



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



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The European Union

NATIONAL MAPPING ON SEX WORK

COUNTRY REPORT

RUSSIAN FEDERATION



This national mapping 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 | Russian Federation** 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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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
CAO	Code of Administrative Offences
CIS	Commonwealth of Independent States
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
MSM	Men who have sex with men
NGO	Non-governmental Organization
PWID	People who inject drugs
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization


The term "**sex work**" was advocated for a long time by sex workers' 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, sex workers' rights activists when referring to the legal context and legal definitions use the term 'prostitution' and 'prostitutes'. 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





This report was made possible through CONECTA project "Strengthening of HIV/STIs interventions in sex work in Ukraine and the Russian Federation", which is implemented by the following organizations: TAMPEP International Foundation (Netherlands), the Humanitarian Action Foundation (Russian Federation), and SALUS Charitable Foundation (Ukraine). CONECTA aims to reduce the vulnerability of sex workers to HIV/STI through development of a model of integrated services based on human rights and addressing the problems associated with the effects of HIV/STIs among sex workers.

It was designed based on three main concerns:

- Approximately 90% of all HIV-infected people in Eastern Europe and Central Asia live on the territory of Russia and Ukraine
- Men and women engaged in sex work are the people most vulnerable to HIV / STIs, due to environmental conditions and structural factors
- Criminalization of sex work, repressive policies, violence, discrimination, stigma and human rights violations increase the vulnerability of sex workers to HIV infection and limit their access to essential services, including health and social services, as well as prevention programs.

The mapping of sex work was carried out by Humanitarian Action on the territory of the Russian Federation, with the aim of improving the capacity for dissemination of information and development of a partner network. This work resulted in this National Mapping Report on Sex Work.

METHODOLOGY OF THE MAPPING



Aims of the mapping on sex work

The project aimed at assessing the current situation in the environment of sex work, trends in sex work and programs to reduce the vulnerability of sex workers to HIV, implemented by state organizations and NGOs in Russia.

The study was of an applied nature, due to the pressing needs to ensure greater effectiveness of the prevention efforts among sex workers in the Russian Federation. Program specialists today are in need of information, documentation and analysis of the situation, understanding the behavioral aspects, correct interpretation of the processes in sex work, knowledge of the hierarchy of needs and vulnerabilities of sex workers, as well as a related set of social relations and working conditions.

Thus, the expected result of this study was to build an expert knowledge on the basis of the understanding of current trends in sex work, and to make recommendations for more effective social and advocacy work to protect the rights and health of sex workers.

The survey focused on the following questions

- What is the scope, structure and gender composition of the sex industry in the country?
- What are the possibilities for street-based and indoor sex workers to control the conditions of work and life? Is there independence and autonomy possible for decision-making in critical situations?
- Who are the main subjects of relationships that involve sex workers and what are the specifics of their behavior? (This includes clients, police, partners, etc.)
- What is the hierarchy of occupational hazards that threaten the health of sex workers?
- What are the consequences of unprotected work environment and the risk of HIV and violence for sex workers?

To address all the objectives of this study, we applied a combination of qualitative data collection methods: questionnaires, review of documents, statistics and interviews with sex workers and experts from different regions of Russia.

The study included the following steps

- Development and testing of methodology
- Identification of study participants
- Collection of information
- Processing of the results and analysis
- Development of the report and recommendations on the basis of the information obtained
- Discussion of the results with experts in the field of sex work.

Geographic Coverage

In total, 37 organizations that work with sex workers directly or indirectly have taken part in the national mapping of sex work. The majority of organizations that participated in the mapping are based in North-West Federal District (11), Siberian Federal District (8), Volga Federal District (6) and Central Federal District (5). Ural and Southern Federal Districts are represented by only two organizations, while Far Eastern Federal District is not represented in the mapping.

Limitations of the mapping

It is worth noting that due to repressive state policies against sex workers and because of suspension of financing of preventive programs for sex workers from the Global Fund resources in the Russian Federation, there remain only a small number of organizations that work with sex workers. That is why the results of the mapping are not exhaustive, they rather indicate the main trends, characteristics and problems in the field of sex work in the Russian Federation.

The main areas of difficulty while carrying out the mapping of sex work in the Russian Federation were the following:

- The lack of reliable information about the entire scope of sex work and its structure. It was possible to make a more or less complete picture of sex work only in cities with several types of programs for sex workers (St. Petersburg, and to some extent Orel and Barnaul). In cities where there were no programs for sex workers, there were also no sources of information about the processes in the field of sex work, including the vulnerability to HIV infection and violence. In cities where work with sex workers is carried out by a single organization, the organization only had knowledge of the group of sex workers that they work with – mostly the outdoor sex workers that are also involved in drug use. In that case, work with them was carried out within programs for drug users.
- Very few organizations provide services to indoor sex workers. There is no information on sex workers who provide escort services.
- There is practically no information about male sex work – the study involved only three organizations that work with men engaged in sex work, two of them are located in St. Petersburg and Leningrad region.
- There is complete absence of any information on transgender sex workers.

Epidemiological background

The HIV epidemic is one of the most pressing public health problems in Russia today. According to the latest UNAIDS global report, Eastern Europe and Central Asia are the only regions in the world where HIV is spreading at a growing rate¹.

It is estimated that 70 percent of all people living with HIV in the region are in the Russian Federation. Russia and Ukraine combined account for 90 percent of HIV infection cases in the region².

¹ UNAIDS report on the global AIDS epidemic. Geneva, Joint United Nations Programme on HIV/AIDS, 2010 (http://www.unaids.org/globalreport/documents/20101123_GlobalReport_full_en.pdf; accessed 10 December 2012).

² http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/05/20130529_EC_discussion_paper.pdf

The number of people living with HIV in the country continues to rise, approximately 720,000 people have been diagnosed with HIV in Russia since 1987, when the first case was officially registered³. The actual number of people living with HIV in Russia, according to various experts, is ranging from 950,000 to 1.3 million people.

Russia registered more than 69,000 new cases of HIV in 2012, a notable increase from 62,000 confirmed cases in 2011 and 51,209 registered cases in 2010. There are more than 200 new recorded cases a day.

Over the entire period of observation in the Russian Federation since 1985 there were 17,592 HIV-positive foreign nationals identified.

The incidence rate in 2012 was 37.7 per one hundred thousand of the population.

It is observed that in the Russian Federation the HIV infection affects predominantly young population, over the entire period of review there were 63.5% of the infection cases diagnosed at the age of 30 years old or younger. There is an increase of new cases in the age range of 30-40 years (from 9.9% in 2000 to 44.2% for the 10 months of 2012). As of the end of 2012, more than half (57.6%) of all new infections were caused by intravenous injections. However, since 2002 the HIV epidemic has spilled beyond the vulnerable groups and sexual transmission has been gathering momentum. Almost 40 percent of the people that contracted HIV in 2012 did so through sexual contact – that is a 4.5% increase on the previous three years.

Gender background

Among HIV-infected persons in the Russian Federation at the end of 2011 there was a prevalence of men (63.8%). Since 2002 there has been observed an increase in the proportion of women – at the end of 2011 there were 246,000 HIV-positive women (36% of all reported cases of HIV infection). In 2004-2012 it was observed that 41-43% of new HIV infections were among women.

The ongoing feminization of the epidemic raises the issue of prevention of the vertical transmission of HIV from mother to child. In the Russian Federation every year about 10,000 children are born from HIV-positive mothers. In recent years there were significant advances achieved in the prevention of vertical transmission of HIV infection, the incidence of which has decreased to 5% (i.e. about 500 children a year become infected from their mothers)⁴.

