



**Strengthening of HIV/STI interventions  
in sex work in Ukraine and the Russian Federation**

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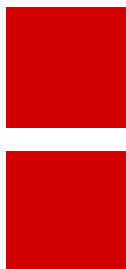


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The European Union

## **NATIONAL MAPPING ON SEX WORK**

**COUNTRY REPORT**

# **UKRAINE**



This mapping report is based on contributions of Humanitarian Action, partner of the CONECTA project. It was compiled within the framework of the **CONECTA project** (January 2012-December 2013), under the coordination of:

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The **National Mapping on Sex Work | Ukraine** is part of a series of other resources produced by the CONECTA project:

- **CONECTA website** | A tool for networking and sharing of information available in three languages: English, Russian and Ukrainian
- **CONECTA Mapping Reports on Sex Work** | Sex workers' working and living conditions in the Russian Federation | Regional trend report
- **Manual of Good Practices** | Collection of Good Practices
- **Educational Materials** | Leaflets and information for sex workers in Russian and Ukrainian
- **Booklet on Violence** | Analysis of the typology of violence affecting life and work experiences of sex workers in Ukraine and the Russian Federation
- **Policy Paper** | Laws and Policies Affecting Sex Workers' Vulnerability to HIV/STIs in the Russian Federation

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AIDS   Acquired immune deficiency syndrome
CIS   Commonwealth of Independent States
FSW   Female Sex Workers
PWID   People who inject drug
LGBT   Lesbian, gay, bisexual and transgender community
GO   Governmental Organization
MARP   Most-at-risk populations
MSM   Men who have sex with men
MSW   Male Sex Workers
NGO   Non-governmental Organization
STI   Sexually Transmitted Infections
SW   Sex Workers
TSW   Transgender Sex Workers
UNAIDS   Joint United Nations Programme on HIV/AIDS
WHO   World Health Organization

## ABBREVIATIONS

The term "**sex work**" was advocated for a long time by prostitutes' rights activists as a way to refer to all those who work in the adult and consenting sex industry. What sex workers all have in common is that they derive their income from adult- oriented work, some in legal ways, some not.

In general the term '**prostitution**' and '**prostitutes**' is used by sex workers' rights activists when referring to the legal context and legal definitions. The term 'sex worker' is accepted and used by the United Nations agencies, independent of whether sex work is prohibited, tolerated or legalized.

According to *UNAIDS Guidance note on HIV and sex work* (2012), sex workers include "female, male and transgender adults and young people (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally". For the *WHO Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries* (2012) "sex work is consensual sex between adults, which takes many forms, and varies between and within countries and communities. Sex work may vary in the degree to which it is more or less 'formal' or organized."

## DEFINITION OF SEX WORK



Ukraine is experiencing the most severe HIV epidemic in Eastern Europe and the CIS countries.<sup>1</sup> In 1987-2011, Ukraine officially registered 202,787 cases of HIV infection among Ukrainian nationals, including 46,300 cases of AIDS and 24,626 AIDS-related deaths.<sup>2</sup>

In 2011 in Ukraine the highest numbers of new HIV cases were registered (21,177 cases) and the highest HIV incidence rate (45.5 per 100,000 population) during the entire period of HIV surveillance in Ukraine since 1987<sup>3</sup>. In 2012, in comparison with 2011, the quantity of newly registered HIV cases has slightly decreased to 20,743 (by 2.0%) and HIV incidence rate – to 45.5 per 100,000 population (by 1.5%).<sup>4</sup>

The HIV epidemic in Ukraine is largely driven by key populations who are at higher risk of HIV, including people who inject drugs, sex workers and men who have sex with men. HIV prevalence among people who use drugs is particularly high. Sentinel epidemiological study of HIV organized in the framework of integrated bio-behavioral research in 2011 among MARP presents the following HIV infection rates: 21.5% (20.6%–22.8%) PWID, 9.0% (8.18%–9.82%) of FSW, and 6.4 % (2.4%–10.4%) MSM.<sup>5</sup>

The importance of creating an enabling environment to facilitate access to HIV services to key populations at higher risk of infection is recognised by both UN agencies and the Ukrainian civil society. Ultimately, this resulted in a joint effort of 164 local NGOs in 302 cities in all oblasts of Ukraine with the ICF International HIV/AIDS Alliance (“Alliance Ukraine”). Together they provide comprehensive HIV/AIDS prevention services to 159.385 people who inject drugs, 28.636 sex workers, and 18.930 men having sex with men.<sup>6</sup>

Due to this response, the HIV incidence in Ukraine has been decreasing since 2010 both among the general population and representatives of the vulnerable groups. The Global Fund Round 6 Program in Ukraine had a significant impact on the HIV epidemic and response in Ukraine from 2007 to 2012.<sup>7</sup>

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<sup>1</sup> UNAIDS ‘World AIDS DAY Report 2012’ (2012, p. 43).

<sup>2</sup> Alliance Ukraine ‘Ukraine Harmonized AIDS Response Progress Report’ (2012, p. 10).

<sup>3</sup> *Idem*, p. 10.

<sup>4</sup> ВІЛ-інфекція в Україні: інформаційний бюлетень № 39, Київ, 2012 (HIV-infection in Ukraine: informational Bulletin N39, Kyiv, MoH of Ukraine, 2012).

<sup>5</sup> *Idem*, p. 23. Sentinel data is only available about female sex workers.

<sup>6</sup> See: <http://www.network.org.ua/media-en/news/the-close-out-conference-support-for-hiv-and-aids-prevention-treatment-and-care-for-most-vulnerable-populations-in-ukraine/>

<sup>7</sup> CSIS ‘Injecting Drug Use in Ukraine: the challenges of providing HIV prevention and care’ (2012, p. 9).

## Vulnerable Populations

### ■ Sex Workers

SWs in Ukraine can be considered highly vulnerable to HIV/STIs infection (the rate of HIV prevalence is 9%) due to multiple factors, including large numbers of sex partners, unsafe working conditions, and barriers to the negotiation of consistent condom use.

Moreover, sex workers often have little control over these factors because of social marginalization and criminalized work environments. Alcohol, drug use, and violence in some settings may further exacerbate their vulnerability and risk.

### ■ People Who Inject Drugs

PWID are largely affected by HIV in Ukraine (the rate of HIV prevalence is 21,5%). The report from Alliance Ukraine points out that high HIV prevalence among PWID is resulting in a feminization of the epidemic: “as the epidemic spreads from predominantly men who inject drugs to their sexual partners, the proportion of HIV infected women increases”.<sup>8</sup>

Moreover, many PWID actively engage in SW in Ukraine. This represents higher risk of this group to HIV infection but also to marginalization and social exclusion.

### ■ Men Who Have Sex With Men

MSM constitute the third most-at-risk group to HIV infection in Ukraine (the rate of HIV prevalence is 6,4%). However, this data may vary largely across the regions of country (from 0% in Poltava to 20.0% in Donetsk). On top of that, official statistics could underestimate the real rate of HIV transmission within the group which remains stigmatized.<sup>9</sup>

Due to the repressive institutional and societal environment against MSM<sup>10</sup>, official statistics are more likely to not represent a realistic

**It is clear that to counteract the epidemic, new strategies need to be developed focusing on environment, community mobilization and support, and human rights-based approaches to sex work and HIV.**

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<sup>8</sup> Alliance Ukraine ‘Ukraine Harmonized AIDS Response Progress Report’ (2012, p. 23).

<sup>9</sup> *Idem*, p. 23.

<sup>10</sup> Bill No. 1155 was created in 2011, and introduced to the Ukrainian Parliament in December 2012, but it was still not voted. According to the Human Rights Watch: “Bill No. 1155 defines propaganda as any public activity that spreads positive information about homosexuality, such as rallies, parades, demonstrations about LGBT rights, discussions, or special courses. Bill No. 0945 provides for similar prohibitions on publication and distribution of written or video products that “promote” homosexuality. Violators of the laws may face up to six and five years in prison respectively.” Full article is available through the link: <http://www.hrw.org/news/2013/04/16/ukraine-reject-discriminatory-lgbt-laws>

picture of the situation of MSM in Ukraine. An enabling legal environment is fundamental for the development of effective HIV response among this group. Additionally, some MSM engage in SW representing a double vulnerability that needs to be addressed by further research and services.

## **The Response: Development of Services for Sex Workers**

Prevention work on HIV/AIDS among FSW started from 1995 in Ukraine. It was possible through the support of international consultants who carried out a situation assessment and conducted several trainings for representatives of governmental and non-governmental organizations willing to work in this direction.

