One should not approach counselling a homosexual or bisexual person on the basis of stereotype that “all same-sex relationships are fragile and people practicing same-sex relationships are inclined to frequently change partners”. It is important to let the person tell about his/her relationships and how s/he defines them and what significance attaches to them”¹.

Creating friendly environment

As a rule, patients or clients carefully observe the person whom they consult and their observations affect their decision as to whether they should come out and talk openly. It is often the case that homosexual or bisexual patient/client takes decision not to talk about homosexual relationships already before presenting to a counselling centre or visiting a doctor. It is, therefore, important to create a friendly and tolerant environment. For instance, if your organization is preparing an information kit, brochures, education programs, training sessions, you should consider the inclusion of information for MSM and WSW. Therefore, it is advisable to have information materials in your office for both heterosexual and homosexual people, males and females.

In counselling centres and programs, it is very much important and desirable to have among the specialists some members of the LGBT community, who would be able to

Gay life is by nature philosophical ... They are people who have to reinvent themselves ... When a man discovers that he is gay, he must choose everything from the way he walks, dresses and speaks to where he lives, who with and on what terms.

Edmund While, American writer and literary critic, born 1940

¹ Robin Bell. Homosexual men and women // British Medical Journal/ — Vol. 318, 13 February 1999/ — 452—455

— Next time, if someone asks you: “How did you become a lesbian?” — Answer this: “First of all, lesbians take only talented, you need to pass an interview. Many drop out at the swimsuits and evening gowns competition.

Karen Williams, American comedian actress

provide adequate information and help in counselling MSM and WSW, letting these people realize that this organization is working for their benefit too.

Members of organizations may have deeply embedded stereotypes regarding members of the LGBT community, MSM and WSW, and have negative views on them because of the lack of knowledge. Some may assume that their religious beliefs do not allow being tolerant to MSM and WSW. In such case, the staff will require training on tolerance and perhaps an individual consultation. In order to be able to affectively address different audiences, it is essential for NGOs to conduct regular professional improvement seminars and trainings for those working with various categories of population, including LGBN, MSM and WSW.

Dialog with patient/client

Person who came to a doctor will certainly not start talking about his/her sexual orientation all at once. And in a social environment, where heterosexual standard of relationships is dominant, counsellors and health workers without being aware of it themselves come from a presumption that the person is most likely heterosexual. This is particularly reflected in speech, manner of counselling, the way the issue is addressed and resolved, types of advice given and altogether does not help create an atmosphere of trust when dealing with MSM and WSW patients/clients. If you are actively working on yourself, on overcoming your own phobias and prejudices and, accordingly, your speech, you may change your verbal stereotypes and style of counselling. In this case, patient's/client's coming out will not confuse you, for you realize that all are different but all are equal and all have a right to assistance and support which should meet person's needs, and you, as a specialist, are called upon to offer this assistance and support. It is important to remember that homosexual and bisexual patients/clients, most probably faced a negative and traumatic experience in dealing with doctors and social workers, therefore, it will take both time and patience to establish an atmosphere of trust with them.

Characteristics of the language of communication

Remember that your language cliches primarily affect the establishing of a trusting atmosphere between you and your client/patient. A key element in establishing trust relations is the ability to listen and hear and adhere to the self-description that the client/patient is providing to you.

Use words and phrases which your patient/client uses when talking about himself/herself and his/her sexual partner, relationships, problems and emotional experiences.

Use open-ended questions, without making premature assumptions about your patient/client's partner's gender or his/her sexual behaviour.

It is very important to remember that:

- by far not all MSM and WSW identify themselves as gays, bisexual people and lesbians, many of them disapprove of their own homosexual behaviour and are ashamed to talk about it;
- female patients/clients, identifying themselves as lesbians, could have had relationships with men or been married in the past and some of them have children;
- gay males could have had relationships with women, some were married; and
- many MSM and WSW have relationships with partners of both sexes

3.5. Provision of Care and Support Services to HIV Positive MSM in Ukraine



*Zoryan Kys',
"All-Ukrainian Network of PLH"*



*Alexey Zavadsky,
"All-Ukrainian Network of PLH"*

Background Information about HIV Positive MSM in Ukraine

HIV positive MSM in Ukraine, as well as in most other countries of the regions, are a very closed group, an access to which is practically closed for a person with HIV negative status. First of all it is explained by a high level of HIV-related stigma in the country, as well as by a high level of homophobia.

HIV-related discrimination is based on many social and psychological factors. They may include cultural and social stereotypes, low awareness and educational level of the population on the issues of sexuality, poor knowledge or lack of reliable data about HIV transmission routes, misunderstanding of HIV and AIDS notions due to which they equate them (HIV=AIDS), AIDS-phobia — a pathological fear of infection and hatred to HIV infected people, prejudiced attitude, as well as cliches and stereotypical thinking of the mass media (e.g., "AIDS is a plague of the 20-th century"), and other factors.

If a free sexual behaviour among heterosexual couple is now perceived more or less normally, then attitude to same-sex couple is still full of prejudices, one of the most common of which is that "gay=AIDS". Activities of some faith-based organizations that build their information campaigns on the assumption that homosexuality means HIV/AIDS, is not only dangerous because it stigmatizes MSM, but it also sustains false social stereotypes that HIV and AIDS are related exclusively to the so-called risk groups and do not affect "decent people" and "true believers".

All this is leading to social inacceptance and extremely negative attitude towards MSM. Often this attitude is released in the form of aggression against MSM. This makes MSM a generally marginalized and closed group in the country with some exception in the capital city. General public attitude has an impact on the attitude of professionals, whose services are most needed by HIV positive MSM — physicians, psychologists and even employees of HIV servicing organizations. HIV positive MSM are a group, with which they have started working only recently. That is why the number of skilled and adequate specialists who are ready to provide friendly services to the representatives of this group is insufficient.

A rather high level of stigmatization based on HIV status is observed in the gay community itself. Having learnt about HIV positive status of a partner or a friend, gay men rejected them or even became aggressive to them. As gossiping is very common in the gay community, this information will spread quickly and a HIV positive MSM finds himself kind of "erased" from the community and appears in a complete isolation. There are

many known cases of violence against HIV positive MSM on the part of their partners with HIV negative status.

All this, especially the fear of revenge and fear to be rejected by friends and relatives, and most important — by a partner and the entire gay community makes many MSM diligently conceal their HIV status from everybody. Unfortunately, in most cases it has a tragic outcome for HIV positive MSM themselves, because they often present for health care already at the AIDS stage, when it is difficult to help them.

Experience of Provision of Care and Support Services to HIV Positive MSM

Until 2007, the care and support services for HIV positive MSM were provided by a few organizations in Ukraine. They worked on a volunteer basis, or tried to attract at least some funding for the activities aimed at MSM, because all resources of the Global Fund and other donors — i.e., funding, technical assistance and epidemiological research — were targeted at injecting drug users. The range of provided services was limited to the organization of meetings and self-help groups. Sometimes they helped people to take tests to determine CD4 cells count and viral load, and to obtain ARV drugs. In some cases a broader range of care and support services was available. We believe that Kiev was and still remains the leader in the provision of services for HIV positive MSM. On the basis of an NGO “Chas Zhyttia Plus” and L.V. Gromashevsky Institute of Epidemiology and Infectious Diseases, and in close cooperation with physicians, services were provided to a huge number of HIV positive MSM from all regions of Ukraine. Lives of many of them have been saved. According to a sociological survey performed on the basis of L.V. Gromashevsky Institute of Epidemiology and Infectious Diseases (Lavra Clinic) and NGO “Chas Zhyttia Plus” in 2006-2007, the total number of MSM among all HIV infected patients in the Lavra Clinic was 30.8%, or 924 MSM¹. So, it can be stated that 924 HIV positive MSM had some access to care and support during the existence of the clinic. By 31.12.2008 regular services were provided to 71 HIV positive MSM on the basis of NGO “Chas Zhyttia Plus” and a community centre “Dopomozhi Zhyttiu” for HIV positive MSM in Kiev².

In the beginning of 2007 All-Ukrainian Network of PLH received funding from the Elton John AIDS Foundation for care and support activities for HIV positive MSM. The project is named “Improvement of the Quality of Life of HIV Positive MSM in Ukraine” and is designed for 3 years. To date it is the only large-scale project to provide care and support to HIV positive MSM in Ukraine, which is already operating in 10 regions of Ukraine.

Initially the project Improvement of the Quality of Life of HIV Positive MSM in Ukraine covered 5 regions of Ukraine: Kiev, Odessa, Kryvoy Rog, Lvov and Ivano-Frankovsk. Today the project activities are being implemented in Kiev, Lvov, Ivano-Frankovsk, Kryvoy Rog and Nikolayev and include regular meetings of self-help groups of HIV positive MSM, provision of a broad range of care and support services, such as social and psychological support, peer counselling, evening parties, trainings and workshops on the healthy life styles, ARV therapy, its side effects and so on.

Establishment of the first in Ukraine community centre for HIV positive MSM “Dopomozhi Zhittiu” in Kiev is one of the most important achievements. The centre operates on a regular basis, has its own premises and employees. It hosts self-help groups for HIV positive MSM and organizes cultural events (evening parties, review of movies and documentaries). Also, the centre provides psychological consultations, help and support to get medical consultations and examination by the highly professional doctors, peer counselling, support to receive legal counselling and organization of regular topical learning sessions and trainings, and sport events.

However, it should be noted that “traditional” provision of grants is not always efficient in ensuring services for HIV positive MSM. For example, such approach often does not



¹ Социально-психологические механизмы распространения ВИЧ-инфекции и инфекций, передающихся половым путем среди MSM в Украине, Бондаренко А., Блюм Д. и др., 2007, стр. 30-32

² Semi-annual report of NGO “Chas Zhyttia Plus” for the project “Improvement of the Quality of Life of HIV Positive MSM in Ukraine” supported by the Elton John AIDS Foundation for the second six months of 2008.

allow to perform a complete and adequate resource evaluation of an organization and its reach to the target audience, and to allocate funding quickly, while many HIV positive MSM are in need of help. That is why, starting from 2008 the All-Ukrainian Network of PLH initiated the implementation of an absolutely new approach to the development of care and support service provision to HIV positive MSM in the regions of Ukraine simultaneously with the implementation of its key grant activities within the project “Improvement of the Quality of Life of HIV Positive MSM in Ukraine”. This new approach includes the search for MSM+ leaders in different regions, who are ready to work with HIV positive MSM and develop the self-help movement for this group, as well as the evaluation of situation with the participation of local HIV servicing and/or MSM organizations and AIDS Prevention Centres. Today 5 new regions have been covered by today (in addition to those that are already covered with the key grant activities).

By today the activities of the project “Improvement of the Quality of Life of HIV Positive MSM in Ukraine” have resulted in the creation of 5 self-help groups and establishment of good contacts between the physicians from AIDS Centres and local HIV servicing NGO. This approach is unique because the local activities are coordinated exclusively by HIV positive MSM or highly motivated MSM, who have access to the target group. Each region needs an individual approach based on a real situation and preliminary needs evaluation, which significantly increases the quality of services being provided and their focus on the target audience.

The project also performs rapid tests for HIV for those MSM, who are afraid to visit AIDS Centre but are ready to take a rapid test in the office of a community centre of a HIV servicing organization, or in other setting which is different from health care facility. Rapid testing and counselling services are very important both for the prevention of HIV, and, of course, for the protection of health of those MSM, who are not aware of their HIV positive status. As was mentioned before, many MSM, who try to conceal their homosexuality and HIV status, often present at health care facilities too late, which explains the high mortality rate in this group.

Work with HIV Positive MSM and Internet

The website <http://gayplus.info> is functioning within the project to provide information for HIV positive MSM. In 2008 the website had 1,060 unique users from 32 countries (including 344 from Ukraine and 156 from Russia). The Internet is often the only information source for HIV positive MSM and, in fact, for the entire MSM community. The website contains information about HIV, health, safer sexual behaviour and services available for HIV+ MSM in Ukraine.

Obstacles to the Provision of Care and Support Services to HIV Positive MSM (on the Basis of the Experience of All-Ukrainian Network of PLH):

1. Closed Character of HIV+ MSM Group

The group of HIV positive MSM is very hard to reach and it creates the most significant problem for the provision of care and support services to this group. It is practically impossible for an “uninitiated” person to establish contacts or reach to this group. Evidence suggests that an efficient work is practically impossible without a leader from the local community. A HIV positive MSM or a member of MSM community, who does not have AIDS phobia and who has a strong commitment to work in this area should work with a group of HIV positive MSM.

2. Stigma and Discrimination Affect Epidemiological Statistics Related to HIV/AIDS

The situation is very complicated by the procedure, according to which a person with the diagnosed HIV must sign a document on criminal responsibility for further spread of HIV infection. It is easy to guess the outcomes of this approach, especially to HIV

Homosexual affection can be as selfless as heterosexual affection, and therefore we cannot see that it is in some way morally worse. An act which expresses true affection between two individuals and gives pleasure to them both, does not seem to us to be sinful by reason alone of the fact that it is homosexual.

From the essay Towards a Quaker View of Sex, 1963

positive MSM. Moreover, in case of epidemiological surveillance, MSM even in big cities and in the capital are rarely ready to disclose their homosexual orientation, that is, to announce that they are gays/bisexuals who were HIV infected through a homosexual contact. Under the pressure of stigma and discrimination gay men and bisexuals are ready to name any other route of HIV infection — from an “unknown” to “injecting drug use”. Due to this fact the national statistics has registered only 223 HIV positive MSM throughout Ukraine since the beginning of HIV/AIDS epidemic in 1987. At the same time, only one self-help group for HIV positive MSM has 100 people. Today the project is providing services to the total of 245 HIV positive MSM in 10 cities.

3. Stigma and Discrimination by Health Care Personnel

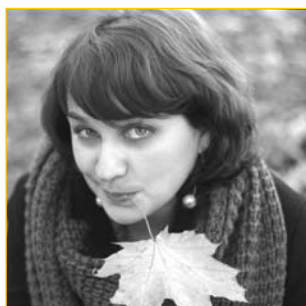
Health care workers in the regional and oblast AIDS Prevention Centres or STI clinics are not always friendly to HIV positive patients in general and to HIV positive MSM in particular. The clients of the project “Improvement of the Quality of Life of HIV Positive MSM in Ukraine” have faced prejudiced attitude (jokes, mockery, hints on defective personality of MSM), as well as attempts to “treat” them from homosexuality. A phrase of one of the nurses of a regional AIDS Centre “You should all be turned out neck and crop” is a good illustration to it.

4. Stigma and Discrimination by NGOs

In some cases even participation of the leaders from among HIV positive MSM in the work of a group does not guarantee that funding received by the project implementing NGOs will be really allocated to help real HIV infected MSM. In such cases a targeted allocation of funds exclusively to ensure the functioning of HIV+ MSM support group and its capacity building may help to change this situation. It will guarantee that the project services are provided to exactly that target group, on which it focuses.

4. Technology of HIV/STI Prevention among MSM and WSW

4.1. Outreach Work



Svetlana Valko, AIDS Foundation “East-West”

During all 20 years of HIV/AIDS epidemic development the specialists trying to reduce the number of new infections focus on the work with the so-called high risk groups that are especially vulnerable to HVI infection. The MSM group is considered to be one of the most vulnerable ones. Specialists from Ukrainian prevention organizations report that there is still no epidemic among MSM, but the risk of its development in the nearest future is rather high. That is why prevention work with MSM is becoming especially relevant¹.

Numerous behavioural and social surveys and researches of intervention efficiency indicate that prevention programs are most efficient when they take into account specific needs of the target audience, speak its language and the target group representatives (MSM) actively participate in their development. That is why outreach work has become one of the key components of work with MSM. The use of outreach work by LGBT community is also explained by the fact that this group is very much closed and hard to reach, while outreach work can reach out to gays, lesbians and bisexuals, who cannot be involved in the work of social agency or prevention projects with usual methods.

Outreach work with MSM is still an innovative method in Ukraine and it lacks methodological guidelines, planning and service provision standards. This type of social work, its specific features, technologies and ethic rules will be thoroughly discussed in this section below.

So, outreach (from an English outreach — to access, to touch, to cover) — is a kind of social work with hard to reach population groups on their territory, i.e., where the clients stay².

- **Outreach**-work with those target groups, which do not turn to usual services.
- **Outreach** — works with the community development and strengthening values.
- **Outreach-work** — is a link between the closed target groups and civil society organizations.
- **Outreach** — is a method of local studies.

The History of Outreach Work

Outreach as a method of social work first appeared in the United Kingdom but the model became wide-spread both in the USA and in the development countries. Initially outreach was intended to provide partial education on health and prevention of HIV/AIDS. The evidence suggested that outreach worker can better establish contact with hard to reach drug users than their colleagues, who did not use the outreach methods. So, the outreach method proliferated and became more diverse depending on a target group.

¹“Оцінка потреб навчання лікарів венерологів, урологів та терапевтів м. Києва щодо попередження поширення ІПСШ та підтримки ЧСЧ”. Звіт за результатами соціологічного дослідження. Центр досліджень соціальної реклами, Київ, 2005. — 33 с.

² Pleshki, clubs, drug selling sites, dens, brothels, etc.



Women's Network Party, Kyiv, 2007

Outreach methods are used in the work with the so-called marginalized groups, including drug users, sex workers, street children, vagrants, delinquent teenagers, men who have sex with men, women who have sex with women, and others.

Outreach work (as an integral component of social services) covers two levels:

- an individual approach aimed at changing the behaviour of an individual;
- a group-oriented approach aimed at achievement of social and cultural changes.

As a rule, **the key goal of outreach work with MSM** is to increase awareness on the prevention of HIV/AIDS, viral hepatitis and sexually transmitted infections. Another important objective of outreach work with MSM is to contribute to the change of risky behaviour through the distribution of information about risks related to unsafe sexual behaviour and through the development of less risky sexual behaviour skills.

Goals of Outreach Work

Outreach work in the area of HIV/AIDS prevention can be aimed at:

- distribution of knowledge about less risky drug use and safer sex practices;
- development of a more positive attitude of the clients to less risky behaviour;
- better understanding of common problems related to health in the communities;
- changing social norms, attitudes, etc.

Thus we can see that the outreach objectives are diverse and most often depend on the characteristics of the region, target group and specific project within which the outreach team is working.

Objectives of Outreach Work

The numerous objectives of outreach workers may include:

- establishment or sustaining contacts with the target group;
- information gathering (on what is going on, what kind of sex is practices, what drugs are used, what are the priority problems of the target group, etc.);
- provision of advice and brief information (where to find a doctor, a lawyer, certain services, education, etc.);
- issue of referrals (to other help services or therapeutic programmes);
- provision of help and support (in case of psychosocial problems when it is not possible to refer the client to other help services, etc.);
- prevention (information on health, sex, drug and alcohol use, less risky drug use and safer sex practices);
- representation of the interests of the target group(-s) and distribution of information.

In the process of outreach work development the range of its services has expanded and various models of outreach work have appeared, which help to take the needs of a target group into account more flexibly.

Classification of the Outreach Work Models

There are several classifications of the outreach work models that depend on the territorial factor, team structure and other criteria.

For instance, the British understanding of outreach work includes the following models:

1. Follow-up model (establishment of centres that can perform social programmes at the venues frequented by the target group and that are located beyond key social service provision sites);
2. Mobile model (work at the institutional structures, such as hostels, specialized residence houses, community centres, hospitals or prisons);
3. Remote model (contacts with people beyond the institutional structures, e.g., in the streets, shops, bars, near school gates, etc.);
4. Home-based model (home visits to work with people, or provision of home-based social services)¹.

Specialists of harm reduction programmes indicate the following models:

1. Street outreach work — in the streets, bars/cafe/clubs, railway stations, “pleshkis” etc.;
2. Home-based outreach work;
3. Outreach work at the places of temporary stay of the clients — prisons, clinics, etc.²

The outreach work modes significantly differ by their content and structure. So, if classification is based on the elements of outreach team and methods of involvement, then the following models can be singled out: leadership model, peer education model, recruiting and supervisory model.

Leadership model: leaders are involved to establish contacts with target group in its environment. MSM leader is a respected person who serves a role model and the leader's advice may be the most persuading for other MSM. Leaders influence the development of opinion in the group. The model components may include visits to the venues frequented by MSM, observation of communication and, consequently, identification of a potential leader; establishment of contacts with the leaders directly or through an intermediary (friends, relatives, acquaintances, etc.); individual assessment of leader's risk behaviour; provision of basic information to the leader; prevention work of the leader inside the group³.

Peer education model suggests certain stratification inside the group and existence of certain networks, e.g., MSM from “pleshki” or clubbers. The model is based on the establishment of contacts with MSM from each subgroup and study of the structure and characteristics of each network. Potential peer educators are selected in each group; they undergo training with the use of a special training programme; their knowledge is then evaluated. The next stage is outreach work of these peer educators which they perform within their network. From time to time, the peer educators should bring the members of their network to the organization for an interview.⁴ The peer education model is rather flexible to the changing needs of the clients and is oriented at different groups with different needs, but due to the fluctuation of peer educators and their instable motivation this model cannot be called sustainable.

Recruiting model implies that each MSM is provided an opportunity to fight against the spread of HIV infection in his community through the involvement of his peers to participation. The method of involvement of clients in the project is a “coupon” system of recruiting and training with the use of a “master-apprentice” principle. In the beginning one or two MSM are involved in the project. Later on, a thorough sociological interview is held with each new recruited person (with the remuneration for participation) and the involved people go through a training programme. Under this model the MSM masters are bringing other MSM to the interview to the programme and perform prevention activities among MSM (masters receive 3 coupons to distribute in their community); also, they receive remuneration for each MSM, who joined the programme and every 3 months MSM participating in the programme go through a secondary interview⁵.

Supervisory model appeared in the 1980-s, when self-organizations of injecting drug users started to actively operate in the Netherlands and soon it expanded to other deprived groups. Today this model is wide-spread in the European Union countries. The model components include the selection of supervisors, i.e., competent counsellors

¹ Bonito Arthur J., Bohlig E. Michael, Dennis Michael L., Fairbank John A., and Rachal J. Valley. A Comparison of AIDS Intervention Approaches for Injection Drug Users: Street Outreach Versus Drug Treatment Intake--Are They Hitting the Same or Different Targets? // Handbook on Risk of AIDS: Injection Drug Users and Sexual Partners / ed. George M. Beschner, Barry S. Brown. — Westport: Greenwood Press, 1993. — P. 396-434.

² Broadhead R. S. Hustlers In Drug-Related Aids Prevention: Ethnographers, Outreach Workers, Injection Drug Users // Addiction Research & Theory. —2001. — Vol. 9. — No. 6 — P. 545-556.

³ Wiebel W. Wayne. Combining ethnographic and epidemiologic methods in targeted AIDS interventions: the Chicago model. // Needle Sharing Among Intravenous Drug Abuse: National and International Perspect / R. J. Battjes and R. W. Pickens (Eds.). — Washington D.C: U.S. Government Printing Office, 1988. — P. 137-150.

⁴ Foley Jessica M., Levant Ronald F. Using Community Outreach to Promote Integrated Health Care: A Pilot Project // Professional Psychology: Research and Practice. — 2006. — Vol. 37. — No. 2. — P. 125-131.

⁵ Broadhead R. S. Hustlers In Drug-Related Aids Prevention: Ethnographers, Outreach Workers, Injection Drug Users // Addiction Research & Theory. —2001. — Vol. 9. — No. 6 — P. 545-556.



“Dark Nights” Festival,
Kyiv, 2008

who have the communications skills and knowledge needed for an efficient outreach work; the supervisor himself, who recruits the outreach workers, trains them, identifies the leaders among the trained outreach workers and together with them forms the groups from other outreach workers. Also the model includes the component of training for the outreach worker groups under a special training programme (the training workshops are conducted by the supervisor, leaders of the outreach worker groups and the invited trainers; outreach workers are tested to determine their knowledge level before and after the training); and then organization and performance of outreach work¹.

This model is interesting because internal documents, including registration documents (logs, registers), rules for team and outreach work, job descriptions and schedules of outreach work are being developed within it. Afterwards the model functions with the participation of MSM themselves, who are trained to work as peer educators (the training workshops are conducted by the group leaders and other outreach workers). As this model already has a certain control factor in the person of supervisor, which is mitigated by the freedom to attract the target group members, it envisages relatively formal time-table and structure. The working team meetings should be held at least once a week; individual and group supervision is to be performed at least once a month in order to analyze the work done, to increase the efficiency of counselling skills of outreach workers and to prevent the burnout syndrome. So, the supervisor in this model should help outreach workers to turn mistakes into the source of valuable experience. One of the strengths of this model is implementation of regular behavioural surveys among the target group, which helps to neutralize the formal nature of this structure and to timely respond to the changes in the MSM environment.

American researchers from California University and San Francisco Centre for AIDS Prevention Studies single out the formal and informal MSM outreach work models. The formal model includes all activities of an outreach team to attract clients to prevention projects and any activities beyond the organization, such as information distribution and counselling at the popular MSM community locations (so, the American formal outreach work with MSM is similar to what the British call a “detached work”.²)

An informal outreach model includes the format of free discussions about safer sex, where young MSM tell their friends about its relevance and necessity. This component resembles the J. Kelly project “Public Opinion Leaders”³, which envisages performance of studies in the locations of social programmes“ interventions in order to identify the most influential and respected MSM involved in the project activities.

Ukrainian Approach

In Ukraine it is still hard to single out some specific models practiced by the outreach teams. However, the forms of outreach work with MSM are sufficiently clearly defined and can vary by the outreach team depending on the regional characteristics:

Form of work	Place of work	Principles of work
Open	At the popular MSM community venues (“pleshki”, parks, public toilets, etc.)	Principle of equality and accessibility.
Semi-open	At the LGBT-friendly locations (cafe, bars, night clubs, etc.)	Limited access principle.
Closed	At the closed gathering places (apartments, summer houses, etc.)	Target principle.
Networking	In the social networks and reference groups.	Snowball principle.
Internet outreach	In the web.	Principle of transfer of virtual contacts to the real life.

¹ Devlin Will, Keogh Peter, Nutland Will, Weatherburn Peter. THE FIELD GUIDE. Applying Making it count to health promotion activity with homosexually active men. 2003 www.sigmaresearch.org.uk .

² Gold Standards for undertaking detached work with homosexually active men// Glynn Thomas Terence Higgins Trust, London

³ Kelly J.A., et al. Randomised, controlled, community-level HIV-prevention intervention for sex-risk behaviour among homosexual men in US cities. The Lancet. Vol 350. November 22, 1997.

Open outreach work: at the locations where MSM actually gather. This form of work is distinguished by the principle of equality and accessibility of services for all visitors: outreach workers try to cover all clients with services. The difficulties of this work include an uncomfortable atmosphere for the clients (“pleshki” are located in the public places accessed by everybody and often they are visited by heterosexuals with a hostile disposition) and this hampers the outreach counselling to become a more comprehensive and trusty. Nevertheless, the open form of work provides the broad opportunities for coverage and involvement of clients to other activities of prevention projects, for the involvement of respondents in the studies and, if the outreach workers managed to win certain authority and reputation, it helps them to efficiently refer their clients to other social and especially diagnostic services (testing for HIV, STI, etc.).

Semi-open outreach work: It is performed in the LGBT-friendly facilities (cafe, bars, night clubs, etc.). Taking into consideration a limited access of non-LGBT groups to these facilities and their specific atmosphere, this form of outreach work contributes to the development of more trustworthy relations with the clients and creation of a more relaxed atmosphere in the dialog. Also, it provides the broad opportunities for the distribution of prevention means (condoms and lubricants), information materials and increases the efficiency of safer sex promotion in the environment that is acceptable for the target audience. Besides, the friendly facilities are very convenient to organize successful promo-activities of prevention projects and interesting prevention events, which strengthen the reputation of outreach workers among MSM and create conditions for a broad participation. However, Ukrainian outreach workers point at many difficulties in this form of work and consider it to be more complicated than the open form. One of the most common reasons for this is the purposes of the clients' visits to these facilities where they can entertain, find a sexual partner and relax. The second reason is about difficult environment for counselling, such as loud music, noise (in the first place it is related to night clubs, and to a lesser extent — to other facilities). The club-based form of work requires from outreach workers not only to have professional skills but also to be handsome to attract attention. And, of course, not the least obstacle to club-based outreach work in Ukraine is often reluctant attitude of the owners of gay facilities towards implementation of prevention and education work on their territory, which complicates access to the clients and restricts the activities.

Closed model of outreach work: It provides an opportunity to get into the places of residence and other closed locations frequented by MSM. Such form of work can be rather successfully implemented in the small towns. It is explained by the fact that the level of stigmatization and, hence, the closed nature of the target group is usually higher in such towns and it makes people to conceal their communication. The closed model of work requires from the outreach worker to be admitted to the group in order to get access to the closed gathering locations. It is important for the prevention programme coordinators working in such sites to recruit such people to serve as outreach workers, who have good connections with MSM, as well as community leaders. The experts indicate that the risks of this form of work include certain negative phenomena linked to unsafe sexual behaviour, such as alcoholization and drug addiction of the target group, which puts new goals for the outreach workers.