³ Cases of HIV infection registered by the Federal AIDS Prevention and Treatment Center as of 1 November 2012.

⁴ Recommendations of the hearing of the Public Chamber of the Russian Federation on issues of HIV, Moscow, 2011.

Transmission mode among newly diagnosed infections

Among the 57.6% of people newly diagnosed HIV-positive in 2012, the main risk factor was indicated as drug use with non-sterile equipment.

Heterosexual contacts as a major risk factor for infection were identified in 38.9% of people newly diagnosed HIV-positive in 2011, among those with known causes of infection.

The rate of HIV-positive individuals, whose infection is probably related to sex between men accounted for 1.3% in 2011, while for 10 months of 2012 there were reported 180 new infections among MSM (0.9%).

Gap in testing for vulnerable populations

In 2011, out of the 24 million HIV tests in Russia, tests among the vulnerable groups – such as drug users and homosexuals – accounted for less than one percent.

As the number of new cases of HIV infection increased in 2011, the numbers of HIV tests performed have reduced, as well as the proportion of vulnerable contingent in the overall structure of those tested.

According to the data of the Federal Research Center on AIDS, in 2011 there were 1.3% less people tested than in 2010. Among drug users there was a reported decline in the number of HIV tests performed in 2011 by 10.2% compared to 2010; among homosexual and bisexual men - by 35.9%, among STI patients - 7.8%.

Most affected regions

As of 1 November 2012, the most affected regions of the Russian Federation are the following (including the registered number of people living with HIV per one hundred thousand of the population):

■ Irkutsk	1,458.4
■ Samara region	1,351.6
■ Sverdlovsk region	1,160.3
■ Leningrad region	1,111.0
■ Orenburg region	1,051.6
■ St. Petersburg city	996.5
■ Khanty-Mansi Autonomous District	956.6
■ Kemerovo region	887.8
■ Tyumen region	770.9
■ Ulyanovsk region	752.2

■ Chelyabinsk region	747.6
■ Perm region	603.3
■ Tver region	578.8
■ Ivanovo region	558.7
■ Altai Territory	551.3
■ Kaliningrad region	548.3
■ Novosibirsk region	520.5
■ Moscow region	497.4
■ Murmansk region	481.9
■ Krasnoyarsk Territory	466.8

In 2011-2012 the most negative impact on the dynamics of the HIV infection epidemic was observed within the regions of the Ural, Siberian and Volga federal districts. In the Central and North-Western Federal District there was a certain stabilization of the number of new cases of HIV infection, and in the South, the North Caucasus and the Far Eastern Federal District there were recorded the lowest incidence rates over the past 10 years (however there was a trend of an increase).

In 2012 there remained high incidence of HIV infection and no decline in the rate of growth of new infections and the total number of deaths of PLHIV increased.

In 2012, the Russian Government allocated 15 billion rubles⁵ for the treatment and prevention of HIV.

A new program for testing of MSM and sex workers was started in 2013. No data are available at this time. This initiative is very important in Russia: it would provide authentic data on the spread of HIV among the groups at high risk, which could provide grounds to the government for the allocation of financial resources for scientifically valid HIV prevention programs among these groups.

Key populations

The most affected groups in the country are people who inject drugs, sex workers, MSM and transgenders people. Among these groups there were revealed prevailing numbers of HIV-infection. Official statistics on the HIV prevalence of among these groups is collected only for PWID. There is no official statistics of the prevalence of HIV infection among sex workers. Recent sociological studies undertaken by NGOs in the contest of sex work were held in 2010. Due to the limitations imposed on research organizations in the field of HIV / AIDS, in the last two

⁵ From the interview with the chief doctor of the Federal scientific and methodological Centre for AIDS prevention and control, Pokrovsky V.V., newspaper «Komsomolskaya Pravda», 2012. <http://www.kp.ru>

years there is no reliable epidemiological data in these vulnerable groups. For this reason, the data provided will be a collective from different years.

■ People who inject drugs

By 1 January 2012 the official total number of registered people who use drugs was 533,400. However the estimated real number is 5-10 times higher. Russia has an estimated 5 million drug addicts - a situation blamed mostly on cheap heroin from Afghanistan. 71% of the registered people use drugs by injection and 85.6% of the drugs users are with the opioid dependence.

There was an increase in the number of PWID aged 30-39, as well as the PWID with 10 or more years of experience in 2011 (a study undertaken in Moscow, Orel, Ekaterinburg, Tomsk, Saint-Petersburg). The percentage of PWID reporting the use of sterile instruments during the last injection was 90%. The prevalence of HIV infection among PWID was 47% (data from NGOs involved in projects on the subject). The percentage of PWID reporting the use of a condom during their last sexual encounter in 2011 was 34%. 65% of PWID reported having sexual partners that have never used drugs intravenously. 84% of sexually active injecting drug users had regular partners, 45% had casual partners and 8% had commercial partners [sex workers]. Risk of HIV infection was higher for those PWID who had periods of uncontrolled injections in the past and had used drugs in the company of HIV-infected people.

Despite the fact that as of the end of 2012, more than half (57.6 percent) of all new infections were caused by intravenous injections, the campaign against the HIV epidemic in Russia is using ineffective preventative measures and programs, promoting a healthy lifestyle against the background of repressions against drug users and a general atmosphere of intolerance toward them. Methadone programs are being implemented in all CIS countries, with the exception of Russia, Uzbekistan and Turkmenistan. In Russia, the use of methadone for medicinal purposes is banned, and there are no replacement therapy programs.

The Russian Federation is one of the countries where harm reduction programs at the state level are not supported and were implemented primarily by non-profit organizations under the Global Fund to Fight AIDS, Tuberculosis and Malaria⁶.

At present, potential harm reduction programs cannot be fully realized across Russia, as the legal regime is not conducive for large-scale distribution of syringes and leads to the fact that law enforcement agencies and most of the public health and education institution do not participate in such projects. In areas where the regional environment is supportive, harm reduction programs are successfully developing,

⁶ The report of the expert working group "Principles of evidence-based medicine and the use of harm reduction programs for HIV prevention among vulnerable groups", 2009

becoming part of the state system. Prominent examples are Tatarstan, Perm, Irkutsk, St. Petersburg and many other cities and regions.

Opposition from regional authorities⁷ to the NGOs that provide needle exchange and condom distribution forms an additional barrier to harm reduction programs – organisations can be accused and prosecuted for the propaganda of drug use.

■ Sex workers

Data on the prevalence of HIV among sex workers depends on the region where the study was conducted, sample of sex workers (outdoor, indoor, PWID) and coverage of sex workers by prevention programs. According to the study in a number of cities of the Russian Federation in 2007, the incidence of HIV infection among sex workers who inject drugs was at 11.5%, which is more than 2 times higher than among PWID (5.3%) and 19 times higher than among the sex workers who are not drug users (0.6%)⁸. It is considered that a realistic proportion of drug users among sex workers in the country is 40%. In 2009 the HIV prevalence among sex workers ranged from 4.5% in Moscow to 61% in St. Petersburg⁹. More than a third of sex workers (39%) were tested for HIV and knew their status. The percentage of sex workers covered by HIV prevention programs in 2008 was 22%. The level of condom use by sex workers with their last sexual partner in 2009 was at 71.4%.