The data on the first behavioral surveys on sex workers (Ukraine 1997-1999) revealed the following situation:

- 30% of the FSW regularly have sexual contacts with PWID;
- 44% of the FSW are working at the motor roads (in the city of Nikolaev – up to 80%);
- 12% of those at stationary post are injecting drugs (the risk to be infected doubles in this case);
- 70% clients of FSW are married;
- 37% of the FSW working on highways are married;
- 6-10% of the PWID provide sexual services for money;
- 44-60% of PWID have casual sexual partners;
- 68% of PWID practice unprotected sex; and
- 20-45% of the PWID have non-injecting partners.

Further development of a funding strategy, particularly accessing international donors, enabled the organisations to implement new projects. From 1996 projects and services were developed in order to reduce HIV/STIs among this target group.

Between 1996 and 1997, UNAIDS organized three workshops for service providers of NGOs in order to address the specific needs of sex workers in the country. These trainings mobilized service providers to address the diversity and complexity of the sex industry and trained them on sex workers' needs.

Due to efforts in community mobilization, by the end of the 90s Ukraine had its first ever sex worker organization called "Maria Magdalena", officially registered in the city of Odessa. The efforts of international projects of UNAIDS combined with local NGOs expertise were



fundamental for raising awareness about sex workers' situation and needs. SALUS was one of the pioneers in developing comprehensive services for sex workers.

Considering the importance of developing networks of organisations in the field of sex work, as well as strengthening cooperation and referral systems, the "Network of NGOs working with female sex workers" was created. This network has been created and promoted by UNAIDS since 2000, together with the Ukrainian Institute of Social Research.

In total, 11 Ukrainian NGOs from different cities of Ukraine have been involved in this project/network and together they are considered the countries' main experts in the field of HIV prevention, treatment, and care among sex workers. In 2003, a book was published by UNDP and State Committee on Family and Youth Affairs with all the initiatives and good practices implemented by more than 21 NGOs working in the field of HIV/STIs prevention among sex workers.

Another relevant initiative in the country was the creation of Alliance Ukraine in 2000. More than 30 national organizations in Ukraine work in collaboration with several projects of the latter. These organisations target most-at-risk-populations (MARPS), including sex workers. Most organizations which take part in Conecta projects' activities are also involved with Alliance Ukraine, with the exception of 4 organizations.

Since 2004, Alliance Ukraine together with other co-recipients is the principal recipient of the Global Fund in Ukraine, including the actual round 10 (2012-2016).<sup>11</sup> This international donor initiative together with national capacity building efforts contributed to strengthening the HIV interventions in the country.

In 2008, the coverage of the services in Ukraine was increased when 15 NGOs from 14 different cities – Kyiv, Simferopol, Sevastopol, Poltava, Lviv, Kharkiv, Donetsk, Dnipropetrovsk, Kryviy Rig, Luhansk, Vinnitsia, Cherson, Mykolaiv, Cherkasy – started operating outreach work with mobile units. With this working method, organizations also improved their services and started to involve sex worker communities in their projects. The country also works with 5 organizations providing low threshold services for sex workers, and some run crisis centres for women.

HIV prevention, treatment, care and support for SW is progressively increasing towards the goal of reaching a coverage of 47% of the sex worker population by the end of 2013. During the second half of 2012, prevention programs covered 22,978 FSW by programs implemented in all regions of Ukraine by 43 NGOs which signed an agreement with Alliance Ukraine.<sup>12</sup>

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<sup>11</sup> See: <http://www.aidsalliance.org/linkingorganisationdetails.aspx?id=6>

<sup>12</sup> Report ICF "International HIV / AIDS Alliance in Ukraine" For Round 10 of the program supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria at the Coordination Council on TB and HIV. Report based on results of the second semester of 2012. February 26, 2013.



The efforts of Ukrainian organizations have been remarkable in responding to the needs of sex workers and articulating their services in an integrated manner through networking, cooperation, and referral systems. This achievement was significantly heightened through the support of the Global Fund and other international donors.

## Expansion of the service coverage

According to the data from SyrEx database<sup>13</sup>, provided by Alliance Ukraine, the actual level of FSW coverage with prevention services is growing annually: “in 2007 the proportion of FSW covered with prevention programs was 9%, in 2008 – 15%, in 2009 – 36%, in 2010 – 37% and in the end of 2011 it amounted to 40.3%”.<sup>14</sup>

The percentage of 40,3% of FSWs covered by services refers to a population of 28.636 sex workers who are targeted by a comprehensive package<sup>15</sup> of HIV prevention services for FSW at national level in 2012.<sup>16</sup> However, this number refers only to female SWs, and not to male and transgender SWs. The same report estimates that the total number of sex workers is estimated to be between 50.000 to 70.000 in Ukraine.

According to an Analytical Report (2011-2012), 27 regions in Ukraine are covered with prevention programmes for SWs and 54 organizations are currently implementing program prevention activities<sup>17</sup>.

Another report from Alliance Ukraine reveals that coverage of FSWs is unevenly distributed across the country: Mykolaiv (100% of FSW are covered), Simferopol (100%), Lviv (99%), Kharkiv (98%), Lugansk (7%), Zaporizhzhia (5%), Uzhgorod (5%), Ternopil (1%), and Chernigiv (0%).<sup>18</sup>

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<sup>13</sup> SyrEx is a database management system, developed by ICF "International HIV/AIDS Alliance in Ukraine" with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. This program is used for monitoring and recording in HIV prevention programs among all vulnerable groups.

The key functions of SyrEx2 are the following: i) clients registration; ii) recording commodities and services provided; iii) recording trainings and other group events; iv) reports generation by different criteria; and v) transmission and aggregation of data from multiple sources.

<sup>14</sup> Alliance Ukraine 'Ukraine Harmonized AIDS Response Progress Report' (2012, p. 40).

<sup>15</sup> These services are: 1) distribution of disposable materials, such as male/female condoms, lubricants, antiseptics of local action, pregnancy tests, other hygienic and disinfecting means; exchange or distribution of syringes for FSW, who are injecting drug users; 2) distribution of information materials; 3) counseling provided by social workers, health care workers and other specialists, as well as peer counseling; 4) targeted referral of the clients to other specialized projects, organizations and facilities, as well as case management; 5) voluntary counseling and testing for HIV, diagnostics of STIs and testing for viral hepatitis; 6) referral to free treatment of STIs, etc.

<sup>16</sup> Alliance Ukraine 'Ukraine Harmonized AIDS Response Progress Report' (2012, p. 43).

<sup>17</sup> G. Berleva, et al (2012, p. 13).

<sup>18</sup> Kyiv International Institute of Sociology, AIDS Alliance Ukraine 'Analytical Report: Behaviour monitoring and HIV prevalence among commercial sex workers as a component of second generation surveillance' (2012, p. 120).

## Methodology of the Mapping

The overall aim of this activity is to collect information from the Ukrainian NGOs, which carry out outreach and services for sex workers, about the situation with sex workers in the country. This means: i) improve the knowledge available for further development of quality services, ii) increase coverage including gap analysis, and iii) provide more information about sex work scene in Ukraine.

The method consists of a combination of qualitative methods of data collection: questionnaires and interviews of organizations' experts with considerable practical experience and theoretical knowledge of working with sex workers, covering 18 regions of Ukraine.

It was fundamental to analyse the situation of sex work in different parts of the country, therefore mapping tools were sent to cooperating organizations in different regions that have organisations providing services for sex workers.

The *mapping questionnaire* consists of four specific sections (with 84 questions) as follows:

- Prostitution Scene
- Sex Workers Situation
- Mobility
- Services and Policies

## Geographic Coverage

In this process, a mapping questionnaire was sent across 50 different HIV organizations (NGOs and GOs) working with sex workers in Ukraine and collected by SALUS. In total, 22 questionnaires were received from NGOs working in 20 cities in 18 regions of the country. Three regions – Lviv, Mykolayiv, and Odessa as well as Crimea – have been represented by more than one NGO. Volyn, Zhytomyr, Kirovograd, Dnipropetrovsk, Sumy and Chernigiv regions were not covered by the mapping.

According to the data collected by Conecta mapping, those NGOs had direct contact with approximately 15.205 SWs (large majority FSW) during 2012. However, it is known that projects of the Ukrainian AIDS Alliance were able to reach about 28.636 SWs in the last 12 months (period of 2011).<sup>19</sup> This data was confirmed by Ms Natalia Dwinskikh, representative of Alliance Ukraine, during CONECTA's National Capacity Building Meeting in Lviv, Ukraine, in 2012.

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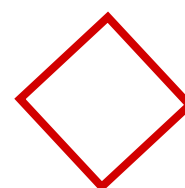
<sup>19</sup> Alliance Ukraine 'Ukraine Harmonized AIDS Response Progress Report' (2012, p. 43).

The respondent organizations estimate that approximately 46.800 SWs were active in 2012.<sup>20</sup> The estimated number is based on the expertise of the different organisations in Ukraine and has its limitations due to the fact that indoor SW sector is less visible, often not reached by these organisations.