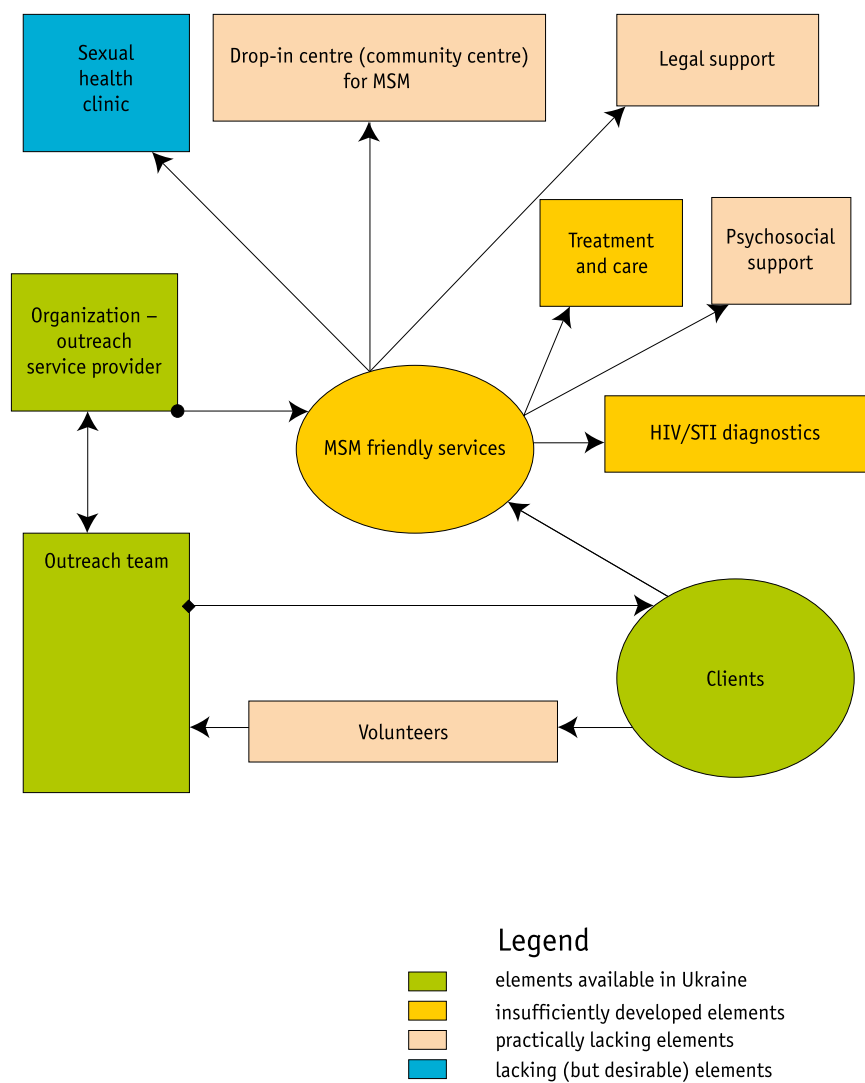
Networking — i.e., outreach work based on social links, when an outreach worker distributes information to a target group representative (e.g., his acquaintance), who then spreads this information further to other acquaintance if this information is meaningful. In Ukraine this form of work is developing slowly due to high stigmatization of this group, including self-stigmatization, which hinders MSM from establishing contacts within the group.



Outreach route

Ukrainian Model of Outreach Work

Let us review the elements of the basic Ukrainian model of outreach work with MSM. It mostly resembles the Dutch “supervisory” model as the outreach team is being formed from outreach workers, a team leader and a supervisor. However, unlike the Dutch model the Ukrainian one rarely includes peer educators and volunteers. Involvement of volunteers from the MSM groups goes rather slowly and not without problems, which is explained by the impossibility to motivate volunteers with the social or material remuneration, employment preferences, and so on. It is a high stigmatization that does not allow using such incentives for volunteers. Besides, there is a trend of professional orientation in the process of selection of outreach workers, who work with MSM in Ukraine: the organizations try not only to recruit outreach workers who have some professional skills in other areas (e.g., health care, psychology, immunology, etc.), but to “upgrade” them to the level of professional social workers or psychologists. Such training for outreach workers is very thorough, time- and resource-consuming. It, of course, contributes to the quality of services provided to MSM and their higher esteem in the community (which also increases the reputation of the project/organization). However, this model has a significant impact on the service coverage of the target group. According to the data from the “Gay Men Operational Group” that worked in Scotland providing training to peer educators, during 9 months of the group's intervention it interviewed 42 counsellors, who were able to cover 1,484 MSM representatives; these figures are much lower in Ukrainian projects.



Of course, this diagram rather expresses the desired model, than a real situation. However, many outreach projects are approaching this model by attracting their partners to the provision of social follow-up and non-specific services (e.g., physicians consultants from STI clinics).

Elements of the Outreach Work System

First of all, it is the outreach team consisting of at least four people, one of whom can be the team leader. Several outreach workers will initially implement the instructions of the leader, but in the mean time they will be able to set the tasks independently and plan their outreach visits. The number of outreach workers should be conditioned by the requirements to the safety of work.

The experts believe that an outreach team should include a psychologist, who may perform the role of supervisor over outreach workers in the project, as it is necessary to help outreach workers to resolve complex working situations. It is desirable to have a physician consultant and the administrative staff (coordinator, accountant, monitoring and evaluation specialist and system administrator) in the team.

Experts consider volunteers an ambiguous link the system of outreach work with MSM. According to the employees of organizations working with MSM, the volunteer system cannot adequately work in Ukraine due to a number of reasons:

- The project life-cycle is short, the funding is limited and the number of employees is fixed. Due to it the volunteers do not have prospects of further employment in a project.
- With a so high level of stigma that exists in Ukraine, the powerful incentives, which are common in volunteer practice, such as public approval, acquiring useful experience for a future job, volunteer benefits for an employment, etc., are not applicable in Ukraine.
- Weak links in the LGBT community that do not allow increasing the prestige of a volunteer activity. So, the experts believe that self-realization is the biggest motivation for the volunteers to work with MSM. In spite of the complicated conditions, experts still recognize the role of volunteers in the system of outreach services. Although now it is not possible to make volunteering a systemic work, they can be drawn to the group activities of the project when needed, and to provide situational services, such as free legal consultations or attraction of people to the so-called Popular Opinion Leader System¹.

According to the experts, the no less important elements of the system of outreach work with MSM are lists of organizations/data bases of organizations, services and specialists to which they refer their clients. They should necessarily include the lab diagnostic sites (for HIV and STI tests), psychological support services, social workers, physicians, lawyers and crisis counsellors.

Some specialists consider that the needed elements of the outreach system should include drop-in centres for MSM (or community centre), which could perform the function of resource centre and temporary shelter for MSM. It is especially relevant for big cities of Ukraine, because they experience an on-going MSM inflow from the regions, who often run away from home or who were banished by their parents. Such centre can serve as a temporary shelter that can provide additional health, social and psychological services.

One of the possible elements may be a specialized sexual health clinic or gay clinic that could be linked directly with the outreach work. As an option, outreach workers may refer their clients not to separate specialists, but to such clinic, which would provide comprehensive, MSM-friendly, specialist services.



Outreach work

¹ Popular Opinion Leader System means that people are involved in the project where they receive the needed basic knowledge and then freely distribute it among their socially close individuals when they consider it important.

Outreach Team Services

Services, provided to the clients by the outreach team, can be subdivided into 3 key groups: information and motivation, distribution and referral.

Information services include establishment of contacts with the target group, provision of information, counselling and attraction of the clients to the projects. These services can be subject oriented, e.g., it can be information about HIV/AIDS and STI, on diagnostic and treatment, on the client's opportunities to preserve health, on services available for MSM, on safer sexual behaviour, on evaluation of one's personal risks and on many other subjects. An involvement of clients into the projects can be active (participation in specific project events and activities) and indirect (referral to the website, printed editions or specific project employees).

Distribution services may include the distribution of personal protection means (condoms, lubricants, hygienic pads) and information materials. By method of its provision this service can be subdivided into following: 1) an informing distribution (a skill to tell about condom properties, to learn the client's knowledge about safer sex, to instruct on the methods of use protection means, or to reduce risk, etc.); 2) dissemination (it is more related to a club-based outreach work in which sometimes the only distribution opportunity is to place a rack with prevention materials).

Referral services can include two types, i.e., social follow-up and referral to social services. The first type implies the services of outreach workers, who visit certain services, sign an agreement with them and control the quality of services etc. (most often it is testing for HIV).

The second type includes: a) answering the client's inquiries about available services and the needed social support; b) motivating the clients to visit specialized diagnostic, treatment, prevention and other organizations. This means that in order to provide these services and outreach worker should have the skills to refer to the needed services, to tell in a clear language about the available services, about their working hours and specialists, who work there. He should also be able to assume, what kind of questions the client may have to answer there; to demonstrate support and empathy, to tell that in the trust room they can ask about sexual behaviour and that the client should not be afraid to answer. That is, an

outreach worker is, in fact, a primary link, a contact with the MSM audience and, at the same time, an intermediary between the governmental service system, an NGO and the target group.



Outreach work

Some Types of Counselling

Taking into account the importance of counselling in the outreach work we have singled out several subtypes of counselling.

- 1. Counselling on HIV/AIDS issues.** Key rules of this type of counselling include: the use of neutral language; impartiality and competence in the provision of information; keeping the information confidential; provision of emotional support; emphasis on HIV prevention; respect to the patient's rights to make all decisions that concern his health. Also, an outreach worker should possess certain knowledge. The minimum basic knowledge for such type of counselling should include knowledge on immune system, HIV infection and AIDS, HIV transmission routes and comparative statistics, HIV symptoms and clinical stages, HIV treatment, epidemic history and situation in Ukraine. The skills that are needed for HIV/AIDS related counselling include a skill to listen and understand the needs, to analyze the degree of risk related to certain situations, an ability to express sympathy and support so that it would lead to effective and sustainable changes in behaviour.
- 2. Counselling on sexually transmitted infections.** An outreach worker, who performs such counselling, should have the basic knowledge about the aetiology,

symptoms, transmission routes and treatment for such diseases as Chlamydia, gonorrhoea, syphilis, scabies, crab [pubic] louse, candidiasis, genital herpes, condyloma, hepatitis, trichomoniasis and toxoplasmosis.

3. **Pre- and post-test HIV counselling.** To provide a successful counselling, the outreach workers should know and be able to explain the differences between different types of tests (ELISA test for antibodies, Western Blot, polymerase chain reaction), and be able to explain the “window period” when the virus has already penetrated in the body, but the antibodies to it have not yet developed and, hence, are undetectable by tests. Also, an outreach worker should have information about the location, time and cost of HIV testing and, if needed, to have special blank forms to refer clients to the free testing sites.
4. **Psychological counselling** (relations with the close people, family problems, financial difficulties, depression, etc.). If an outreach worker does not have an education in psychology, he should always be able to show emotional support and refer the client to a more qualified specialist. In no case should the outreach workers undertake the authorities of a psychologist and try to resolve the client's problems, especially in crisis situations.
5. **Counselling on self-help groups** and other available activities of the project.
6. **Counselling on where to obtain services** (of a physician, psychologist, social worker, etc.).
7. **Counselling on safer sex issues.** Support to the changes in sexual behaviour is one of the key challenges — and simultaneously one of the key goals of HIV and STI prevention programmes for men who have sex with men. It is hard to change the risky sexual behaviour due to existing prejudices. This type of counselling for MSM like no other should include the motivational counselling elements. An outreach worker should not only tell about the notions and consequences of unsafe and safe sex, but also explain the need to use condoms and lubricant. In the first place, he should inspire and motivate the client to change himself.

The most common method used by each project working with MSM is a **motivational interview**¹. One of relatively innovative but still very widespread methods of counselling is a **short-term counselling**, introduces to the prevention programmes by James Dilley from San Francisco. A survey of 249 MSM performed by him showed that the frequency of risky behaviour among the survey participants was reducing after the counselling session aimed at evaluation of the personal system of self-justification of the risky sexual behaviour, in the course of which each client was describing the situations, thoughts, emotions, opinions and ideas that he had at each stage that led to a sexual contact, and was evaluating the situation of risk perceptions. Such intervention is the most difficult to implement in the outreach work, but thanks to its focus on an individual and specific risk situations instead of abstract reasoning, really contributes to changing one's risky sexual behaviour for the safer one in the MSM environment.

Principles of Outreach Work:

1. **Understanding of the target group needs and quick response to them.** This principle is based on attention, flexibility and sensitivity of outreach workers to the MSM problems. Outreach service provision should be relevant and based on the real needs that are to be determined by the group itself.
2. **Peer education.** Outreach work performed by people, who belong to the MSM community themselves or often contact with the community (relatives, close ones, friends). It is optimal when the outreach work is implemented by the MSM themselves because they know their needs and methods to satisfy them. This principle may be implemented by the outreach workers of the same age with the target group, or by those who belong to the group or possess other outreach characteristics.
3. **Friendly and tolerant attitude.** MSM, their behaviour and appearance, their life styles are traditionally criticized by the majority of heterosexual communities. But for an outreach worker it is not a reason for a judgemental or negative

¹ See the Glossary of Terms.

I should tell you that homosexuality in our country has been eliminated virtually, but not entirely. Or, to be more exact, entirely but not completely. Or to be even more exact, entirely and completely, but not once and for all. What is the preoccupation of the general public now? Nothing, but homosexuality.

**Venedict Erofeyev, a Russian writer, 1938—1990.
Moscow — Petushki**

attitude towards MSM. Moreover, the attitude of an outreach worker should serve as an example of a humane, sympathetic and non-judgemental attitude and understanding.

- 4.**Confidentiality and anonymity.** The atmosphere of outreach work with MSM should be based on trust, confidentiality and non-disclosure of information received by the outreach workers from their clients. It is especially important to understand this principle when an outreach worker provides counselling to the client on sexual behaviour, HIV testing and other sensitive issues.
- 5.**Timely provision of the relevant and reliable information to the target group.** In order to ensure the adequate and useful information for the MSM, it is important to determine, which kind of information they are lacking in the first place. Information should be specific, proven (competent) and relevant. Information should meet the needs of MSM in health, social and legal spheres. It is also recommended to focus on the provision of MSM with diverse and useful information on the life of LGBT community and other subjects that would enliven the work.

Ethical Norms of Outreach Work with MSM

Outreach workers should always distinguish between the personal and working relations with the MSM. It is also related to the safety rules and sexual harassment by the clients.

- 1.Outreach workers should be tolerant to all subgroups in the MSM community and to all specific features of the community.
- 2.Sincere and honest relations with the client are the necessary condition for outreach work.
- 3.Outreach workers should make all possible efforts to preserve professional limits in their work, even though the outreach work may be of an informal nature.
- 4.Safety of outreach workers is a joint responsibility of an organization and an outreach worker. Compliance with the safety rules is a necessary condition for a successful work.

4.2. Community Centres



Myroslava Andrushchenko
“International HIV/AIDS Alliance in Ukraine”

What is a Community Centre?

A **community centre** (or a “drop-in centre”) is a community association, a place where community members can gather for group activities, social support, information or leisure activities. Such centres, depending on their goals, can be open for all community members and for certain specific groups. The first community centres appeared in the beginning of the XX century in the USA, where after the establishment of the National Association of Community Centres in 1916 this term became widespread. One of the first organizers of such a centre, Clinton Childs, described it as: “A Community organized about some centre for its own political and social welfare and expression; to peer into its own mind and life, to discover its own social needs and then to meet them, whether they concern the political field, the field of health, of recreation, of education, or of industry; such community organization is necessary if democratic society is to succeed and endure”.

Community centres throughout the world are the most common form of work with different target groups. Community centres are widely used to work with migrants, ethnic minorities, PLH, IDUs, violence victims; they work for MSM, WSW, transgender people and other target audiences. For example, in Germany and the Netherlands, where this form of work is well developed, Community Centres for most vulnerable and HIV affected groups¹ work, as a rule, with support of civil society organizations, or in cooperation with nongovernmental and governmental organizations. In Singapore community centres are located in the premises specifically provided by the state for this purpose. In the United Kingdom there is a special network of social community centres (UK Social Centre Network), which coordinates the activities of such centres.

The very idea of community centres or common interest clubs is not new for Ukraine. However, the establishment of such centres for HIV vulnerable target groups, in particular for men who have sex with men, and for LGBT, where they can receive free and anonymous social and health services in addition to leisure activities is a new form of activity for both civil society organizations and for government institutions.

The Role of Community Centres in HIV Prevention among Vulnerable Groups

The key objective of prevention programmes is not just to distribute condoms and lubricants, or exchange syringes and distribute information booklets, but to motivate the representatives of vulnerable groups to change their risky behaviour for a safer one. In other words, a prevention programme should convince an individual to voluntary change his behaviour for a long time. Behaviour change is a rather long process that has a number of psychological patterns and stages, at each of which a person who is changing his behaviour, is in need of support, respective information and conditions for change.

Public service announcements, posters, outreach work, condoms distribution, syringe exchange outlets all work mostly at the first stages of behaviour change helping a person to start thinking about the problem. In order to achieve any sustainable outcomes, the new forms of work are needed, including a focused work with the target



¹ HIV vulnerable groups include men who have sex with men, female and male sex workers, injecting drug users.

Everybody's journey is individual. If you fall in love with a boy, you fall in love with a boy. The fact that many Americans consider it a disease says more about them than it does about homosexuality.

James Baldwin, an American writer, 1924—1987



Women's Network Summer Camp, 2004



"Dark Nights" Party, 2008

groups and social and psychological services; support groups; various forms of leisure time arrangement; different consultations, etc. That is why it is necessary to develop new forms to draw the clients to the prevention programmes and one of these forms is establishment of community centres. Such centres can provide attractive services: self-help groups, psychosocial support, household services, safe space for recreation and communication, leisure time arrangements, etc. Community centres really become an efficient method that contributes to changes of risky behaviours in the vulnerable groups.

Community Centre Functions and Objectives

The premises of a community centre are intended for the common use by the representatives of the community to spend their leisure time, to host social and cultural events. In terms of HIV/AIDS prevention, the goal of a community centre (CC) is to provide comprehensive HIV prevention services to the representatives of most-at-risk groups and their close environment. In addition to these services, CC provides a safe space for the community members to communicate, share information, provide mutual support. The centre closely cooperates with a number of other organizations that can provide support, legal services, and health services or organize special activities to improve the quality of life of the centre's clients.

Each centre develops its own range of services for the clients depending on their needs and its institutional and financial capacity.

Standard CC services include:

1. Social

- Distribution of information materials on HIV/AIDS/STI, behaviour change, etc.
- Distribution of condoms and lubricants, safe-sex packages for gays and lesbians (syringe exchange, provision of disinfecting means or female packages — depending on the target group and the needs of clients).
- Leisure time arrangements: cultural, informational and educational, entertainment and sport events.
- Motivational counselling on safer behaviour.
- Self-help groups, parents' groups (depending on the needs).
- Organization of the work of staff employees and volunteers with the components of resocialization for people, who suffered from rape, or for drug addicts, or for transgender people after sexual reassignment surgery.
- Training sessions for clients on safer behaviour.
- Psychosocial consultations for LGBT on safer behaviour, sexual and gender identity, coming out before parents and colleagues, consultations for family couples and their close ones, consultations for the aged LGBT, consultations for LGBT with children.
- Referral to the specialists/organizations or to existing programmes (rehabilitation and substitution therapy for IDUs, care and support for PLH, resocialization for transgender people after the surgery, etc.).
- Social support with employment, housing etc.
- Organization of social and business network of community services: cafe, barber shop, massage parlour, souvenirs shop, arts workshop, etc.

2. Health care services:

- Elementary first aid provision.

- Counselling on HIV and STI.
- Referral to diagnostic and treatment of HIV, STI and tuberculosis.
- Rapid testing for HIV and STI (in case of working with female IDUs and FSW — pregnancy tests).
- Pre-testing counselling (before testing for HIV).
- Group meetings with physicians.
- Counselling by medical specialists.

3. Legal services:

- Explanation of the legal documents.
- Legal support provision (e.g., to register or restore documents, to receive benefits and subsidies, etc.).
- Legal support in case of detention of the clients by the police, or if they are called to disciplinary or material account.
- Representation of the client's interests in the court (if needed).

4. Household services:

- Provision of night's lodging for homeless clients (temporary care centre).
- Provision of warm lunches to low income clients.
- Organization of work with the clients' children (day care centre).
- Provision for elementary hygienic needs (shower, washing, ironing and repair of clothes, etc.) for homeless (drug addicted) clients.
- Provision of material support to low income clients (clothes, food rations, etc.).

The community centre employees should be recruited depending on the objectives and services provided by the centre. The centre should have administrative staff, manager and accountant, as well as the programme employees: an office manager, a nurse, a physician (gynaecologist, STI doctor), a psychologist, a lawyer, social workers and outreach workers.

Each centre should have its own form of organization, but it needs to have a functional structure and clearly defined objectives and services.

Community Centres in Ukraine and Challenges to the Organization of Work

The first community centre for MSM in Ukraine was established in 2004 within a project of a civil society organization “Nikolayev Association of Gays, Lesbians and Bisexuals LiGA” with the support from the Tides Foundation (USA). Since 2005 this centre has opened its doors not only to MSM, but also to LGBT.

The key goal of the creation of harm reduction centres for MSM is to advocate the interests and protect human rights of the target group, including the right to safety, protection from stigma and discrimination based on their sexual orientation and HIV status, as well as to increase the activism of MSM themselves through their involvement in the education, training and prevention programmes. A serious attention is paid to the mobilization of LGBT community.

Currently there are two community centres for LGBT operating in Ukraine (LiGA in Nikolayev and “For Equal Rights” in Kharkov), and two centres for MSM (Gay Alliance in Kiev and Partner in Odessa). The challenges to the organization of community centres for this target group are still to be addressed and are in need of methodological support



Community centre, Odessa

and generalization of the acquired experience taking into account the national and local characteristics, as well as the target group needs, achievements and difficulties.

The problems of community centres for HIV vulnerable groups in Ukraine are numerous because the CC is still a rather new phenomenon in Ukraine which does not have the well established theoretical and methodological background.

Key challenges of community centres are summed up in the following items:

1. Problems with funding and premises, the lack of developed concepts for the local fundraising and direct dependence on donor funding. It is impossible to ensure efficient, long-term and sustainable work of the centre relying only on the donor financing. The head of the centre should be a good manager and to search for all opportunities for an additional funding.
2. The comprehensiveness of services and a balance between their components (e.g., leisure activities as the means to attract clients should be supported by the developed social, medical and prevention services).
3. Recruitment of the appropriate staff still remains one of the most serious challenges. Often there are even no personnel selection criteria. The manager should not only thoroughly select the employees, but also monitor their professional development and further training. The requirements to the centre staff are rather strict: tolerance, skills to provide diverse services — this means, that the employees should virtually “live one life” with the community centre and its clients, which is not possible in real life.

Support needed to the stable activities of the community centres in Ukraine:

1. Existence of the stable premises for the centre's activities.
2. Decent remuneration to the counsellors and social workers.
3. Access to information.
4. Household appliances and utilities (a kettle, a wash-room, a shower, etc.).
5. Access to humanitarian aid.

Community centres play the key role in the process of organization and self-organization of communities vulnerable to HIV. CC provide an opportunity to unite the group of people with common interests and problems, desires and expectations, and the focus on their needs and support by professional employees can become an impetus for the clients to create new initiative groups and to demonstrate civil activism. Such centres should receive a comprehensive support not only from donor organizations, but from the government institutions, in particular, as it relates to the provision of permanent premises, ensuring the viability of the centre and placement of social contracts (funded from the state budget).

Review of International Experience¹

In many countries, institutionalized homophobia, religious prejudices and criminalization of homosexual activity severely hinder the efforts to organize and implement work for LGBT, MSM and WSW. According to amfAR (2008), in 86 countries consensual same-sex sexual activity between men is a criminal offence. In 21 countries, male-male sex is punishable by prison sentences of 10 years or more; in seven countries, it is punishable by death.

¹ Materials from the Review of international experience of drop-in centres for the representatives of HIV vulnerable populations”, Vladimir Kiseliov, editor — Myroslava Andrushchenko, International HIV/AIDS Alliance in Ukraine (<http://www.aidsalliance.org.ua/ru/news/pdf/info/Report%20on%20Community%20Centers.pdf>) were used for this article.

Public opinion about homosexuality and attitude to MSM in different countries of the world were studied in different countries by the experts from the US Institute for Social Research in 1995-2001. It appeared that the level of tolerance of this minority group in the Western democratic countries was significantly higher than in the Eastern countries (53% positively inclined respondents compared to 12% in the East). In the countries, where according to American experts the level of democracy is lower, e.g. in Egypt and Bangladesh, 99% of the population are intolerant of MSM (in Iran — 94%, in China — 92%. At the same time, in Germany there are about 19% of adversaries of sexual minorities; in the United Kingdom — 25% and in the USA — 32%¹.

According to Wright (2005), HIV prevention among MSM in the Eastern and Central Europe is complicated by the fact that in the beginning of AIDS epidemic these countries did not have any established subculture of gays and lesbians with a developed network of partnerships and infrastructure. This subculture cannot be created only on the basis of the need to ensure prevention activities. However, this subculture has started to develop in the fight for the rights of lesbians, gays, bisexuals and transgender people in many former socialist countries, despite the pressure and sometimes even real repressions initiated by the public authorities².

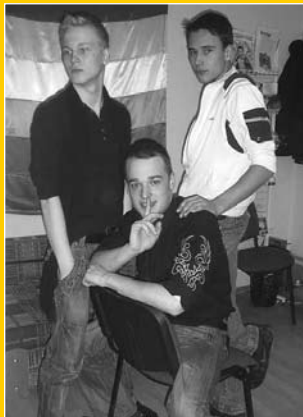
In such conditions where the existence of gay-lesbian culture cells is shaky and unsteady, the specialized community centres for MSM that meet the needs of this population in voluntary counselling and testing for HIV, treatment of STI and psychosocial support can play the role of information resource and material base for the development of an active LGBT community.

On the other hand, promotion of self-identification and self-organization of MSM/WSW not only provides them an opportunity to openly speak about their needs and jointly stand for their civil rights (especially the right to enter into same-sex marriage, adopt children etc.), but also facilitates to HIV service in this hard-to-reach population group. Many sectoral specialists point at significant difficulties in the introduction of the Western models of HIV prevention³ and promotion of behaviour change, for example, among MSM in Asia⁴. First of all, it is related to the fact that in Asia, where most MSM identify themselves as heterosexuals, the gay and lesbian community is either absent, or is in the process of development. To some extent it can be compared with the situation in Ukraine, where the majority of MSM “discreetly” try not to disclose their homosexual behaviour or homosexual identity.

Thus, involvement of the LGBT community in the comprehensive HIV prevention programmes will guarantee their success. These programmes should not only address the health issues of the target group (behaviour change, consistent condom use and other routine forms of HIV/STI prevention), but also to contribute to the improvement of their psychological status (trying to develop the sense of self-esteem in them) and sometimes to help them resolve social issues (e.g., provide legal support and professional training). Such structural factors as legal criminalization of consensual non-heterosexual relationships between adults, or encouragement of public intolerance of MSM by political and religious leaders and culture figures should not be left unaddressed by HIV servicing programmes.

Philippines: Community Centre for MSM Runs Educational Activities in Catholic Environment

A bright example of self-organization and successful attempt to create a positive image of MSM in the local community is the activity of the NGO Iwag Dabaw in the city of Davao on a Philippine island Mindanao. Local MSM established this organization in 1994 to improve their social and economic status and promote safer sex among the representatives of their community. Due to their marginalized status it is hard for many MSM in the Philippines to get a permanent job. That is why they have to work in the shadow economy, engage in sex business or work as barbers, pimps, etc. It is especially true for the so-called *parlorista bakla*, effeminate men who are usually employed in beauty and massage parlours. Besides, in the past 10 years around 22% of all HIV infection cases in the Philippines were transmitted through homosexual contacts. Taking into account a big authority of the Catholic Church, Iwag Dabaw built its information and educational work with the population and city government in cooperation with the archbishop of



Community centre, Odessa

¹ See article “Democracy and Gender: West is West, and East is East, based on the materials of Washington ProFile in the Ukrainian newspaper Den” (День (№37) of 27 February 2003). The publication can be found in the online archive of the newspaper at <<http://www.day.kiev.ua/16182/>>.

² Wasson-Simon, A. (2007). Gay Communities in Europe Face Up to HIV! <http://msmandhiv.org/documents/NA_Home_faceup.pdf>.

³ Western models of prevention are based on promotion and fixation of safe behavioural norms in the community, which is able to support itself.

⁴ TREAT Asia (2006). MSM and HIV/AIDS Risk in Asia: What Is Fueling the Epidemic among MSM and How Can It Be Stopped? Bangkok, Thailand, New York, NY: TREAT, amfAR.

Davao monsignor Fernando Capalli. He supported the organization's project and helped to establish links with the Catholic donor facility Misereor in Germany, which has been providing financial support to the social prevention programme of Iwag Dabaw since 1997. Recently, the funds have been also coming from the German Catholic Development Support Agency (Katholische Zentralstelle für Entwicklungshilfe). Thanks to such authoritative support, the organization managed to develop very good relations with the city government and police, which laid the foundation for a more tolerant attitude of the conservative and religious portion of the population towards parlorista bakla and other MSM. Iwag Dabaw organizes local MSM community and promotes healthy life styles among them, provides basic HIV prevention services and informs about their civil, social and economic rights. The Iwag Dabaw members provide peer education to volunteer counsellors to perform an efficient outreach work. There is a small drop-in centre in which a support group is gathering, health consultations, psychological and social support are provided to the visitors, and condoms and lubricants are distributed. MSM are integrating in the life of Davao community through the organization of various cultural events and local holidays with the participation of MSM, regular volunteer Sunday work to clean the city territory, regular free barber services for everybody. In September 2008 Davao successfully hosted the 13-th Annual Gay Festival.

Nepal: Community Centre Stands for Human Rights

Another successful example of MSM self-organization is the Blue Diamond Society, or BDS from Kathmandu, Nepal. BDS is the only organization of sexual minorities in Nepal. It was founded in 2001 by a 28-year old Sunil Pant, who opened for himself an exciting gay world while studying in one of Belarusian universities. Upon his return back home, to his native Kathmandu, he continued exploring this world in the comfortable corners of the Ratn Park frequented by the local MSM in the evenings. Sunil Pant was upset only by the fact that Nepal law criminalized “buggery” between men and local MSM youth and Metis (as transgender people are called in Nepal) have never used condoms. Besides, perhaps only Buddhists and representatives of international organizations had a tolerant attitude to Metis in predominantly Hindu Nepal. Sunil Pant and his likeminded friends decided to put all efforts to change this situation. After the consultations with advisors from international non-governmental organizations that work in Kathmandu, they decided to create an association of sexual minorities. As the sexual minorities were not recognized by the Constitution of Nepal, the new NGO was registered as a sexual and reproductive health prevention programme. This is how the Blue Diamond Society was organized. Its members started to implement outreach work in approximately one hundred places frequented by the capital city MSM and Metis, and distributed condoms and lubricants, promoted various safer sex practices and counselled on HIV/STI issues. The volunteers received special training. The first small drop-in centre was organized to provide medical consultations, psychological and social support, demonstrate information and educational video films on HIV/AIDS, sexual and reproductive health; to distribute information booklets and cards. Also the BDS members were actively involved in human rights protection activities, documenting cases of discrimination of the sexual minority representatives and violation of their rights, and organized street rallies for the human rights in Nepal. That is why in the last years of the rule of the king Gyanendra of Nepal there were numerous attempts to close the organization and their members were repeatedly arrested, rudely beaten and raped at the police stations. Today BDS has several drop-in centres in Kathmandu funded by FHI and other international donors. The number of visitors of these centres is consistently growing. For example, in 2002 there were 1,223 registered visitors, in 2003 their number grew to 3,638 and in 2004 the centres were visited by approximately 6,000 men and women. A weekly information bulletin in the local and English languages is being published. Lesbian and gay beauty contests are being organized. After the dethronement of monarchy in Nepal in 2006 the Supreme Court of the country issued a decision that the government should recognize WSW, MSM and transgender people as “fully normal” and protect their rights. Sunil Pant was elected to the parliament and became the first gay parliamentarian in the history of the country.