The prevalence of HIV among sex workers in 2012 in various cities ranged from 3.8% to 11.6%.¹⁰ Proportion of HIV-positive people, whose infection was probably related to sex between men was estimated in 2011 at 1.3%. For 10 months of 2012 there were reported 180 cases infection for MSM (0.9%).¹¹

■ Transgender people

Several epidemiological studies on transgender people have shown disproportionately high prevalence of HIV (from 8% to 68%) and the frequency of new cases of HIV infection (from 3.4 to 7.8 per 100 persons per year) in the group¹². It is worth noting that in Russia transgender people do not have any legal recognition. Long-term scientific studies show that transgender people face significant

⁷ <http://forums.rusmedserv.com/showthread.php?t=13203>

⁸ Unified guidelines for the organization of comprehensive prevention of HIV and hepatitis B and C among vulnerable groups in the civil sector, 2007.

⁹ National Report of the Russian Federation on the implementation of the Declaration on Partnership to Fight HIV for 2008 - 2009, the Federal Service for Supervision of Consumer Rights Protection and Human Welfare, UNAIDS, Moscow, 2010.

¹⁰ The data of the priority national project "Health" of the Federal Service for Supervision of Consumer Rights Protection and Human Welfare, 2013 .

¹¹ Reference "HIV infection in the Russian Federation in 2012" of the Federal Scientific and Methodological Center for Prevention and Control of AIDS, 2013 .

¹² Prevention and treatment of HIV infection and sexually transmitted infections among men who have sex with men and transgender people, WHO Recommendations, revised edition, Geneva, Switzerland, 2011.

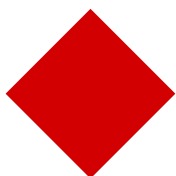
obstacles to obtaining quality health care because of the prevalence of stigma against homosexuality and ignorance of both the mainstream society and healthcare systems regarding gender options.

■ People living with HIV/AIDS

In 2012 there were 125,623 people living with HIV officially registered for antiretroviral therapy, of which about 40 thousand patients had unfortunately discontinued their therapy. It is estimated that the ARV treatment is required for at least 200 thousand people.¹³ People living with HIV in Russia are still facing a chronic shortage of treatment for HIV infection, tuberculosis and viral hepatitis.

Since 2006 the Russian government has not established an uninterrupted supply of antiretroviral therapy. The shortages of ARV treatment are the most critical issue for people living with HIV in Russia, which results in the development of drug resistance and deterioration of health.¹⁴

Despite the fact that people who inject drugs account for the majority of people living with HIV, they have have limited access to antiretroviral treatment and the access varies considerably between regions.



¹³ From an interview with Academic Vadim Pokrovsky, the Federal Scientific and Practical Center for Prevention and Control of AIDS, 2012 .

http://versia.ru/articles/2012/dec/17/spid_perestaet_byt_defitsitom

¹⁴ Alternative Report "Russia halfway to universal access: Between the government and the epidemic." The World Coalition of People Living with HIV / AIDS and their advocates, 2011r.

This section provides an **overview of the scene of sex work**, mapping who is working in the sex industry in the Russian Federation 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.



RESULTS OF THE MAPPING



Prostitution Scene

Estimation of the number of sex workers in Russia

The estimated number of sex workers in Russia, according to experts who participated in the mapping, is 1-3 million sex workers.

At the same time, according to the estimates of the Federal Scientific and Methodological Centre for Prevention and Control of AIDS in the Russian Federation, approximately 0.3 – 0.4% of the total population are sex workers, which is 500 – 700 thousand people.

At least 28.363 sex workers were covered in 2011 by 37 national organizations providing comprehensive services for sex workers. Given the estimated number of (on average 1 million persons) the percentage of coverage of the target group amounts only to 2.8%.

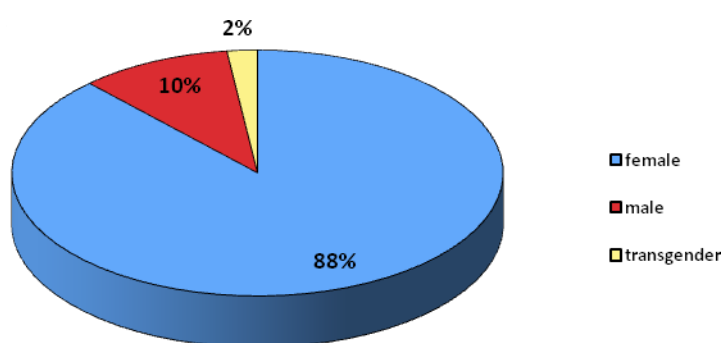
Low coverage for the last 2 years is related to the withdrawal or reduction of activities in Russia by major international donors that had earlier supported HIV prevention programs for sex workers. Further, the majority of Russian organisations focus only or mainly on the target group of street sex workers. Many sex workers who work in other sectors of the sex industry remain without attention of public organizations.

Gender structure of sex work

Sex work in Russia is mainly represented by female sex workers, at approximately 88% of all types of sex work. Men (10%) and transgender people (2%) – while they are fewer than female sex workers – also provide sexual services. Male sex workers often have male and female clients.

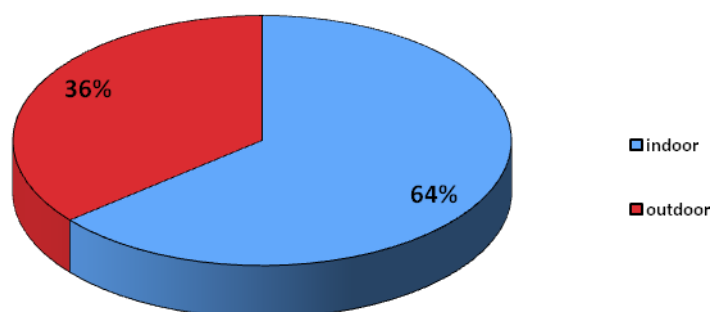
In comparison with female sex workers, other genders are represented in disproportionately smaller percentage and are characterized as less open, due to the higher levels of stigma and discrimination they face. Sex workers from these gender groups usually access services on the same basis as other members of society. In this situation the individual needs of male sex workers and transgender people main not be fulfilled.

■ Chart 1 | Gender identity of sex workers



HIV prevention programs should be more sensitive to the various and diverse gender identities of sex workers to better meet the specific needs of these populations.

■ Chart 2 | Sectors of the sex industry



In Russia, as elsewhere in the world there are different sex work sectors and settings. For example, sex workers on the streets, in hotels, in massage parlors and saunas, apartments, train stations and car parks, along roads.

The mapping results show that sex work is more developed indoors (64%) and to a lesser extent outdoors (36%).

In the last two years in Russia there is a shift from street-based to indoor sex work. The trend is related to improvements of the organization and conditions of work in closed settings as opposed to working on the street, where in the contrary there has been increasing criminalization and liability for engaging in sex work and drug use.

Development of internet technologies has allowed sex workers, including those working individually, to offer services through the Internet and media, without having to offer services on the streets.

Experience of the existing prevention programs shows that both the numbers of sex workers and the kinds of places of sex work are flexible. The processes occurring in the sex industry are very sensitive to the economic situation, the attitude of the society towards sex workers, behavior of the law enforcement structures, and legislative initiatives affecting the lives of sex workers. Tightening of the laws against sex workers and drug use leads to sex workers having to work underground, affecting particularly the most vulnerable ones.