According to these organisations, sex workers are distributed very unevenly across Ukraine. The number of SWs in different cities and regions goes from 150 SWs in Vinnitsa to 10.000 SWs in Odessa (the largest sex worker population in the country).

The following is a list which represents the approximate number of SWs in each city addressed by the mapping.

■ <b>Lviv</b>	2500 FSW, 25 MSW
■ <b>Ternopil</b>	300 FSW and 150 MSW
■ <b>Uzhhorod</b>	500 FSW
■ <b>Zaporizhzhia</b>	2500 FSW
■ <b>Donetsk</b>	1500 FSW
■ <b>Luhansk</b>	2000 FSW and 100 MSW
■ <b>Chernivtsi</b>	1440 FSW and 60 MSW
■ <b>Kyiv (capital)</b>	6800 FSW
■ <b>Kharkiv</b>	5000 FSW SW and 300 MSW
■ <b>Simferopol</b>	1700 FSW
■ <b>Sevastopol</b>	2000 FSW
■ <b>Odesa</b>	10000 FSW
■ <b>Illichivsk</b>	250 FSW
■ <b>Rivne</b>	800 FSW and 100 MSW
■ <b>Poltava</b>	3000 FSW and 100 MSW
■ <b>Khmelnyskyi</b>	1300 FSW and 200 MSW
■ <b>Vinnytsia</b>	150 FSW
■ <b>Mykolayiv</b>	2496 FSW and 4 MSW
■ <b>Cherkasy</b>	2000 FSW and 5 MSW
■ <b>Ivano-Frankivsk</b>	2000 FSW and 500 MSW




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<sup>20</sup> The number of SWs estimated by the respondents of Conecta project (46.800 SWs) is slightly lower than the number estimated by the Ukrainian AIDS Alliance (50.000 to 70.000 SWs). The later project covers 25 regions of Ukraine, while Conecta project covers 18 regions. This could explain the difference in the estimation together with the different methodology of the surveys.

## Limitations of the mapping

In spite of the growing coverage of services for SWs in Ukraine (currently 40,3%), gaps still exist in service provision that limit the knowledge and information of NGOs regarding SWs situation in the country. The limitations of this mapping relate directly to the gaps in service provision for SWs, particularly because our respondents are those who work with and for SWs.

Obstacles such as identifying and reaching sex workers in closed sex work settings, and/or in more invisible form of sex work (by internet services, escort, and apartments) remain. Few NGOs provide outreach targeting the indoor sector, consequently little is known and few services are able to reach them.

Male and transgender sex workers are practically not reached by gender-specific services (members of the NGO from Kyiv, the capital, do not have information about male sex workers in the city).

Despite the good financial resources available for HIV prevention for MARPS in Ukraine, still there is a lack of adequate and sustainable finance for multi-sectorial services which respond to sex workers diverse needs (legal, social, medical, etc.). Therefore, information about sex workers' situation is often limited to medical issues and does not take into consideration the diverse factors that put SWs at risk.

The structure for HIV/AIDS treatment, care, and support activities: about 70% financed by international funding sources, 20% by state budget funds and only around 10% by local budgets sources. This high dependency on international donors makes the sustainability of the HIV programs for MARP fragile, particularly for sex workers.

Another barrier is the lack of the capacity for and integration of specialized services in social and health care state institution. Until now the majority of services were carried out by NGOs and charitable organizations. There are few examples of effective cooperation and integration of services between NGOs and GOs. Conecta project is particularly concerned in promoting and formalizing these partnerships, since they increase effectiveness of services and facilitate sharing of knowledge.

Marginalisation, stigmatization, and social exclusion of sex workers within the Ukrainian society also reduce the possibility of reaching sex workers. Lack of understanding of SWs diverse needs and/or indifference on the part of civil society involved in social and health service provision and state institutions contributes to worsening the situation.

The general attitude of the public towards sex workers, the adverse legal and administrative environment on sex work<sup>21</sup>, the disproportional level of violence that affect sex workers, and laws and policies that criminalize behaviors (HIV/STI transmission<sup>22</sup>, drug use, sexual behaviors or identity - laws against homosexuality) are identified by the respondents as the mains barriers for the equal and universal access of sex workers to health, services, and rights.

The high mobility of sex workers across countries (external) and between cities (internal), the continuous turnover of the populations (new entering, new persons), and the globalization of sex work (by migrants in sex work and by clients of sex workers) are underlined as factors and barriers for the provision of quality services and adequate coverage of the population with HIV/STI prevention programmes and services. The more mobile SWs are, the harder to establish and maintain contact with them.

Therefore, considering all limitations, the data presented hereunder is a collection of knowledge of those organisations that work with sex workers in different regions of Ukraine.



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<sup>21</sup> This refers to the prohibitionist legislation but also to laws and policies that permit, for instance, confiscation of condoms, particularly in the indoor sector, as an evidence of prostitution.

<sup>22</sup> See Global Scan (GNP+): <http://www.gnpplus.net/criminalisation/country/ukraine>

## MAPPING RESULTS

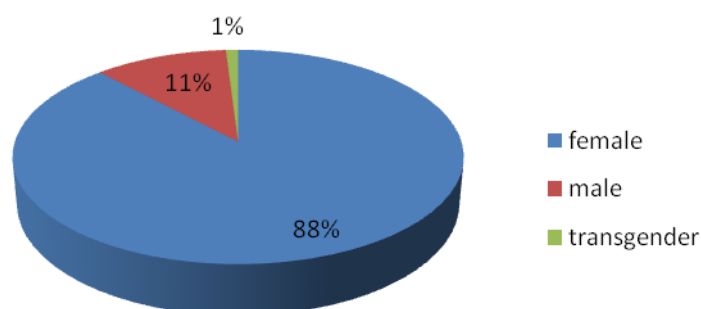
This section provides an **overview of the prostitution scene**, mapping who is working in the sex industry in Ukraine on the basis of gender (female, male, transgender) and origin (migrants, nationals) including specifications of the regions and countries of origin. It also maps out the sectors where sex workers work (indoors, outdoors) and what kinds of conditions these workplaces offer. The links between injecting drug use, sex work sector, and gender are also highlighted in this section.

## Prostitution Scene

### 1.1 Estimation of the Number of Sex Workers

The mapping was able to identify approximately 46.800 SWs working in Ukraine in 2012. The main source of this information is the knowledge available among service providers working with sex workers in the country.

### 1.2 Gender of Sex Workers

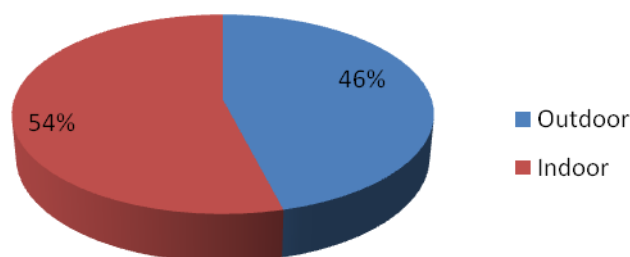


Graphic 1 | Gender

Sex work in Ukraine, as in other countries, is still largely performed by female, who constitute approximately 88% of the entire sex worker population. In addition, male (11%) and transgender (1%) sex workers have also been recorded.

This estimation indicates that sex work in Ukraine is predominantly performed by female SWs, yet the minimal coverage of services targeting male and transgender sex workers in the country should be acknowledged. Only one NGO from Lviv has declared to work with male sex workers and another from Kyiv works with male and transgender sex workers.

### 1.3 Sex Work Sectors



Graphic 2 | Sectors

The mapping reveals that sex workers in Ukraine work mainly in the indoor sector (approximately 54%), yet still significant number of sex workers work outdoors (approximately 46%). This is a relevant finding considering the gap in service provision, particularly regarding indoor sex workers, in the country.

In spite of the fact that indoor sector represents the highest percentage (54%), outreach is mainly done in the outdoor sector. This means that a large percentage of SWs (in the indoor sector) only occasionally meet service providers. Therefore, statistics could underestimate the real number of indoor SWs which remains highly uncovered by services.

A noteworthy development is that working in indoor settings is a growing trend in Ukraine. This is due to multiple factors, including violence and repressive policies towards outdoor sex workers. However, other factors are contributing to this trend. These are: the global dynamic of the sex industry and its development, mobility, new technologies, and individual professional choices. Therefore, there are several push-pull factors that determine the character and changes in the sex industry and the working condition of sex workers.

Consequently, establishing and maintaining contact with sex workers is becoming increasingly harder, particularly when they work in 'hidden places'. Therefore, large numbers of sex workers are not reached by information, prevention, and/or care measures.

Knowing that outdoor sex workers are often better covered by prevention services, there is still a continuous need to integrate new



services and methods for trustful contact and support including integration of sex workers and empowering activities.