Sweden: the State Organizes a Network of Friendly Clinics

Another common problem faced by many communities is a traditionally hostile attitude to MSM by governmental health care facilities. In such situation not every representative of this group would dare to tell an urologist about the cause of rectal bleeding, anal itching, ulcers on the balanus or in the mouth. Rees et al (2004) found that most MSM prefer to be served by physicians, who belong to gay community themselves. If there is an insufficient number of such physicians, then the establishment of specialized drop-in centres or medical facilities for MSM can be another solution to this problem. For example, such clinic that provides services exclusively to MSM operates in Stockholm, Sweden. Founded in 1992, Venhalsan clinic structurally belongs to the department of infectious diseases of the Karolinska Institutet, but it is located in the Central Hospital of Southern Stockholm in the downtown. Today this clinic provided health and psychological services to more than 630 HIV positive MSM and is involved in the more general HIV prevention work and provides free medical consultations, testing for HIV, syphilis, hepatitis A and B, and gonorrhoea without a preliminary registration. All visitors of the clinic are offered to be vaccinated against hepatitis B for free. Medical personnel of the clinic include 24 specialists and its doors are open for everybody 5 days a week. In 2006 alone it registered 11,400 patients. Venhalsan clinic is funded from the local budget.

India: MSM Centre Provides Services to Victims of Violence

Another typical situation for many communities is when MSM become victims of violence on the part of radical groupings or police, or when young gay find themselves in the street after their sexual orientation has become known to their parents. That is why many countries have crisis intervention centres that have the goal to prevent and overcome the consequences of violence against MSM, LGBT, as well as male and female sex workers. For example, there are two small drop-in centres in Delhi, India, called Development, Advocacy and Research Trust, or DART, which can serve as a shelter for MSM, WSW and transgender people who suffered from violence. One of the DART centres is located in Uttam Nagar in West Delhi, and the other one in Shastri Park, East Delhi (now it is balancing on the brink of closure due to the lack of funds to maintain it). The centre in Shastri Park has a 17-strong staff — six outreach workers and 11 peer educators from among local MSM and transgender people. On Sundays, 20 to 50 MSM and representatives of transgender community gather here to dance, debate and hold other cultural activities. The clients are low income people and most of them cannot read and write. That is why they are taught Hindi language and helped to open bank accounts. According to Charan Singh, DART Project Coordinator, a long term solution of the Indian MSM problems lies in the development of the sense of self-respect and skills to independently improve their social and economic status. That is why in addition to health and psychological consultations, referrals to health specialists to the state clinic, condoms distribution, provision of social support and education on HIV/AIDS and safer sex, and organization of leisure time, the DART drop-in centres also train their clients in various handicrafts, e.g., production of postcards, embroidery, etc. Besides, thrice a week, members of DART outreach team (each of which include one social worker and six peer educators) go to cruising areas and public toilets all over Delhi, such as places in Dhaula Kuan, Mehrauli, Kalyanpur, Najafgarh, Janakpuri and Badarpur where MSM and transgender people use to gather. The teams communicate with them, distribute condoms, and counsel them about protective sex measures and HIV/AIDS information. Over the past 10 years, DART has supported approximately 26,000 MSM and transgender people.

Taking into account the social heterogeneity of MSM community (which included the representatives of middle class, students, working youth, school students, sex workers and others), many organizations develop their prevention, social and health programmes to meet the specific needs of specific target groups (e.g., legalization of new names for transgender people, etc.).



*Clients and social workers
of NGO "Self Employed Welfare",
Karimnagar, India*

It doesn't matter what you do in the bedroom as long as you don't do it in the street and frighten the horses.

Daphne Fielding, a British writer, 1904—1997

I love souls, without taking sex into account, giving way to it, so it would not hinder me.

Marina Tsvetayeva, a Russian poetess, 1892—1941

¹ Гейдар Л., Семенова Е. НАСТОЛЬНАЯ КНИГА ДЛЯ ЖЕНЩИН: СЕКСУАЛЬНОЕ ЗДОРОВЬЕ. — К., 2008. — 76 с. Electronic version is available at: <http://www.feminist.org.ua/about/projekt/book2008.php>

4.3. Specific Package of HIV/STI Prevention Serviced for WSW

Elena Semenova, Information Centre “For Equal Rights”

The Notion of WSW

WSW — women who have sex with women is behavioural term. This notion encompasses the group women who practice this or that lesbian sexual practices. At the same time, WSW can identify themselves as heterosexual, homosexual, bisexual or lesbian women.

The term WSW was introduced in order to work with this group of women without distinguishing them on the basis of their sexual orientation. Also, this term allows avoiding the imposing of sexual identification on women as the representatives of this or that orientation. So, the whole approach to prevention work is being formed that helps to involve not only lesbians and bisexual women, but also women who do not identify themselves as LGBT, into the existing programmes.

Specific Characteristics of WSW

Specific characteristics of WSW include not only sexual practices that significantly differ from heterosexual ones. This group is special first of all because WSW are practically unaware of the risks of lesbian sexual practices, do not have information and skills to use barrier contraception means and very rarely consult the respective health specialists (gynaecologists, mammologists) being sure that not having sex with men saves them from “female” health problems.

Besides, in order to perform successful prevention activities and expand access to health and social services, it is important to remember that lesbians and bisexual women are in need of protection from stigma and discrimination. Very often stigma and discrimination and non-acceptance by relatives and friends push WSW to practice life styles that are risky in terms of HIV and STI transmission.

Key Problem in Prevention Work with WSW Is a Risk of STI and HIV Transmission through Lesbian Sex

At this stage of prevention work the priority objective is to explain WSW that sex between two women can be risky in terms of STI and even HIV transmission.

The sexual education programmes should include key information about sexually transmitted infections, their danger for life and health and their negative consequences in the future. Besides, WSW should be informed about STI transmission routes and on how STI are transmitted from partner to partner at lesbian sexual practices¹.

This knowledge makes WSW group thing about their sexual behaviour and make a decision on how to make it safer.

Then they should be informed about the methods and means of barrier protection from STI that lesbians can use. These methods include latex sheets, latex gloves and condoms. It is very important to explain them that safe sexual practices are those, in which there is no exchange of biological fluids, plus reasonable selection and limitation of the number of sexual partners.

Toolkit for Prevention Work with WSW

- Workshops and training sessions are the primary tool for sexual education for WSW. Such sessions help to convey information to the adults in an easy to remember form and increase their motivation for a safer sexual life. Workshops and trainings should be conducted by the well trained specialists (please, see below).

- Handout materials — books, brochures, leaflets developed specifically for WSW and containing information related to the health of this group present another important tool for the distribution of knowledge.
- Unfortunately, an outreach work with WSW is not yet well developed in Ukraine, while it is widely used in prevention programmes for MSM. Some experience accumulated in the regions where they already perform outreach work in the locations frequented by WSW demonstrates its usefulness and necessity.
- Regular meetings and sessions to promote healthy life styles and strengthen LB community to respond to HIV and STI, to increase the self-consciousness of the group and to overcome homophobia and discrimination are needed.
- There is a need to train doctors to work with WSW and to develop a system to refer WSW to health specialists, such as gynaecologists, mammologists, and STI physicians. In addition to the problem with safer sex, the work with WSW also implies resolving other health problems that are common for predominantly homosexual women — breast and cervical cancer, chronic gynaecological diseases, alcohol and tobacco dependence, mental disorders (depressions and anxiety), osteoporosis and cardiovascular diseases in the older age.

Approaches to Prevention Work among WSW

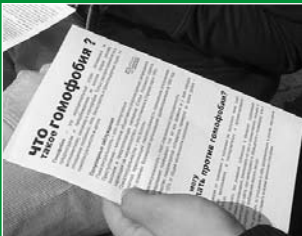
HIV/STI prevention among women who have sex with women should be performed on the basis of organizations or initiative groups possessing sufficient resources. The basic components of prevention work among WSW include:

1. Access to the target group. An organization (or initiative group) should have a well established contact with the local LB community, or its key representatives in order to successfully reach WSW.
2. Access to the trained specialists. In order to implement sexual and prevention education it is important to invite a specialist, who would be able to convey the needed information to the audience. Such person should have knowledge in the sphere of medicine and teaching skills. In order to create a trusty atmosphere, this person should belong to the LB group.
3. Availability of the special literature. Brochures, booklets, leaflets summing up the prevention information.
4. Availability of protection means. The sets of barrier protection means against HIV and STI (condoms, latex sheets, latex gloves).
5. Development of the system to refer WSW to health specialists. An organization that performs prevention work should provide WSW an opportunity to apply primary prevention skills, i.e., to pass HIV and STI tests on a regular basis and go through medical examination. For this purpose the organization should establish contacts with laboratories and health rooms (gynaecological, STI), to which WSW could be referred for examination.
6. Availability of trained outreach workers. Special workers should be trained to distribute printed materials and protection means, and to inform WSW about the examination and treatment opportunities by referral. These specialists would visit locations frequented by WSW and perform peer education activities.
7. Implementation of the health groups. In addition to sexual education workshops it is recommended to introduce the so-called health groups for WSW — the regular meetings to discuss various aspects of woman's health, methods of overcoming addictions, psychological issues and practical exercises in the comfortable setting. For example, the joint leisure activities can be organized, such as sport games, quiz parties, hiking, visits to a gym, etc. The groups should be conducted by one moderator from the community, while experts can be invited to train on special skills.

Introductions are tricky in a lesbian relationship. It's a word game. To my friends she's my lover, to strangers and family members in denial she's my roommate, to Jehovah's Witnesses at the door she's my lesbian sex slave, and to my mother she's Jewish and that's all that matters.

Denise McCanles, an American comedy actress and lesbian activist





When I didn't know yet who homosexuals are, I met among the people, whom I knew, those who were more resourceful, considerate, charming and interesting than the others. Later I came to know: those had been homosexuals. Now I know that not every Jew is Einstein and not every homosexual — a gentleman, and that while society was exterminating the former, it was discriminating against the latter. There is no extermination anymore, but discrimination continues.

Werner Höfer, German journalist, 1913—1997

How can I persuade anyone to become a gay? What will I say? "We have no rights, everyone hates us, common join us! We will live in my little hell and listen to Madonna!"

Jason Stewart, American actor, born 1959

5. Response to Homophobia, Stigma and Discrimination

5.1. Methods of Response to Homophobia, Stigma and Discrimination

Laima Geidar, Women's Network Information Centre



Anna Dovbakh, M.A. in psychology and cultural studies, International HIV/AIDS Alliance in Ukraine

Combating homophobia, stigma and discrimination against the homosexual people — is a task that can hardly be accomplished in one year. Such effort represents an everyday concern for practically every person who has experienced stigma him/herself. An overview of current methods and approaches to respond to stigmatization of the homosexual people demonstrates a vast variety of activities, in which both individuals and groups of activists are engaged, including small and large organizations.

All efforts to overcome stigma may be expressed by one proverb “constant dropping wears away a stone”. The result that we wish to achieve is tolerance of the society and understanding of the close ones. One should not expect that people's beliefs about life and norms would change immediately. Only through our benevolence and professionalism, openness and sense of purpose we can move forward along this path.

Groups may choose specific method of response to stigmatization depending on their strategy, tactics and available resources.

Methods to respond to homophobia, stigma and discrimination

Methods	Target group	Expected changes
Raising awareness of the LGBT community (individual and group counselling for homosexual people to help overcome internal homophobia)	Immediate audience — homosexuals, not confident in themselves. Non-immediate audience — close ones from the general population	Reduction of the internal homophobia, shaping confident behaviour, enabling homosexual person subsequently to form tolerant relations with his/her close ones
Individual approaches to attitude change among the general public (group discussions, counselling, life stories)	Some people from the general population (close ones, colleagues, bypassers during mass events, journalists when giving interviews)	Serious changes in attitude and behaviour of an individual
Group activities (trainings, discussion clubs, topical film review)	Several people (optimal number up to 25 in training group, 35 in discussion)	Some changes in participants' behaviour, serious change in attitude toward the issue

Media campaigns	Large groups, entire population	Purposeful shaping of generally neutral attitude to homosexual people in the case of long-term and well-planned media campaign
Working with media	Large groups of people — occasionally	Raising awareness of a problem. Possible strengthening of a negative affect as counter-balance

Comparative tables below highlight pluses and minuses of various approaches and methods following the description of these methods.

Individual method of responding to homophobia may be applied by practically any member of the LGBT community, who reads popular science books/sites and is able to clearly express one's ideas. This method does not require any material expenses and combines a low coverage with a high quality impact.

To begin with, this method is based on personal experience of discussing with people various LGBT stereotypes and myths. For different target audiences you may act as either an interlocutor or expert in this area of knowledge.

For instance, with your close environment (family, friends and work colleagues), at a convenient occasion, you may conduct educational discussions, share your life experience as a homosexual person, tell them about problems and pleasant events, lend them books on the subject or watch movies together (e.g. “If the walls could speak”).

At the opportunity of talking in person to specialists or government officials (MPs, civil servants, journalists, academics, students etc.) you may act as an expert, demonstrating not your personal difficulties but generalized tendencies and problems characteristic of homosexual men and women in our society and in the world, referring to research and scholarly papers in this area.

The individual method also include various methods of individual counselling provided by social services as well as such outstanding project, in terms of their impact, as “Living Library”¹, where every “living book” is an expert in his/her area. In the framework of such project, everybody has a unique opportunity to meet members of stigmatized communities. For the first time “Living Library” was held in Kyiv in 2008 on occasion of AIDS Memorial Day. More than 20 “books” participated in it representing a vast diversity of subjects: refugees and migrants, HIV/AIDS, Roma, drug use, history of Kyiv, sex business, travelling around the world, gays, lesbians etc. On LGBT subjects there were 6 “living books”, and it is worth noting that these “books” enjoyed the highest popularity among the “Living Library” visitors.

Individual method: 1.Communication with the close environment: family, friends and colleagues 2.Personal contacts: with opinion leaders, members of local self-governments and MPs, civil servants, journalists and media editors, academics, experts, and students. 3.“Living Library” Project 4.Counselling for the close environment of LGBT, experts and media.		
Pluses	Minuses	
<ul style="list-style-type: none"> • provides significant personal experience of positive communication • Changes attitude to specific person and LGBT in general 	<ul style="list-style-type: none"> • Does not ensure broad coverage • Delayed impact • Ad hoc nature, hard to plan • Once started one has to continue educating people all one's life 	

*My sexuality is my own sexuality.
It doesn’t belong to anybody.
Not to my government, not to
my brother, my sister, my family.
No one.*

Ashraf Zanati

*Homosexuality — is not
perversion. Perversion is grass
hockey and ice ballet!*

**Faina Ranevskaya (nee
Feldman), Russian actress,
1895—1984**

¹In Living Library project people appear in the role of living books. For more detail see <http://www.livinglibrary.org.ua/>



<ul style="list-style-type: none">• Does not require special knowledge and training• Cost-effective: does not require material and technical resources	<ul style="list-style-type: none">• “Living Library” project, contacts with academics, consulting sessions requiring special knowledge and skills
---	---

Group method

This is the most efficient method of working with health professionals, social workers, civil servants and journalists.

This method requires time, material and technical resources, professional knowledge and skills while providing a low coverage of the population and high quality of impact.

The method includes: trainings, seminars, conferences, lectures, meetings, summer camps, discussion clubs, mutual support groups (including those for the parents of LGBT people), and round tables.

Ideally, each training or seminar participant has to leave the lecture hall with a firm conviction that s/he also should contribute to the protection of the rights of LGBT.

Developing policies of organization also represents a method of countering homophobia and discrimination on the basis of sex. The fact that policies exist attests to a high level of organizational development. Policies of an organization regulate the whole range of social relations between your organization and its members, as well as employees, clients, volunteers, state agencies, donor organizations and media. As a result of policies, including both prohibitive and supportive measures new norms of interaction may be gradually developed. For instance, if organization policy provides for a medical insurance not only for heterosexual but also for homosexual partners of the employees, all employees will gradually come to accept same-sex partnership as a norm.

Group method Includes: trainings, seminars, conferences, lectures, meetings, summer camps, discussion clubs, mutual support groups (including those for the parents of LGBT people), and round tables. Developing organization's policies	
Pluses	Minuses
<ul style="list-style-type: none">• Allows participants to try how it feels to be discriminated as part of a training exercise, and to develop a tolerant attitude;• Helps develop skills of tolerant and politically correct communication;• Provides knowledge, information, dispels myths/ prejudices toward homosexual people;• Produces a sustainable effect of reducing stigma and discrimination;• Allows for planning, predicting qualitative and quantitative results	<ul style="list-style-type: none">• Does not provide a broad coverage;• Time - consuming — minimum 2 — 3 days;• Expensive: requires material and technical resources;• Requires professional knowledge, skills, and expert support

Raising awareness of the community

This method has a number of characteristic features. These, primarily, include target audience constraints — LGBT, MSM, WSW and their close environment. Raising awareness of the community may begin within existing projects for MSM/WSW or in the framework work of non-governmental organizations and groups operating in the field.

The main purpose of this method is to shape a confident self-attitude among community members. Confident behaviour helps people better protect their rights and form a tolerant attitude of the close ones.

The method requires a material and technical support as well as professional knowledge and only indirectly affects the general population.

Raising awareness of the community includes dissemination of specialized information via web-sites, periodical publications, brochures, booklets, posters, stickers as well as providing specialized services and counselling.

Civic organizations represent an important source of information for the LGBT community and its close environment. Operating on a project basis, civic organization may provide medical, legal, psychological and other important counselling services, disseminate specialized publications, conduct seminars, trainings, mutual support groups and outreach activities. In Ukraine, community centres for LGBT operate in Nikolayev and Kherson, and for MSM — in Kyiv. Community centres and civic organizations for LGBT create a safe supportive environment and provide a platform for personal development for members of the LGBT community. In some cases, people who have received social support from civic organizations (through seminars, trainings, discussion clubs and mutual support groups) may become leaders of initiative groups and, subsequently, leader of LGBT civic organizations.

Popular science publications, including the ones based on research findings on LGBT-related subjects, play an important role in raising community awareness. Such publications supply LGBT activists with arguments that they can use in their advocacy efforts, they also help plan activities for the promotion of healthy life style, HIV/STD prevention and human rights protection.

Human rights monitoring centres are projects operated by non-governmental organizations. These projects may serve as a framework for training members of LGBT community on how to document instances of discrimination and correctly apply rights protection mechanisms.

Hotlines represent an easy way of getting necessary assistance in a crisis situation, as well as information on healthy life style, sexuality, HIV/STD prevention, services available in one's region. No hotline service for LGBT yet exists in Ukraine. Nevertheless, if needed one may use services of the national hotline for HIV/AIDS and drug use issues¹. While discussing hotlines, it is worth mentioning that in Israel there is a network of hotlines for LGBT adolescents, adults and LGBT parents. These hotlines enable people to obtain information on healthy life style, sexuality, and HIV/STD prevention, create a supportive environment and also helps find a right way-out in a crisis situation, when coming out, and in cases of stigma and discrimination.

Raising awareness of the community

This method is targeting only LGBT, MSM, WSW and their close environment and is implemented through the existing projects. It includes:

1. Active organizations, initiative groups, and community centres
2. Specialized information materials: brochures, booklets, posters, and stickers.
3. Publication of research findings.
4. Web-sites, LGBT (newspapers, magazines) and periodicals (bulletins, newsletters).
5. Human rights monitoring centres
6. Hotline



¹ National HIV/AIDS and drug use hotline: 8-800-500-45-10



Pluses	Minuses
<ul style="list-style-type: none">• Provides LGBT and their close environment with information on ways to overcome difficulties;• Forms healthy behavioural skills among LGBT;• Helps overcome internalized homophobia and protect rights;• Creates safe supportive environment;• As a result, initiative groups may be established that may grow into NGOs.	<ul style="list-style-type: none">• Does not directly affect the general population;• Effective in case of long-term intervention• Expensive: requires material and technical support;• Call for professional knowledge, skills, expert support

Working with media

Working with media represents an important instrument that helps form tolerant attitude to LGBT among the general population.

This method requires special professional knowledge and skills, as well as good planning and deep knowledge of the LGBT issues, and, in most cases, does not need material and technical support with the exception of special events. It ensures a large-scale population coverage and low impact quality. And, most importantly, this method calls for people who have come out.

Working with media or developing public relations begins with your acting as expert for journalists and editors (if you are giving comments, take part in talk shows, give press conferences) or your role as a newsmaker, i.e. is you or your organization creates the news that could attract the journalists.

Also, a civic organization may serve as support base for journalists who wish to write scripts for their programs, assist in locating protagonists and experts, and participate in investigative journalism projects.

Some organizations are confronted with the necessity to create and place their own information products in the media (articles, media campaigns, commercials advertising services etc.). For such an occasion we offer a scheme of information campaign planning.

Scheme for planning an information campaign

1. Formulate the key issue;
2. Define the goal and tactical objectives;
3. Define the target audience, to whom this information is addressed;
4. Formulate messages for the target audience;
5. Choose tools for conveying and disseminating the information;
6. Evaluate the efficiency of the steps taken.

There is no doubt that, each civic organization/ group may hold their own special events: press-conferences and sending out press releases, cultural events with LGBT stars; may support international and national campaigns (The International Day Against Homophobia, Day for Tolerance, and Coming Out Day), conduct their own campaigns (volunteer clean-up day, fund raising for an orphanage) etc. For more detail on the role of LGBT civic organizations in fighting homophobia, please, consult section 5.4.

In this review of media work, we need to focus **direct impact methods**, such as political marches (gay pride parades), picketing, and protest rallies, and offer some recommendations.

Before taking immediate steps, please, answer the following questions*:

1. Do you or does your group want to create a conflict?
2. What can you do in order to present your case as a struggle between good (your group) and evil (your opponents)?
3. What can you do in order to confuse/ frighten your opponent and what are pluses and minuses of using certain methods — actions aimed at cooperation, negotiations compared to other direct actions?
4. If there is the least chance of achieving the result through negotiations, do not go for direct actions.
5. Take radical steps, only in case if all other methods are exhausted and brought about a negative outcome.

Direct actions should be an essential part of the general strategy of the organization, they should pursue the goal of demonstrating large number of supporters, and they have to be carefully planned, prepared and well-organized. They should be conducted in exceptional cases only. Shortcomings of these methods include the need for voluminous preparatory work, large resources, complexity of implementation, also in unpredictability. These activities may appear to be inefficient (they may attract little attention or produce an inverse response). The amount of labour input needed for one such activity may be sufficient to organize and conduct several other, more efficient ones.

If, nevertheless, the organization decided to go for direct actions, it has to consider the following points:

- Activities must have a goal.
- Number of participants should be significant and impressive, otherwise, there is no sense in conducting the action.
- All organizational issues should be carefully considered including: date, venue, time, approval coordination with the appropriate municipal departments, official approval of the authorities (Law on conducting mass marches, meetings and demonstrations), loudspeakers, podiums, advertising materials (posters, banners, fliers etc.).
- There is a need to take care of who and how will be covering the event in the media. Media are usually difficult to manipulate. A negative coverage of the event may cause more harm than profit and reflect upon the reputation of the organization, as well as its leaders and members.
- Speakers and “leaders” should be selected carefully. The event should be attended by the leaders of all groups, representatives of the authorities, state agencies etc.
- Security/safety measures need to be considered during both the preparation phase and the event itself (security guards, vehicles etc.).

Direct actions envisage public exchanges, appeals with a clear understanding of the consequences. Direct actions are characterized by a high level of risk. One should resort to direct actions only in case all other means have not helped.

Working with media

1. Interviews, comments for the news agencies.
2. Participation in special programs, talk- shows.
3. Participation in preparing programs, search for experts, participants, participating in writing script for the program, assistance in investigative journalism projects.
4. Publishing one's own materials in the print media: analytical materials, essays , research findings.

* Hereinafter: Защита общественных интересов. Организация и проведение кампаний. Методическое пособие для некоммерческих организаций. Автономная некоммерческая организация “Северо-Кавказский Ресурсный Центр”, 2001 г.

Those, who today still continue to seriously reject homosexuality, surely also cannot fluently count to one hundred.

Cordula Stratmann, German comedian actress, born 1963

¹ Also fall under the category of mass events, but have been singled out in view of their political significance and high level of risk.

² Please, do not confuse gay pride with love parades. Gay pride is a political march, with political demands and slogans. Love parade is a carnival, i.e. an entertaining dress-up event. In the industrially developed democratic countries, gay parade and love parade, after the legalization of LGBT rights, have become one thing.

³ See glossary of terms.

<div>5. Special events (news topics):<ul style="list-style-type: none">• Press-conferences, sending out press-releases.• Cultural and sporting events with LGBT stars: concerts, sport competitions, exhibitions.• Special LGBT events: Week against Homophobia, LGBT events in heterosexual actions.• Public court hearings on human rights protection.• Competitions for best/worst journalistic publication</div> <div>6. Mass LGBT events: flash-mobs, sport competitions, festivals etc.</div> <div>7. Direct actions¹: political demonstrations, picketing, protest rallies, gay pride parades² (political march).</div>	
Pluses	Minuses
<div><ul style="list-style-type: none">• Large-scale coverage of the population;• Work with media practically does not require material and technical facilities• Talk show: at the focus of events is a real person with his/her story (in terms of effect is similar to a personal communication);• Allows to develop personal sympathy toward LGBT person;• LGBT community cohesion;• Mass events demonstrate large number of people who support the idea.</div>	<div><ul style="list-style-type: none">• Little and ad hoc impact over the general population;• Audience impossible to plan;• Does not allow for control and planning of broadcasting/ publication;• Journalists/ editors may add their evaluations, myths, give preference to “hot” facts and opinions of orthodox opponents;• Special LGBT events are expensive: require material and technical facilities;• Call for people who have openly come out³;• Require special knowledge, skills and training.• Authorities may refuse to give permission for mass events.• Mass events should necessarily be part of an overall strategy of the organization. They call for a large-scale preparatory work, resources, are characterized by complexity in conducting and may have unpredictable consequences.• Direct LGBT actions may produce a negative response and provoke direct violence against of fascist, nationalist organizations and religious fanatics, cause real threat to lives of the LGBT activists and their supporters.• Mass events may turn out inefficient (they may attract little attention or produce an adverse effect in the society).</div>

Media campaign

Media campaign — a focused long-term effort to influence the target audience with the goal to change its behaviour performed with the use of a variety of information channels.

This method calls for special professional knowledge and skills as well as a powerful material and technical support. But most importantly it calls for a consolidated LGBT movement with a significant experience of advocacy and media work. Media campaign has a multi-million coverage of the population, shapes public non-acceptance of homophobia in the society and, in case of a long-term influence, reduces stigma and discrimination.

Laws of the genre:

- Media campaign would be inefficient if only one channel of communication is used (for instance, only radio or big boards, or television).
- Media campaign would be inefficient in the case of short-term effort (half a year, one year) conducted outside of prime time.
- Before and after media campaign, a research should be conducted in order to assess the behaviour change among the target audience.

All campaign products should:

1. In the course of their development be tested through focus groups;
2. Tell people what to do and where to go for help/ information (should indicate contact information of the organization).

Media campaign	
Pluses	Minuses
Multi-million coverage of the population; <ul style="list-style-type: none">• Initiating discussion among broad population;• Gradual formation of a normal attitude to the LGBT;• Forms public non-acceptance of homophobia in the society;• Reduces stigma and discrimination in case of long-term influence	<ul style="list-style-type: none">• Very expensive.• Produces a negative reaction of some fascists and orthodoxes.• Does not change the individual attitude to LGBT.• Does not affect internalized homophobia of the MSM, WSW and LGBT.• Does provide rights protection and problem solving mechanisms.• Calls for special knowledge and skills as well as material and technical support.• For its start-up the media campaign requires a very strong and professional team of LGBT organizations.

Consequently, to respond to stigma and discrimination NGOs and initiative groups are recommended to use the following methods in their work:

1. Group methods;
2. Community awareness raising;
3. Working with media/ developing public relations.

These are the methods that do not require large material and technical expenditures and demonstrate the best correlation between the impact and coverage of the population.

On the concert of Sir Elton John in Kyiv on June 16, 2007:

“The concert of John is a propaganda of homosexuality on the country’s main square. Elton John with his “husband” use as a cover the noble idea of fighting AIDS, while this is gays who are the main spreaders of the disease¹.

Valerii Vladimirovich Kaurov, co-chairman of the All-Ukrainian Civic Organization “Union of the Orthodox Citizens of Ukraine”, chairman of the civic organization “single Fatherland”.

From the interview to “Vlast Deneg” magazine on Elton John²:

“When beside the presidential couple there sits one of the well-known representatives of the sexual minority, incidentally, a very outstanding person, [...] it looks great. This is a normal democratic country demonstrating itself to the world”.

Victor Mykhailovych Pinchuk, billionaire, media tycoon, son in law of the ex-President of Ukraine Leonid Kuchma

¹ Newspaper “Zhizn kak ona est” issue of 16 June, 2007 #91 (898), P. 2: article title “Gaynialny vizit” (author Valentine Morozov).

² Ukrainian business weekly “Vlast Deneg”, issue #25 (145) of 31 August — 6 September, 2007: article “sex-election” (authors — Olga Ansimova, Inna Alekseyenko), P. 28.