Due to the fact that sex work is criminalized in Russia, the sex workers' fear of disclosure of the HIV status and involvement in sex work is stronger than the need for the services of public and government organizations.

The evolving scene of sex work poses new challenges for public organizations and civil society: identification of new ways to reach the target group, training to work with third parties involved in sex work, modeling of new services that meet the changing needs of sex workers, involvement in programs of peer counselors from the community. These measures increase the possibilities of successful interventions for the indoor sex workers.

Settings of the sex industry

In Russia sex work can be observed in many sectors and settings in large and small cities, towns and rural areas. Most sex workers are based in cities; they can be either local permanent residents, or migrants from other regions or other countries.

Sex work is conditionally divided into indoor and outdoor. According to the mapping results, it is estimated that within the outdoor sex work the structure can be approximately as follows: sex workers working on the streets (23%), sex workers working on the roads (12%), while sex work in parks and public gardens is underdeveloped (1%). Indoor sex work in Russia is represented by sex workers working in clubs, bars, hotels (in groups of 3 or more sex workers) - 37%, apartments (less than 3 people) - 17% and the escort services - 10% of sex employees. The sex worker-led organization Silver Rose, based in Saint Petersburg, on the contrary, affirmed that more precisely 10% of sex workers in Russia work outdoors.

■ Table 1 | **Sex work settings**

OUTDOOR	Streets in the city/village	23%
	Roads/highways (outside of the city)	12%
	Parks, public gardens	1%
INDOOR	Clubs, bars, hotels (groups of 3 or more sex workers working together)	37%
	Appartments (less than 3 sex-workers)	17%
	Visits «on call» (escort services)	10%
Total		100 %

The specification of sex work settings, and its specific working conditions, can be used for better understanding the impact of each enviroment on the vulnerability of sex workers to HIV. This division is also a first indicator for working conditions of sex workers.

Sex workers work in hotels, massage parlors and saunas, escort services, on the roads, in park areas, on railway stations. Vulnerabilities and income of sex workers are related to the working conditions at a given place.

The numbers of sex workers working in various settings also differ. Thus, the least populated sex work settings are parlors and escort agencies. Such settings involve apartments for work or a taxi for transportation to customers. Sex work services in these settings are usually advertised online or in magazines, and are the most highly paid.

Often sex workers work with or for third parties. There are many different ways that individuals can act as third parties in the sex industry. The roles and responsibilities of third parties are diverse. Sex workers may hire, work with, or work for, third parties.

In sex work, a third party is anyone involved in the transaction who is neither the client nor worker. The term refers to an individual who supervises controls or coordinates some of a sex worker's labour process (what they do, when and where) or labour practices (how they work) for direct or indirect financial compensation. This may include owners, managers, receptionists, security, and drivers, someone who does advertising and other facilitators of the sex workers activities.

Working with, or for, a third party in the sex industry is often assumed to be inherently abusive or exploitative. However, managing a sex business requires similar management strategies as in other industries, which does not mean necessarily that exploitation or abuse of control is evidenced.

Another common setting is private sex work, most often in private apartments. For this setting the security level for sex workers is lower than that in salons and escort agencies, in this case sex workers can only rely on themselves.

Club scene is also considered a common sex work setting, for example in night clubs or strip bars. Sex workers' services in this setting can be provided directly in the club environment, clients also possibly invite sex workers to their places or to a hotel. Safety of sex workers in these settings depends mainly on the setting where the sexual service is carried out and not where the sexual service is offered. Thus, there is no security provided if a sex worker is going with the client to another location. Income levels of sex workers in this setting are usually lower than in salons and escort services.

Some of the worst working conditions for sex workers are in street sex work setting, considering the level of income and organization of work. In this setting the safer working conditions are observed for sex workers working on urban streets. Worse conditions are observed for sex workers on the country-side highways or roads. And even more vulnerable position is observed for those sex workers working at train stations as well as homeless, those who provide services in exchange for food, drinks, and small gifts.

The structure described above sex work is quite conventional and flexible depending on various external conditions and the region. It gives only a rough idea of what sex work can be, and this knowledge will allow to better plan preventive measures at different levels of sex work in context of the environment.

Another important feature of sex work in Russia is that 68% of sex workers work with or for third parties, whereas 32% work autonomously.

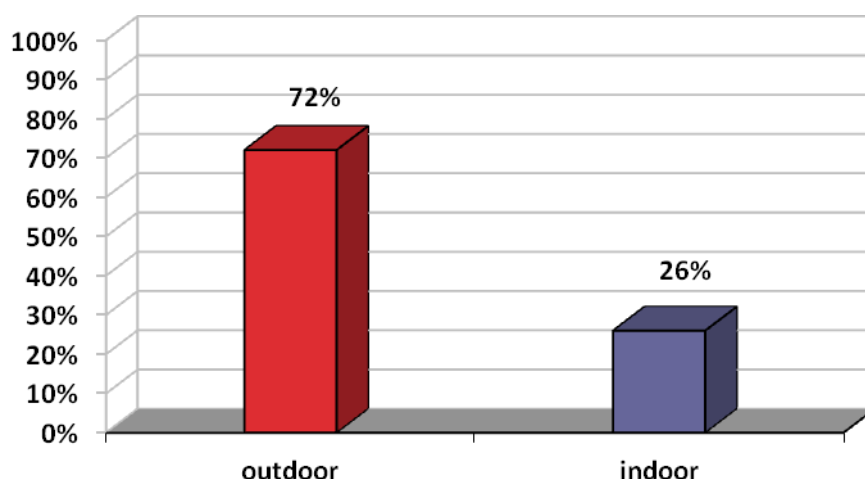
Typically, sex workers involved with the third parties (organized sex work) work in indoor setting, normally with 3 or more sex workers. Those who work autonomously normally work on the streets, or are escorts working in private apartments, without the involvement of third parties. However, part of the street sex work is also organized.

Therefore, when planning preventive measures among sex workers, it is important to also include third parties involved in sex work. Without the consideration of this aspect of sex work the effectiveness of HIV prevention among sex workers will be reduced.

Injecting drug use among sex workers

The national mapping results estimated that 72% of outdoor sex workers, mainly street workers, are injecting drug users. Indoor sex workers are less vulnerable to HIV due to lower injecting drug use. Injecting drug use in this sector of the sex industry is estimated to be 26%.

■ Chart 3 | Injecting drug use among sex workers



The prevalence of injecting drug use among sex workers is associated with place work. Significantly higher percentage of injecting drug use is observed among outdoor sex workers (72%). The distribution of drug use by regions is uneven. In St. Petersburg the percentage of injecting drug use among outdoor sex workers reaches 95%. In Tomsk the percentage of injecting drug use among street sex workers is about 10%.

Among all the experts who participated in the mapping, 95% of respondents said that the vulnerability of outdoor sex workers to injecting drug use is higher (18%) or significantly higher (77%) than in the general population. In the outdoor sex work setting there is a higher prevalence of hard drugs (heroin, desomorphine, methadone), and the use has a systematic character.

On average according to the mapping results, 26% of sex workers work indoors. The majority of respondents (41%) indicated that the level of injecting drug use among indoor sex workers is the same as in the general population; while 29% of respondents claim that it is the above general population and 24% of the respondents were of the view that the level of injecting drug use in this setting is much higher than the general population.

Injecting drug use increases sex workers vulnerability, not just to HIV/STI infection, but to violence, stigma, and discrimination. It can be considered an added factor of vulnerability due to repressive institutional and societal repression against injecting drug users, and other drug users. Stigma and discrimination reduce sex workers ability to access health, social, and legal services.