At the same time new methodology for reaching indoor sex workers should be defined and experimented, particularly if taking into account the diversity of the sex industry. Peer education is strongly recommended for reaching hidden groups of sex workers.

#### 1.4 Sex Work Sector Settings

The sex work settings vary largely in Ukraine, as in other European countries. Basically, sex work settings can be divided in indoor and outdoor sector. Sometimes soliciting happens outdoors, yet the sexual service itself indoors. Therefore, there are generic categories which basically refer to the main form of sex work settings where SWs work in each city/region.

The results highlight that majority of indoor SWs (approximately 32%) are working in small (with less than 3 women working together) and individual forms of sex work settings. These forms of settings (apartments, escort agencies) tend to be less organised than brothels, clubs, bars, and parlours (approximately 26%). Outdoor SWs work mainly on the streets of the cities (approximately 22%), yet a considerable high number also work on the highways outside the cities (approximately 15%).

Another point is the very similar percentage of sex workers working indoors and outdoors. However, this situation varies across the country. Higher number of outdoor SWs can be found in the cities of Central and Eastern Ukraine (Kyiv, Luhansk, Odesa – 80%), as well as in West Ukrainian cities (Ivano-Frankivsk – 90%, Ternopil and Uzhhorod – 80%). The graphic below presents the variety of sex work settings in the country.

<b>OUTDOOR</b>	Streets: in the city/town	<b>22%</b>
	Highways: outside of city/town	<b>15%</b>
	Parks, forests	<b>5%</b>
<b>INDOOR</b>	Brothels, clubs, bars, parlours (with <b>3 or more women</b> working together)	<b>26%</b>
	Apartments (with less <b>than 3 women</b> working together)	<b>17%</b>
	Visiting services (escort agencies)	<b>15%</b>
<b>TOTAL</b>		<b>100 %</b>

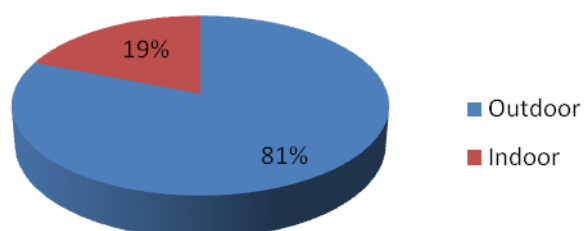
#### 1.5 Injecting Drug Use

Injecting drug use is a strong indicator of sex workers' vulnerability to HIV. This mapping estimates that the prevalence of injecting drug use is approximately 26.3% among FSWs and 8.5% among MSWs.

According to a survey carried out among outdoor FSWs in the city Vinnytsia, Ukraine, the proportion of FSWs who are injecting drug users was much higher (approximately 58.6%). Nearly 69.5% of respondents confirmed having used injecting drugs at least once.<sup>23</sup>

The mapping also addresses the sector in which sex workers normally inject drugs. The results point out that a vast majority of sex workers that inject drugs are working in outdoor settings (approximately 81%). It is estimated that 19% of sex workers who inject drugs are working indoors. It is important to point out that street-based SWs are exposed to several risk factors, particularly violence from police and clients, so the high number of injecting drug use among outdoor SWs represents an additional factor to their vulnerability.

### Estimation of sex workers injecting drugs vs sector



Graphic 3 | Injecting drugs vs sector

This information also varies from region to region in Ukraine. It is necessary to mention that prevalence of injective drug usage among SWs is higher in East and South regions of Ukraine (an estimated number of 70% of FSWs who inject drugs in the city Mykolayiv, and 60% in the cities of Donetsk and Cherkasy). The lowest proportions of FSW who inject drugs were reported in Chernivtsi (1%), Ternopil (2%), Lviv and Uzhgorod (3%).

Despite the still high number of injecting drug users engaged with sex work in Ukraine, there is a trend of changing injecting drug use behaviour. Particularly in the indoor sector, sex workers prefer occasional chemical substances and cocaine, instead of injecting ones. Alcohol and cocaine are considered in some settings (clubs, call girls/escort) as the part of the job for entertainment of clients. Addiction to drugs is considered to be a form of vulnerability for negotiation with client, including condom use.

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<sup>23</sup> Kyrychenko P., Polonets V. High HIV risk profile among female commercial sex workers in Vinnitsia, Ukraine *Sex Transm Infect*, 2005, 81: 187-188.

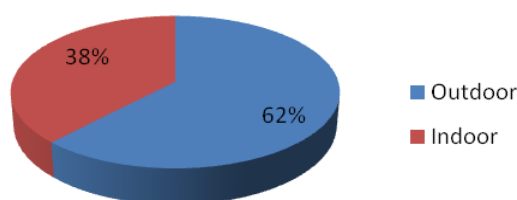
## 1.6 Migration

In Ukraine, the large majority of sex workers are Ukrainian citizens (an estimated number of 91% among FSWs and 99% among MSWs). In spite of the fact that the majority are nationals, still many have had several experiences in sex work abroad, particularly in Europe (see mobility).

The majority of migrant sex workers<sup>24</sup> are female (approximately 70%), only 30% are male sex workers. Transgenders in Ukraine are reported to be all nationals. This follows the trend of mainly FSWs working abroad, as in other European countries.<sup>25</sup>

### Migrant status vs Sex work sectors

The mapping also indicates that migrants working in Ukraine prefer to work in outdoor settings (an estimated number of 62%). Only a smaller percentage of them work in the indoor sector (38%).



Graphic 4 | Migrant status vs sector

The origin of migrant sex workers varies. Most migrant SWs (approximately 94%) come from European countries (Russia, Moldova, Armenia, Belarus, and Romania); 5% come from Central Asian countries (Azerbaijan, Uzbekistan, Kazakhstan); yet only a small percentage (1%) comes from Baltic region and African countries.

The table below highlights the **top 10 countries of origin** cited by the respondents of the mapping. Noteworthy is that the countries below are mainly ex-soviet European countries bordering Ukraine.

1. Russia	6. Azerbaijan
2. Moldova	7. Uzbekistan
3. Armenia	8. Kazakhstan
4. Belarus	9. Georgia
5. Romania	10. Pridnestrovian Moldavian Republic <sup>26</sup>

<sup>24</sup> Migrants are those born in another country.

<sup>25</sup> See TAMPEP report:

<http://tampep.eu/documents/TAMPEP%202009%20European%20Mapping%20Report.pdf>

<sup>26</sup> Autonomous region inside Moldova, under dispute.

This section of the mapping provides an **assessment of the situation** of sex work across Ukraine and takes a look at the vulnerabilities on many different levels. It is necessary to take a look at the overall findings and trends in order to understand **how these factors interact with and exacerbate risk and compromise workplace health and safety**.

This section provides an overview of the situation of sex workers in Ukraine with the assessments of their work conditions. It addresses central **vulnerability factors** (control over one's own working conditions, percentage of actual income that goes to the sex worker, condom use and safer sex practices, violence, drug and alcohol dependency) in addition to pinpointing the top five vulnerability factors among outdoor and indoor sex workers, including recommended measures to decrease the major factors of vulnerability.

## Sex Workers Situation

### 2.1 Vulnerability of Sex Workers

Sex workers are heavily stigmatized and discriminated against in Ukraine. Stigmatization and discrimination strongly impacts sex workers' safety and well-being, and often ends up in social exclusion and discrimination against them.

**E** quality and non-discrimination together constitute a cross-cutting principle that can be found in most human rights treaties. The WHO explains that discrimination ought to be understood as a barrier to equal enjoyment of human rights:

“Discrimination means any distinction, exclusion or restriction made on the basis of various grounds which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise of human rights and fundamental freedoms. It is linked to the marginalization of specific

population groups and is generally at the root of fundamental structural inequalities in society.”<sup>27</sup>

Moreover, non-discrimination and equality are fundamental human rights principles<sup>28</sup> and critical components of the right to health.<sup>29</sup> To exercise the right to health, one must be free from discrimination.

“Health services, goods and facilities must be provided to all without any discrimination. Non-discrimination is a key principle in human rights and is crucial to the enjoyment of the right to the highest attainable standard of health.”<sup>30</sup>

Non-discrimination and equality further imply that states must recognise and provide for the differences and specific needs of groups that generally face particular health challenges, such as higher mortality rates or vulnerability to specific diseases.<sup>31</sup> States should adopt positive measures to ensure that specific individuals and groups are not discriminated against.<sup>32</sup>

Overcoming stigma and discrimination is one of the tasks of the Ukrainian government in relation to their human rights promises, particularly in relation to the right to health of vulnerable groups. However, sex workers’ marginalized status and the problems they face are rarely put under concern or discussion by public authorities, media, and the general public.

The state policy and legislation reflect this attitude. Sex work in Ukraine is neither criminalized nor legalized; however, by means of administrative penalties the state is attempting to erase the phenomenon of prostitution. Moreover, legislation in relation to sex business management, such as pandering, pimping, keeping a brothel/place for the provision of sexual services is criminalized, and are considered criminal offenses.