5.2. Conducting a Training Session/Workshop: Key Recommendations

Laima Geidar, Women's Network Information Centre

In this chapter, you will be able to familiarize yourself with key recommendations on how to develop a training or seminar. Additionally, we will offer you a detailed review of tools needed for conducting such activities.

How to develop a seminar/training

This section discusses a number of questions the organizers need to address even before they start preparing for conducting seminar/training.

Defining the target audience

A key objective when preparing for a seminar is to define the target audience. Mark who you want to have among your event participants:

- who are those people, who need your knowledge;
- how the knowledge imparted during your seminars could be put to use;
- do these people belong to the MSM group or are they social workers, doctors, civil servants or the appropriate ministries and departments;
- what do they do, how long they work, what positions do they hold;
- have they attended similar seminars already;
- will the invitees come to your event of their own accord or will they be ordered to do so?

This list of questions may be continued based on one's own experience. The more details you would be able to add to your portrait of the target audience, the more successful you seminar/training will become.

Recommendation: when developing seminar/training, one should not mix different target audiences.

The audience's needs

Among the methods of assessing the needs, which would be both easy to access and not expensive, we may recommend the following ones:

- Data collection
- Interviews
- Polling
- Review, research
- Observation
- Group discussions (focus — groups).

Why is it so important to assess the needs? Because, the needs of the target audience define the methods and ways in which the information has to be presented as well as the effectiveness of its reception.

For instance, information on specific needs of MSM with a plethora of medical terminology meant for the doctors will hardly make sense to the representatives of MSM themselves. What seems actually important to the social workers will hardly be adequately received among the government officials, etc.

I believe that everyone in this world has the right to one's own idea, one's own vision of how one has to live one's life. You know, it's like in music: someone, for instance, loves punk rock, while someone else can stand it and says that such music should be banished from the face of the earth. Meanwhile both punk rock and pop music and classics continue to exist. I.e. that what has to be in the world, is there. And it is unreasonable, probably, to argue against this¹.

Vitalii Kozlovskiy, singer

¹ <http://www.jeyart.com.ua/kava/sub286>

At the same time, when developing seminars you may provide for building mutually beneficial partnership relations among various target audiences. For instance, if you are convinced that in order to provide an adequate medical support doctors have to understand the needs of MSM/LGBT, and if there are no MSM/LGBT members among the trainers, you may invite a member of the gay community to the seminar, who could briefly and clearly talk about the special needs of the MSM. If MSM have limited access to health services, you may invite a doctor to the seminar for this audience, who will declare his willingness to receive such patients etc.

What is better, seminar or training?

These two terms are often confused, although there are clear distinctions between them.

Seminar — represents a format of two-way information exchange, discussing actually important issues or questions on a given subject. Seminar form of education includes contributions by the participants, general discussions, comments and conclusions made by the facilitators.

Training — is a systematic exercise to improve certain skills and behaviour of the training participants. In the course of training session, participants are offered certain exercises for the development, assimilation or demonstration of certain qualities and skills.

When selecting the method of influence on your target audience you need to take into account both the resources of your own organization/group and the needs of the target audience.

Workshop — this format is suitable for civil servants and doctors. Such event is appropriate when in your region you have a solid community of LGBT organizations and MSM/WSW projects and you need to develop the range of services provided to the target audiences of the projects. The workshop should be well-prepared and last for not more than 2-4 hours. Give it a resonant name, for instance, “stakeholder workshop on ways to improve citizens” access to health and social services. The purpose of the seminar would be to develop a general program of measures to increase access to health and social services for MSM, WSW and transgender people. An experienced person deeply familiar with issues related to working with MSM/LGBT may be selected to facilitate the workshop.

Round table — a traditional method of business discussion. Round table for all its democratic nature has elements of organization and is based on the following principles:

- there are no clearly defined positions, only participants of the discussion over a disputable issue.
- all positions are equal, and no one has the right to be above the others.
- the purpose of round table — is to elicit ideas and opinions on the discussed issue or a disputable statement.

Based on established conventions, the round table leads to results that become new conventions.

Inviting facilitator/ trainer

An important condition for a successful seminar/training is to select the right training team. Make sure that the people who you want to invite to conduct your event have a sound experience and reputation. You yourself or one of your friends may have attended events led by people who attracted your interest.

If you are only in the beginning of your trainer/facilitator's career, you may find useful some recommendations on organizing seminar/training as well as principles of facilitating group meetings.



I am absolutely easy about homosexuals. Well, the nature has made them gays, well, let these dudes be there too. I believe when you pretend to criticize a certain group of people always, it means there is something wrong with you already. Because in the final analysis a normal person should be normal. He may not lay claim to limiting other person's freedom. Everyone who came into the world has the right to live in it¹.

Kuzma, lead vocalist of Skriabin band



¹ <http://www.jeyart.com.ua/kava/sub286>

I feel myself a zebra that has to explain to all why she is stripy.

Inger Edelfeldt, Swedish writer, born 1956



¹ Maps of Ukrainian cities may be found through Google, Rambler or at: <http://ukrmap.org.ua/>

Inviting participants

The list of participants to your event begins to form already on the planning phase. But what to do if you have not yet established partner relations with the officials and experts in the field? In this case, you need technical support from friendly groups who may help find the necessary people, provide contacts and help write up official letters.

In order to invite participants from the MSM and LGBT community you need adequate and authoritative people from this community. You may engage such people in planning the seminar and organizing the event. In order to avoid confrontation, try to involve stakeholders from LGBT organizations and groups as members of the organization committee — this is a good way to avoid competition and destructive criticism. The organization committee may need to develop criteria according to which you select participants. Do not forget to send the participants invitations with detailed description of goals and objectives of the event, precise address of the venue, driving guidelines and attached map¹.

Workshop/training organization scheme		
Planning	Output	Actions of organizers
Target audience: for whom the seminar is meant	Lists of invitees / participants	Send out invitations to participants (after the event plan is agreed)
Seminar goal: teaching objectives	Team of facilitators/ trainers	Invite facilitators /trainers, conclude service agreements (the first thing the organizers do)
Logical matrix (major themes, the order in which they are addressed, teaching methods: lectures, exercises, presentations etc.)	Event plan: number of days, length of sessions, detailed list of themes, exercises and breaks	Seminar/training plan developed by trainers reflecting the client's wishes (i.e. with your engagement). Plan is sent to the participants along with the invitation
Equipment: premises, projector, video camera, voice recorder, TV, flip chart and notebooks, pens, stickers, scissors, glue, scotch tape	Premises, equipment for conducting the event	Equipment rental. Conclude agreement with restaurant/ cafe for coffee breaks/lunches/diners
Handout materials: event plan, articles, brochures/ books, presentations, participant addresses, CDs etc. everything that trainers or you deem necessary for your audience	Forming seminar/ training participant kit	Photocopying materials, procurement of stationary, creating presentations, search for additional sources of information
Feedback from the target audience	Participant questionnaire or homework	Questionnaire, developed by trainers in cooperation with you, to be used for evaluating trainers and organizers efforts. Homework includes evaluating your group's progress. Evaluation methods: delayed polling, visit to group/ organization.

5.3. How to Correctly Discuss Homosexuality with the Media

Laima Geidar, Women's Network Information Centre

As multiple sociological surveys have demonstrated, people's opinions on anything is formed in the process of communication within one's family, working collective, among one's friends etc. In conversations with family members, friends, co-workers people make sense of events and facts, and develop a common approach in line with the habitual values and norms. Opinions on any issue are shaped and established under the influence of certain authoritative persons. These are people who formally occupy a central position in the group (group leaders), or are accepted as experts in certain area (opinion leaders). Therefore, the propagandist effect of the media is always mediated. "Mass communication media may not tell us what to think but they will prompt us about what to think, and how to do it"¹. Therefore the making up of a "threat to the society" coming from the "others", "different ones", "aliens" — is one of the powerful methods of manipulating the public conscience.

Mass media have an enormous impact on the process that shapes certain perceptions in the society regarding various issues, processes and phenomena. Highlighting in the media each specific problem the society faces has a double nature: on the one hand, the journalists show the actual facts, while on the other one, they articulate attitudes, social expectations and stereotypes which have formed in the society. That is, highlighting the issues of human sexuality (the homosexual behaviour) and sexual health represents a reflection of the established public opinion regarding the homosexual people as an effect of gender behavioural norms, and patriarchal social values. Therefore, the absence of knowledge and impartial information at the disposal of the journalists/editors:

- leads to consciously covering of the issue of homosexuality in negative, criminal, homophobic and heterosexist tones;
- informs negative public opinion;
- contributes to stigmatization of LGBT and MSM and makes discrimination normative;
- makes conducting appropriate advocacy activities difficult for NGOs; and
- impedes the development of the state policies in the area of expanding human rights for LGBT and improving access to social services for MSM and WSW.

It is worth pointing out that the homosexual behaviour in our country is traditionally associated by mass media with "mental disorder", "criminal offense", "sin", "paedophilia", "prostitution", "debauchery", "drug addiction and alcoholism", AIDS, "risk groups" and other negative notions. Since the Soviet times, when "there was no sex", nothing has changed qualitatively in the media coverage on the issues of homosexuality. Oftentimes, the journalists striving to present the material objectively are more focused on "hot" facts and their own judgments than on the likely consequences their publication is about to produce. Such mode of media coverage justifies the official homophobia of the state agencies and social institutions, and by fostering negative stereotypes and myths obliterates LGBT from the list of "normal" citizens, placing them beyond the law, and justifying discrimination which is based on hatred toward LGBT. Such actions of the media do not allow common citizens to take measured and objective decisions based on an impartial and valid information. And, of course, such actions of the journalists may lead to discrimination of LGBT and irreparable human tragedies. This is why working with mass media is so important for LGBT activists and NGOs.

How to talk about homosexuality correctly

Political correctness — is an ideological movement that emerged in Western countries in 1960s; the movement pursues the purpose to re-consider the established terms

Homophobia often goes side by side with xenophobia, racism, anti-Semitism and intolerance to differences, they are instigated by the same political forces [...] To theological arguments, and pseudo-demographic ones are added, claiming, for instance, that homosexuality is a key reason for the declining birth rate and high morbidity in Russia. Russian Orthodox Church, among others, resort to this, entirely secular argumentation. Generally, homosexuals appear to be in many regards the most convenient scapegoat. I call it political homophobia.

Igor Sergeevich Kohn, professor, member of the Russian Academy of Education



Press-Conference, UNIAN, 2008

On the possibility of legalizing same-sex marriages in Ukraine: "It is not worth discussing such issues at all. These people [gays and lesbians] have violated all commandments, and they are cursed. There should be no communication with them, and they deserve no mercy. They are the devil's tools".

The Eminent Pavel (Petro Dmytorvych Lebed), Archbishop of Vyshgorod, Vicar of the Metropolitan of Kiev and all Ukraine, Father Superior of Holle Dormition Kiev-Pechersk Laura²

¹ Аронсон Э., Праткин Э.Р. Эпоха пропаганды: Механизмы убеждения, повседневное использование и злоупотребление. — СПб.: прайм-ЕВРОЗНАК, 2003. — 384 с., стр. 43.

² Newspaper "Zhizn kak Ona Yest", issue #255 (765), 10 November 2006, page 2: article "sex-minorities of Ukraine got through to the government" (author — Yaroslav Kovalets).



Answering the journalist's question on the attitude to same-sex marriages²: "I have an ambivalent attitude to this. On the one hand, as a person who grew up in the Soviet times, I do not approve of such things. But on other one, as a politician living in modern times, I understand: there is no escape from it. There is one wisdom that I agree with: if something cannot be prevented one needs either to lead it or legalize it. In Ukraine this already an accomplished fact! I believe we should accept it".

Tatiana Semenovna Yezhova,
Autonomous Republic of
Crimea Minister for Youth,
Family and Gender Policies
since 2 June 2006, secretary
of the Crimean Republican
Committee of the Communist
Party of Ukraine

and expressions, which implicitly convey oppressive relations. With regard to sexual minorities, the idea of political correctness envisages inadmissibility of calls to any discrimination, abridgment of rights or persecution of the members of sexual minorities, propaganda of heterosexual majority's superiority over the homosexual minority. Political correctness calls for inadmissibility of statements that propagate intolerance toward sexual minorities, homophobia, heterosexism, heterocentrism, as well as using in relation to sexual minorities offensive names such as "sodomits", "homosexuals", "pedik/pidor"¹, gomik, lesbukha/lesbi, "blue", "pink" and "perverts".

It deemed to be politically incorrect to make public suggestions as to the sexual role of an individual in his/her intimate relationships, such as "active" or "passive" and to assess an ostensibly "passive" person as a less worthy member of the society. Firstly, such evaluative statements represent a sign of bad education, and, secondly, you risk to be mistaken. By far not always a more "masculine" or "macho-like" individual manifests himself as active party in sexual relationships. A more gentle and "feminine" one, on the contrary, may act as initiator in active sexual actions. It is worth mentioning that these stereotypes of "active/passive" have come into our life from prisons, where an active male homosexual role was not considered transgression of the rules of prison subculture, while a passive homosexual role would shatter a person's life, relegating him to the level of a pariah or "untouchable".

In all your materials and public appearances, please, try to adhere to the principles of political correctness to the maximum possible extent.

Preparation for interview

One of the important aspects of interaction with media is an interview. Preparation for interview consists of several phases, including general preparation, specific preparation and psychological preparation.

General preparation

Comprises a general ideological and intellectual preparation, including an in-depth examination of a certain area of knowledge or specialization.

You must:

Be a knowledgeable person and thoroughly know all what relates to the activities of your group, aspects of homosexuality and human rights.

Refer to academic research, as well as Ukrainian, EU and UN legislation and be able to operate with statistics.

Discuss issues of public importance, and not your sexual practices, new cosmetics bag and "soiled linen".

If your experience fits of internal homophobia — you have better to refuse to be interviewed, for the journalist will surely demonstrate your goofs.

Specific interview preparation is comprised of the following points :

Remember that being a homosexual person is not about sex. Being gay or lesbian is about human rights.

- Defining goals of the interview and the nature of data required;
- Studying the subject of interview and the interlocutor;
- Preliminary exploration of the course of discussion, studying the list of questions;
- Agreement on the venue and the time of interview

¹This and the subsequent usages represent characteristic Russian slang nicknames for homosexuals — translator's note.

²Yelena Ronamovych. "High time to marry", issue 44 (100), 6 December 2006, newspaper "Krym.ru".

Venue of the meeting with the journalist

You have to carefully select the venue for the meeting and take decision with regard to the presence of others. First and foremost, the venue should be convenient for you. Think carefully, before inviting the journalist/ or camera crew to your place — this may lead to unnecessary details getting into the frame. The meeting may be set in an office, cafe or park. When agreeing on the meeting, you should define how much time do you have and, depending on that the journalist will plan the interview.

Psychological preparation: several pieces of advice

Useful hints:

- A perfect knowledge of the subject of discussion, political correctness and the absence of stereotypes are demonstrated only by you.
- The journalist may have a pathological bias against LGBT or certain social expectations. If you stumble upon a journalist like this and would feel that your explanations do not change anything and the situation is getting worse, you may abandon the interview or retract your story/statement after the interview, i.e. forbid the use of it for publication/broadcasting. This is your legal right and it is guaranteed by the Ukrainian legislation.
- Do not be afraid to say “No”. You must know that you have the right to answer to any inappropriate question, including a private one, by saying: “I AM NOT READY TO PUBLICLY DISCUSS THIS”. Save your nerves, do not talk with journalists about intimate things and to not try to befriend them.
- Foreseeing possible answers of your interlocutor and posing next questions in response to them — this is the demonstration of the journalist's professional level. Nevertheless, always conclude your argument, do not let the journalist change the subject of discussion. Construct your story in such a manner that you would be able to lead the journalist in the direction that you need.
- There is no guarantee that the interview with you will appear to be correct or even that it will at all be published or broadcast.
- Keep records of your contacts with the journalists. Mark journalists who provide a tolerant and impartial coverage on the issues of LGBT as well as those ones with whom you'd better not have any business again.

The right to confidentiality

Having discussed the goals of the interview and the list of questions, you should at once agree with the journalist on issues of confidential nature, if you have not yet come out: changing name, private history, blur face and change voice.

Agree with the journalist on proofreading your story/interview before publication, your right is guaranteed under the Ukrainian legislation on neighbouring rights and copyright. In order to avoid accidents with the disclosure of your homosexual status, it is advisable to conclude an agreement with the journalist which would specify the entire foregoing requirement to confidentiality and guarantee the proofreading of your material.

In order to plan the technical preparation to the press conference correctly, you need to know what you have and what remains to be done. To this end, you could make up a list and mark with “✓” sign all the necessary points and also comment on the terms and work progress. Try to distribute responsibilities among the team members and enrol volunteers. Otherwise, you risk spending several weeks on sending faxes and touring editorial offices.

And finally, let me remark that the response to homophobia, stigma and discrimination, as well as fostering a tolerant attitude to LGBT are made possible by building public relations through regular and well-planned work with the mass media.



Picket, IAPM, 2005

Homophobes are the real pederasts. In contrast to gays, who have the power to remain themselves and uphold their right to their own freedom.

Irena Karpa, author, TV host, lead singer of Karpa band¹



¹ <http://www.jeyart.com.ua/kava/sub286>

This you, straights, are vested with special rights. You have a special right to marry. You have special rights to serve in the army, to go on dates with the beloved person, tell about that on the next day and not being fired for that. You have a special right to visit your loved ones in clinic... To talk about gays and lesbians demanding special rights — is absolutely insane.

Ilya Elders

5.4.The Role of Civic Society LGBT Organizations and Initiative Groups in the Response to Homophobia, Stigma and Discrimination

Laima Geidar, Women's Network Information Centre

LGBT movement in the socio-political life of Ukraine

Persecutions and extremely hostile attitude, inability to resist the totalitarian system in the Soviet times contributed to the formation of a distinct subculture of homosexual and bisexual people. Unlike Western countries, where the counter-culture of the LGBT community has become a serious alternative to the traditional ways because of the ability to openly express one's position, in the USSR a culture of adaptation closed for the non-initiated ones has formed, which allowed homosexual and bisexual people organize their private lives despite persecutions. Important features of this subculture include the absence of a unified community as such, its fractured nature and well-founded secretiveness.

LGBT Community of Ukraine

Map legend:

- Lesbian organizations
- Gay organization
- LGBT organizations
- LGBT initiative groups
- Prevention projects for MSM
- Care and support for MSM



After long years of underground existence, in the wake of the collapse of the Soviet Union and the abolishment in December 1991 the criminal punishment for male homosexuality in Ukraine, the subculture of the homosexual and bisexual people was finally able to come out from the underground ... into chaos. The abolishing of the criminal persecution has not changed a

negative and biased attitude to homosexual and bisexual people on the part of the society. The fractured nature of the LGBT community, lack of information, stereotypes and homophobia have not permitted the blossoming of subculture and the movement of lesbian, gay, bisexual and transgender people.

People trying to register organizations of homosexual and bisexual people were the first ones to feel the consequences of “coming out”. Bureaucratic delays, offensive language and discrimination in the process of registration, biased treatment, on the one hand, and the fear of open manifestation on the part of many homosexual and bisexual people — on the other, led to a situation that many first LGBT organization ended up by not being officially registered.

Even in 1999, the Information and Rights Protection Centre for Gays and Lesbians “Our World” was registered due to pressure on Ukraine on the part of international organizations. What could we talk about in early 1990s?! Authorities until now are willing to contact members of LGBT community only on issues of HIV/AIDS and STDs prevention among this group of people. On this basis, cooperation has been established

between gay groups and local AIDS Centres in Odessa, Zaporizhia and Donetsk. In other words, the state structures have tried and are still trying to rid themselves of the necessity of working with this population group. According to a recent statement by the mayor of Krasnoarmeisk (Donetsk oblast) Mr. A. Lyashenko, "in the city of Krasnoarmeisk no social group of men having sex with men has been official identified" (letter of Krasnoarmeisk City Council of 19 September, 2008, #01-22-2673).

Majority of gay and lesbian associations in the Ukraine, founded in early and later 1990s, were dating clubs and did not pursue any political goals. Many of them had with considerable effort had survived for more than two years¹.

Now, as of April 2009 there are 19 officially operating organizations in Ukraine established by the LGBT community (3 lesbian, 10 gay and 6 LGBT organizations).

This is these organizations that are engaged in dynamic activities on the behalf of the LGBT community, including: advocacy, working with media, holding press conferences, organizing special events, providing psychological support and legal consultations, educational efforts, research, HIV/AIDS prevention activities among MSM and WSW. Lesbian and gay online information resources are developing steadily, in some regional centres mutual support groups and personal development groups are being held, and sporting and creative activities actively develop. Now in Ukraine, marking the International Day Against Homophobia (May 17) and Homosexual Memorial Day (December 12) have become a tradition, lesbian and gay community actively advocates for its rights among the executive and legislative authorities.

Since 2005, LGBT organizations in Ukraine mark the International Day Against Homophobia. In this context, they have initiated a broad discussion on ways to ensure the full scope of civic rights and freedoms to LGBT citizens. In an open letter to the President and ministries (2006) 6 main demands were laid out². In 2008, the lesbian and gay community developed "Plan of measures to counter discrimination on the basis of sexual orientation and gender identity in Ukraine", which was sent to the President, the Parliament and concerned ministries and departments, that comprised 109 points and covered all areas of social relations and civic rights.

It is worth mentioning here that on the workshop³ for the representatives of LGBT organizations and the Ministry of Health of Ukraine LGBT, MSM, WSW and transgender people needs in respect to health services were presented, and recommendations drafted and sent to the Ministry of Health and other appropriate agencies.

Talking about the role of civic organizations in combating homophobia, stigma and discrimination, one cannot help noting that the leaders and activists of LGNT organizations in Ukraine have asserted themselves firmly as experts and newsmakers for the mass media in our country. The Ukrainian media space shows a persistent interest to the LGBT issues. For instance, in the year 2008 alone, LGBT issues were regularly highlighted by such leading TV channels as STB, Inter, TRK Ukraina; print media: magazine Korrespondent, Time Out, 15 Minut, as well as Internet publications and news agencies: *unian.net*, *obozrevatel.com*, *mignews.com.ua*, *from-ua.com*, *glavred.info*, *correspondent.net*.

Nevertheless, despite the fact that 18 years have elapsed since 1991, the LGBT movement in Ukraine remains to be quite weak for a number of reasons. Among them: the lack of meaningful cooperation between the organizations of lesbians and gays; community's passivity and unwillingness to fight for their rights; insufficient funding which does not allow to launch even small projects, which are not related to HIV/AIDS prevention and address the issues of response to homophobia, stigma and discrimination or building capacity of the existing organizations and groups. Also, other essential factors include the lack of information on the LGBT community; high level of homophobia in media and government; difficulties with registering LGBT organizations and interactions with the authorities. Since 2003, attempts were made in Ukraine to create a national association of LGBT organizations⁴, with an aim to mobilize the community for a robust advocacy of the rights, interests and needs of gays, lesbians, bisexuals and transgender people



Section on LGBT-studies, National Conference on Monitoring and Evaluation, Yalta, 2008

¹ Нагорная Н. Положение гомосексуальных и бисексуальных людей в Украине. Новости ВИЧ/СПИД № 2-3, 2003. Международный Альянс по ВИЧ/СПИД — К. — 32с., — стр. 2-4.

² Ban on discrimination on the basis of sexual orientation, civic partnership for LG, guarantee of the full scope of rights for civic partnerships, recognize as legal same-sex marriages with foreign nationals, introduction of state-sponsored programs for the support of LG, and taking into account special needs of LG when drafting legislative and normative acts.

³ Workshop on the issues of resolving the problem of stigmatization and discrimination of MSM and WSW in the sphere of health and social services was held in July, 2008 with the support of Coalition of HIV-servicing Organizations of Ukraine and was funded by the International HIV/AIDS Alliance in Ukraine.

⁴ Since 2003, Women's Network Information Center was promoting the idea of establishing a national association of LGBT organizations. In 2005, a protocol was signed on the establishment of Coalition of LGBT Organizations, but because of internal disputes the Coalition appeared to be unsustainable.

as well as members of LGBT community of Ukraine among the state authorities at the national level.

In April 2008, at the First National LGBT Conference LGBT organizations and activists have signed a memorandum on the need to create a Federation of LGBT Organizations of Ukraine, participants of the conference also discussed draft documents regulating activities of the projected Federation. Efforts to create a national association that could consolidate LGBT organizations and represent their interests at the highest level continue.



LGBT movement is becoming increasingly more important factor in the socio-political life of Ukraine. Lesbians and gays do not stand apart from the socio-political processes. Lesbian and gay organizations now operating in Ukraine will consistently stand for the legal civic rights of LGBT citizens. LGBT movement will succeed in ensuring equal rights and opportunities, for there are many arguments “for” and not a single rational argument “against” them.

First National Conference of LGBT Organizations and MSM Projects, Kyiv, 2008

6. Mobilization and Organizational Development of the LGBT Community¹

Laima Geidar, Women's Network Information Centre
Anna Dovbakh, International HIV/AIDS Alliance in Ukraine

Definition and characteristics

In the area of social work, beginning from the late 1960s the term community refers to people united by some common features², and having a sense of spiritual bondage (unity).

As a working definition for that we usually use for practical purposes we suggest the following one:

“Community — is a group of people, who feel enough commonality among themselves for one reason or another, in order to have common aspirations, goals and structures”³. Community is a natural form of self-organization of people on the basis of one or more features. Communities/initiative groups follow their own natural laws of growth and decline.

Key features of community:

- Geography, commonality of behaviour
- Common self-identification
- Common interests and needs
- Bondage and awareness of common goals

Another important criterion of the community is that people discuss among themselves those issues that bring them together as a community.

People vulnerable to HIV, because of their unsafe behaviour may be part of a number of communities formed on the basis of different common features.

For instance, community of homosexual men and women in each region are united in their need to socialize and find partners, the need for social support and understanding. Indeed, the general LGBT community is also subdivided into certain subcultures or subsets.

Community mobilization (or community development) as a term is used to signify the processes of communities' capacity development, through which the individual community members, groups and organizations are planning, performing and evaluating their activities on a regular basis with the engagement of other community members with the goal of improving their health conditions and addressing their needs. This may happen on community's own initiative or due to an external stimulation, for instance, when donor organizations are willing to provide support.

On the initial phase of the community development initiative groups are formed within a mass of people (from the crowd) and self-awareness is developed among the members of the vulnerable groups. Initiative groups out of community members are engaged with the task of developing a homosexual identity, as well as rallying community members interested in personal development around themselves.

Ideally, on the next phase, different initiative groups come together in order to coordinate their actions aimed at protecting the community rights and influencing the provision of services. Only by reaching a consensus on mechanisms of cooperation, having realized their common goals and mission, all the groups may reach a higher level of community development.

The somewhat military-sounding term “mobilization” is used to refer to the process of community development that is aimed at resolving some acute problem threatening

¹When writing this chapter the Analytical Report on Findings of the Operational Research “Mobilization and Capacity Building of Communities Vulnerable to HIV (IDU, FSW, MSM/LGBT, PLH), conducted by the International HIV/AIDS Alliance in Ukraine in the framework of SUNRISE Project, 2007 — 2008.

²Race, ethnicity, profession, living on the same territory etc.

³Dennis Altman, Power and Community. Organizational and Cultural Responses to AIDS, Taylor & Francis, London, 1994

Homosexuals pose a threat to the society: when jumping from buildings while attempting suicide, they sometimes inflict injuries on the bystanders.

From the FBI Agents Training Manual, 1968

I feel myself a zebra that has to explain to all why she is stripy.

Inger Edelfeldt, Swedish writer, born 1956

¹ Goodman, et.al, 1998; Poole, 1997

² Mullender, A., and Ward, D. Self-Directed Groupwork: Users take action for Empowerment. London: Whiting and Birch, 1991.

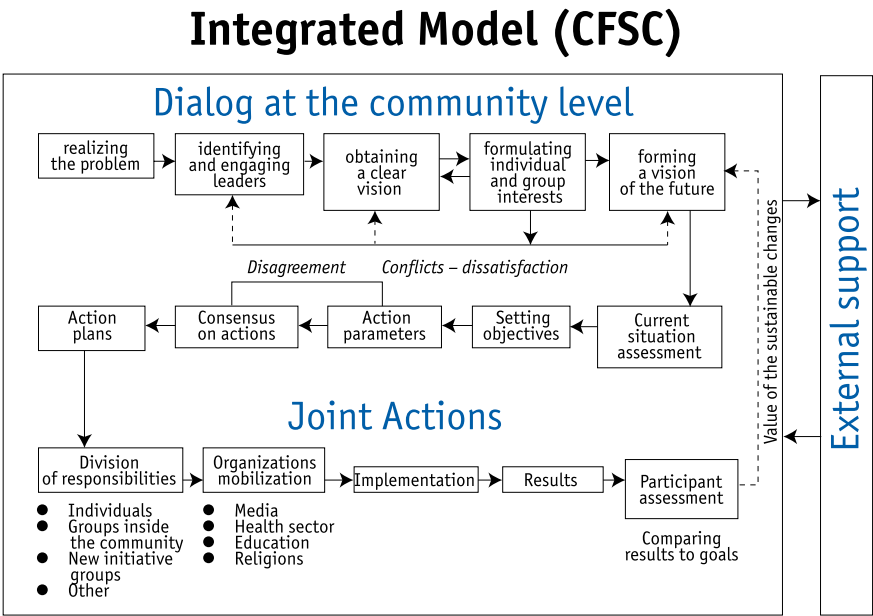
³ All together now, Tools together now — International HIV/AIDS Alliance Publications (Brighton) Now a new manual on mobilization of vulnerable communities, Ukrainian experience, is being prepared.

⁴ Региональная оценка с привлечением к участию (РОПУ). Методические рекомендации. — Международный Альянс по ВИЧ/СПИД в Украине, — К.:2008

the community (persecution on the basis of sexual orientation, infection, drought, epidemic). When talking about community in the context of HIV/AIDS prevention, what we mean by that is a purposeful external support to the formation of initiative groups out of the vulnerable populations members in order to ensure a broader coverage of the community members with prevention, care and support services.

Definition of the “community capacity”: “qualities of the community that affect their ability to identify social problems and problems of public health sector, and mobilize to address them”¹.