Street-based sex workers tend to have significantly higher rate of use of various drugs and alcohol than the general population. For sex workers working indoor more serious problem is the use of alcohol and non-injection drug users, compared with intravenous drugs, which are less common in this sector.

Stigma and discrimination against drug use determine the worse working conditions for sex workers, which entail additional risks of violence, difficulties of access to health care and barriers to consistent use of prevention tools.

Migration and mobility in sex work

Migration

Russia is a country of destination for some sex workers from other countries. Almost 15% of sex workers in Russia are migrants. It is estimated that 40% of migrant sex workers work outdoor and 60% indoor, which is slightly different from the distribution of sex workers permanent residents of the country.

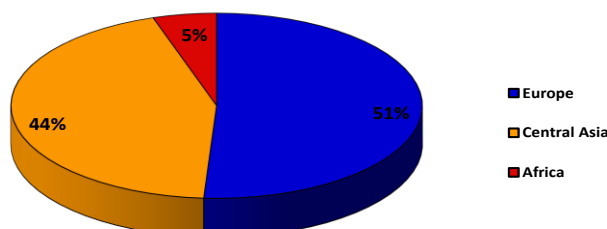
A larger number of indoor migrant sex workers is due to targeted recruitment, which is better organized in comparison to indoor sex work.

The majority of migrant sex workers are particularly working in indoor settings in big cities, reaching percentages of 50% in some places. Migrant sex workers in Russia have their origin in less developed countries near Russia such as Belarus, Ukraine, Moldova - 47%.

Also, Russia is the country of destination for many of the sex workers from Central Asia (Tajikistan, Uzbekistan, Kazakhstan) - 39%. Sex workers from the Baltic countries, Armenia and from some states of Africa (Cameroon, Nigeria, Congo, Senegal) are underrepresented.

In the border cities of Russia with other states higher percentages of migrant sex workers can be found, specifically from the bordering state. In cities with less than one million (population), as well as in cities far from the borders of the Russian Federation, migrant sex workers are practically not represented in the structure of sex work.

■ Chart 4 | Regions where sex workers migrate from¹⁵



¹⁵ European countries (Ukraine, Belarus, Moldova, Romania, Bulgaria); Central Asia (Kazakhstan, Tajikistan, Azerbaijan, Uzbekistan, Kirgizstan, Turkmenistan); European Baltic countries (Estonia, Latvia, Lithuania); and African countries.

■ Table 2 | **Top 10 of the countries, from where sex workers migrate to Russia**

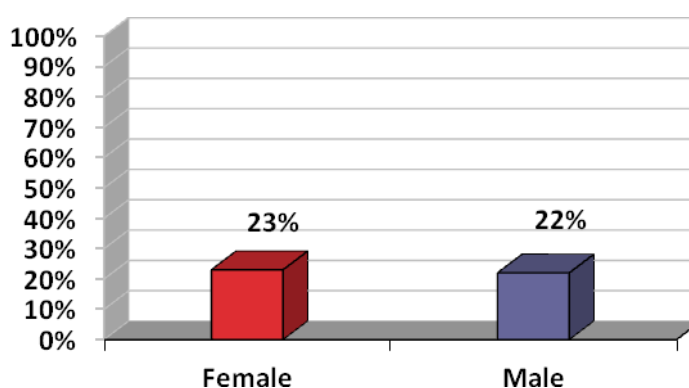
Country	
1. Ukraine	6. Kazakhstan
2. Belorussia	7. Azerbaijan
3. Moldova	8. Armenia
4. Uzbekistan	9. Africa (Cameroon, Nigeria, Congo, Senegal)
5. Tajikistan	10. Kyrgyzstan

According to the mapping results, 10% of Russian sex workers have working experience in other countries. Sex workers prefer to work in countries with less stringent conditions of entry and stay, increased demand for sexual services and loyal policy in respect of sex work. Often they are the countries popular for tourism, where a lot of people come for a holiday, with sufficient ability to pay.

■ Table 3 | **Top 6 of the countries, where Russian sex workers worked**

Country	
1. Turkey	6. Emirates
2. Germany	7. Baltic countries
3. Israel	8. Poland
4. Spain	9. Canada
5. Czech Republic	10. Norway

■ Chart 5 | **Gender distribution of migrant sex workers**



Female and male sex workers migrate in similar proportions. There were no significant gender differences in sex worker migration patterns in the course of the mapping.

Migration of sex workers to work in Russia is observed mainly from the former Soviet Union. The share of migrant sex workers from Central Asia used to be significantly low until few years ago, however it steadily increases. Relocation of sex workers from Ukraine, Belarus and Moldova to the cities of Russia, quite dynamic in the past, remains at the same level now. Sex workers mainly come from countries characterized by relative poverty and unemployment that have visa-free relations with Russia and where the population is fluent in Russian.

Sex workers can move for different reasons. Migration relates to sex workers' needs of better income, improved conditions of life, escape from sexual slavery and persecution by the police, confidentiality status of sex workers back home.

It is important not to perceive poverty and little prospect for sustained economic opportunities as an isolated impulse for migration of sex workers. The model of "push" and "pull" factors explains the causes and reasons for migratory movements – from a global perspective:

■ **Push-factors** create the conditions for migration in the countries of origin, or might even force them to migrate.

■ **Pull-factors** are also reason for migration: there would be no migration of sex workers without the existing demand in industrialised countries.

Migration to work in other countries extends the options of life strategies of sex workers, but also increases the risks associated with the loss of control over the working situation. Migration in the context of criminalized sex work can also result in various forms of abuse, such as human trafficking.

Mobility

Sex workers are highly mobile in many countries; Russia in this regard is no exception. The mapping results estimated that 15% of street sex workers and 17% of indoor sex workers move for permanent or temporary work to other cities in the country. Most sex workers choose to work in metropolitan areas that are experiencing high economic status of the population, increased demand for sexual services and where it is easier to remain anonymous. These megacities are Moscow, St. Petersburg, Samara, Kazan, Chelyabinsk, etc.

■ Table 4 | 5 top reasons of mobility for indoor sex workers

No	REASON
1	Working away from home (confidentiality aspects back home)
2	Higher level of income
3	Unfavorable working conditions
4	Sexual abuse
5	Anonymity

Four out of five of these reasons relate to mobility strategies linked to high levels of stigma and violence in Russia.

■ Table 5 | **5 top reasons of mobility for outdoor sex workers**

№	NAME OF REASON
1	Legal problems or prosecution
2	Fear from clients
3	Anonymity
4	Unfavourable working conditions
5	Higher level of income

Of all the causes of mobility in the first place for street sex workers is avoiding legal problems or prosecution. Due to the criminalization of drug use in the Russian Federation, the sex workers are often subject to criminal prosecution for the possession and use of drugs. Also, they can be prosecuted for other articles of the law, including for prostitution or the lack of legal status in the country.

The most vulnerable are illegal migrants, and migrants who speak Russian poorly. Being in a weak legal position, illegal workers often accept less favourable conditions of work. Existing language barriers for migrant sex workers reduce their ability to negotiate the prevention tools with clients, or study the information on prevention, published in Russian language, or even access appropriate services.