This negative legal environment together with society’s negative attitude towards sex workers provoke several of the vulnerabilities that impact sex workers. Vulnerability can also be increased by other factors such as age (in Ukraine majority are young), (low) educational level, (low) economic possibilities and situation, and lack of services targeting them and their needs.

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<sup>27</sup> UN Office of the High Commissioner for Human Rights, *Fact Sheet No. 31* (2008, p. 7).

<sup>28</sup> See Declaration on the Principles of Equality:  
<http://www.equalrightstrust.org/ertdocumentbank/Pages%20from%20Declaration%20perfect%20principle.pdf>

<sup>29</sup> “States have a special obligation to (...) prevent any discrimination on internationally prohibited grounds in the provision of health care and health services, especially with respect to the core obligations of the right to health.” (UN Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 14*, paragraph 19).

<sup>30</sup> UN Office of the High Commissioner for Human Rights, *Fact Sheet No. 31*, 2008, p. 4.

<sup>31</sup> *Idem*, p. 7.

<sup>32</sup> *Idem*, p. 11.

Moreover, vulnerability varies greatly among the sex work sectors and settings. For this reason, it is highly important to underline in which sector SWs are more vulnerable and to what. As mentioned above, an increase of sex workers working in the indoor sector has been observed. Working and living conditions of sex workers vary, depending on their ethnic background, social situation, rural/urban living area, and sector of the sex industry.

The table below highlights some of the main vulnerability factors for indoor sex workers in Ukraine, particularly in relation to the sector in which they work.

**The 5 main vulnerability factors for INDOOR sex workers**

<b>1</b>	Risk to STIs
<b>2</b>	Discrimination and violence by the police
<b>3</b>	High risk of HIV infection
<b>4</b>	Coercion by pimps and madams
<b>5</b>	Isolation and lack of autonomy in the working place

The main vulnerability factor for indoor sex workers was health risk and risk to HIV/STI infection. Considering that risk to HIV/STIs is higher where sex workers have less control over their working conditions or work in unsafe environments, this result could be interpreted as a need of promoting autonomous and safe working conditions for sex workers (in closed settings).

NGOs in Ukraine reported high levels of SWs dependency on third parties within the sex industry, which is also due to few safe working spaces (some SWs feel safer working with other SWs in closed settings) and weak legal position of SWs – meaning lack of human and labour rights protection – that cannot claim for better working conditions.

It is noteworthy that in spite of the large number of HIV prevention programmes, still much needs to be done in terms of advocacy and policy change to guarantee and enable safer working environments for sex workers.

This situation is also suggested by the second main vulnerability factor as listed, discrimination and stigma from law enforcement officials. In indoor venues, sex workers are sometimes coerced to provide sexual services for policemen free of charge. Impunity is the norm, since violence against SWs is condoned by a legal system that excludes them from accessing justice.

Additionally, violence from the part of clients was also mentioned as one factor of HIV/STI vulnerability, along with improper hygienic conditions, and low access to medical and sexual and reproductive health care. All these factors of vulnerability are related to specific indoor sex work settings, some more than others.

Another vulnerability factor that was well-cited by the respondents was alcohol abuse. In some indoor sex work venues, SWs use alcohol with clients. It is common that the sex worker and/or the business owner keep a percentage of the drink as a source of income. Sex workers which are under effect of alcohol have less ability to react wisely against dangerous clients, and have less capacity to negotiate condom use.

Although complains and abuses of sex workers are frequent in the indoor sector, it was highlighted by the respondents that many sex workers feel safer working indoors. On the one hand this sector increases sex workers' dependency on third parties; on the other hand sex workers have better protection against violence (e.g. clients).

#### **The 5 main vulnerability factors for outdoor sex workers**

<b>1</b>	Violence from the part of clients
<b>2</b>	Unsafe working conditions
<b>3</b>	High risk of STI infection
<b>4</b>	High risk of HIV infection
<b>5</b>	Drugs/Alcohol addiction

Violence from the part of clients was listed as the greatest vulnerability factor for outdoor sex workers in Ukraine. Because sex work is a marginal and punishable activity, clients often believe that acts of violence against sex workers will not put them at risk of being charged.

Evidence shows the weak legal position of sex workers, lack of protection, and an environment of impunity. Moreover, working in outdoor settings often exposes sex workers to many dangerous situations and environments which favour risk situations, including to HIV/STI infection. Considering the high levels of violence, NGOs in the country often provide self-defense workshops as well as tips to prevent violent situations.

Drugs and alcohol addiction are to be considered additional vulnerability factors for some outdoor sex workers. The use of chemical substances diminishes sex workers' ability to negotiate their services and condom use, exposing them to more risky situations, which certainly increases their vulnerability to HIV/STIs.

Respondents of the mapping also highlighted weather conditions, particularly in the winter and autumn time, as a factor that increases outdoor sex workers' vulnerability. For the purpose of this mapping, we analyse this information as a factor that increases sex workers' mobility in the country, since it represents a seasonal shift from outdoor to indoor sector within this period of the year.



## Conceptualizing Vulnerability of Sex Workers

**A**s a sum up, it can be underlined that the most significant factor regarding sex workers' vulnerability to HIV/STIs is the high level of violence and abuse by multiple perpetrators, normally accompanied by an environment of impunity. The results of this mapping suggest such interpretation.

In Ukraine, as in many other countries, violence against SWs can be institutional (police, state authorities) and/or related to exploitative and unsafe working conditions. Moreover, dependency and weak legal position of sex workers expose them to violence, risk to HIV infection, and lack of access to justice. These are evidence-based barriers to the fulfilment of sex workers' human rights.

The premise of this mapping is that safer working environment for SWs enables better possibilities to protect themselves from violence, insist on condom use, and/or refuse abusive clients. The results of this mapping suggest that there are several vulnerability factors which are directly related to the working environment of sex workers, *inter alia*, high levels of discrimination from the police, violence from clients, and risks to HIV infection.

According to Ukrainian sex worker-led organisation "Lega Life" police confiscates condoms both from indoor and outdoor SWs but for different purposes. While confiscation of condoms from outdoor SW policemen charge SWs for prostitution, during confiscation of condoms from indoor SWs policemen charge managers, pimps, owners of brothels for organizing sex business.

Working conditions and safe working spaces are dependent specifically on enabling legal environments. National laws that punish sex workers (e.g. administrative offence to sell sex) and those who are involved in the sex industry (e.g. criminal act of pimping) increases SWs vulnerability to HIV/STIs in several ways. They force them to work in clandestine spaces (where they are more vulnerable to violence) and reduce their access to health care and prevention measures. Currently, UN Specialized Agencies have been reinforcing the need to decriminalize sex workers and the sex industry as a method to reduce SWs vulnerability to HIV/STIs.<sup>33</sup>

For male and transgender SWs absence of legal protection from discrimination and societal and institutional homophobia are serious barriers to access sexual health services and information. This increases these groups' vulnerability to HIV/STIs.

One of the biggest barriers over the last years, in Ukraine, is the lack of political commitment and governmental responses focused on reducing sex workers' vulnerability to HIV/STIs and the absence of adequate public health approaches that are appropriate for this highly marginalised population.

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<sup>33</sup> WHO, 2012; UNAIDS, 2012; UNDP, 2012.

## Reducing Vulnerability of Sex Workers

**R**educing SWs' vulnerability definitely depends on policy change, along with some other strategies. Research indicates that a combination of outreach work and low-threshold drop-in centres and crisis centre is a good intervention model for providing services and support to marginalized communities.

Future work with sex workers in Ukraine should include establishing such centres to reach members of at risk groups. Moreover, crisis centres should address issues of violence against female sex workers and refer them to legal services as an effective strategy to combat violence.

By providing appropriate services and information (e.g. about risk behaviour) in a place that sex workers can easily and safely access, they will have the opportunity to empower themselves and find support to fight discrimination and stigmatization. Further, there is a need to investigate better the situation of sex workers, including those forced into prostitution by means of violence, and to gain greater insight and awareness of what they need to be improved.

Self-organisation of sex workers should be supported by NGOs as an important step to reduce their vulnerability and to enable them to claim their human rights. Currently, there is only one sex worker-led organisation in Ukraine, namely Lega Life.

A sex worker-led organisation within the NGO sector is fundamental for advocating for rights, as well as to challenge society's negative attitudes towards sex workers and reduce SWs' isolation. Therefore, NGOs should support Lega Life in raising awareness about the legal framework on prostitution, particularly the need of decriminalization and depenalization of sex work, recognizing it as a legitimate profession under labour law.

Finally, the quality gap of the services provided for sex workers in Ukraine must be recognised. Most of these services address the risk of HIV/STIs only in terms of reducing risk behaviour through the distribution of condoms, lubricants, and needles; however, due to the weak position of sex workers in the society and in their working spaces, still much needs to be done in terms of legal reform and promotion of safer and better working spaces for sex workers.