The table below summarizes some key practical approaches to capacity building that take into account the specific needs of HIV vulnerable marginal communities:



'social action' approach was developed by experts from the University of Leicester and practitioners from the Centre of Social Action, UK². In Ukraine, not only the manual that explains this approach has been translated, but for 15 years this approach is being introduced into the practice of different NGOs, including organizations of parent willing to adopt disadvantaged children.

Active participatory education³ — represents a training method and a set of over 100 practical instruments for a joint assessment of the situation, planning and implementation of actions in the interests of vulnerable communities, specifically, in response to HIV/AIDS epidemic. In Ukraine, participatory assessment and regional assessment methods, based on the data of theoretical and practical paradigms, have been translated, tested and substantially adjusted⁴.

Integrated model of processes at the level of community has been well described by experts from the John Hopkins University (see table).

In response to the question why are we building community capacity and mobilize it we can say:

- For us the community development is an instrument for developing health programs,
- or
- The community development is the goal per se. Let us analyze potential outcome of our actions.

Potential impact on health and level of service coverage as an INSTRUMENT to:

- Create demand for services
- Increase access to services
- Expand the scope of services
- Enhance the efficiency of services
- Deploy additional resources for community actions
- Outreach to the most vulnerable groups
- Address specific problems for the perspective of health: stigma, gender identity etc.
- Other

Potential community development/impact on empowerment: as a GOAL to ensure:

- Human rights protection and enforcement
- Political pressure
- Strengthening civic community and improvement of state governance
- Empowerment and equality
- Sustainability of activities and problem recognition
- Enhancing social capital
- Communities' capacity building and competence development for response to other social problems
- Other

Community organizations development phases, methods and recommended approaches to development

As any community is capable of self-organization, for practical purposes the following key community capacity building phases may apply:

- Initiative group
- Structuring of organization
- Productive work in strategic areas, and
- Building partnership, networking

At the same time, we are aware that every specific group/organization follows its own unique path which is not necessarily similar to the one presented here.

The easiest and most quantifiable indicators of the community mobilization include:

- regular meetings of the initiative group members;
- presence of strong leader/s;
- premises/ access to premises for meetings; and
- group activity level in rights protection and service provision

Initiative group (IG)

Objectives

As soon as the IG has become aware of itself as some sort of unity with common interests, it can jointly address the following objectives:

There are 6 admonishments in the Bible concerning homosexual activity and ... there are 362 admonishments in the Bible concerning heterosexual activity. I don't mean to imply by this that God doesn't love straight people, only that they seem to require a great deal more supervision.

Lynn Lavner, American comedian, musician and singer.
From album Butch Fatale



Women's Network Summer Camp, 2003



Event of NGO "Ravnodenstvie (Equinox)", Donetsk, 2003



Gay-forum event,
Dnipropetrovsk, 2003

.. any love is natural and beautiful that lies within a person's nature; only hypocrites would hold a man responsible for what he loves, emotional illiterates and those of righteous envy, who, in their agitated concern, mistake so frequently the arrow pointing to heaven for the one that leads to hell.

Truman Capote, American writer, 1924—1984. Other Voices, Other Rooms



Non-governmental organization
"Insight" event, Kyiv, 2008

¹ Poll has been conducted among Kyiv and Odessa-based organizations.

1. Study the situation in the communities with the involvement of community members

A good methodological description of the approach, technologies and objectives it to be found in methodological manuals on Participatory Site Assessment of the International HIV/AIDS Alliance. For many groups, one focus group/discussion on the assessment of situation provided stimulus for further productive work.

2. Forming the core of the group

Informal social relations, community networks are actively used in order to ensure prevention service coverage, and for combating stigma and discrimination. While in order to provide services one does not need to form friendly relations and sympathy, when forming the core part of the initiative group one cannot do without such relations. Very often people who become core members of the IG are those who have been friends for many years and shared common experiences (being together in clinic, confinement etc.). When taking part in group meetings people often bring over their good friends. Most initiative groups were created on the basis of MSM service organizations. Some of the social workers form a base for further work within the IG. Usually, and it is only through an unforeseen concourse of circumstances that the support group begins to set itself goals to change the social environment around it thus forming an initiative group or social change group. The participants' leadership potential plays an important role in the establishment of the initiative group, alongside with the demonstrative examples of experienced leaders from other regions, attending national conferences and trainings. Sometimes it takes many years for the IG does to enter the next phase of development. Week leadership potential and opportunistic attitude may make impossible a shift in group goal setting from individual quality of life improvement to formulating desirable social changes in the society as a whole.

3. Raising awareness of the target audience regarding group activities.

Information on group meetings that such group exists in the city attracts community members who are not only ready for individual behaviour changes but are eager to help other community members.

4. Setting up goals and common vision

It is essential for planning to be a joint effort. Now, in some organizations work outputs and opinions of the organization leadership and members, who work with individual groups, differ significantly from the opinions of the community members themselves.

According to survey findings,¹ in organizations established by members of the vulnerable communities decisions are usually taken collectively at a joint session of the team. A strong and respected leader is a guarantee of the group's success. In more professional organizations decisions are passed independently at each level of hierarchy. **It is likely that the system of decision making may be one of the key indicators of difference between the LGBT community organization and professional HIV servicing organization.**

Initiative group (IG)	
As soon as IG has established itself as some sort of unity having common interests it can set specific objectives and apply the following methodologies:	
Objectives <ul style="list-style-type: none">• Forming the core group• Raising awareness of the target audience on the activities of the group• Developing goals and common vision	Methods <ul style="list-style-type: none">• Regular group meetings in a safe place• Spending leisure time together.• Activities to raise the morale (sticker campaigns, street actions, creating fliers, publications about the group)• Community-based participatory assessment of the situation• Joint planning• Identity forging activities

IG challenges <ul style="list-style-type: none"> • Unstable motivation among the IG members • Internalized homophobia (identity challenges) • Limited vision of the goals • Lack of links to other organizations, networks in the region and country • Overestimated ambitions of leaders • Lack of knowledge of the context and terminology related to community activities 	Technical support <ul style="list-style-type: none"> • Mentoring leaders from the community • Providing safe, free of charge premises • Training how to conduct evaluation and planning • Training in motivation and team building • Training in identity development
---	---

A professional leader plays a role essential for the success of an IG by helping to bring out new leaders from among the target group members, who would then help structure the community.

All activity types that the initiative group itself or its support organization perform may be funded out of external sources only through a registered civic organization.

Structuring of a Civil Society Organization (CSO)

When an initiative group overcomes the problems of growth, has a good leadership and enjoys the support of society, it can develop into a civil society organization. IG and CSO functioning differ in both tasks setting and in methodologies used.

Objectives

1. Detalization of the goals and objectives of the team.
2. Distribution of roles and functions in the team.
3. Formalization of membership, determination of the boundaries and degree of closeness of the group.
4. Development of ethical and legal norms in the group (organizational policy).
5. Registration of organization.
6. Logistic issues.
7. “About us — to outer world” — structuring of external relations, positioning of organization, contacts with other groups and organizations in the region, country, internationally.

Methods

At this stage, in addition to usual regular meetings, a series of methods to institutionalize the organization should be performed. These “general meetings” with the participation of as much interested members of the initiative group and community members, who know and support the group, are used to structure the future organization.

Tasks that should be consistently fulfilled by such meetings:

1. Discussion of the functional organizational structure and its main management bodies.
2. Development of procedures and hierarchy rules.
3. Election of the board, development of the system and admittance criteria.



First National Conference of LGBT Organizations and MSM Projects



Seminar on Community
Mobilization, 2008

- 4. Development of strategic vision of organizational development in its key objectives.
- 5. Organization of activities to inform both the community and key stakeholders about the establishment of organization and its objectives.

Challenges

- 1. Difficulties with the distribution of responsibilities and procedures to delegate the leaders' authorities.
- 2. Usurpation of power and the lack of a balanced structure.
- 3. Unreadiness of the community members to invest personal resources in the organization (temporary resources, social resources, membership fees).

It is small personal contributions of the community members that often are the important criteria that determine the vital need in such a group/organization.

- 4. Problems with registration of an LGBT organization.
- 5. Low professional level to resolve legal, organizational and administrative issues.
- 6. Lack of community spokesmen in the field. To speak about the initiative group with the media or government officials means to announce oneself as a representative of a marginalized and stigmatized group. Not all leaders of IG are ready to such coming out, but such readiness can be developed in the process of organizational growth. At the same time, the voices of professionals are not always perceived by the community as an objective vision of their situation. People, who read a lot, who are familiar with the problem and have experience of speaking in public can become such spokesmen.
- 7. Work with the closed groups — a question whether to admit “strangers” into the group is relevant for many such groups.

Structuring of a Civil Society Organization (CSO)	
When an initiative group is overcoming growth-related problems and has a good leadership and enjoys the community support, it can grow into a civil society organization. Functioning of IG and CSO differs in both task setting and operational methods.	
Objectives <ul style="list-style-type: none">• Detalization of the goals and objectives of the team.• Distribution of roles and functions in the team.• Registration of the organization.• “About us — to outer world”.	Methods <ul style="list-style-type: none">• Discussion of the functional organizational structure.• Development of procedures and statute.• Elections.• Development of the strategic operational action plan.• Implementation of PR activities.
Challenges <ul style="list-style-type: none">• Difficulties with the distribution of responsibilities.• Usurpation of power and the lack of a balanced structure.• Problems with registration of homosexual organization.	Technical support <ul style="list-style-type: none">• Document templates (statute, functional structure).• Training on organizational development.• Training on team building and structuring.

Productive Activities of the Organization in the Strategic Areas

Ideologically, at this stage the community group should be ready to help other community members resolve their urgent problems.

Objectives:

- To develop priority activity areas, to formulate the strategy and operational plan.
- To ensure financial and programmatic sustainability.
- To expand access to services for the clients.

The key contradiction arises at this stage of the initiative group development — in our technical review it was specified as the contradiction of views on community mobilization as the goal and the tool.

Professional HIV servicing organizations perceive initiative groups created by LGBT communities as a tool to reach the target group to expand the service coverage. At the same time, an approach to capacity building of the community implies the freedom for the group to identify its goals and objectives. An initiative group can set priorities of its activities (and rather frequently does so), which would not envisage provision of clearly defined prevention services as the priority goal. For example, an objective to advocate for the civil equality of LGBT or for tolerant attitude to this group by health care workers can be identified by an LGBT group as a key goal, while HIV/STI prevention may be considered not so much important in the group strategy.

Besides it is at this stage when organizations start to determine the boundaries of their competence and build networks for the territorial referral of their clients to the specialists.

Methods

1. Volunteer team building, development of the system of incentives for volunteers from among the community.
2. Organization of service provision (prevention, resocialization, care and support, self-help groups, training for the community members, development and production of information materials, advocacy).

Although the provision of services to community members looks like a professional activity, it is often a form of confirmation of commonality, an opportunity to help “friends”. This additional motivation and involvement should not have any influence on the salary level, which should be equal for all employees regardless of their experience of living with the problem, in case of an equal employment and efficiency of performance.

3. Professional growth of the implementing workers/personnel.
4. Development of monitoring and evaluation system.
5. Best practice sharing, experience sharing visits, summer camps and joint training workshops conducted by several similar organizations.

Challenges

1. The need to balance rights protection (activism) with the provision of professional services while choosing the strategic activity areas for the organization.
2. Deficit of qualified staff, fluctuation of staff.
3. The need to involve professionals in the provision of services, who do not belong to the community.
4. Difficulties to ensure healthy relationships in the team.
5. Burnout syndrome in the social workers from the community, loss of motivation.
6. Difficulties to adhere to the strategy of fundraising (“they do not give us grants for our priorities”).



Productive activities of the organization in strategic areas	
Objectives <ul style="list-style-type: none"> • Activity priorities. • Ensuring financial and programmatic sustainability. • Expanding access to services for the clients. 	Methods <ul style="list-style-type: none"> • Volunteer team building, motivation. • Organization of service provision. • Development of monitoring and evaluation system. • Capacity building for the employees. • Best practice sharing.
Challenges <ul style="list-style-type: none"> • Deficit of qualified staff, fluctuation of staff. • Burnout syndrome in the social workers from the community, loss of motivation. • A need to access more closed groups (migrants, rural, sex workers, street children, “family macho”). • Mobilization of financial resources. 	Technical support <ul style="list-style-type: none"> • Training for the provision of certain services (counselling, outreach, STI testing and treatment, self-help groups, advocacy). • Training to prevent the burnout syndrome. • Training on monitoring and financial management. • Internship.

Coalition (Partnership and Network) Building¹

Coalition is a common goal and common dream. People unite into coalitions when they cannot achieve their goals individually. Coalition is a marriage of convenience and not a romantic infatuation.

Definition and Key Characteristics of a Coalition

Movements do not occur by themselves, they should be established, guided and managed. The key characteristics of a successful coalition are communications and cooperation. Coalitions can be **permanent** (aimed at achievement of a global coal) and **temporary** (built to solve a narrow, specific problem), **formal** and **informal**, funded and unfunded.

Strong movements are based on the organizations and people united around a single goal, who can work independently or unite from time to time, striving to achieve this goal. Coalitions create certain image, public opinion in the community and a platform for action. Entering a coalition can have its pros and contras. It can become a big step forward for the organization and contribute to the growth of its professionalism and image in the local community, but in case of failure it can seriously affect the organization and push it several years back, spoil its image and relationships with authorities and advocates, and attract enemies and ill-wishers. It can happen that all efforts, time and resources were wasted. Coalitions are very fragile. Relationships are being developed gradually. The work process requires negotiations, persuasion and ability to make a compromise. All this is time consuming and requires efforts.

Definition of Coalition

Coalition is an alliance of independent organizations or individuals, who share a common goal or combine their efforts to influence other organizations or structures, while preserving their own independence.

Coalition advantages:

- A problem acquires a special focus.
- Awareness of the problem is growing.

¹ The following manual was used for this section: Защита общественных интересов. Организация и проведение кампаний. Методическое пособие для некоммерческих организаций. Автономная некоммерческая организация “Северо-Кавказский Ресурсный Центр”, 2001 г.

- Time is saved.
- Experience is gained.
- Solidarity.
- Information and experience is shared.
- Communication, information, financial, human and other resources are combined.
- It is not so fearful in the company (at night gays and lesbians go the streets in the groups — so it is not so fearful).
- The power is in number.
- The power is in diversity. Different organizations with different target groups unite their efforts.
- Sense of ownership increases motivation.
- Social dialogue.
- Involvement of experts.
- Alliance of several NGO — donors and public authorities do not like to deal with individual organizations.
- One organization / group represents the interests of other members.



Coalition building principles and options

A decision of an organization to join the coalition is based on the following:

- 1.How important is the issue/problem for the organization.
- 2.Does the organization have opportunities and resources to participate in the coalition (and not sit silently and watch how decisions are made by the others)?
- 3.Can the organization achieve its goal or resolve a problem without joining the coalition?
- 4.What other organizations participate in the coalition? Will it contribute to the establishment of new/development of existing relationships?
- 5.Is it worth joining the coalition resource-wise (big investments — small result)?
- 6.How will joining the coalition influence the image of organization in its relationships with the authorities, other organizations and the population?

A good coalition never has one leader, but the management system, though initially the coalition building is led by one person, and then the management is being established. It should be built on a trust to the participants on the basis of their reputation and performance.

Different Options of Coalition Building

I. Participants share the information. Resources are not combined. There is practically no risk.	II. Resources are combined. Everybody “owns” the result. There is a certain risk.	III. Individual organizations and people create a formal structure. Resources of all participants are combined. The results belong to all. The risk is high (to lose resources, name, image, reputation, etc.)
--	---	--

Cooperation cardinally changes any organization.

First of all it relates to the principles — from competition to consensus and compromise. Coalition means the movement from “Me” to “Us”.

While creating an alliance it is important to take into account and admit the specific features of other coalition participants — cultural and gender differences, areas of characteristics of activities, decision making process, etc.

While performing a certain small amount of work inside the coalition one should compare it with the types of activities performed by other coalition members and a common result, for the achievement of which all these activities are focused.

To build a coalition it is important to choose a problem, or an issue around which the whole work will be built:

- Is the problem sufficiently important to enter the coalition in order to resolve it?
- Is it worth entering the coalition if the problem is insignificant and an expected result is small?
- Will this campaign create a basis for the future campaigns?
- Will it contribute to the development of skill to strengthen the organization as a whole?
- How important and interesting this problem is to the population (the problem should be attractive — Americans say “sexy” — and “packaged” to touch upon many people).

Characteristics of successful coalition:

- Well organized.
- No formal structure. If a coalition is built on the basis of a Statute, with membership fees and other formalities, it is harder for it to function.
- A clearly defined goal.
- No “dominating” organization.
- Clear rules.
- Collaboration oriented.
- Specific characteristics of work of each member organization are understood.
- Delegation of authorities. Each organization or group should have specific duties and areas of responsibility. It is most difficult to distribute them between the coalition members.
- Unconditional and complete informing of all coalition members about all activities. Ideally, everybody should have an e-mail and a special mailing list is created to regularly inform the members. A special working group can be established to discuss working issues and inform about the results.
- Coalition celebrates big and small victories and achievements.

General coalition rules:

- The goal is clearly defined and understood by all participants. At the same time, each individual organization should pursue its own goals and have own “interests”.
- Decisions are **always** made by **all** coalition members.
- All members have equal rights.
- **One** person should speak on behalf of the coalition.
- Free and open membership. **An unlimited** number of participants. Coalitions should strive for a broad membership, but should never admit organizations, that do not entirely share its goals.
- “Do not wash your dirty linen in public”.
- Do not criticize coalition members in public.
- Equal opportunities for all.

- Devotion and loyalty to each other and to the goal.
- Transparency of work.
- Leadership — to create opportunities for equal participation of all members. The coalition should be based on a “core”, which pursues not only the common goal, but deals with the coalition issues and its management.

Coalition building	
Objectives <ul style="list-style-type: none"> • Goals and tasks setting. • Selection of partners. • Strategy development. • Distribution of competence and areas of responsibility. • Distribution of roles and functions between the leaders/activists. • Creation of rules and procedures (Statute). • Development of strategic operational action plan. • Informing of partners, coalition members and community representatives. • Selection of a spokesman who will speak on behalf of the coalition. • Mobilization of various resources and services within the coalition. 	Methods <ul style="list-style-type: none"> • Discussion of the functional structure of the coalition. • Development of procedures and statute. • Development of e-mailing list for the coalition members, leaders and the community. • Involvement of community leaders and activists in the planning process (PA, PSA). • Organization of PR activities. • Fundraising (consolidated application). • Monitoring. • Organization of conferences and special events for the coalition members.
Challenges <ul style="list-style-type: none"> • Competition, rivalry, consumer attitude, personal interests. • Ignoring the specific features of the coalition members. • Difficulties with the distribution of responsibilities. • Usurpation of power and lack of a balanced structure. • Creation of a formal structure. • Loss of resources, name, image, reputation, etc. 	Technical support <ul style="list-style-type: none"> • Training workshops on coalition building, organizational development and fundraising.

Stages of Coalition Activities

Stage one

At this stage the key task is to properly select and unite the participants. It is necessary to build trust between all coalition members, to make sure that they have common vision and values, that participants have a common understanding of the ultimate outcome on which the entire coalition work will be focused. The coalition participants should “open”, share information, develop and adopt the common rules. The role of an initiator, a person with a definite strategic vision and skills is very important at this stage to involve people and organizations and to build their relationships. All coalition participants should be very patient at this stage. They will have to hold a big number of

meetings, discussions, to develop procedures and regulations of work, etc. The coalition initiator should identify the interests and a “hidden agenda” of each participant and guide them to the needed direction. For all participants to understand and share the goals and objectives, they should be jointly discussed several times, then clearly formulated and written down. The discussions should be focused not on the problems, but on their solution. Every participant should clearly understand that the goal is worth spending so much time and possibly, resources. At this stage it is important to strategically determine how the coalition will use its relationships (the power of unity) to achieve the goal and to settle all discrepancies **before the actual work begins**.

Stage two

This is when distribution of roles and responsibilities occurs, when conflicts are resolved, compromises are made and organizational work is performed. The lesson of this stage that should be learnt by all coalition members is that it is impossible to strengthen one person or an organization at the expense of the other; **only working together we can create the power needed to achieve the goal**.

Conflicts are inevitable and even needed at this stage. In order to resolve the conflict, there is a need to:

1. Foresee it.
2. Clarify the reason.
3. Create the conflict resolution process.
4. Resolve the conflict.

Most common reasons for conflicts in a coalition:

- Struggle for power and leadership.
- Different levels of organizations and people (working experience, professionalism, resources, image, contribution in the coalition, etc.).
- Values and common vision.
- The sense of dissatisfaction with the expected results.
- Lack of leadership, or distribution of the roles and responsibilities.

The issue of resources arises at this stage. It is necessary to determine the coalition resources (and make a decision to combine them), the resources that need to be mobilized from the local and external sources; who will be responsible for it within the coalition work.

Information sharing is the key type of activities on the second stage, which includes the establishment and adjustment of the information exchange system, defining the responsible persons and a degree of openness and transparency.

To help the coalition member feel the sense of ownership, all small and big achievements should be celebrated and all contributions of everybody should be acknowledged.

Stage three

Stage three is mostly characterized by the organization of the coalition management, establishment of the uniform system of work and results evaluation. The coalition starts its operations at this stage. Success will mostly depend on the accuracy and consistency of work, on responsibility and accountability of all members. The outcomes and achievements are assessed in accordance with certain criteria. Coalition should answer the key questions: what has changed, why, which activities were most successful and why, how has the outcome influenced the life of people, for whom this work was performed? What lessons have been learnt? And then, upon achievement of results, the coalition may celebrate its victory!!!

Stage four

An expansion of vision, of the number of members, work with a bigger number of organizations and individuals and with broader populations. The goal is achieved. The coalition completes its activities. Strategic evaluation of activities should be performed to identify the impact on the life of people in the local community in the future. This is a final stage of the coalition work. Even if coalition has not managed to achieve the result, which was set in the beginning, any member would agree that **“perhaps we are not there where we wanted to come, but we are not there from where we started”**.

Objectives of Community Capacity Building

The capacity building objectives at the level of coalitions (networks and partnerships) include the development of knowledge and skills among the initiative group members, which they will need to implement activities on the protection of rights and interests of community members, and to provide necessary services. It is the clustered organizations (partnerships) and networks that build the capacity of local initiative groups in the communities and that can become a platform for the community consolidation on the national level.

All clustered organizations are united in the networks that perform the following tasks:

- coordination of activities;
- information and analytical work;
- methodological and organizational support.

Horizontal and democratic system of organization of these networks and the work of a coordination body is a very important goal for all participants to the process.

In order to avoid the vertical trends in decision making and usurpation of power/resources, the following steps can be taken by the networks:

- 1) Alignment of coordination procedures and of the distribution of resources and information.
- 2) Mobilization of different resources and services within the network performed by different participants.

By developing a consolidated application a network/coalition of the clustered organizations and initiative groups determines the amount of services needed to develop initiative groups, as well as the partners who will implement this application.

A tentative range of such services may include:

- training sessions;
- summer camps to build capacity;
- regular meeting to share experience and provide mutual support;
- monitoring and evaluation;
- project development, fundraising.

Participation in the planning, as well as implementation of some components of the consolidated application of initiative groups is one of the most effective methods to build capacity of the local vulnerable community.

I don't think there is a "gay lifestyle". I think that's superficial crap, all that talk about gay culture. A couple of restaurants on Castro Street and a couple of magazines do not constitute culture. Michelangelo is culture. Virginia Woolf is culture. So let's don't confuse our terms.

Rita Mae Brown, an American writer and screenwriter, born in 1944

7. Advocacy: Theory and Practice Regarding LGBT



Svyatoslav Sheremet, Gay Forum of Ukraine

7.1. Background Information

In recent years the LGBT movement activists have been coming across the term “advocacy” on many occasions. This notion has firmly established itself among such concepts as “protection of human rights”, “lobbying” and “standing up for the rights”.

However, the LGBT movement still lacks consistent understanding of the essence of advocacy; oftentimes it has no clear vision of the advocacy campaign structure, even though in practice many LGBT organizations and individual activists implement various advocacy measures.

The goal of this section is to provide systemic and brief description of the theory of advocacy and related notions, reinforcing them with examples from the LGBT movement's practice.

One of our objectives is to give the answer to the question, what is not an advocacy, and what actions it does not include.

Definition of Advocacy

Advocacy is the process of protection of human rights and interests of a specific social group (social groups) through positive changes of relevant government policy, legislation, public administration practice and through targeted influence.

Due to such definition, advocacy will be inevitably associated with other similar concepts, such as lobbying and protection of human rights; some people might link it with the community mobilization. Let us consider these concepts in detail in order to distinguish them from advocacy.

Lobbying is focused advancement of “needed” decision by public officials or government bodies. Lobbying can be fulfilled by both legal (e.g. public education activities, official correspondence) and illegal methods (e.g. bribery). At the same time this decision may not necessarily concern rights and interests of a specific social group. Necessary decision may imply promotion of specific business interests (e.g., to reduce excise rate for a specific group of products), or concern interests of an individual (e.g. to lobby appointment of a certain person to a certain position).

At the same time any advocacy campaign includes the process of lobbying. So, the concept of lobbying is broader than advocacy, however these notions are not interchangeable.

The concept of **protection of human rights** speaks for itself. Protection of rights means defending of violated right (or rights) of an individual or group of people, primarily on single occasion. In contrast to protection of rights, advocacy always implies protection of rights of the group of people, which is usually united by specific special characteristic or need, in situations external to single cases of rights violation. For example, advocacy

of rights of commercial sex workers is possible, but protection of rights of teachers to receive pending salary for March will not constitute advocacy. We should emphasize that protection of human rights may concern specific individual, but advocacy concerns the group of people. For example, protection of legal rights of Vadim Zhilin by LGBT organizations in 2005, who was expelled from the Economy and Law College at the Interregional Academy of Personnel Management on the basis of explicit demonstration of his sexual orientation, was the type of human rights protection, but not advocacy.

Protection of human rights always aims at restoration or safeguarding of rights that are already guaranteed by the law, but advocacy may be targeted at the expansion of current list of guaranteed rights. We believe that such area of work as guaranteeing rights of members of the same-sex families to receive sick-leave certificate to care for a family member with serious health condition, would be advocacy, rather than protection of rights.

So we see that not every protection of human rights is advocacy, and not every advocacy activity envisages rights protection.

Community mobilization has nothing much in common with advocacy. Community mobilization envisages capacity building of the community to identify and to address issues, common for all community members; it is always aimed at the development of community's internal potential. Advocacy, however, does not specifically aim at the development of a particular community; it aims at the improvement of quality of life of community members regarding certain social aspect through external changes, rather than internal transformations within the community. Say, mobilization of lesbian and gay community envisages the development of networks of LGBT NGOs as an end in itself. But within the advocacy campaign, LGBT organizations become agents of specific advocacy measures. In other words, one and the same objective entity — LGBT organizations in our case — represent goal for mobilization and the originator of certain activity for advocacy.

It is obvious that the higher is the level of mobilization of LGBT community, the more effective advocacy activities can be implemented by LGBT community.

Some of the least competent activists of LGBT movement may find something in common between advocacy and fundraising. Both words sound nice and sophisticated, but they have no links between them.

Fundraising is the process of seeking and attracting donor (external) funding to support socially important work of individuals, groups of people and organizations. If one of HIV-service organizations prepares project to Elton John AIDS Foundation, it would be fundraising, but not an advocacy measure. At the same time, money, collected by the organization as a result of successful fundraising, can be channelled to advocate the rights of HIV positive MSM.

In order to find out whether specific planned or implemented actions would be advocacy, one should give correct answers to two key questions:

1. Whose rights are protected? Whose interests are vindicated?

In implementing advocacy measures, advocates vindicate interests of a specific social group (groups), rather than individual, collective of individuals, or legal entity.

For example, a fight to provide the immigrant from Pakistan with political asylum in Ukraine because he is gay, would not constitute advocacy; on the other hand, lobbying for opportunities to provide asylum in Ukraine to any foreign citizens, who are being persecuted by their authorities because of their sexual orientation, would represent an advocacy.

2. How the protection of rights and vindication of interests is carried out?

In advocacy, protection of rights and interests is carried out by means of targeted influence on the government policy, legislation, public administration practices, social processes and phenomena. If there is no targeted influence, there will be no advocacy.

There is nothing wrong with going to bed with someone of your own sex. People should be very free with sex, they should draw the line at goats.

Elton John (born as Reginald Kenneth Dwight), an English singer and songwriter, born in 1947

Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest among them (Plato, Michelangelo, Leonardo Da Vinci, etc.). It is a great injustice to persecute homosexuality as a crime, and cruelty too.

Sigmund Freud, an Austrian psychiatrist and psychologist, 1856—1939. Extract from the letter to mother

They are preserving the sanctity of marriage, so that two gay men who've been together for twenty-five years can't get married, but a guy can still get drunk in Vegas and marry a hooker at the Elvis chapel! The sanctity of marriage is saved!

Lea DeLaria, an American actress and jazz musician, born in 1958

For example, publishing of regular report on conditions of LGBT in Ukraine in itself would not be an advocacy measure, but dissemination of this document among staff members of the Ministry of Family, Youth and Sports of Ukraine would represent a part of the advocacy campaign.

For better understanding of advocacy technologies, we have to get a closer look at other basic notions.

Object and Goals of Advocacy

The object of advocacy is that specific right or interest, which is being protected or vindicated in the course of an advocacy campaign. For example, the right of homosexual people to family life together can be the object of advocacy.

The object of advocacy is directly linked to the **goal of the advocacy** campaign, which can be defined as changing current condition of the object of advocacy. In case of the same-sex family relations, the goal of advocacy may include their **official legalization**.

In other words, the object of advocacy clearly defines the point of application of force in the course of the advocacy campaign, while the goal articulates that ultimate result that needs to be achieved regarding the object of advocacy.

Parties to the Advocacy

Any advocacy campaign involves three parties.