Migrant sex workers often mention the regular inspections of their places of work by the officials, detentions, threats of deportation because of their migration status. In the case of official confirmation of HIV infection among migrants, according to the law of the Russian Federation such persons are subject to deportation and life-long prohibition of re-entry into the country. Violent measures reduce the possibility for sex workers to control the conditions of their work and lead to worsening standards of living. Because of the fear, sex workers tend to work secretly, they limit contacts with any unknown people, including members of the service organizations, they also avoid interactions with medical and human rights services, in order not to disclose their anonymity. Adverse working conditions of migrant sex workers are putting them at greater risk of contracting HIV.

Organizations implementing prevention programs must take into account the international context of sex work, and provide a range of services to meet the perception, culture and language of sex workers from different countries. Such services may include the targeted distribution of information materials in different languages, peer counselling by sex workers from different countries, publication of information on the websites about the services available to sex workers in other countries.



RESULTS OF THE MAPPING



This section of the mapping provides an **assessment of the situation** of sex work across the Russian Federation 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 the Russian Federation with the assessments of their work conditions. It addresses central **vulnerability factors** (control over their 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

The vulnerability of sex workers

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

Equality and non-discrimination together constitute a crosscutting 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.”¹⁶

Moreover, non-discrimination and equality are fundamental human rights principles¹⁷ and critical components of the right to health.¹⁸ 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.”¹⁹

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.²⁰ States should adopt positive measures to ensure that specific individuals and groups are not discriminated against.²¹

Overcoming stigma and discrimination is one of the tasks of the Russian 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 the Russian Federation 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

¹⁶ UN Office of the High Commissioner for Human Rights, *Fact Sheet No. 31* (2008, p. 7).

¹⁷ See Declaration on the Principles of Equality:
<http://www.equalrightstrust.org/ertdocumentbank/Pages%20from%20Declaration%20perfect%20principle.pdf>

¹⁸ “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).

¹⁹ UN Office of the High Commissioner for Human Rights, *Fact Sheet No. 31*, 2008, p. 4.

²⁰ *Idem*, p. 7.

²¹ *Idem*, p. 11.

brothel/place for the provision of sexual services is criminalized, and these are criminal offenses.

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

Moreover, vulnerability varies greatly among the sex work sectors and settings. For this reason, it is highly important to consider in which sector the sex workers are more vulnerable and to what in particular. 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.

Analisy of the factors of vulnerability

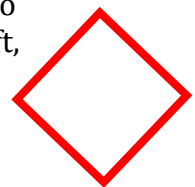
Everyday violence accompanies sex workers, not only at work but also at home and in their families. They face beatings, sexual violence, theft, abuse, no payment for the services provided.

All kinds of physical, sexual, psychological and economic violence against sex workers in Russia are connected mainly with the criminalisation of sex work. In accordance with the CAO article 6.11, prostitution is an administrative offence and is punishable by a fine or arrest. A more serious offence is the organization of business for profit from prostitution. Since the CAO influences the opinion of the society and the authorities towards prostitution as a prohibited act, and classifies sex workers in the category of offenders, this group faces higher challenges for living in society equally.

The clients of sex workers are aware of this impunity for violence, which eliminates many barriers for them to abuse the sex workers. Considering themselves in control of the situation, and often under the influence of drugs, some clients insist on unprotected sex, cause physical abuse, humiliation, and do not fulfill the agreed terms of payment for the services.

On the other hand, increased vulnerability of sex workers to violence is reflected in the lack of protection by the law enforcement agencies if the victim is a sex worker. Despite the fact that any acts of violence are subject to prosecution under the Criminal Code, the police often fails to initiate criminal prosecutions of violence if a person is a sex worker. Often the police officers may themselves be responsible for abuse once they find out the victim is a sex worker. Society passively endorses the violence against sex workers, considering that as payback for immoral behavior, and does not interfere when it observes the violations of the human rights of sex workers.

Being aware of the attitude of society and law enforcement agencies, sex workers independently solve their problems with violence. In 2012,



the association of sex workers and their supporters initiated 12 cases for the protection of the rights of sex workers in court, 9 of which were won.

According to the Federal Commissioner for Human Rights affirms, a little more than 3% of cases of violence are considered in the courts. Often this is due to the pressure or increasing violence against the victim. The judicial system itself is trying to convince the victim not to prosecute the offenders.

Factors of vulnerability for indoor sex workers

According to the mapping results, the most important factor of vulnerability for indoor sex workers is violence from the clients due to their perceived impunity. The second most important factor is the police violence, as an institutional issue related to the misuse of power by some law enforcement representatives.

■ Table 6 | 5 main factors of vulnerability for indoor sex workers

1	Violence from the clients
2	Violence from the police
3	Unprotected sex with clients and risk of HIV/STI
4	Drugs, alcohol
5	Stigma and discrimination

Violence experienced by the sex workers increases their vulnerability to HIV, as this limits the autonomy and control of the use of protection with their clients, as well as free access to the health services.

Factors of vulnerability for outdoor sex workers

The street sex workers in the Russian regions are mostly women. They are more vulnerable and face structural inequalities, and easily become a target for violence. Prohibitory regime and condemning attitude of the society pushes them to work in dangerous places, on the outskirts of the city, poorly lit areas where they can easily be abused with no presence of witnesses. Customer often determines the place for services. This could be his house, a car or a dark spot on the street, where customer's associates can appear suddenly and sex worker can be vulnerable. Economic dependence on this occupation sometimes forces the sex workers to agree on having unprotected or traumatic sex with risks for their own health.

Among the street sex workers there have been cases of serious bodily injuries, including fatal. There is information that in most cases the criminals remain not punished.

It is known that often the police keeps the street sex workers in sight. They are often detained for under the provision of the Administrative Code for engaging in prostitution. It was reported that at the police stations the sex workers were forced to do non-voluntary cleaning work (so-called subbotniks) while being detained, they were physically abused, or their money were confiscated. Constant confrontation with violence undermines the health of sex workers, their human dignity, and does not allow them to be consistent with the HIV/STI prevention efforts. Participation in the programs of HIV/STI prevention for street sex workers may inadvertently disclose their status of sex worker, therefore some sex workers avoid participation in these programs out of the fear of stigma and discrimination, even if they need such services.

■ Table 7 | **5 main factors of vulnerability for outdoor sex workers**

1	Violence from the police and clients
2	Unsafe working conditions
3	High risk of STI infection
4	High risk of HIV infection
5	Drugs and/or alcohol addiction

Particular vulnerability for sex workers who are also injecting drug users

When the organizers of sex work find that an indoor sex worker is injecting drugs or has alcohol addiction, it could expose this sex worker to brutal persecution or to expulsion from the place of work. In such cases it is observed that the sex workers move to work outdoors in worse conditions. Sex workers who inject drugs suffer the consequences of double criminalization and stigmatization, on one hand for the sex work, but also for the use of injecting drugs. Illegal status of drug user is preventing the access of the sex workers to the harm reduction services.

Sex workers who are drug users may find themselves forced to lead a concealed way of life, or to migrate to other cities. The criminalization of the use of drugs is of a more serious nature as it involves criminal liability in comparison with the Administrative Code article for prostitution.