## Consequences for sex workers, of any changes in policy or legislation impacting sex workers

**T**he legal framework governing prostitution in Ukraine is referred to in Article 181.1 of the Code of Administrative Offences. According to this article, engaging in prostitution shall entail warning or imposition of a fine from five to ten tax-free minimum incomes of citizens (i.e. from 85 to 170 UAH). The same actions repeated within a year following the imposition of

an administrative penalty shall entail the imposition of a fine in the amount of eight to fifteen tax-free minimum incomes of citizens (i.e. from 136 to 255 UAH).

There are, however, two other types of criminal responsibility related to prostitution in the Penal Code. Those are as follows: a) Creating or running brothels (Article 302 of the Criminal Code); b) Pimping (Article 303 of the Criminal Code).

In spite of that, the most vulnerable before the Law are sex workers themselves, who are often prosecuted under Article 181.1 of the Administrative Code.

Furthermore, the article 130 of the Criminal Code of Ukraine prescribes criminal responsibility for conscious exposing to danger of infection or infection of other person (persons). Based on this law, sex workers are often arrested and forced to test for HIV. This indirect form of mandatory testing – those which is done by means of indirect legislation – violates SWs human right to health, as well as their bodily integrity and autonomy. On top of that, police authorities often disclose health status, sexual orientation, and other confidential private information about SWs to third parties. This also violates the human right to privacy.

The actual legislative framework gives few opportunities for sex workers to perform their work in safety and decent working conditions. Moreover, this sort of set of laws puts the burden of the spread of HIV on sex workers as if they – the ‘sex workers’ – are the responsible for the HIV epidemics and public health concerns in the country.

**The sections below of this mapping analyse the percentages of the opinion of the respondents, not percentages of the SWs population. This method was used to underline the differences between sex workers’ situation (indoor and outdoor) in relation to the general population.**

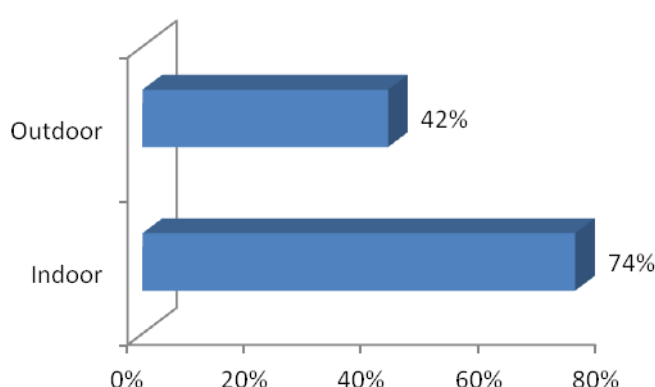
## 2.2 **Control over working conditions and safe sex practices**

According to the opinion of the expert organisations, approximately 42% of outdoor SWs and approximately 74% of indoor SWs have control over their working conditions. This means that the perception of the respondents is that outdoor SWs have less control over their working conditions, if compared to indoor SWs in the country.

The ability to exercise control over the working conditions and safe sex practices depends on the sex work setting and sector. Sex workers working in different indoor settings are reported to have more freedom in their choices. This is attributed to better living, working conditions, economic situation, and better knowledge regarding health issues of indoor SWs.

Following the experience of the expert organisations, dependency on third parties is one of the main factors that reduce SWs control over working conditions and safe sex practices. Both outdoor and indoor SWs may be dependent on third parties to work. Aggressive clients also impact directly on sex workers' vulnerability in the working space by reducing their ability to perform safer sex. Police raids and condom confiscation (particularly in indoor settings) also pose severe conditions of work to sex workers.

To increase control over working conditions and safe sex practices a human rights-based approach to sex workers and HIV must be used. This relates to enabling legal environments, but also to effective service provision for sex workers which promotes community empowerment, mobilization, and support.



Graphic 5 | Control over working conditions and safe sex practices

## 2.1 Sex workers who have to share their income with third persons in the sex industry<sup>34</sup>

The respondents estimate that approximately 83% of indoor SWs are required to share their earnings with third parties, including sex business owners, bodyguards, drivers, and others involved in the sex industry.

The respondents also estimated that approximately 58% of outdoor SWs share their income with third parties, normally for guaranteeing protection and the working space.

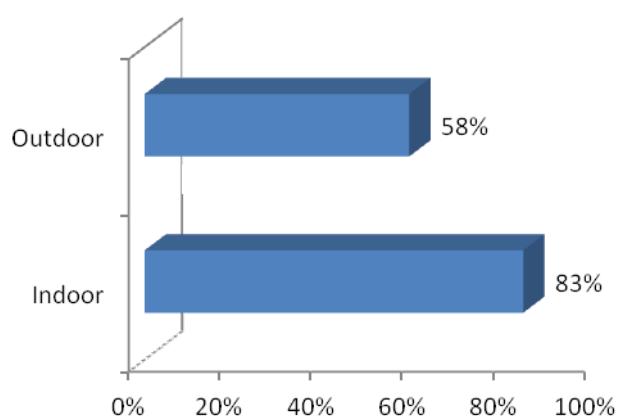
Outdoor sex workers that do not pay part of their earnings to third parties normally are poorer, heavy drinkers, and exchange sex for goods, not just for money. Therefore, outdoor sex work is not always performed independently.

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<sup>34</sup> Examples: traffickers, smugglers, club/brothel managers, etc. NOT FAMILY.

The result of the mapping estimates that high majority of indoor SWs share their income with third parties, whereas less outdoor SWs do so. This result suggests two interpretations: i) the actual legal environment does not enable most sex workers to work independently (without the mediation of third parties); and ii) managing sex work businesses, particularly indoor settings, demands certain amount of costs which are deducted from part of the income of sex workers, as in other professional sectors.

Nevertheless, the problem of defining what is (and what is not) considered an exploitative working situation remains unsolved. This is due to the actual legal prostitution framework in Ukraine, which criminalizes both the organizers of the sex industry and individual sex workers. This legal framework makes it impossible to differentiate between economical exploitation and business related services and costs, since employers and employees are considered illegal.



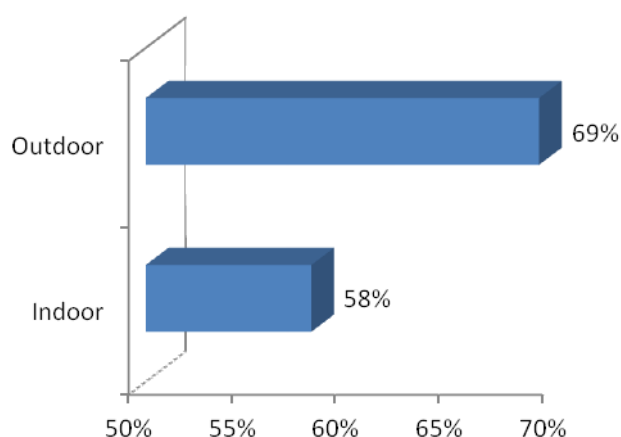
Graphic 6 | Sex workers who have to share their income with third persons in the sex industry

## 2.2 How much of the earning sex workers keep for themselves

According to the respondents, the estimation is that outdoor SWs keep approximately 69% of their earnings, and indoor SWs approximately 58%. Therefore, outdoor SWs keep higher amounts for themselves if compared to indoor SWs.

Managing indoor settings demands more investments and costs for running the sex business, if compared with street prostitution. Therefore, it is expected that indoor sex workers keep less of their earnings in relation to outdoor workers.

However, evidence shows that sex workers, particularly outdoor SWs, are very vulnerable to police corruption, meaning that their earnings are also being shared with police officials.



Graphic 7 | How much of the earning sex workers keep for themselves

## 2.1 Level of condom use and other safer sex practices

**OUTDOOR** | 50% of the respondents reported that condom use and safe sex practices were **lower** among outdoor SWs than among the general population. The other 40% of the respondents reported **higher** condom use and safe sex practices among outdoor SWs than among the general population.

**INDOOR** | 73% of the respondents reported that condom use and safe sex practices were **higher** among indoor SWs than among the general population.

The majority of the respondents reported that indoor sex workers have higher levels of condom use and other safer sexual practices than the general population. Outdoor sex workers were reported to be more vulnerable to HIV/STIs, since the perception is that there are lower levels of condom use and other safer sexual practices than the general population.

Objective data regarding condom use and safer sex among the general population are rare in Ukraine; therefore the estimations above are based on a general understanding. Other sources, such as Alliance Ukraine report, indicate that “more than half of FSW (59.2%) expressed their firm conviction that they would never provide sex services without a condom”.<sup>35</sup>

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<sup>35</sup> Alliance, 2012, p. 41.