1. **Target group of advocacy** is a social group or groups, whose rights and interests are subject to protection and vindication. For example, LGBT community in general, or its specific part, e.g. HIV positive homosexuals, can represent such social group.
2. **Agent of advocacy** is the entity that implements the advocacy campaign. In the majority of cases the agent of advocacy is represented by one or several organizations, but private person (or a group of individuals) may also serve as the agents of advocacy.
3. **Target of advocacy** includes (a) public officials, (b) government authorities, (c) state institutions, or (d) other subjects of political, administrative or social processes, whose positions, policies, decisions and/or official duties influence protection of rights or vindicate interests of the target group of the advocacy campaign. Targets of advocacy may include individual objects (e.g. decision-makers among public officials), collective objects (e.g. political parties or faith-based organizations), and depersonalized state institutions (e.g. government structures, local self-governments).

Levels of Advocacy

The level of advocacy is determined by the boundaries of territory, where the advocacy campaign is being implemented.

Advocacy can be carried out at the following levels:

1. **Local level.** Advocacy is implemented within the boundaries of specific administrative and territorial unit — oblast (republic¹), rayon, city, township, and village. For example, advocacy of representation of LGBT interests in the local coordination council on HIV/AIDS prevention through bringing representative of LGBT organizations in the personal composition of the council.
2. **Regional level.** Advocacy is implemented within specific region of the country, for example, in Western, Eastern, Southern or Northern Ukraine.
3. **Interregional level.** Advocacy is coordinated and implemented within several regions — e.g., in Central and Northern Ukraine (the city of Kyiv plus Cherkassy oblast).

¹ Autonomous Republic of Crimea.

4. **National or all-Ukrainian level.** Advocacy activities cover the entire country. For example, optimization of procedures of sexual identity correction of transgender individuals through introduction of changes in relevant regulatory and legal acts.
5. **International.** Advocacy is implemented at the supranational level, covering at least two countries. For example, introduction of substitution therapy for drug users on the territory of Russia and Ukraine as a result of influence of international AIDS organizations.

7.2. Steps of the Advocacy Campaign

In order to change laws, policies and human behaviour, one needs much more than just good will. You can draw attention of those in power towards specific issue only through series of consistent and adequately planned measures. This is why we should use different methods in rational and wise manner. One should not start picketing of the Verkhovna Rada just to gain publicity in the press. Picketing and demonstrations are radical methods, which can be used only as the last resort.

While planning your advocacy campaign activities, it is necessary to correlate your capacities with the magnitude of the problem. The main thing in the campaign is series of consistent, interrelated and interlinked activities, focused on one goal. For example, prior to any efforts, aimed at the achievement of legislative changes, it is important to gain support of some political forces, or to break through the opposition's resistance. At the same time it is expedient to involve other organizations, to develop and submit collective statement to the decision-makers. Thanks to advocacy efforts, some newspaper may publish articles on the topic, and so on. This creates the continuity of the campaign — the chain of little victories that will inevitably lead you to your goal.

Advocacy is relatively new type of activity for Ukraine's non-governmental sector; it is powerful tool to achieve intended goals. Thanks to advocacy organizations and individuals can accomplish major changes in the policy, in the work of various institutions and organizations, and in the people's minds. However, effective advocacy requires very good organization of the process, discipline, careful planning, clear and specific goals, and a series of well-considered actions to achieve them.

Now let us consider the overall sequence of actions in the development (planning) and implementation of the advocacy campaign.

1. Identification of problem or issue to be the object of advocacy.

No advocacy campaign can cover the entire range of issues pertaining the target group. It is clear that such social group as Ukrainian LGBT community has a lot of urgent problems and important interests that need to be addressed or considered without delay. However, specific advocacy campaign needs to be focused on one specific issue or limited number of interrelated issues. For example, there is no sense in working on protection of interests of homosexual conscripts and in lobbying LGBT-related discourse in scientific studies, conducted in Ukraine within one advocacy campaign. On the other hand, each of these two issues can successfully become the object of separate advocacy campaigns.

2. Selection of campaign coordinator

Prior to taking any actions, you need to identify concrete person, who will be responsible for the implementation of the advocacy campaign. Without assigning relevant coordination functions to a specific individual, it will be impossible to ensure effective planning and implementation of the campaign. Later on, in the process of specification of goals and objectives of the campaign and in the advocacy campaign planning, the coordinator's functions can be entrusted to someone else, but the person, responsible for the entire campaign, should emerge at the very beginning.

3. Analysis and study of problem/issue

At a first glance the essence of the issue, identified as the object of the advocacy, may seem absolutely clear. However, in practice our vision of the problem is frequently lopsided. If we want to see the problem in its many-sidedness, we need to undertake more deep analysis.

Any advocacy campaign should be based on precise and correct information, figures, facts and knowledge of the problem, which needs to be addressed by the campaign.



Press-conference, 2005

Studies on this problem may vary and include analysis of the situation, environment, population, root causes, as well as analysis of who and how already deals with this issue. We need descriptions of practically tested possible solutions, public attitudes and social trends. Selection of analysis and research methodologies will depend on the magnitude and goals of the campaign. The campaign implementation should be based only on reliable information, including statistical, as well as on carefully selected and realistic case studies.

Assistance of professional sociologists, whom you can actually entrust implementation of appropriate studies, will be highly beneficial for problem analysis and evaluation.

Quite illustrative in this regard is recent experience of the Regional Information and Human Rights Centre for Gay and Lesbian People "Our World", which has employed the services of the "TNS Ukraine" Research Company (a network market information agency, which is a part of a leading international group of companies, TNS, with headquarters in London). We should emphasize that many other research organizations were involved in LGBT-related scientific sociological studies, including the Centre of Social Expertise of the Institute of Sociology of the National Academy of Sciences of Ukraine; JSC "Kyiv International Institute of Sociology Ltd" (MIIS); NGO "Ukrainian Institute for Social Research, named after Oleksandr Yaremenko", etc. At the same time some LGBT organizations, having limited budget and highly qualified specialists, managed to conduct scientific studies on their own. These include Information and Educational Centre "Women's Network" (Kyiv) and NGO "Donbass-SotsProekt" (Donetsk).

We should add that social research is quite costly element of the advocacy campaign, so it is expedient to utilize services of such commercial social research structures as "TNS Ukraine" or KIIS only if you secured sufficient funding for your advocacy campaign.

4. Setting goals of the advocacy campaign.

After you clearly formulated the object of the advocacy campaign and completed comprehensive analysis of all related issues, it is time to set specific goals and appropriate objectives of the campaign.

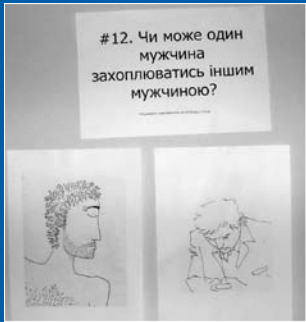
Setting of goals should be based on the following principle: the goal needs to be **clear, understandable and attainable**.

The following questions can be used to verify this exercise:

- Is the goal focused and narrow?
- Is the goal clearly formulated, or it can be interpreted in many ways?
- Is the goal attainable within specific period of time?
- Do the organization and its supporters have enough resources (material and human) to achieve the goal in given period of time?
- Is the goal attractive for other people and organizations?
- Is it possible to build the coalition to achieve this goal, or all activities will be carried out independently?

We should remember that the **goal** is the long-term **ultimate** outcome of given activity. It should be perceived as a completed action, as a **fact**, that will emerge as a result of the advocacy campaign. For example, legalization of the same-sex civil partnerships in Ukraine is the perfect goal of the advocacy campaign. On the other hand, such statement as "improvement of the quality of life of HIV positive MSM", cannot serve as the goal of advocacy, because it describes the **process**, rather than result. So, you should avoid such terms as "improvement", "promotion", "expansion" and the like in the formulation of the goal. If the organization has several variants of the goal, it can consider each one in detail and identify the most important/priority, or attainable option for a given campaign.

Additional analysis of the problem can reveal that it is be impossible or extremely difficult to achieve expected impact. In this case it would be necessary to narrow the initial goal, or to select the alternative one. Do not launch your campaign if you are not positive about its results.



Event "Man&Man", 2008

5. Identification of the campaign objectives.

Objectives are the set of more short-term — as compared to the goal — interim results, where *each result* is necessary precondition for achieving ultimate goal. In order to set objectives, you need to divide the overall issue, which needs to be addressed, into smaller components, and to focus on their solution. It is better to formulate and arrange objectives as the list, instead of making narrative descriptions. Objectives are formulated as statements on results-oriented activities. If the campaign envisages several objectives, all of them should be interlinked, necessary and sufficient to achieve the campaign's overall goal.

Let us consider the abovementioned example on legalization of the same-sex civil partnerships in Ukraine. Specific objectives may include the following:

Objective 1: development of the complex of legislative proposals to introduce changes to the family law.

Objective 2: legalization of the same-sex civil partnerships or marriages in Ukraine, which were legally concluded abroad between the citizen of Ukraine and foreign citizen.

Objective 3: development of the mechanism of official registration of partnership family relations, alternative to current legislation.

Both objectives and the goal should be formulated as specific completed actions, rather than processes. For example, “development of the network of LGBT organizations at the local level” cannot be set as an objective, but “registration of the new local LGBT organization” would be perfect and clear objective.

Any objective within the advocacy campaign should be logically connected to the ultimate goal of the campaign. For example, the campaign, aimed at the legalization of the same-sex civil partnerships, should not contain such objective as “legislative simplification of the procedure of correction of gender for transgender individuals”.

Objectives of the advocacy should follow so-called SMART principles:

a) **Specific** — concrete, definite, clearly defined. — Such statements as “holding two roundtables with representatives of local authorities and key ministries”, or “organization of press-conference on ...” are very good. Clearly defined objective will make it possible to evaluate whether it was realized or not.

b) **Measurable** — yielding to qualitative or quantitative measurements. — Observance of this and previous criteria would be very important for current or final performance evaluation of the entire campaign. For example, the objective “improvement of psychological climate among MSM in a given penitentiary institution” is poorly formulated, but “organization of regular psychological counselling of MSM, who serve their sentence in a given penitentiary institution” is absolutely acceptable.

c) **Appropriate** — applicable to achieve ultimate goal, fully corresponding. — As we noted above, objectives that are not linked to the campaign's ultimate goal, should not be implemented within this campaign. For example, there is no point in establishing dialogue with faith-based organizations to disseminate objective information on the nature of homosexuality, if in fact our goal is to develop tolerant attitudes of mass media towards LGBT.

d) **Realistic** — reasonable, attainable. — Any objective, as well as the goal of the advocacy campaign, should be theoretically reachable given the availability of resources (financial, human, and other), secured for the campaign implementation. Of course, the realistic nature of specific goal or objective is defined not only by the resources, but also by the number of objective factors, such as social and political situation; the status of public opinion and its dynamics; legislative aspects. For example, the goal of constitutional prohibition of discrimination on the basis of sexual orientation is very noble in its nature, but objectively it is unrealistic. In order to pass such legislative decision, we need at least 300 votes of the Members of Ukrainian Parliament, but today and in the nearest future it seems impossible to secure this number of votes.

e) **Time-bound** — having time limitations. — We should set strictly defined time limits for the completion of this or that objective. It is important precondition for the step-wise and systemic implementation of the advocacy campaign.

f) **Ethic.** — Morality of established objectives is very complicated category, since it is associated with very subjective notions and concepts. For example, the objective of outing (bringing to light) politicians, who in fact are hidden homosexuals or HIV infected individuals, seems non-ethical, because it violates human right to integrity of private life and confidentiality of personal health information. However, activities of public people or government officials imply the existence of “open areas”, such as tax declarations, participation in public scandals regarding the state budget or private funds, fraud in the area of procurement of drugs and equipment, etc. Such information can be used in critical situations as a part of advocacy measures. However, you should check the reliability of such data.

6. Identification of potential allies.

When the goal of the advocacy campaign becomes clear, it is time to analyze the entire totality of stakeholders (organizations, institutions, individuals) of to the social sphere of the object of advocacy. If our goal is to ban discrimination of homosexuals in the area of labour relations, it is expedient to seek other organizations — primarily NGOs — that could be interested in implementation of anti-discriminatory norms in labour legislation. Obviously, such anti-discriminatory norms can and should cover not only representatives of LGBT community, but also other groups, whose labour rights are infringed (e.g. HIV positive individuals, disabled people, migrant workers, people of other race, etc.). Such analysis should result in the development of the list of potential allies for the campaign.

In search of allies, there exists one important condition: all individuals and organizations that participate in the campaign, should fully share its goal. As a rule, it usually narrows the number of like-minded allies. However, it is better for the organization and its supporters to develop the goal and to appoint responsible persons in the first place, and then to start working on “coalition-building”.

Good example of advocacy efforts is the project of Coalition of HIV-Servicing Organizations¹, which addresses the issues of stigma and discrimination of MSM and FSW in the area of provision of health and social services. Thanks to active involvement of leaders of LGBT community, advocacy in the area of healthcare gradually shifted towards combating of stigma and discrimination not only against MSM, but the entire LGBT community. It is very good when the public and decision-makers hear the voices of experts from LGBT community. We should utilize the classic slogan of “Nothing About Us Without Us!”

7. Assessment of own resources and seeking additional resources.

It is obvious that any effective work requires resources — material (technical, financial) and human.

While planning your advocacy campaign it is necessary to evaluate the size and structure of resources, available to the organizers (advocacy agents). It is clear that the goal, objectives and duration of the campaign should be proportional to the available resources; otherwise any advocacy efforts will lead nowhere.

It may seem that we have to evaluate resources in the first place, and only after that to set goals and objectives. And it is correct, but only in part: in order to evaluate resources adequately, we need to know how — towards what goals and objectives — these resources should be used. It is clear that after analysis of available resources we should — and must — adjust the goal and objectives of the campaign appropriately, on the basis of their realism.

In comparison of the goal and objectives on the one hand, and resources — on the other, it often appears that resources are insufficient to achieve the goal and relevant objectives. In this case it is necessary to plan measures to attract additional funding for the advocacy. First, additional resources can be provided by the partners of the



*Gay-forum event,
Dnipropetrovsk, 2008*



NGO “Nash Mir (Our World)” event

¹ The project “Reduction of stigma and discrimination of MSM” was supported by the International HIV/AIDS Alliance in Ukraine. The project envisaged organization of four regional trainings for activists of gay movement, as well as roundtable and workshop with representatives of key ministries and departments. In addition, International HIV/AIDS Alliance in Ukraine financed the organization of two press-conferences on LGBT issues. The project resulted in the development of Recommendations to the list of measures, aimed to improve access of homosexuals, bisexuals and transgender people to health and social services, and to ensure their citizen rights and freedoms (July 8, 2008). Subsequently these Recommendations became the subject matter of discussions with relevant government authorities.

advocacy campaign. Second, additional resources can be found in the course of the campaign thanks to effective fundraising. It should be emphasized that donors are more likely to support the project which is being implemented, rather than the project under planning.

The other solution in case of insufficient resources is to change the goal of the campaign into less resource-intensive one, or to reduce or transform the campaign's objectives. It is better to complete something small, than to start something big and never finish it. Good intentions are good only if they end up guaranteeing good results.

As it was mentioned, resources include:

- Technical (office equipment, telephone and Internet access, etc.);
- Financial (noncash and cash funds that can be channelled to the campaign implementation, including personal money of activists and campaign managers, attracted sponsor assistance, etc.);
- Human (staff that can be involved in the realization of campaign at all its stages, regardless the type of reimbursement for this work. This means that human resources also include volunteers).

8. Identification of targets of advocacy.

Every organization or government body that develops and implements programmes, which influence our lives in this or that area, is characterized by the specific structure, delineation of authorities and distribution of responsibilities between its staff members. It is typical for all kinds of structures — from ministries to the boards of directors of commercial enterprises.

If we want to influence the process of decision-making, or to change already existing decisions, we need to find channels of personal access to relevant officials, or, at least, to establish effective official communication.

As a rule, the decision-making algorithm in different organizations is quite complicated. It is not always open for regular citizens, but sometimes we can still determine it. Before we start to influence decisions, we need to have clear understanding of the decision-making process, including time-frames, distribution of responsibilities between the staff, responsible for the preparation of decisions, as well as the role of managers in making modifications in prepared decisions, and so on.

IMPORTANT! If it is impossible to determine, who and how makes decisions regarding the issue of advocacy, it is highly probable that your organization will fail. So, it would be expedient to refuse from efforts to change the situation, and to limit yourself to awareness-raising, for example.

Sometimes it is beneficial to draw the “diagram of access to targets”. In the centre of this diagram we place the name of the key person — the most influential individual, whose decisions can alter the situation — e.g. to resolve the issue of advocacy. Around this individual we draw other persons, who can influence him. At the same time we should mark the level and the nature of their relations with key person, as well as their individual characteristics, which may be helpful in influencing them (e.g. gender, age, ethnicity, education, place of birth, etc.).

As it was mentioned above, “targets” of advocacy include subjects of political, administrative or social processes, whose position, policies, decisions and/or official duties influence the protection of rights and realization of interests of targets groups of the advocacy campaign.

These entities may include:

- **Public officials**, for example, heads of relevant parliamentary committees, key ministers.

- **Government bodies and local self-governments, as well as their structural units.** These may include central departments, city councils, Supreme Council of AR Crimea, the National Council on TB and HIV/AIDS, parliamentary committees.
- **State institutions.** State institutions are different from the government bodies, because they do not have regulatory or rule-making powers. State institutions include health care facilities (hospitals, local AIDS centres), academic institutions.
- **Political parties and their structural units.** Peculiar feature of political parties is the fact that they follow and support (actually or verbally — it does not matter here) a specific model of social development and certain system of social values. That is why parties are always associated with the power, even if they currently do not hold the power. Only through the power political parties are able to implement their political programmes. Parties can be valuable “targets” of the advocacy, because we can reach constructive agreement with them: the party will promote the goals of the advocacy campaign at the level of the state power, while the advocacy agents will support the party by all means available (like elections-related propaganda).

It should be added that it is possible to work with political parties both at the central and local levels, because thanks to the proportional electoral system political parties are represented at the level of local councils.

- **Other targets.** Even though advocacy usually focuses on entities, associated with the power, sometimes its “targets” may include entities outside the government system, such as human rights organizations, faith-based organizations, professional unions and associations, NGOs and charitable funds, as well as mass media.

So, the targets of advocacy may include individual entities (e.g., public officials), collective entities (e.g., political parties, faith-based organizations), and impersonalized government bodies (e.g., government authorities, local self-governments). Experience of advocacy campaigns suggests that maximum effectiveness is achieved if we work with specific individuals, rather than with abstract institutions. However, this experience also shows that oftentimes it is impossible to avoid cooperation with institutions. For example, today you work with this particular head of the Committee to Counteract HIV/AIDS, TB and other socially dangerous diseases, but tomorrow they appoint a new person to this position, and you will have to start everything over.

In the work with responsible persons, we should understand that:

- They will never change their policies or behaviours only because “someone asked them to do so”. Such “requests” should look like **well-grounded and repeated demands**.
- Changes should be initiated at the **right** moment. To do so, we need to keep track of appropriate social and political processes. Such “right” moments may include electoral campaigns, or first days of the official at the position, or when this person publically expresses his or her opinion regarding our advocacy issue.

9. Advocacy campaign planning.

The next logical step is the direct planning of the campaign itself. There exist four key planning tools:

1) Development of the campaign's strategy.

The strategy is a peculiar “roadmap” with “road signs” that will lead us to our goal. The strategy lets you know where you are, where you want to be and how you will get there.

The strategy includes general and consistent description of the problem, your starting point (current state of affairs), your goals and objectives; the strategy provides justification of the main areas of advocacy work within the campaign, and expected results. At the same time the strategy should describe overall social context, where the campaign will be implemented, since failure to consider social settings will make adequate planning impossible.

У меня уши вянут, когда натуралы жалуются: “Послушай, зачем вам нужен День гомосексуальной гордости, ведь у нас же нет Дня гетеросексуальной гордости?” Помню, когда я был маленьким, я постоянно спрашивал у мамы: “Почему есть День матери и День отца, но нет Дня ребенка?” Мама отвечала: “Каждый день — это День ребенка”. Всем натуралам, брюзжащим по поводу гей-парадов, я говорю то же самое: каждый день является Днем гетеросексуальной гордости! Почему вы не можете наслаждаться своим пиршеством без того, чтобы не поносить нас, жующих свои сухари в углу?”

Роб Нэш, американский актер

2) Development of the campaign's tactics.

Very often organizations confuse strategy with tactics. If the strategy is our intention to conquer the mountain peak, tactics is the selection of one of possible ways of climbing.

It should be emphasized that tactics is not the component of the strategy, because one and the same strategy may utilize various tactics, depending on specific conditions and circumstances. So, tactics means justified selection of specific methods of advocacy campaign implementation, which are the best suited to achieve goals and objectives of the campaign. Among others, the advocacy campaign's tactics should give answers to the question on how to approach the campaign's targets and how to generate effective influence on them.

There exists huge variety of methods and solutions of the problem. The main thing is to select the most appropriate ones in terms of specific situation. Not all methods are equivalent. Sometimes we should use persuasion methods; in some — rare! — cases we are forced to utilize demonstrations or public protests. Selection of methods is primarily based of the “diagram of approaches” to the target. Certain methods may include business correspondence; others would require mobilization of the public and mass media campaigns.

3) Development of the campaign's action plan

Plan is the detailed description of sequence of advocacy measures, with every measure having persons responsible and terms of implementation. Careful fulfilment of the plan should lead to completion of the campaign's objectives and achievement of intended goal.

In order to develop good plan, one should clearly understand:

- which of the planned actions and measures are of higher priority for our goal, and which are of lesser importance;
- which measures require specific and phased development, and which ones can be implemented along with other measures;
- what is the focus of specific measure;
- who personally will carry out specific activity, or implement specific measure;
- how much time it will take to prepare and implement specific measures, taking into account the fact that other measures may be prepared and implemented at the same time period;
- where the activity or measure will take place.

The plan has to give answers to the following key questions:

- 1) **What to do?** The plan should describe specific steps (organizational actions) and measures.
- 2) **What sequence to follow?** Steps and planned measures of the campaign shall be put in peculiar order according to their timing. For example, at the beginning we prepare inquiry to the parliamentary committee, and then we organize press-conference on our issue.
- 3) **Who will do it?** Every step (organizational action) and measure of the campaign has to have specific implementer (implementers), or person in charge of this particular measure. This part of the plan allows personification of its fulfilment, and to link all steps and measures to the area of responsibility of concrete people.
- 4) **What will be the term of implementation?** Performance of every step (action), and implementation of every measure within the campaign has to have specified time period. This period may be described in terms of the time period (e.g. first quarter of the year), or may be given the deadline (e.g., by the day of the month of the year), or be established against the term of implementation of some previous plan items (e.g. within one month after the press-conference).



The plan should be the desk document of all implementers of the advocacy campaign, while supervision over full and timely realization of this plan should be delegated to the campaign coordinator.

4) Risk assessment.

Realization of the advocacy campaign can entail certain risks for the advocacy agent. For example, Regional Charitable Christian Foundation "solidarity" that works in Ivano-Frankivsk, Chernivtsi, Ternopil and Zakarpattia oblasts in the area of provision of social services to MSM, will face a significant risk of undermining the trust of partners, if it starts dealing with advocacy for MSM. Explanation is simple: homosexual lifestyle contradicts Christian religious doctrine, so charitable organization that calls itself Christian, **should not get involved in protection of rights and interests of people**, who practise homosexual behaviours. Another example of risk is the realization of the advocacy campaign outside the organization's statutory territory of activities. It can be viewed by the donor and/or competent government authority as going beyond the organization's legal competence. Of course, organization may take these and similar risks in its work, but the amount of risks should correlate to potential benefits of the advocacy campaign. Then that organization may decide whether the game is worth the candle. Peculiar risks relate to the tactics of the campaign. While selecting methods, one should be extremely cautious regarding techniques that may lead to confrontation. If this occurs, it is generally impossible to return to softer methods. For example, organization of gay parade is one of confrontational tactics, which can complicate any future dialogues. Gay parade is not good for declaring "external goals of the advocacy" of LGBT movement, or to "improve the quality of life of LGBT". Gay parade actually emphasizes sexual orientation of its participants, while advocacy measures should emphasize the sense and the idea of the event. If gay parade is an end in itself for some activists, then we should suggest an alternative — organization of "love parade". Such event is good enough for participation of heterosexual, homosexual, bisexual and transgender people. In other words, it will neither highlight sexual orientation of its participants, nor it will bring forward some legal or political demands.

10. Implementation and Monitoring of the Advocacy Campaign.

Finally, when the entire campaign is carefully planned, it is time for the main stage of the campaign — implementation. Within this stage two important processes occur in parallel:

The first one is the campaign realization;

The second one is monitoring.

Monitoring should be carried out during the course of the campaign and upon its completion. We should assess every event, every measure, and every type of activity in terms of its qualitative and quantitative characteristics. To do so, during the planning of every type of activity (measure), we need to define a set of performance and effectiveness indicators.

Definition of monitoring

Monitoring means systematic collection and processing of information, which is used to enhance the decision-making, and also — indirectly — to inform the public on the results of this or that activity. Monitoring is the feedback tool for the implementation of projects and programmes; it has one or several organizational functions, such as:

- Identification of the dynamics of impact of our advocacy interventions subject to advocacy;
- Establishment of links with the environment, that ensure feedback regarding previous successes and failures of a specific policy or programme;
- Ensuring conformity with rules and contractual obligations.

Monitoring objectives

Monitoring allows to identify weaknesses of the advocacy campaign and to collect the data on the course of the campaign that will eventually help to evaluate its effectiveness. Sometimes monitoring lets we notice the efficiency or inefficiency of specific measures even at the initial stages of implementation of the campaign.

If monitoring reveals obvious shortcomings in the course of implementation, it is necessary to adjust the campaign's action plan on the basis of monitoring data. For example, at the very beginning of the advocacy campaign we organize a press-conference to present the goals and objectives of the campaign, while another — concluding — press-conference is planned to summarize the campaign. Monitoring shows that the number of journalists who showed up at the first press-conference, is much lower than expected, and no materials appeared in mass media as a result of this event. This means that we have to analyze the causes of this failure and to change approaches towards preparation of our concluding press-conference (e.g. to secure funds to organize press-lunch).

Sometimes monitoring can have a decisive impact on the campaign. Due to monitoring, the entire set of objectives of the advocacy campaign can be adjusted; the campaign implementers may even alter the goal of the campaign.

11. Evaluation of Results of the Advocacy Campaign.

Final stage of the campaign is the evaluation of its results. Evaluation should give answers to the following questions:

- 1) Was the campaign's goal achieved? If it was achieved partially, in what part?
- 2) To what extent the objectives of the advocacy campaign were fulfilled?
- 3) What are quantitative and qualitative results of the campaign? For example, the number of materials on the topic published in press; the number of new normative and legal documents passed as a result of campaign (quantitative indicators). Positive changes in the set of social services, offered to young homosexuals in the centres of social services for family, children (qualitative indicator).

Closely related to the campaign evaluation is the optional component to summarize the campaign — namely the development of recommendations in this area for the future. Very often the advocacy campaign reveals additional issues that can become the subject matter of future advocacy campaigns. Oftentimes implementers of the campaign encounter various methodological, organizational and other difficulties, which are successfully addressed. So, this experience of overcoming difficulties should be also reflected in the final recommendations. The campaign may demonstrate greater or lesser applicability of various advocacy methods regarding different issues in the area — this can also be mentioned in the recommendations.

Legal Field for Advocacy

The concept of advocacy was introduced in the Ukrainian legislation only recently — on June 9, 2008. It was mentioned only once, and in the context that does not reflect the essence of this concept¹.

Such weak reflection of the concept of advocacy in legislation by no means limits opportunities to implement advocacy measures in practice.

In essence, legal field for advocacy is formed on the basis of several constitutional civil rights, including the following:

1. Citizen right to participate in the administration of state affairs.

It is established by the Article 38 of the Constitution, and it says that “citizens have the right to participate in the administration of state affairs”. This means that citizens

¹ See Memorandum of Understanding between the Ministry of Labour and Social Policy of Ukraine and International Labour Organization regarding the Decent Work Country Programme for 2008–2011.

have the right to influence decision, made by the state. Advocacy is one of methods of such influence.

2. The right to freedom of association in political parties, public and charitable organisations, professional unions and so on, for the exercise and protection of their rights and freedoms.

It is established by the Article 36 of the Constitution: “Citizens of Ukraine have the right to freedom of association in political parties and public organisations for the exercise and protection of their rights and freedoms and for the satisfaction of their political, economic, social, cultural and other interests, with the exception of restrictions established by law in the interests of national security and public order, the protection of the health of the population or the protection of rights and freedoms of other persons”. Advocacy work is one of the forms of “exercise and protection of citizen rights, and for satisfaction... of their interests”. In most cases this right is exercised through citizen associations, established by this Article.

3. The right to file individual or collective petitions, or to personally appeal to bodies of state power.

This right is established by the Article 40 of the Constitution: “Everyone has the right to file individual or collective petitions, or to personally appeal to bodies of state power, bodies of local self-government, and to the officials and officers of these bodies, that are obliged to consider the petitions and to provide a substantiated reply within the term established by law”. Advocacy uses petitions to government bodies as one of its methods.

4. Citizen right to peaceful assembly.

Article 39 of the Constitution establishes that “Citizens have the right to assemble peacefully without arms and to hold meetings, rallies, processions and demonstrations, upon notifying in advance the bodies of executive power or bodies of local self-government”. Holding of such collective and mass events is another method of advocacy work.

7.3. Methods and Tools of Advocacy

We have just mentioned two examples of advocacy methods, citing the Constitution of Ukraine: petitions and appeals to government authorities, and organization of peaceful gatherings. However, advocacy campaign may use much more different methods.

The notion of method is closely related to the notion of tool. The difference between two lies in the magnitude and broadness: more comprehensive, general and broad implies to methods, while more marrow, targeted and specific describes tools.

Let us start with methods. We should remind the reader, that methods are directly linked to the tactics of the advocacy campaign. In fact, the tactics of such campaign can be brought down to the selection of appropriate methods.