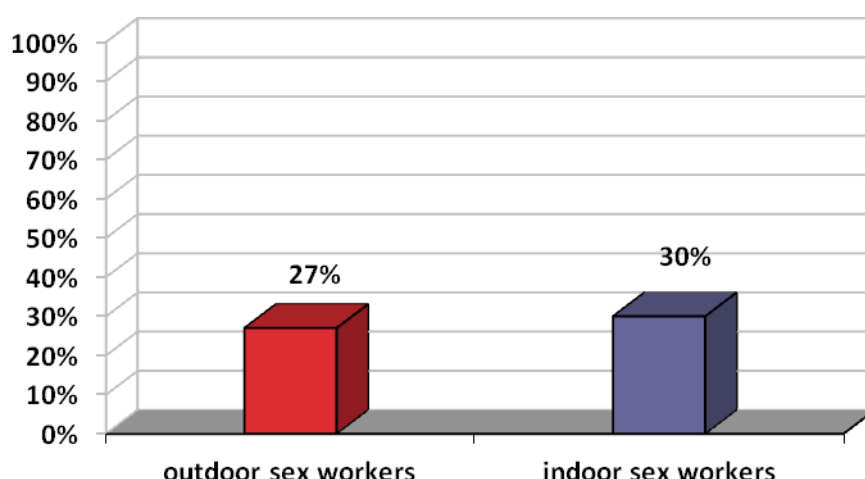
Sex workers who inject drugs are the most vulnerable sex worker community in Russia. Specialists of medical and social protection services often try to limit interaction with drug users or not include them in the treatment programs, they believe that the drug users will not be able (or committed) to follow the recommended programs.

Due to the fact that the methadone therapy is prohibited in Russia, the quality of life of the sex workers who are injecting drug users is very low. In fact, the state denies the treatment for its citizen. As a consequence, access to treatment of HIV, tuberculosis, viral hepatitis and STIs is made more difficult for those sex workers who use injecting drugs, due to non-availability of the methadone treatment.

Control over the work situation

According to the mapping results, only 30% of indoor sex workers and 27% of outdoor sex workers are in control of their work situation. The worst estimates are that up to 100 % of sex workers do not have full control over their working conditions.

■ Chart 6 | Levels of control over the working conditions and safer sex



This assessment of the level of control over the working conditions indicates a high degree of sex workers' vulnerability to HIV infection and violations of their human rights. A level of responsibility for the effectiveness of HIV prevention and treatment for sex workers lies with the organizers of sex work, as well as the police, which do not allow the sex workers to be free in their decisions concerning the important aspects of their lives and to fully safe conditions for their work. Therefore, dependency on third parties is one of the main factors that reduce sex workers' control over their working conditions and safe sex practices. The majority of outdoor and indoor sex workers are dependent on the rules and conditions of third parties.

If sex workers working indoors have problems with the law or the use of surfactants owners institutions can quickly without trying to solve the arisen problems, force sex-workers on the street, in the worst working conditions. In situations of violence, the organizers of sex work prefer that the sex workers do not disclose the activities of the „organization“ and do not to spoil the reputation before the clients.

Especially vulnerable are migrant sex workers, who are not legally registered in the country. They are in a powerless position and in isolation, as they cannot always move freely around the country without proper documents. They may not have information on prevention and treatment of diseases, access to health and social services, the means of prevention, or even the ability to study the Russian language.

Absence of trusted doctors²² limits the sex workers' ability to obtain health care services. The work schedule for indoor sex workers is more regulated than those working on the street, which may limit their possibilities to visits doctors because of the inconvenient work time.

Those sex workers who work individually at an apartment and without security have higher levels of vulnerability to violence as they cannot escape from an aggressor, which could be possible on the street. They also might be robbed, as the aggressor could return again once he knows the individual sex workers' address. In such it is very difficult for the individual sex workers in a context of isolation to control their working conditions, as the relationship is direct between the sex worker and the client.

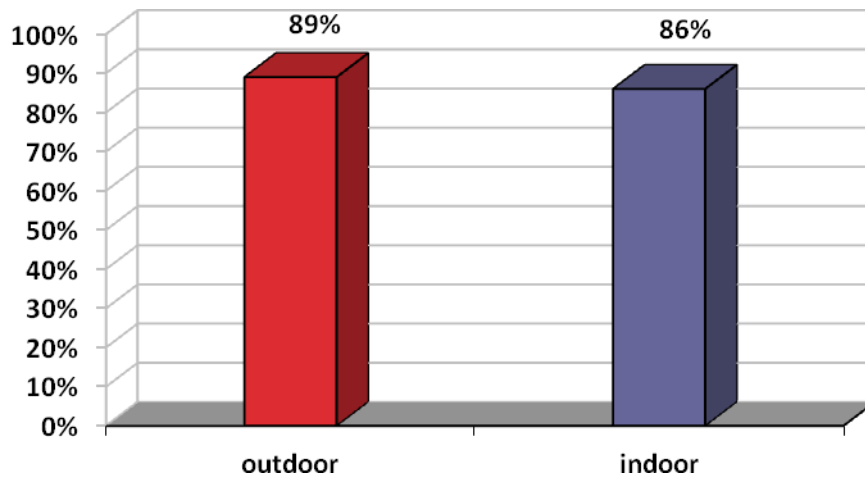
Overall, the factors of control over the working conditions are very individual and depend on the personality of the organizer of the sex work, law enforcement, local law provisions in relation to sex work, sex workers' skills and capacity in negotiation with clients and brothels owners to insist on safer sex, type of premises for sex work. In conclusion, it is important to consider the local context in developing prevention programs for sex workers.

Income of sex workers partly shared with third parties

Almost all interviewees acknowledged that approximately 86% of indoor sex workers and 89% of outdoor sex workers are sharing their income with third parties, including organizers of sex work, security, drivers, etc.

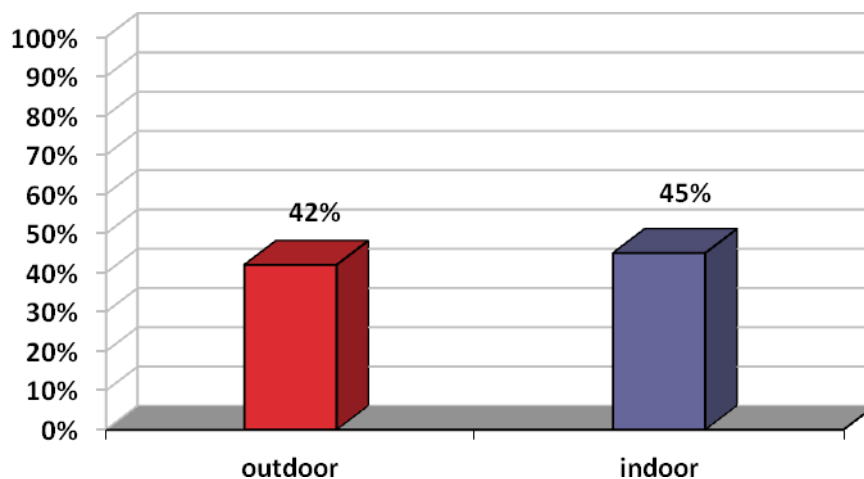
²² "Trusted doctors" have been trained on the principles of non-discrimination and anonymity. These doctors have agreements with NGOs and are trusted by sex workers.

■ Chart 7 | **Percentage of sex workers who share their income with third parties**



Third parties receive approximately 45% of income of the indoor sex workers and 42% of income of the outdoor sex workers.

■ Chart 8 | **Amount of income of sex workers that are shared with the third parties**



In Russia almost all sex work is controlled by third parties, who receive a percentage of income from the sex workers work. Such third parties are the organizers of sex work, dispatchers, barmen, advertisers, taxi drivers, persons providing protection and security guards. Typically there are established tariffs, which allows the indoor sex workers to plan the part of their income that will go to third parties. However, there are also contingencies to third parties and it should also be noted

that these expenses can be quite volatile, as managers are changing rapidly and the police raids frequency is unpredictable.