## Impact of HIV/AIDS in Sex Work

**A** large number of NGOs are dealing with sex workers and implementing programs focused on HIV/AIDS and STIs prevention. This means that many sex workers in Ukraine have access to information and services that addresses their vulnerability to HIV/STIs as well as to care and treatment. Many organisations also provide free of charge condoms, testing, and some other health services.

In spite of the great effort of these organisations, an enabling legal environment is still not available in Ukraine. Policy and legislation against sex workers are very strict and does not favour safe working environments. Evidence shows that sex workers in Ukraine are often exposed to violence which relates directly to unsafe working conditions.

To reduce the impact of HIV/AIDS in sex work in Ukraine, it is recommendable to review in which way the legal framework is unfavourable for the efficacy of HIV prevention programmes developed by several NGOs. It should be highlighted that information and services for sex workers are not enough for reducing SWs vulnerability; much needs to be done to encourage safer working spaces, where sex workers can work freely from violence, coercion, and other forms of abuses that put them at risk.

Therefore, usually sex workers in Ukraine are aware about HIV/STIs and safer sex. Organisations have prepared several materials targeting this group's needs and most sex workers know where to be tested for HIV/STIs, where to collect condoms, or receive services. It was well-noticed that the most vulnerable group of sex workers to HIV/STIs are adolescents, whose awareness on HIV and STIs risk is usually lower than among adult sex workers.

### 2.2 Level of violence against SWs

Violence against SWs must be understood in relation to marginalization, stigma, and discrimination against SWs. Because violence is multi-faceted the several typologies of violence will be explored in order to identify which are the main forms of violence affecting sex workers in Ukraine.

Violence against sex workers also involves different perpetrators. These results from power relation between sex workers and, *inter alia*, third parties in the sex industry, clients, and public authorities (e.g. police).

Violence and coercion are also subproducts of a legal system that punishes sex workers but also those third parties who are involved in the sex industry.



## Typology and impact of violence

Sex workers in Ukraine are vulnerable to many forms of violence. Psychological, physical, and sexual violence are predominant. There are also frequent cases of threats, blackmailing, extortion, disrespectful attitudes, and violations by the police (before and during detention). These are human rights abuses and must be addressed by the national government as a priority.

### Physical violence

**OUTDOOR** | 100% of the respondents reported that outdoor SWs experience significantly higher or higher levels of physical violence than the general population.

**INDOOR** | 82% of the respondents reported that indoor SWs experience significantly higher or higher levels of physical violence than the general population.

Physical violence is a well-known form of violence against sex workers and relates to abuse of power and lack of safety in the working space. It is also very variable depending on the form of sex work setting.

Sex workers, whether outdoor or indoor, face disproportionate levels of physical violence within Ukraine. Outdoor SWs were reported to be more vulnerable to physical violence than indoor SWs. There is a short devaluation of the level of physical violence for indoor workers.

In this same direction, the report of Alliance Ukraine points out that 84% of sex workers have been victim of physical violence with physical pain or bodily injuries.<sup>36</sup>

### Economic violence

**OUTDOOR** | 91% of the respondents reported that outdoor SWs experience significantly higher or higher levels of economic violence than the general population.

**INDOOR** | 73% of the respondents reported that indoor SWs experience significantly higher or higher levels of economic violence than the general population.

Economic violence refers to economic exploitation, but also to an attack on their right to fair payment. Police corruption can also be an indicator for economic violence.

Both outdoor and indoor SWs experience high levels of economic violence. Outdoor SWs were reported to be more vulnerable to economic violence than indoor SWs. There is a short devaluation of the level of economic violence for indoor workers.

In this same direction, the report of Alliance Ukraine points out that 74% of sex workers have been victim of economic violence.<sup>37</sup>

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<sup>36</sup> *Idem.*

## Psychological violence

**OUTDOOR** | 95% of the respondents reported that outdoor SWs experience **significantly higher** or **higher** levels of psychological violence than the general population.

**INDOOR** | 91% of the respondents reported that indoor SWs experience **significantly higher** or **higher** levels of psychological violence than the general population.

Psychological violence is directly related to processes of stigmatisation, marginalisation, and social exclusion. They also relate, in most cases, to feelings of fear associated with an environment which permits all sorts of abuses.

Outdoor and indoor SWs psychological violence were reported to experience this sort of violence evenly. Levels of psychological violence against SWs are much higher than the general population.

Similarly, the report of Ukraine Alliance points out that 97% of sex workers have been victim of economic violence.<sup>38</sup>

## Evidence and Services Rendered to Victims of Violence

Considering the critical situation above, violence against sex workers has been documented and addressed by SALUS and the sex worker organization Lega Life and cases of violation have been brought to Court in Ukraine. Parts of these initiatives have to do with the increasing collection of evidence on violence against sex workers through audio and video recording, as well as complaints of sex workers against unlawful actions of the police.

Advocacy work is also important to raise awareness about the situation of sex workers in the country, particularly through regional networks such as SWAN. These actions reduce impunity and increases sex workers' ability to face violence against them.

According to the sex worker-led organisation Liga Life, sex workers' claims in relation to violence are:

- Lack of access to justice and legal support and advice;
- Lack of trained police and officials on human rights of sex workers;
- Lack of studies and evidence about police violence against sex workers; and
- Lack of services on violence available in the country.

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<sup>37</sup> *Idem.*

<sup>38</sup> *Idem.*

### 2.3 Alcohol Abuse

**OUTDOOR** | 95% of the respondents reported that outdoor SWs abuse alcohol at **significantly higher** or **higher** levels than the general population.

**INDOOR** | 64% of the respondents reported that indoor SWs abuse alcohol at **significantly higher** or **higher** levels than the general population. Still, 36% of the respondents reported that indoor SWs abuse alcohol in the same proportion as the general population.

Alcohol abuse is considered one of the factors that increase SWs vulnerability to HIV/STIs, since it reduces SWs ability to negotiate condom use. Moreover, alcohol use is normally done together with clients, which increases considerably the risk of aggression and sexual abuse of SWs.

### 2.4 Drug Use (non-injecting)

**OUTDOOR** | 73% of the respondents reported that outdoor SWs use non-injecting drugs at **significantly higher** or **higher** levels than the general population.

**INDOOR** | 68% of the respondents reported that indoor SWs use non-injecting drugs at the **same** level as the general population.

The data collected reflects the knowledge that the level of non-injecting drug use is higher particularly among outdoor SWs. Indoor SWs are perceived as less vulnerable to non-injecting drug use.

Involvement of sex workers with drug usage is very different depending on the region in which they work. Usually, in the Western part of Ukraine, sex workers are not drug users; however, drug use behaviour is well-noticed in the Central and South Ukraine.

### 2.5 Injecting Drug Use

**OUTDOOR** | 91% of the respondents reported that outdoor SWs use injecting drugs at a **significantly higher** or **higher** levels than the general population.

**INDOOR** | 73% of the respondents reported that indoor SWs use injecting drugs at a **significantly higher** or **higher** levels than the general population.

The data collected reflects the knowledge that the level injecting drug use is higher particularly among outdoor SWs. This data is variable depending on the region of the country. Indoor SWs are perceived as less vulnerable to non-injecting drug use, yet still represents a high number.

### **Actual status of the policy or legislation impacting on sex workers working and social conditions across the country**

It can be observed that, in general, laws and policies are repressive across the country at all levels (municipal/local, oblast/regional, and national levels) and affect both indoor and outdoor sex workers quite evenly.

One difference is that policies and legislation are impacting heavily, and particularly, outdoor SWs on the municipal/local level (73%). This result can be explained by the fact that outdoor SWs are more easily exposed to law enforcement control and raids.

### **Social Vulnerabilities**

The results of the mapping also indicate that social exclusion and isolation equally affect indoor and outdoor SWs, according to the respondents. In relation to the legal status, working conditions, literacy & education, and living conditions, it was observed that outdoor sex workers are more affected by these social vulnerabilities, if compared to the general population and indoor SWs.



This section maps out the **mobility patterns** of sex workers in Ukraine as well as the factors motivating sex workers to seek better working and living conditions. In looking at the issues of mobility it is essential to differentiate between **transnational** (cross-border) and **internal** (in-country) mobility. Mobility is analysed in the framework of aspects that can influence sex workers' vulnerability.

## Mobility

### 3.1 Top 10 countries national sex workers have worked in **EXTERNAL MOBILITY**

This mapping estimates that about 31% of **national indoor SWs** have worked abroad. The table below represents the ranking of the most common destinations of Ukrainian indoor SWs, according to the respondents.

#### 3.1.a. Destinations of Indoor Sex Workers

1. Russia	6. Poland
2. Turkey	7. Moldova
3. Germany	8. United Arab Emirates
4. Czech Republic	9. Uzbekistan
5. Italy	10. Belarus

About **22% of national outdoor SWs** have worked abroad. The table below represents the ranking of the most common destinations of Ukrainian outdoor sex workers, according to the respondents.