Such methods may include:

- **Political lobbying.**

We already discussed lobbying in the Section “Definition of Advocacy”. Lobbying can be effective method of the campaign, if it is enough to pass specific, advocacy-related official regulatory or normative document, or some one-time executive decision by the government authority or local self-government to resolve the issue, addressed by the advocacy. Lobbying always means personal contact between the representative of the advocacy agent (lobbyist), and the person, who is the target of advocacy, or mediator, capable of influencing the target (public official). In theory, lobbying could have helped to complete a number of advocacy objectives at the national level — through the Verkhovna Rada of Ukraine. One of examples of successful lobbying is the submission of the draft Law of Ukraine No. 8590 “On the Protection against Discrimination Based on Race, Nationality, or Ethnicity” for consideration of the parliament (submitted on December 15, 2005, on behalf of the Ivan Myhovich, Member of Parliament, Communist Faction). This draft law envisaged criminal responsibility for discrimination of citizens on the basis of their sexual orientation. Successful submission of proposals regarding such discrimination, which were officially brought to the attention of the people's deputies, can be viewed as a success of advocacy campaign.

- **Activities inside business community, where certain members represent “targets” of the advocacy campaign.**

This method of advocacy presupposes influence from inside. Speaking about protection of interests of LGBT community in the country coordination mechanism on HIV/AIDS, this method can take the form of introduction of representative of LGBT community in the National Council on TB and HIV/AIDS. If we talk about parliamentary level, it would be quite expedient to seek aides, assistants and consultants of people's deputies of Ukraine, who belong to LGBT community, and through them — to influence legislative initiatives and the course of consideration of various important draft laws.

- **Organization of measures and events that would bring together “targets” of advocacy (or their representatives), and representatives of target groups.**

LGBT and MSM-servicing organizations often utilize this methodology. For example, roundtable “stigma and discrimination of MSM and other representatives of LGBT community in Ukraine: current state and possible solutions”, held on March 21, 2008, has brought together experts, representing LGBT community on the one hand, and representatives of key government structures — on the other.

- **Work through mediator organizations.**

Benefits of this method lie in the following: it can be very effective, when certain entity of social and political process, explicitly not belonging to a particular social group, starts public speaking about rights of this group. For example, the practice of involvement of various powerful human rights organizations (e.g. Ukrainian Helsinki Human Rights Union, Amnesty international in Ukraine, Human Rights Watch and many others) in different gay and lesbian advocacy campaigns seems extremely promising.

As a rule, mediator organizations represent target audiences indirectly. For example, it is established practice in Ukraine — as well as in other countries — that LGBT interests



in general, and interests of MSM in particular, are represented by HIV-servicing organizations.

- **Broad-scale public campaigns.**

In order to achieve goals of advocacy, we can utilize quite effective method of organization of comprehensive public awareness campaigns. We all remember examples of political public campaigns, which proved to be more or less effective (“Ukraine without Kuchma”, “Pora!” and the like). There also exists an example of anti-homosexual campaign — “Love against Homosexuality”. Its initiators believe that such activity is one of methods to achieve their objectives, including legislative ban of “propaganda of homosexuality”.

Now let us consider more specific methods (tools) of advocacy campaigns.

Tools of Advocacy

1. Official correspondence with government authorities.

Correspondence is one of the basic forms of advocacy work. Government authorities and local self-governments are obliged to respond to all written inquiries they receive. Official correspondence makes it possible to present the issue of advocacy to officials and bureaucrats. Even if we fail to settle it, at least we will make them speak about it: “the pen is mightier than sword”. So, the things we have written about our problem in the letter, can be referred to in the next letter. Closely related to this simple mechanism is another tool, called “open letter”.

2. Legislative and rule-making developments.

In most cases, the issue, addressed by the advocacy, can be formally settled through introduction of necessary changes in current regulatory and legal basis, or through passing of new normative documents. The most efficient way to achieve legislative (rule-making) changes is to submit prepared drafts of normative and legal acts (developed in full concordance with requirements to such documents) to relevant agencies.

In order to resolve a number of procedural issues, related to correction of sexual identity of transgender people, in 2008 the LGBT organization “Insight” submitted proposals to the draft Order of the Ministry of Health of Ukraine “On Provision of Medical Assistance to Persons Requiring Correction of Sexual Identity”, which is currently considered by the management of MOH and being prepared to signing.

3. Open letters.

Open letter is another type of petition of the advocacy campaign implementer to the targets of advocacy, which was made public. It is general practice to publicize open letters through mass media. The LGBT has been utilizing this methodology for a long time. In particular, broad public response was given to an open letter of the heads of non-governmental and charitable gay and lesbian organizations, issued on August 19, 2006. It contained principal (at that time) demands of LGBT community. Still we should remember that it is not enough just to publish our letter in the press. It needs to be delivered to addressee officially — in other words, the letter with signatures has to be mailed. Only on this case we can expect official response.

4. The use of voices of celebrities.

This interesting tool uses the influence of famous and popular people on public opinion. Its application is two-fold. One method is to receive special comments of the celebrity on the issue of our interest with subsequent publication of these comments. The other methodology is more sophisticated. The idea is to find some old and already forgotten comments or statements of the celebrity on our issue. Then we make it public in the context of our advocacy objective. For example, in order to foster more tolerant attitudes towards LGBT in the society, we could use the 2004 statement of Ruslana

Homosexuality, along with other unique manifestations of human experience, is too complicated to be explained through common human conceptions. If our most human feature is possession of huge quantities of diverse opportunities and abilities, especially in relations between each other, we should not be surprised that ability to love in some of us is directed at individuals of the same sex.

Francis Mondimore, an American psychiatrist and anthropologist. From the book "A Natural History of Homosexuality"

Lyzhechko, popular Ukrainian singer: "Even though I am not homosexual, nonetheless I am absolutely positive that any person has the right to be heard". The same method allows us to utilize relevant statements of politicians, when necessary. Within the framework of parliamentary electoral campaign of 2007, LGBT organizations broadly disseminated old speech of Yulia Tymoshenko, dating back to 2004: "I wish all men loved women, and all women loved men. But if it's not the case, every person should have the right to choose his or her own destiny". This message had an important impact on electoral decisions of LGBT.

5. Coalition-building.

The synergy effect occurs when several agents join their efforts. The idea is that the impact of consolidation of several stakeholders is stronger than simple sum of influences of every individual agent. For example, on December 13, 2008, having in mind long-term advocacy goals, representatives of nine Ukrainian LGBT organizations decided to establish the Council of LGBT Organizations of Ukraine.

6. Work with mass media.

Work with mass media is used both to develop public relations, and to implement advocacy campaigns. This approach is very important, since it allows us to draw attention of the general public to our issues. When we have attention of the public, decision-makers are forced to respond to the advocacy issue. On the other hand, broad publicity of the issue does not always contribute to the attainment of the advocacy goal, because it can stir up the energy of social forces, which stand up against positive settlement of our issue. As an example of such publicity, we can recall broad dissemination of the fact that new draft of Labour Code of Ukraine, signed by the Prime-Minister Viktor Yanukovich (draft Law No. 1038-1 as of August 28, 2003) included the article that prohibited discrimination of citizens in labour relations on the basis of their sexual orientation. Publication of such information has led to outburst of protests against this norm, initiated by some NGOs — opponents of civic equality of LGBT. The work with mass media can take many forms, including the following:

- **Publication of information materials in our own information resources.**

In terms of advocacy, this method has very limited effectiveness, because LGBT online resources are interesting for LGBT only. On the other hand, instead of educating LGBT, it is broad public and key decision-makers, that need to be persuaded regarding the expediency of specific changes.

- **Dissemination of press-announcements and press-releases.**

The main purpose of press-announcements and press-releases is to attract mass media to attend our event. However, it is not enough just to attract journalists. We have to make sure that they provide coverage of our event as appropriate. To do so, it is expedient to prepare information materials that look like readily available article or basis for TV reporting. In this case we make the life easier for both journalists and ourselves. Preparation of materials for mass media is very specific skill, but we need to remember two basic rules: first, any information material should contain only one central message. Second, this material should contain direct speech of a person, interested in the advocacy process (e.g. the head of LGBT organization).

- **Press-conference.**

This event is carried out by the advocacy campaign implementer in order to personify the advocacy issue through the participants of the press-conference, that is, to present it as a personal issue of concrete individuals. It is possible to write a whole section on the organization of press-conferences,, but here it is worthwhile to remind you, that such issues as the launch or summarizing of the project should never be announced as the topic of press-conference. Such wording presents no interest for mass media. Good examples of newsmakers for the press-conference include some events that occurred in the life of real people; memorial day or festival; dissemination of brand new statistical information on our advocacy issues, etc.

- **Web conference.**

The same as regular press-conference, but held via Internet in real time. Preliminary announcement is extremely important for web-conferences, because it will allow us to attract maximum number of users of particular online resource; also important are days and time of conferences. The most effective are web-conferences, held on weekdays in working hours.

- **Interviews for mass media.**

While implementing any advocacy campaign, it is necessary to decide on who will ensure public coverage of the goals, objectives and the course of the campaign, speaking on behalf of the of campaign implementer. As a rule, it is the head of organization, which implements the advocacy campaign. Such individual should be trained in media relations.

- **Media club.**

This is highly specific form of work with mass media, which consists in organization of informal meetings of journalists and representatives of the target group. The main mission of media club is to create comfortable and unofficial atmosphere for communication at the interpersonal, human level.

For example, on November 11, 2008 the Heinrich B ll Foundation has organized the media club in Kyiv democratic restaurant “Hayloft”. Participants were able to watch the documentary “Paragraph 175” about the persecution of homosexuals by the Nazi regime. Subsequent discussions contributed to the development of adequate perception of homosexuality and homosexuals among the journalists.

- **Social advertisement.**

Any advertisement of non-commercial nature is considered social. Naturally, social advertisement can be used as additional technology to pursue goals of advocacy. In 2005 NGO “Our World” placed advertisement board in Kyiv subway station “Vokzalna”. The board had a short message “Are You Gay?! Information and Protection of Rights”, as well as short contact information — website, postal address and telephones. Application of this technology allowed “Our World” to develop communication with its potential clients, particularly regarding human rights protection, closely related to advocacy.

- **Collective events.**

Collective event is one-time, single meeting of the group of people in one place. Collective events can be official or entertaining. In terms of advocacy, we focus only on official, working events.

Forms of working collective measures include: working meetings, sessions, workshops, seminars, conferences, roundtables, forums, trainings, symposiums, etc.

Working collective events are intended to accumulate intellectual efforts of the group of people in one direction or area. Resulting documents (decisions, resolutions, protocols, statements, memorandums, collections of theses, certificates, etc.) should represent formal outcome of any working collective event.

Working collective events are best suited to the planning of advocacy campaigns. Forum of LGB organizations on strategic planning of prevention and advocacy work, organized on December 8-9, 2007 in Kyiv by the International HIV/AIDS Alliance in Ukraine and Information and Education Centre “Women's Network” is the perfect example of such events.

Such collective events as trainings can focus on the improvement of advocacy skills of staff and volunteers of advocacy campaigns.

- **Mass public events.**

In certain cases mass public events can serve as powerful reinforcing element of the advocacy campaign, since they can demonstrate the urgency of the advocacy issue for a certain number of people, that is, to personify the problem in broader terms (as compared to the press-conference).. Mass public events will always be of greater interest for the general public, as compared to office-based advocacy: public events are visual. Moreover, they contribute to greater expression of emotions, and this serves



as additional factor to influence targets of advocacy. Forms of mass public events are different and include rallies, pickets, processions, flash mobs, demonstrations, volunteer clean-ups, etc. Traditional for Ukraine are mass public events, organized by LGBT community to celebrate the International Day Against Homophobia, held annually on May 17, beginning from 2005.

Here we should consider several nuances. First, all forms of mass public events are considered appropriate and acceptable with the exception of gay prides. Gay pride (or gay parade) is the factor of significant annoyance for authorities, churches and substantial part of the society. In fact, any mass public event may resemble gay pride, but it should never be called this way. Second, it is necessary to inform local authorities about organization of mass public events — it is the law. Unauthorized mass public events may lead to negative consequences for both organizers and participants. Third, in carrying out mass public events, it is necessary to consider and to settle the issues of safety of participants.

One of examples of mass public events, held with participation of LGBT community and leaders of LGBT movement, was the “Race for Life” 2003, organized under the aegis of United Nations Development Programme (UNDP). NGO “Women’s Network” initiated participation of representatives of LGBT community in this event in order to demonstrate open support to men, women and children living with HIV/AIDS, and to draw public attention towards HIV epidemic among LGBT. Several Ukrainian LGBT organizations, including Regional Information and Human Rights Centre for Gay and Lesbian People “Our World”, Kyiv NGOs “Gay Alliance” and “Your Life”, as well as individual LGBT activists from different regions of Ukraine supported “Women’s Network” initiative and participated in preliminary training “Parades of pride as a method of political action of LGBT community: history, theory and practice”¹, and in the Race for Life — 2003. Using the event’s information fair, they disseminated materials, dedicated to LGBT community of Ukraine. In the process of preparation and participation in the race, participants encountered significant opposition of authorities, radical political groups and homophobic parts of the Ukrainian society².

7. Cultural events.

Special cultural events may become a “side effect” of advocacy. Their mission is to promote the development of appropriate attitudes towards the issue — including among decision-makers.

One of examples is TV programme “sunny Bunny” — a special programme on gay and lesbian issues, demonstrated during the XXXVIII Kyiv International Film Festival “Molodist” (October 18–26, 2008). Chairman of the jury for “sunny Bunny” was Anatoliy Yerema, undisguised gay and general producer of “1+1 International” TV channel.

Another example of the cultural event with advocacy implications was the photography exhibition “Different View”, organized by NGO “Insight” on September 19 — October 3, 2008 in Kyiv art gallery “HudGraf”. Visitors could review art photographs, dedicated to the life of transgender people; the presence of people involved in decision-making in transgender issues contributed to the development of more adequate attitudes towards the problem.

8. Publication of documents, related to the advocacy issue.

Printed words, especially those written in academic or good journalistic style, are strong advocacy arguments. Types of documents that can be presented to the public may include reports, studies, recommendations, resolutions, etc. All these documents have several important characteristics: consistency of narration, argumentation and often — reliable statistical data. One of better examples is the practice of “Our World” Centre, which develops and publishes reports on the status of gay men and lesbians in Ukraine since 2000. Another example is the work of Information and Education Centre “Women’s Network”, which has been organizing regular press-conferences on LGBT issues since 2007.

¹ <http://www.feminist.org.ua/conference/trainings/2003/pride2003.php>

² See details on <http://www.feminist.org.ua/about/projekt/probeg2003/probeg2003.php>

9. Sociological studies.

Results of various sociological studies are another serious argument, which can be always used during the advocacy campaign. It is very good, when such studies become an integral part of the campaign. However, advocacy campaign can utilize not only results of special studies, commissioned by the advocacy agents, but also results of external research that deal with the advocacy issue. Key task here is to find them.

10. Petitions and appeals to international bodies.

It is excellent advocacy tool: we basically secure external support. We can appeal to both governmental and non-governmental bodies regarding the subject matter of our advocacy. The former include the office of the Council of Europe Commissioner for Human Rights; the latter include the International Lesbian and gay Association (ILGA). The efficiency of this advocacy tool is vividly illustrated by the words of well-known opponent of LGBT movement, communist Leonid Grach (March 2007): "I received this angry letter from America. When they were translating it, I thought it concerned my anti-NATO statements. It turned out to be from American homosexuals, who criticized my words..."

A number of international organizations have their representative offices in Ukraine. In some cases cooperation with Ukrainian offices of international organizations can contribute to fulfilment of advocacy objectives.

In 2007, during the development of Ukraine's proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, Ukrainian LGBT and MSM-service organizations, which advocated the MSM component in the proposal, were actively cooperating with the UNAIDS (the United Nations Joint Programme on HIV/AIDS) Country Office in Ukraine. It was one of important factors for the success of advocacy efforts.

Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats. Not all things are black nor all things white. It is a fundamental of taxonomy that nature rarely deals with discrete categories. Only the human mind invents categories and tries to force facts into separated pigeon-holes. The living world is a continuum in each and every one of its aspects.

Alfred Kinsey, an American biologist, 1894—1956. *Sexual Behaviour in the Human Male*, 1948

7.4. National Strategies of Advocacy LGBT Campaigns

As of March 1, 2009 there existed 17 legally registered organizations in Ukraine that position themselves as organizations, founded and acting on behalf of gays, lesbians, bisexuals and transgender people. The majority of LGBT organizations either carries out, or plans to conduct advocacy work. Of course, the more coordinated is this process, the more effective it will be.

In order to implement a complex of different advocacy campaigns, it would be expedient to comply with the following conditions:

1. Single conceptual and terminology basis.

Practice and relevant interviews show that modern LGBT activists in Ukraine generally do not share understanding of basic concepts, related to LGBT. For example, differences between sexual orientation and sexual identity and differences between transgender people and transsexuals remain unclear; in essence, the term “MSM” lacks appropriate definition, and so on.

In March 2009 the first edition of a Single National LGBT Glossary, developed by the Gay Forum of Ukraine, was submitted to the LGBT movement stakeholders for review and consideration. After appropriate expert discussions, it will be published in the website <http://lgbtua.com>.

2. Single national strategy.

It seems reasonable and rational for advocacy campaigns in the area of LGBT, implemented in Ukraine, to fall within the limits of specific common vision of goals and objectives of general LGBT movement.

Basic document in this context is the Strategic Programme for LGBT Community Development in Ukraine for 2009–2020. It is strategic document of the Council of LGBT Organizations of Ukraine, which is being developed with broad participation of all actors of LGBT movement. The draft Strategy can be provided by Gay Forum of Ukraine to any interested parties upon request. Naturally, the document of this kind can be modified and supplemented “along the line”, but even in its initial, draft form it can serve as the “roadmap” to plan and coordinate efforts of all agents of LGBT movement.

As a result of continuous efforts aimed at analysis of urgent issues of LGBT community of Ukraine, on September 21, 2008 we approved **the Plan of measures to prevent discrimination on the basis of sexual orientation and gender identity in Ukraine**, and presented this document on September 22 at the press-conference in UNIAN. The Plan was supported by 16 non-governmental and charitable organizations that work with LGBT community. Basically, this fundamental document with 109 clauses clearly formulates and structures the plenitude of advocacy objectives of LGBT movement. This document can be provided to all interested persons upon request (please, contact Gay Forum of Ukraine).

3. Coordination mechanism.

It is obvious that systemic fulfilment of the single Strategy of LGBT community development will be possible only if actions of all agents of LGBT movement remain coordinated. Mechanisms of such coordination have been discussed by “old” LGBT organizations at least since 2005.

The processes of coordination and consolidation of LGBT movement in 2007–2008 have resulted in the establishment of three structures:

1. On December 8, 2007 the participants of the Forum of LGBT organizations on strategic planning, prevention and advocacy work have approved the establishment of **Permanent Reference Group on LGBT Community Issues and MSM-servicing Projects in Ukraine** (PRG on LGBT and MSM) as a consultative expert body on LGBT/MSM issues to develop joint decisions of recommendation nature. Initially the PRG consisted of nine members, but later it was expanded to include 10 experts. Provisions on PRG and its personal composition can be found on the website <http://lgbt.ua.com>.
2. On April 18, 2008 the participants of the 1st national conference “Mobilization and Advocacy of Interests of LGBT Community” have adopted joint resolution on the necessity to establish the association of LGBT organizations of Ukraine. The resolution was signed by 35 leaders of LGBT organizations and LGBT activists..

As a follow-up to the document, signed in spring, on December 13, 2008 representatives of nine Ukrainian LGBT organizations decided upon the establishment of such association, known as the **“Council of LGBT Organizations of Ukraine”**. The mission of the Council is defined as *“achievement of full civic equality and social comfort for lesbians, gays, bisexuals and transgender people in Ukraine; creation of adequate conditions for comprehensive development and social formation of personality regardless of his/her sexual orientation and gender identity; contribution to the national response to epidemic of HIV/AIDS; establishment of LGBT community of Ukraine as politically and socially active member of civil society”*. Currently (as of March 1, 2009), Provisions on the Council of LGBT Organizations have been adopted; the Council started the membership admittance process. In terms of the law, the Council is considered as all-Ukrainian association of non-governmental and charitable organizations, legalized by the Ministry of Justice of Ukraine.

3. On June 13, 2008 three gay organizations have signed the agreement on the establishment of the **Union of Gay Organizations of Ukraine**. The goal of the Union was declared as *“more effective collaboration and interaction of the Parties [participants of the Union] in standing up for the rights and interests of gay people in Ukraine, their mobilization to develop civil society, as well as carrying out effective prevention of HIV/AIDS/STI”*. In terms of the law, the Union of Gay Organizations was established on the basis of agreement of cooperation between organizations, and it cannot be considered as independent legal entity. As of March 1, 2009, the Union of Gay Organizations had four members.

What is the difference between the Council of LGBT Organizations and the Union of Gay Organizations?

The Council of LGBT Organizations declares LGBT community in its entirety as its target group; any LGBT organization can become a member of the Council, regardless of its focus (gay/lesbian, men/women, etc).

Main focus of the Union of Gay Organizations is the work for the benefit of gay community; at the same time it remains open *“for the accession of other parties — LGBT and gay organizations, that are legal entities, registered according to current legislation of Ukraine”*.

Key priority of the work of the Council of LGBT Organizations is advocacy (protection of interests and development of civic rights of LGBT), while priority of the Union of Gay Organizations is to join efforts and to mobilize resources to prevent HIV/AIDS among men who have sex with men.

Since focuses of both Council of LGBT Organizations and the Union of Gay Organizations are different, any LGBT organization can simultaneously participate in the work of both associations without hurting its own programmatic activities. At the same time it is worthy to mention the position of several local LGBT organizations which by now (March 1, 2009) decided not to join either coordination structure.

In any case, the processes of consolidation of LGBT movement are underway, and the life will show, what forms of coordination of LGBT movement (including advocacy campaigns) will be the optimal ones.

Let us learn more about our sexuality; let us draw knowledge from endless stock of world literature that says everything about our history, our role in the society, our struggle and our triumph. Here we can find books saying that being a gay is not a tragedy; saying that despite of all myths, instilled in us from early childhood, the things we do with other men is not lameness and is not wickedness.

Terry Sanderson, an English writer, journalist, LGBT activist. From the book “The Gay Man’s Kama Sutra”



Conclusion

So, we have considered advocacy and all of its key notions and aspects, enriching the “journey” by specific examples and recommendations.

Our theoretical work on advocacy, presented hereto, is far from being perfect. It should be perceived as help and reference, but not as a strict instruction book.

Advocacy in Ukraine takes its first tiny steps. It has bright future in front, and non-governmental sector is and will be its main driving force. LGBT movement was one of pioneers of systemic advocacy in our country. We sincerely believe that advocacy-related successes of LGBT movement will bring positive impact on the quality of our lives.

8. Methodology of Research of LGBT Community in Ukraine



Maksim Kasyanchuk, "Donbass-SotsProekt"

Ukrainian society has been underestimating of importance of LGBT as integral part of the society for a long time, so public opinion reflected traditions of either unfounded denial of specific, institutionally grounded needs and lifestyles of LGBT people, or considered them as anecdotal or grotesque turncoat of the traditional lifestyles of heterosexuals.

In scientific discourse the LGBT problem area was in full "possession" of the repressive Soviet medicine, particularly, psychiatry and epidemiology (STI and HIV).

First examples of balanced, unbiased and scientific approach were the review books by the Russian authors — Igor Kon and Leo Klein (the end of 1990s — beginning of 2000s), which still remain valuable source of information.

This initiative was picked up by authors and publishers of the Kharkov journal "Gender Studies", which started to publish articles on lesbian matters, written in traditions of qualitative methodology. From time to time the journal provided coverage of "homosexual"¹ in the contexts of culture and "male identities"².

In 1997 the Dutch anthropologist Robert Oostvogels made his first visit to Ukraine. His work became the first ethnographic description of everyday life and customs of gay subculture in several oblast centres of Ukraine. Even though his work is not absolutely flawless, it retains its importance as the "first glance from outside", particularly reflecting local colour and flavour.

As for quantitative studies, these were supported in every possible way not by academic institutions, but by efforts of Ukrainian LGBT activists.

Within this short presentation I will try to systematize the methods that were used in sociological studies of LGBT community on Ukraine. Detailed descriptions can be found in relevant references in the text.

So, all global sociological studies can be divided into qualitative and quantitative. Qualitative studies describe vivid but isolated instances or cases, so our options are to trust or to distrust the author regarding the typicality of described phenomena. Qualitative studies shift away from detail, providing the generalized picture — a bird's eye perspective. Both methodologies have strengths and weaknesses; ideally good study has to combine both particulars and generalized views. But it cannot appear in "vacuum". In order to formulate persuasive research programme, there should be works describing the issue from different sides, and reflecting various issues separately. In this regard, often scattered efforts of scholars and public activists will not be wasted.

1. Works in tradition of qualitative methodology.

These primarily include cultural and anthropological studies, or so-called works on urban ethnography. These words, like their classic prototypes (works by Miklouho-Maclay, Margaret Mead, Bronislaw Malinowski), are based on participant observation, when the researcher lives the life of objects under study, speaks their language, gets deep into detail of their customs, traditions and symbols; later on — after abandoning

¹ Суковатая В. О. Лесбия, печаль неутолённая! Лесбианизм как Утопия и Миф о женской дружбе, любви и сексе // Генд. иссл. — 2000. — №4. — С.340-345.

² Здравомыслова Е., Темкина А. От лицемерия к рационализации: дискурсивная трансформации в сфере сексуальных отношений // Генд. иссл. — 2004. — №11. — С.176-186, <http://www.kcgs.org.ua/RUSSIAN/pub/gs11/11.pdf>

¹ Oostvogels R. Assessment of high-risk sexual behavior in Donetsk, Dnepropetrovsk, Lviv and Kherson, Ukraine. First draft report // IPPF, 1999, unpublished paper.

² Зікратий Ю., Микитюк М., Банас О. Чоловіки, які мають секс із чоловіками: цінності та моделі поведінки // Соц. політика і соц. робота. — 2005. — №2(30). — С.53–62.; Оценка мужчин, имеющих секс с мужчинами, в г. Киеве и Донецкой области / Ю. Зикратий, М. Микитюк, Е. Банас, М. Касянчук, Е. Лещинский. — Киев: БФ “Фонд профилактики химических зависимостей и СПИДа”, 2005. — 136 с. — http://www.feminist.org.ua/researches/ua/Aids_222.rar; Касянчук М. Г., Лещинский Е. Б. Графіті як елемент гомосексуальної субкультури великого міста // Особистість і мегаполіс: Антропологічний аспект: Збірник матеріалів регіональної науково-практичної конференції, 26.11.2008. — Донецьк: ДІСО, 2008. — С.131–137. — <http://kasianczuk.hotmail.ru/varia/graffiti.htm>; Касянчук М. Г., Лещинський Є. Б. Аналіз соціальних ідентичностей чоловіків, які мають секс із чоловіками, в українському суспільстві (на прикладі Донецької області) // Український соціум. — 2008. — №3(26). — С.17–29.

³ Оценка с привлечением к участию. Методические рекомендации. — К.: МБФ “Международный Альянс по ВИЧ/СПИДу в Украине”, 2001. — 158 с.

⁴ Гейдар Л., Довбах А. Быть лесбиянкой в Украине: обретая силу / ИОЦ “Женская сеть”. — К.: ООО ПИИ “Интертехнология”, 2007. — 122 с. — http://www.feminist.org.ua/about/projekt/lesbian_ua2007.zip

⁵ Монахова Н., Нагорная Н. Лесбийская идентичность в неонационалистическом дискурсе: Украинский контекст. — Киевская лаборатория гендера, 2003.

⁶ Гурова О. “Тату” (или репрезентация женской гомосексуальности в современной российской массовой культуре) // Генд. иссл. — 2003. — №9, <http://www.gender.univer.kharkov.ua/gurnal/gurnal-09-16.pdf>

⁷ Нартова Н. “Про уродов и людей”: гетеросексуальность и лесбийство // Генд. иссл. — 2004. — №10, <http://www.kcgs.org.ua/RUSSIAN/pub/g10/13.pdf>

⁸ Блакитна книга. Стан геїв та лесбійок у сучасній Україні (Звіт) / А. Грибанов, Т. Данілевич, Ю. Жилловець та ін., за ред. А. Кравчука і А. Грибанова (Центр “Наш світ”). — К., 2000. — 116 с. — <http://gay.org.ua/publication/bluebook/bluebook.htm>

⁹ Дискримінація за ознакою кохання: Звіт / Центр “Наш світ”. — К.: Нора-Друк, 2005. — 224 с. — Укр., рус., <http://gay.org.ua/publication/report2005-r.pdf>

this observer role — the researcher translates personal experience into the language of his native community, that is, communicates and explains his observations to those, who has nothing to do with the life of group under study.

Examples of realization of such studies in Ukraine include the works of abovementioned Robert Oostvogels¹ and his successors².

Cultural anthropology approaches are very powerful tools, but they require deep knowledge of life of the target group, fortitude to establish informal contacts with the group, and humanism. The researcher also has to wield a skilful pen in order to describe his or her observations adequately.

Another subtype of qualitative methods is focus-group studies, based on the experience of one or two dozens of target group representatives; in contrast to mass survey, they do not require large samples, and this makes them useful in studying hidden communities. This method combines advantages of in-depth interview and mass survey; it allows extracting knowledge and information about sexual practices, peculiarities of interpersonal interaction, and perceptions of various social phenomena. It is conducted in the form of conversation with respondents, preliminarily selected upon defined criteria. Moderator guides such interview using the set of prepared questions. Results are voice-recorded, transcribed and finalized in the general report.

Participatory Site Assessment (PSA)³ is an example of focus group studies.

Focus group discussions of topical, vital problems lead to reinforcement of the civic activity of LGBT communities, which, however, will cease to exist without dedicated leader.

Focus groups are supplemented with in-depth interviews, which are necessary to reach people, who do not want to be spotted in collective interaction at the focus group session, as well as those who are afraid to reveal private details of their lives. In-depth interviews also help to collect primary data to be used for the development of the block of focus group questions. They are conducted as individual conversation one-on-one, thus ensuring comfort and confidentiality. Format and sequence of questions are not strictly regulated and depend on scenario — the list of suggested topics and questions for discussion. Interview results are voice-recorded upon written consent of the respondent, and transcribed.

Ukrainian works of this kind include publications of members of IEC “Women's Network”⁴ and “Kyiv Laboratory of Gender”⁵.

And finally, qualitative methodology includes analysis of the text — received either as transcription of focus group/in-depth interview, or taken from mass media. Works of this kind include a series of publication in “Gender Studies” (Issues #9⁶ and #10⁷), which analyzed a number of articles published by several mass Russian papers in 2001–2003. It was concluded that heterosexual contract in Russian mass media is compulsory norm, which is supported through marginalization of lesbianism. Lesbianism is depicted as a phenomenon with specific limits (“lesbians are irregular women”, “it should not be made public”, “lesbians are initially heterosexual women who due to different reasons failed to find themselves in relations with men... that is why they can be subjected to therapy”).

2. Qualitative methodology

Qualitative methodology is not limited to public opinion surveys; it encompasses a number of other methods that allow making conclusions on the basis of analysis and comparison of numerical data. Such methods include content analysis of the text, studies based on the network paradigm, and many others. Nonetheless, the most widespread approaches are surveys and questioning of a particular target group.

The first profound study of the Ukrainian LGBT community through questioning was the “Blue Book” study⁸, followed by several more initiatives of the “Our World” Centre, designed in the advocacy manner⁹.

Quantitative methods are particularly widespread in the implementation of studies on risky behaviours, related to HIV epidemic (especially behaviours of MSM¹). Among new works in this area, three attract a particular attention. The first one is monitoring of sexual behaviour of MSM (2007), developed with active involvement and participation of LGBT community representatives². The second and the third ones concern men in armed forces³ and in confinement⁴ (they are noteworthy due to the fact, that compared to similar 2004 surveys among representatives of such closed collectives, one can observe statistically meaningful growth of the percentage of men who have ever had sex with other men⁵).

Speaking about content analysis, we found only one short article by Ruslan Kukharchuk, ardent opponent of LGBT community⁶. Unfortunately, works of LGBT themselves in this area are still non-existent.

Another study, based on the quantitative methodology, was completed in mid-2008 — analysis of lonely hearts ads, submitted by MSM of the Donetsk oblast during the 12 years of existence of printed M+M ads in Ukraine. Key results are briefly presented in the Internet⁷; full results were submitted to the academic journal “Ukrainian Socium” as an article. Unfortunately, no similar studies of F+F or F+M ads have been conducted — it would be extremely valuable for the comparative analysis.

Gaps and perspectives

This review is not exhaustive, of course. In conclusion I would like to mention several issues that need to be addressed.

I believe that the most important issue is the problem of methodology. We need to identify one or several sociological methods that will guarantee that collected figures are representative for the entire group (instead of characterizing only limited segment of individuals available for research). The second issue relates to conceptual and terminology basis, when our objective is to define a specific group. Who are MSM and FSF? Do they identify themselves as homosexuals or bisexuals, or these are just behavioural practices? It is very important, because identity affects their access to social and health services, and so on. It will also influence the ultimate results of the study.

Speaking about qualitative phenomena, related to identity of gay men and MSM, right now we only make notice of those who are left out of traditional institutions — economic, political, family and so on. As a rule, they do not have this internal sanction “to be a stud” (e.g. to stand for himself). The other part is heterosexuals, for who adventures with the same-sex love is a kind of fun — it does not influence their self-perception as normal men. Naturally, they stay within the system of traditional relations. However, there exists this intermediate group of those who can be conscious homosexuals or bisexuals (that is, they recognize the same-sex relations as system-building factor), at the same time being men in the traditional sense. This third group only starts to emerge. In contrast to the first group, it is not marginal and it does not impose homosexuality. Instead, it views it as an option. And this is not a tradition, but rationally developed role.

Since people tend to select like-minded persons for communication (this especially concerns communication on the basis of stigmatizing characteristics), peculiarities of the abovementioned groups will be substantially different.

We should emphasize that lesbian issues continue to constitute a huge gap in Ukraine. By now there was NOT A SINGLE serious quantitative study conducted in Ukraine, dedicated to the issues of female homosexuality and behavioural practices. Several early publications, mentioned at the beginning of this section, are purely qualitative studies that reflect opinions of their authors. They cannot be considered valid for the entire country and be projected on all lesbian subgroups.

¹ Касянчук М., Лещинський Є., Шеремет-Шереметьєв С. Чоловіки, що мають секс із чоловіками, у дзеркалі соціологічних досліджень проблеми поширення ВІЛ/СНІДу (огляд досліджень, проведених в Україні в 1997–2006 рр.) // Укр. соціум. — 2007. — №3(20). — С.32–43.

² Касянчук М., Лещинський Є., Шеремет-Шереметьєв С. Чоловіки, що мають секс із чоловіками, у дзеркалі соціологічних досліджень проблеми поширення ВІЛ/СНІДу (огляд досліджень, проведених в Україні в 1997–2006 рр.) // Укр. соціум. — 2007. — №3(20). — С.32–43.

³ Дієва С. В., Пашкович В. Л. Моніторинг поведінки військовослужбовців як компонент епідагляду за ВІЛ другого покоління. Аналітичний звіт за результатами дослідження 2007 року / Мін. оборони України, ТОВ “Соціс — ЦСПД”. — К.: МБФ “Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2008. — 48 с.

⁴ Моніторинг поінформованості та поведінки засуджених як компонент епідагляду за ВІЛ другого покоління. Аналітичний звіт за результатами дослідження 2007 року / І. Л. Демченко, К. С. Костенко, Н. Є. Кожан, С. Б. Живаго (Держ. департ. України з питань виконання покарань; Аналітичний центр “Соціоконсалтинг”); під заг. ред. І. Л. Демченко, Н. Г. Калашник. — К.: МБФ “Міжнародний Альянс з ВІЛ/СНІД в Україні”, 2008. — 60 с.

⁵ Касянчук М. Гомосексуалізм в містах не столь отдалённых: несколько интересных цифр // Симона. — 2008. — №24. — С.24.

⁶ Кухарчук Р. Медиа-холдинг “КП-Пабליкейшнс” пропагандирует гомосексуализм в Украине / Сайт “Новости христианского мира”, 16.07.2008, <http://prochurch.info/index.php/news/print/12843>

⁷ Касянчук М. Социология Бабы-Яги или сколько голубых в Донбассе // Симона. — 2008. — №13. — С.24–25; №14. — С.24–25. — <http://donbas-socproject.blogspot.com/2008/09/13-14-2008.html>

9. Glossary of Key Terms

Agitation (lat. *agitatio* — activation) is verbal, printed and visual political activity, which affects awareness and moods of people to encourage them to take political or other actions.

Advocacy is a campaign or other actions, directed at representation and protection of rights and interests of a specific social group. The object of influence of advocacy campaigns are government officials (decision-makers); the goal of influence is to implement specific structural changes (e.g. passing of laws) for the benefit of the group, whose interests are being lobbied. The goal of advocacy is the protection of rights, in contrast to dissemination of information and views, as in propaganda.

Activism — Americanism that recently appeared in the Russian language, which stands for various activities. It is synonym to more traditional terms, like “public activity”, “activity”, “public work”, “public movement”.

Barrier contraception includes condoms (for anal/vaginal/oral sex), latex gloves (for vaginal/anal sex), latex squires (for oral-vaginal and oral-anal contacts — cunnilingus and rimming).

Bigender refers to a person with constantly shifting gender identity (*see Gender*). Bigender shows tendency to move between feminine and masculine gender-type behaviour depending on the mood, current contacts, etc. Bigenders are recognized as subgroup of transgender people (*see Transgender person*).

Bipolar, dichotomy understanding of gender (masculinity and femininity) refers to division of the World into “masculine” and “feminine” — division of habits, tempers, personal qualities on the basis of biological sex. Stereotypes generally attribute to women such features as passivity, obedience, emotionality, disposition towards cooperation, orientation on people. In terms preferences, it is generally believed that women value love, communication and beauty. Purely masculine qualities include aggressiveness, urge towards leadership, rationality, competitiveness, orientation of things and results (instrumentality). In terms of preferences, men seek power and value competence, skilfulness and achievements. Until 1970s similar concepts were dominant in science. Philosophers of the past were absolutely assured that if gender characteristics were in harmony with sex, personality was more psychologically healthy and stable. Everything that went beyond this strict gender dualism of “masculine” and “feminine” was considered deviation and viewed as a problem. Studies of Sandra Bem and her successors have shown that gender qualities are multisided and multifaceted, while masculinity and femininity were not at the opposite ends of one axis. Quite the contrary, they represent two different and independent scales, who dimensions of humanity. Gender qualities can be attributable to both men and women.

Biphobia is used to describe fear, hatred or aversion towards bisexuals, or biased attitudes towards them. Sometimes *biphobia* may characterize anti-bisexual attitudes among some lesbians and gay men, because negative attitudes of heterosexuals are directed against homosexual component of bisexual identity, so it can be viewed as manifestation of homophobia. The term “biphobia” is sometimes used to describe hard approaches towards understanding of human sexuality, which accept only two opposite (hetero- and homosexual) orientations, or two identities (masculine and feminine).

Bisexual refers to the person (both male and female) with psychoemotional and sexual attraction to people of both opposite and same sex, and who acknowledges oneself as bisexual.

Bisexuality is a natural condition of a person with psychoemotional and sexual attraction to people of both opposite and same sex.

Bodily fluids include blood, sperm, vaginal secretion, breast secretion, sweat, tears, urine, faeces. In epidemiology, the most dangerous bodily fluids in terms of sexual transmission of viruses, bacteria and microorganisms are: blood, sperm (including semen), vaginal secretion and breast secretion.

Coming out is the term, often used to describe individual's public disclosure of his/her homosexual identity. However, many researchers, who use this term in scientific context, believe that instead of simple public disclosure, it is the process of becoming aware of and acknowledging one's homosexuality as integral and positive aspect of one's own self, which includes rebuilding of relations with other people and with society. So, coming out is a long process, where public disclosure is only one of important elements. The concept of coming out was first introduced in 1869 by Karl Heinrich Ulrichs, German journalist and advocate of rights of minorities, as subtype of emancipation. Claiming that invisibility was a major obstacle toward changing public opinion, he urged homosexual people reveal their same-sex attractions.

Community is the complex of links between people, who have something in common, like goals, interests, views, activities, hobby, place of residence, gender, nationality, problems and circumstances. Communication between people is the basis of the community.

Community centre — see “Public centre”, “Drop-in centre”.

Community mobilization stands for consolidation of community leaders and activists; development of joint strategies and goals to address specific issues and to foster development of the community.

CSW means male and female sex workers who offer commercial sex services.

Discrimination (lat. *discriminatio* — differentiation) stands for restriction or violation of rights as a result of superiority of certain groups over other, based on such criteria as age, sex, race, gender, social status, religious and political preferences, sexual orientation, health status, occupation, rather than on groups' merits or needs. Restriction of rights may be corroborated by the legislation (legal discrimination de-jure), or may be based solely on the established moral norms (informal discrimination — de-facto).

Drop-in Centre — see “Community Centre”.

Drug-related behaviour is behavioural patterns of an individual who consumes chemically active substances (narcotic drugs, alcohol, tobacco), that cause addiction and dependence. Drug-related behavioural patterns develop as a way of addressing psychoemotional issues; they significantly depend on the way of thinking and social environment of an individual.

Encouragement — different ways to motivate one's self or other individual to do something.

Facilitator is a specialist who encourages the work of a group or subgroup to complete specific tasks in the process of training/workshop.

GB — gays and bisexuals

Gay is a man who links his psychoemotional and sexual sphere with other men, and who acknowledges being a gay.

Gender, or socio-cultural sex of human being is the broad set of social expectations, norms, values and responses that shape specific features of the personality and characterize “masculine” and “feminine” social behaviours in the society. In patriarchal heterosexist culture, the notion of gender is closely linked to biological and anatomic human characteristics, acquiring the nature of norm.

Gender role behaviour — see *Gender stereotypes*.

Gender stereotypes (gender-role behaviour) mean standardized perceptions of behavioural patterns and traits that correspond to social roles of men and women in any patriarchal, traditionalistic society.

Hate crime is a special legal qualification of crimes against personality, motivated by hatred of representatives of other racial groups, nationality, religion, ethnicity, political

views, sexual orientation, sex and disability. In many developed countries hate crimes are considered aggravating circumstances in crime, and make criminal sanctions more severe.

Heterosexism is the term that applies to the set of beliefs and values which view heterosexuality of a person as superior or more natural than homosexuality. This term is used to express less explicit bias, as compared to homophobia — the latter implies more precise psychological response against homosexuals, or open, hatred-motivated discrimination of homosexuals.

Heterocentrism means assumption or hypothesis that every person with whom we deal with is heterosexual (if his or her orientation is not known), and patterns of communication resulting from such assumption.

Heterosexuality is natural state of an individual, who links his/her psychoemotional and sexual sphere with people of opposite sex. Sometimes homosexuals use the term “natural” (or “straight”) to describe people of heterosexual orientation.

HIV — human immunodeficiency virus, which inflicts AIDS — acquired immunodeficiency syndrome.

HIV dissidence encompasses alternative theories on HIV infection and AIDS, which deny the generally accepted validity of HIV being infectious agent of AIDS. Some of theories even deny the fact of existence and extraction of HIV virus. According to these theories AIDS as a disease is the result of the number of factors of non-infectious nature (homosexual behaviours, drug abuse, etc.). Supporters of these theories are often called “AIDS dissidents”. The majority of scientists in the world do not support abovementioned alternative theories.

Homosexuality is natural state of an individual, who links his/her psychoemotional and sexual sphere with people of the same sex.

Homophobia is the term, used to describe negative, fearful and hateful attitude towards gays and lesbians. As a rule, homophobia is the pattern of biased treatment, rooted in the culture. According to Oxford English Dictionary, **homophobia**, which means “fear or hatred of homosexuals and homosexuality” was first used in the “Time” magazine in 1969. George Weinberg, clinical psychologist is credited as the first person to use it during his speech in front of group of homosexuals in 1965; he popularized this term in his book *Society and the Healthy Homosexual* (1971). This term is derived from the Greek word *phobos*, meaning “fear” or “panic”, and *homos*, meaning “the same”.

Homonegativism means emotional, moral and intellectual non-acceptance of homosexuality; negative attitude towards various aspects of homosexuality. For example, it occurs when from general context of religious or traditional moral values they insulate something related to condemnation of homosexuality with simultaneous ignoring or diminishing of other rules and moral values for heterosexuals.

Human rights are rights that within certain ideologies (e.g. liberalism and predominantly in socialism) are considered basic and integral for all humans, regardless of his/her citizenship, sex, age, race, ethnicity and religion. Such understanding of rights is established in basic norms of the state (constitutional) and international law. Key civil and political rights include right to life; right to freedom and personal integrity; right to equal protection of the law; right to freedom of thought, conscience and religion; right to expression of one's own opinions; right to peaceful gatherings and associations. Basic economic social and cultural rights include: right to work and to fair and conducive working conditions; right to social welfare; right to education.

IDU — injecting drug users.

Indirect impact of mass media — indirect impact is conveyed through special methods, approaches and tools. It can influence on human behaviour; it can alter or develop certain arrangements that may influence individual's future behaviours and attitudes.

Internalized homophobia (or internal homophobia) refers to fear or aversion of lesbians, gays and bisexuals towards their own homosexuality or other people's homosexuality. It may also describe individual's fear of becoming homosexual; fear of

one's own possible homosexual behaviour. Due to such self-centred homophobia, many homosexual and bisexual people suppress own homosexual desires and thus experience different negative emotions, including guilt complex, compunction, depression, etc. Some authors believe that it is not correct to define such people as latent homosexuals, because an individual is something that he or she wants to be, and he/she does not want to be a homosexual. Meyer and Dean¹ suggest the following definition of internalized homophobia: "negative social attitude towards one's self by the homosexual person, which leads to devaluation of one's own self, development of internal conflicts and low self-esteem".

Internalized homonegativism describes emotional, moral and intellectual non-acceptance of specific aspects of one's own homosexuality (see *Internalized homophobia*). This condition causes internal conflicts and self-stigmatization; it leads to reduction of one's self-esteem, provokes risky behaviours and prevents from receiving psychosocial assistance of LGBT/MSM/WSW projects.

Institutionalized homophobia stands for expressions of homophobia by social institutions (educational facilities, workplace, health care, sports, tourism, cinema/theatres, armed forces, courts, mass media, etc.) in relation to lesbians, gays and bisexuals.

LB — lesbians and bisexuals.

LG — lesbians and gays.

LGBT — lesbians, gays, bisexuals and transgender people. Globally adopted abbreviation.

LGBT movement stands for public and political movement of LGBT organizations. The goal of the movement is to achieve positive legislative changes, aimed to secure the rights of sexual and gender minorities. The concept of rights of sexual and gender minorities does not imply the existence of special rights for gays, lesbians, bisexuals and transgender people, different from the rights of heterosexual majority. It concerns the rights, granted by modern society to every individual or social group, such as the freedom of assembly, the right to establish public associations or organizations, freedom of occupation and employment, freedom of receiving and dissemination of information, the right to create family and to bring up children, etc.

Lesbian is a woman who links her psychoemotional and sexual sphere with other women, and who acknowledges being a lesbian.

Low-threshold services mean basic, key services that are provided to the client to ensure his/her everyday survival, and help to prevent deterioration of client's physical condition (e.g. provision of shelter and food, opportunities to satisfy hygienic needs). They do not need particular motivation among clients; they can be limited to crisis interventions, support in acute psychological problems, provision of primary medical aid, and opportunity to use the shower, wash clothes or exterminate lice. Low-threshold principle envisages maximum simplified procedure of access of target groups to such services.

Mass media, or as it appropriate to say, "means of mass communication". They include printed publications (the press) and electronic media (radio, TV and Internet).

MSW — male sex workers, who provide commercial sex services.

MSM — men who have sex with men. This term has been used by HIV-servicing organization since 1990s to describe the group of men, vulnerable to HIV, who have sex with other men but do not identify themselves as gays or bisexuals. For the first time the term "MSM" was used by the American scientists in an attempt to shift attention from identity cliches towards behavioural aspects of sexuality in the area of public health.

MCSW — men commercial sex workers.

Motive — an incentive to action or inaction; gives the answer to "Why?" question.

¹ Meyer, I. (1995) Minority stress and mental health in gay men. *The Journal of Health and Social Behaviour*, 36, 38–56

Motivation is a system of incentives (motives) that encourages an individual to act or to be inactive.

Motivational interview is the process where two or more individuals jointly consider various incentives that encourage a person to make decisions, to take actions, or to remain inactive in a specific situation. Motivational interviewing should not be considered as a method or set of tools that are “applied” to clients or (which is worse), are “used to manipulate” people. Quite the contrary, it is interpersonal style, which (as attitudes of one person towards another) is not limited by any formal consultations. It is the balance of human relations and approaches, aimed to support an individual in his/her way towards changes, which is guided by specific philosophy of changes and understanding of mechanisms that trigger these changes. The method will lose its meaning if presented as a set of tricks and manipulation techniques (Miller, 1994).

Motivational counselling is the method of counselling, that can be used (and is used) in the work with people with alcohol and drug problems. It is also used to address other issues, such as nutritional distress, HIV risk reduction, etc. The method can be used to help to address very specific problems of people living with HIV, including work in pain, adherence to ART and observance of all medical prescriptions. Specific variations are being developed for juvenile offenders, married couples, smokers, LGBT, families with violence issues, etc.

NGO — non-governmental organizations. Sometimes they use abbreviation “NCO” — non-commercial organizations, etc.

Outing refers to public disclosure of private information about person's true sexual orientation or gender identity without this person's will and consent. *Outing* is opposite to *coming out* — voluntary disclosure of person's own orientation or gender identity. *Outing* can be viewed as violation of the law. Such actions may result in conveying negative attitudes of the society and specific individuals towards homosexual orientation of the person on his/her social and professional sphere. *Outing* can be used to compromise a person, thus undermining his/her personal or public reputation, and challenging this person's professional competence. Sometimes *outing* is used in the political struggle or as a means to demonstrate contradiction between the person's private life and his/her official, public position.

Outreach work (*outreach* — *expansion*, growing coverage of something) means work to reach target group (usually socially unprotected) with social services in the settings, customary for this group; social work on the streets; provision of social and medical assistance in locations of gathering and/or residence of target group.

Outreach worker is a social worker working in the field; a specialist in prevention measures and services that are provided, for example, to hidden (difficult-to-reach) social group in its customary setting.

Patriarchy is the form of public governance, the way of organization of public life, collection of norms and values, which recognize supremacy and authority of men in all spheres of social life. At the same time women receive secondary role, so they have less opportunities to develop and demonstrate their skills at the labour markets, and in making socially important decisions.

“Peer”, or peer-driven intervention — emotional, psychological and counselling support, offered to the client by the person from the same or similar environment.

Penetrative sex / penetrative sexual contacts is the term used to describe sexual contact (vaginal, anal, oral) with penetration of penis, sex toys, fingers, hands, feet or tongue in the partner's organism. Penetrative sex without condoms/latex gloves or sheets is the most dangerous in terms of infection transmission.

“Pleshka” is public and generally accessible place, frequented by homosexual people, usually located in the downtown.

PLWH — people living with HIV (sometimes used as PLWHA — people living with HIV/AIDS).

Political correctness (“Rightness”) refers to ideological trend, developed in Western countries in 1960s, which reconsidered established terms that implicitly served as “carriers” of offensive interrelations. In terms of sexual minorities, political correctness implies non-acceptance of calls for any form of discrimination, restriction of rights, or persecution of representatives of sexual minorities.

Positive discrimination means provision of traditionally disadvantaged strata of the population with specific advantages to simplify their access to social programmes, education, workplace, etc.

Propaganda of homophobia (Lat. *propaganda* — subject to dissemination) stands for organized public and political activity (statements and behaviour of opinion leaders, public events, government measures), based on expression of negative and intolerant attitudes towards homosexuality. The goal of such activities is to promote ideology, based on anti-homosexual arrangements, as well as on condemnation, stigma and discrimination of representatives of sexual minorities.

Protected sex is sex with utilization of barrier contraception (see *Barrier contraception*) during all penetrative sexual contacts — anal, vaginal and oral. As a barrier for bodily fluids and STI, latex gloves, condoms and latex sheets are used during every sexual contact to protect partners.

Public centre stands for open point of service provision, where representatives of specific group of population can receive free social, information, health, legal and/or domestic services and counselling without preliminary arrangement or referral; the centre of social and medical assistance and informal communication; contact centre; drop-in centre.

Quality of life is a characteristic of the level and conditions of life. Objective factors of the quality of life include consumption of food products, housing conditions, the level of employment, development of services, education, social protections, etc. Subjective factors include satisfaction with one's work and living conditions, social status, financial conditions of the family, etc.

Safe sex stands for sexual contact without deep penetration in the organism of female/male partner. In other words, during safe sex individuals do not exchange their bodily fluids (see *Bodily fluids*), which may contain dangerous viruses and microorganisms; or individuals do not practice penetrative sex, e.g. oral, vaginal or anal. Some forms of safe sex include reading of verses and romantic walks, kissing, massage, light touches or caressing of partner's genitals (petting), masturbation.

Secularism is a social doctrine, according to which movement towards better society and possible social and political reforms should be based on scientific evidence, rather than on theology. Supporters of secularism advocate for separation of the state and the church, as well as transfer of all social and political functions to secular authorities.

Self-help groups stand for regular meetings, organized for sharing of information and moral mutual support of participants. At these meetings participants discuss difficult life situations and suggest possible solutions.

Seminar (lat. *seminarium* — “seed plot”, figuratively “school”) is one of the main types of practical educational exercises aiming at the transfer of knowledge and evidence. It assumes the format of two-way information sharing, discussion of urgent issues or issues on the topic.

Sex is the sum of anatomic and physiological peculiarities that identify biological belonging of a human being to males or females.

Sexism (lat. *sexus*) means individual and biased arrangements and discriminative behaviour towards representatives of either sex; it is institutionalized and generally accepted practice (even if not motivated by prejudice), when representatives of either sex are subject to imposed inferiority to other sex. *Sexism* is based on the set of values,

beliefs and ideologies of patriarchal society, for example “Lord created a woman as made for a man for him to continue his family”. Sexism promotes “natural destination” of men and women: it reduces a woman to the sexual object or thing without rights and no obligations regarding her; it reduces a man to the role of economic adjunct of the family; it reduces a woman to the role of childbirth machine and/or kitchen machine; it reduces the man to the role of aggressive ape-militarist. It also supports beliefs that a woman, in contrast to a man, does not have a right to treason; that only a man can reach orgasm during sex, while a woman should remain passive participant; that punitive measures (e.g. for crimes) that are applied against men, cannot be applied against women; that it is prohibited for a man/woman to take certain professions, because he/she is a man/woman, and so on.

Sexual minorities is the term that does not convey any offensive or negative connotations; it is used in legal documents as collective name for various groups, including homosexuals, bisexuals and lesbians. From the UN point of view, “minority” defines the category of population, which requires a special attention of the state in terms of protection of human rights or improvement of the quality of life.

Sexual identity means person's own attribution to a certain group of people on the basis of various characteristics, including biological sex, sexual orientation, gender identity (psychological belonging to a specific social gender, which does not necessarily coincide with biological sex), social gender role (individual's behaviour in the society, that complies with cultural norms and stereotypes assigning “typical masculine” or “typical feminine” behaviour). Modern sexology identifies **three possible types of sexual identity**: homosexual, heterosexual and bisexual identities.

Sexual orientation is a pattern of emotional, romantic, sexual or erotic (sensual) attraction of an individual towards other individuals of specific sex. The notion of *sexual orientation* is different from sexual identity. *Sexual orientation* refers to “real identity” of the person, that is, to his/her thoughts, desires, feelings and emotions; *Sexual identity* describes how the person identifies his/her sexuality, and his/her self-determination. For example, one may consider himself as heterosexual person, but have regular sexual contacts with people of the same sex. Modern sexology identifies three types of sexual orientation:

- **heterosexual orientation** means attraction and disposition exclusively towards individuals of the opposite (heterosexuals);
- **homosexual orientation** means attraction and disposition exclusively towards individuals of the same sex (lesbians);
- **bisexual orientation** means attraction and disposition towards individuals of both opposite and same sex, not necessarily equally and simultaneously (bisexuals).

STI — sexually transmitted infection. Sometimes outdated term — STD (sexually transmitted disease) is used.

Stigma stands for label, mark. In modern world it means strong social labelling. In this regard stigmatization is association of certain quality (primarily negative) with a specific individual or a group of individuals, even though such relation is either absent or alleged. Stigmatization is the part of many stereotypes, especially the malicious ones. Very often stigma leads to discrimination — that is, from persuasions to actions (direct violation of rights).

Tolerance. According to definition, given by Declaration of Principles on Tolerance (proclaimed and signed by 185 Member States of UNESCO, including Ukraine, on November 16, 1995), **tolerance means** “respect, acceptance and appreciation of the rich diversity of our world's cultures, our forms of expression and ways of being human”.

However, Academician Vladislav Lektorsky¹, expert in the area of epistemology and philosophy of science, offers four possible interpretations of tolerance.

1. **“Tolerance as indifference”** assumes the existence of opinions, the validity of which can never be proved (e.g., religious beliefs, specific cultural values, peculiar ethnical viewpoints and persuasions, end so on).

¹ Лекторский В. О толерантности, плюрализме и критицизме // Философия, наука, цивилизация. — М., 1999.

2. **“Tolerance as inability to reach mutual understanding”** limits manifestations of tolerance to respecting another person, whom otherwise is impossible to understand and to cooperate with”.
3. **“Tolerance as indulgence”** implies privileged status of person's culture in his/her own consciousness, and all other cultures are considered weak — you can tolerate them but also to disdain them.
4. **“Tolerance as enhancement of one's own experience and critical dialogue”** allows not only to respect someone else's position, but also to change one's own views as a result of critical dialogue.

Transvestites are heterosexual, homosexual or bisexual persons, who are wearing the clothing of the opposite sex; for them such cross-dressing is an integral part of life and manifestation of their personality at the psychoemotional level. Such behaviour does not always imply discomfort regarding one's gender identity, or the way of sexual stimulation. In some countries people wear clothing of the opposite sex due to cultural or religious traditions. For example, transvestism occurred in Russian Orthodox tradition (novices wearing a frock and klobuk).

Transgender person is an individual, whose gender identity or gender self-expression comes in conflict with his or her biological sex. Transgender are people, who think of themselves as of persons of opposite sex, as well as individuals with constantly changing gender identity. This category does not include gays, lesbians and bisexuals, because they feel great about their biological bodies, sexual and gender identity.

Transgender people are individuals, whose biological sex is different from their gender identity; in other words, psychologically and emotionally they feel themselves as people of opposite sex. Quite often these people feel themselves “locked up in the wrong body”, experiencing gender dysphoria. After the sex reassignment surgery the condition of transgender person stabilizes.

Training (to train, to teach, to educate) is a systemic exercise or improvement of specific skills and behaviour of the training participants.

Trainer is a specialist, who conducts and facilitates training or workshop group. Trainer is competent in training design and implementation; he/she possesses deep knowledge and skills of teaching of the training materials.

Unsafe (unprotected) of risky sex means penetrative sex (anal, vaginal, oral), which is not protected by condom or latex squire (sheet).

Vulnerable categories (groups) of population are categories or groups of people, subject to increased risk of HIV infection due to social, economic or behavioural reasons. Vulnerable groups/populations include injecting drug users, commercial sex workers, men who have sex with men.

WSW stands for women who have sex with women. This term is used to denote the category of women vulnerable to HIV/STI, who have sex with other women but do not identify themselves as lesbians or bisexuals. Conceptually the term “WSW” is intended to shift attention from identity cliches towards behavioural aspects of sexuality in the area of public health.

Yogyakarta Principles — this document was developed on the basis of the Universal Declaration of Human Rights in 2006. It is the set of international principles on application of human rights relating to sexual orientation and gender identity. The document reflects international legal principles that have to be observed by all states. These address issues of extrajudicial executions, rape, torture, access to justice, integrity of private life, non-discrimination, denial of free speech and assembly, as well as a range of discriminations in work, health, education, housing, immigration and status of refugees, participation in the state administration and other human rights issues related to LGBT.