### 3.1b. Destinations of Outdoor Sex Workers

1. Russia	6. Belarus
2. Germany	7. Moldova
3. Czech Republic	8. Uzbekistan
4. Turkey	9. Israel
5. Poland	10. Italy

Attention must be driven to the fact that majority of sex workers have **Russia** as a main destination, due to cultural similarities but also to better income and opportunities. Results also suggest that indoor and outdoor sex workers choose for different migration flows mostly among the same countries (mostly EU or bordering countries of Ukraine). The exceptions are indoor SWs migrating to the United Arab Emirates and outdoor SWs to Israel as destination countries.

### Estimation of sex workers who have worked in another city of Ukraine

#### INTERNAL MOBILITY

The mapping results estimate that indoor SWs are more mobile than the outdoor ones. According to the respondents, approximately 36% indoor sex workers have worked in another city of the country, whereas approximately 19% outdoor have done so. In general, internal mobility is not reported to be high.

	INDOOR	OUTDOOR
Percentage	36%	19%

### List the 3 top reasons for the mobility of INDOOR and OUTDOOR sex workers

INDOOR	OUTDOOR
<b>Aspiration for positive social change</b> <b>POSITIVE impact upon vulnerability</b> Sex workers choose to move to other cities because it offers greater opportunities and social life. In Ukraine, many sex workers come from the country side and move to bigger cities to work. Normally, they are looking for higher earnings.	<b>Police repression, persecution</b> <b>NEGATIVE impact upon vulnerability</b> Crackdowns have forced street-based sex workers to move to be able to work and earn money; some women have dispersed to other (often more isolated) areas within the city, while others moved to work in other cities that they do not initially know well.

	<p>Both of these situations increase women's vulnerability to violence and abuse.</p> <p>Seasonal changes, particularly in the summer and winter time also provoke inner mobility of sex workers.</p>
<p><b>Police repression, persecution</b>  <b>NEGATIVE impact upon vulnerability</b></p> <p>Crackdowns and closure of venues often compromise sex workers' working venues, reason why in these situations indoor sex workers have to move to other settings.</p> <p>Additionally, conflicts with the organisers of sex businesses also provoke mobility.</p>	<p><b>Aspiration for positive social change</b>  <b>POSITIVE impact upon vulnerability</b></p> <p>Sex workers choose to move to other cities because it offers greater opportunities and social life. In Ukraine, many sex workers come from the country side and move to bigger cities to work. Normally, they are looking for higher earnings.</p>
<p><b>Protection of anonymity</b>  <b>POSITIVE impact upon vulnerability</b></p> <p>Many sex workers seek to hide their involvement in the sex industry as the stigma faced by sex workers is a global phenomenon.</p>	<p><b>Economical necessity</b>  <b>NEGATIVE impact upon vulnerability</b></p> <p>The reduced number of clients forces women to disperse or move to other cities in order to make enough money.</p> <p>In the winter period, outdoor sex workers have less clients and this provokes mobility as well.</p>

*Escort services* were also listed as a factor that increases sex workers' mobility across the country. Some SWs live in one city, yet provide sexual services in another city.



## Summary and analysis of the changes in the prostitution scene

## FINAL CONSIDERATIONS

### Key observations

**B**oth outdoor and indoor SWs face serious violent situations, stigma, and social isolation as a result of their marginalized status in Ukraine.

According to the mapping results, about 46.800 sex workers are active in Ukraine, predominantly female ones (88%). The majority of sex workers work in bigger cities of the country (Kiev and Odessa).

It was found that the indoor sector corresponds to the majority (54%) of venues where sex workers work. A growing change from outdoor to indoor forms of sex work was also observed by the respondents. As a result, sex workers are less visible and service providers most of the times are not able to reach and maintain contact with indoor sex workers. In this context, collaboration with peer educators is fundamental for reaching SWs and spreading information.

The proportion of injective drug users was found to be bigger among FSWs working outdoors. Some regions of Ukraine reported higher rates of PWID than others. In majority of cities in Western Ukraine the proportion of sex workers using injective drugs is comparatively low (not higher than 11%); in Donetsk, for example, 60% of SWs use injective drugs, in Mykolaiv nearly 70% of SWs use injective drugs). In the latter, the level of using injective drugs is also higher among general population.

Sex workers are far more dynamic and mobile than in the past. This is occurring because of changes in the sex industry but also because of more frequent police actions. In some cases repeated charges may lead to arrests, blackmail, and harassment of sex workers. Seasonal migration related to weather conditions, particularly in the winter, was also listed as a factor for inner mobility of SWs.

### Gaps in Service Provision for Indoor and Outdoor SWs

There are many gaps in service provision for sex workers in Ukraine, particularly in relation to SWs sexual and reproductive health. The main gap identified by this study is the lack of governmental commitment to set up services specifically targeting sex workers, meaning that majority



of the services carried out today are initiatives of NGOs, which are heavily financed by international aid. This gap in service provision affects all sex workers.

Another gap is that services provided to SWs generally focus on HIV/STIs prevention and do not provide a comprehensive approach to sexual and reproductive health. Services are also only available in big cities of the country, leaving many sex workers without any access to services.

Due to under financing of Ukrainian health system, testing for hepatitis is expensive and often not affordable for sex workers. Sex workers living with STIs and hepatitis also have to pay for their medication, which is not always affordable.

There are no health-social services targeted specifically towards indoor sex workers and their needs. Providing outreach services to indoor sex workers is not within staff capacity of Ukrainian NGOs, and/or their financial possibilities. For this reason, this group of sex workers remains much unexplored by services and initiatives targeting them.


Male and transgender SWs are still insufficiently covered by services in Ukraine. Information about this group is rarely available and few organisations meet these groups during outreach. This mapping points out an urgent need to tackle this group's needs and barriers to access services (when available).

Stigmatisation of sex workers in public health care organizations remains a strong barrier of their access to health care. This is a severe impediment to their right to health, meaning that the Ukrainian state should capacitate health personnel on issues of sex work and their specific health needs.

The mapping tool has revealed that some NGOs rendering services to sex workers must improve their management (e.g. set suitable working hours for attending sex workers on their social and medical needs).

Finally, NGO's working with sex workers in the country should provide support to community-based organisations and services. This increases the efficacy of services but also contributes for policy change and effective advocacy.





## How to improve the situation and reduce sex workers' vulnerability to HIV/STI...

## RECOMMENDATIONS



- Decriminalize sex work and sex workers and reduce stigma and discrimination against them.
- Governments should establish anti-discrimination and other rights-respecting laws to protect against discrimination and violence, and other violations of rights faced by sex workers in order to realize their human rights and reduce their vulnerability to HIV infection and the impact of AIDS. Anti-discrimination laws and regulations should guarantee sex workers' right to social, health and financial services.
- Violence against sex workers is a risk factor for HIV and must be prevented and addressed in partnership with sex workers and sex worker-led organizations.
- The priority direction in combating HIV epidemics is strengthening and improving effectiveness of HIV/AIDS/STIs prevention among SW. Informational materials on HIV/STIs prevention should be tailored to meet individual requirements of sex workers, they are to be set forth in common language, avoiding difficult phrases and medical terms. Before printing leaflets and booklets should be evaluated by sex workers during focus groups sessions. It would be reasonable to develop special preventive programs for sex workers adolescents, who are the most vulnerable to HIV/STIs among sex workers.
- It is desirable to use internet resources (develop special web sites, deliver educational messages via internet) for health education of sex workers (first of all indoor ones), their counselling and social support, as well as carrying out HIV preventive programs among them.
- It is necessary to expand the network of peer education for sex workers and improve the quality of training of peer educators.
- Health services should be made available, accessible and acceptable to sex workers based on the principles of avoidance of stigma, non-discrimination and the right to health. It is necessary to adjust medical services rendered to sex workers taking into account the trends going on in sex business in Ukraine – increase of quantity of MSM and transgender sex workers. Transgender sex workers need counselling and medical services of endocrinologists, andrologists and dermatologists, while MSM – proctologists and urologists.

- Need of financial support for the activities aimed at preventing violence, legal workshops/trainings, and legal support itself.
- Authorities should implement effective measures to counter corruption among law enforcement agencies, have a prompt and adequate response to the illegal actions of representatives of the relevant departments and to work closely with NGOs that represent the interests of sex workers.
- UN agencies should support and assist the health authorities and NGOs in the implementation of programs for prevention of HIV / AIDS among sex workers.
- Intolerant attitude of the public towards sex workers should be changed through the media information campaigns for the population on private and public HIV / AIDS prevention.
- Development of national-level strategic programmes and actions aimed at improving access to education, meaningful employment and social housing in order to prevent engaging of minors in sex industry.





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