The organizers of sex work may encourage unsafe sex, considering it more profitable. Sex workers rarely get protection, medical support or supply of the means of prevention from the organizers of work in case of need. Consuming attitude of those who control the sex work leads to increased vulnerability, as the funds could be spent on health care and means of prevention for sex workers.

A significant portion of the income the sex workers spend on advertising, invest in their own image [e.g. the way they look], their health, safety, means of contraception. They send part of the earned money back home, as a means of supporting their families when they work in other cities and countries.

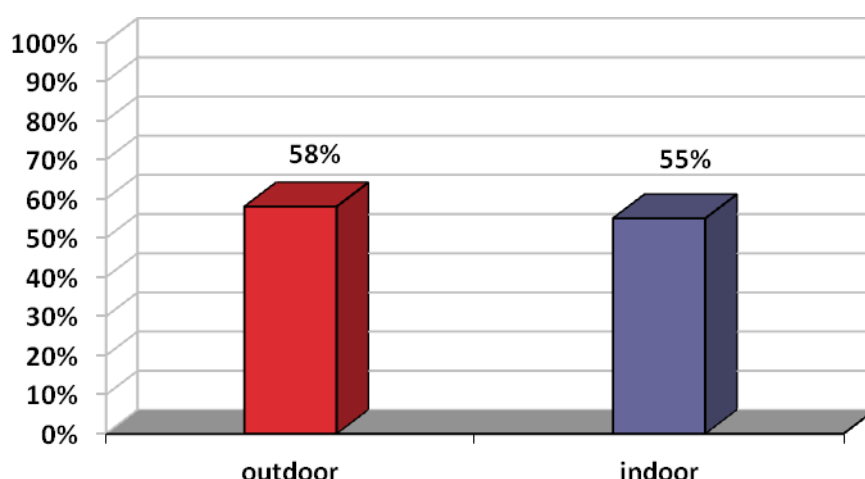
The following conclusions can be drawn up from the mapping results:

- sex workers are expected to provide a part of their income to third parties, however these third parties are criminalized and do not provide labor or legal protection to the sex worker;
- regular payments to third parties in the sex industry is a systemic phenomenon, as almost 90% of sex workers share a portion of their income;
- sex workers are in a vulnerable legal position and can not work autonomously, despite the fact that the income provided to third parties is illegal;
- criminalization of sex work supports the corruption existing in this field in Russia. It is observed that the criminalisation also raises the levels of violence against sex workers, in order for third parties to receive a part of the income;
- the need to share a part of income with third parties forces the sex workers to spend less funds on quality prevention materials, medicines, nutrition, legal services, all of which is directly linked to the vulnerability to HIV/STIs.

Income that sex workers are able to keep

According to the mapping estimations, indoor sex workers are able keep on average 55% and outdoor sex workers are able to keep approximately 58% of their income. These results show that there exists a group of people who receive an income from the sex industry while not being directly engaged in sex work.

■ Chart 9 | Amount of income that sex workers are able to keep



Due to the need of sharing a part of the income, sex workers are less autonomous and less particular about their clients, which may impact their ability to negotiate safer sex and overall control of the working conditions. Those sex workers who do not want to share a part of their income are forced to work undercover and have even less capacity to use the means of prevention or seek help when needed.

The use of condoms and other safe sex practices

The mapping results show the following estimations in relation to the use of condom and other safe sex practices in comparison with the general population.

■ Table 8 | The use of condoms and other safe sex practices among indoor sex workers

The use of condoms and other safe sex practices in comparison with the general population	% of respondents
Significantly higher	6 %
More often	24 %
The same	41 %
Less	18 %
Not have information	11 %
Total	100 %

■ Table 9 | **The use of condoms and contraceptives among outdoor sex workers**

The use of condoms and other safe sex practices in comparison with the general population	% of respondents
Significantly higher	5 %
More often	23 %
The same	14 %
Less	27 %
Not have information	31 %
Total	100 %

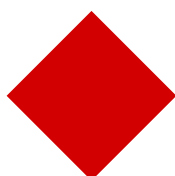
There are varied estimations regarding the vulnerability of sex workers in terms of condom use, however there is a tendency that the outdoor sex workers are more vulnerable to HIV/STIs than those working indoors.

It should be noted that the respondents were less aware of the safes sex practices among indoor sex workers, which may indicate that there is more practical experience and programs working for street sex workers.

It was observed that the levels of risk behavior among sex workers depend on various factors. According to the monitoring undertaken by the Humanitarian Action in 2011-2013 among the street sex workers in St. Petersburg, unprotected sex is practiced mostly by younger sex workers. This is mostly related to the lack of experience in sex work, skills in the condom use and ability to negotiate with clients. Having experienced an STI infection, sex workers begin to regularly use condoms and request that from their clients.


It can be concluded that those sex workers who have sufficient experience will practice safer sexual behavior more often than the general population, due to the fact that they have personally faced the consequences of infection. However, it was also found that those sex workers who already live with HIV use condoms less frequently than HIV-negative sex workers. During the interviews, sex workers living with HIV explained that they already have «the most terrible infection» and therefore they are not afraid of something more serious, hence they do not see the need to use condoms.

This example is a reflection of the situation in one of the regions of Russia, and should not be assumed for other parts of the Russian Federation.





Following the opinion of the respondent organisations of the mapping, the strategies to reduce the vulnerability of sex workers should be based on four factors:

- Decriminalization of sex work
- Public awareness raising
- Expansion of targeted services for sex workers
- Sex workers community mobilization



STRATEGIES TO REDUCE THE VULNERABILITY OF SEX WORKERS IN RUSSIA



Ethics in working with the sex workers

It is important to inform all staff involved about the ethical principles in the implementation of programs for sex workers. Such principles include voluntary participation in the programs, anonymity, privacy and confidentiality in case of media involvement, and other provisions to ensure full protection of the human rights. It is important to establish an ethical code with all other partner organizations involved. Such measures will create a trusted circle of experts and guarantee the safety of sex workers.

Strengthening the support to communities of sex workers

In Russia there are initiatives on the development of community activism among sex workers for defending their human rights. The foundations were laid by public organizations that supported awareness raising on the issues of human rights. This was followed by the creation of an association of sex workers «Silver rose» that involves sex workers and their supporters from various regions of Russia. Now the sex workers movement can be considered fairly independent. Sex workers began to talk about their needs directly, but they still need support from other professional communities. It is important that the strategies chosen by other professional communities do not contradict with the priorities chosen by sex workers, but are carried out simultaneously, strengthening and complementing each other - for example, joint peer education or work on decriminalization of sex work.

Mobilization of the sex workers efforts can become the main driving force for the HIV prevention work in their community. Their role is also crucial in changing the public attitudes towards sex work. It is essential to include representatives of the sex workers community as experts in the committees and other bodies working with people living with HIV. All of this will allow for more efficient planning of the response to HIV and sustainable activities such as peer educational programs, support groups, community councils, participation in conferences on HIV. Unifying the sex-workers will create more opportunities for them to seek justice and respect for their rights, and to significantly reduce their vulnerability to HIV and other diseases.

Approaches aimed for specific communities of sex workers

The risks associated with HIV are specific in different communities of sex workers: female, male, and transgender. Therefore information, education, communication, prevention programs should focus on the specific conditions of various types of sex work. There are programs that include information campaigns also for the clients, for example through peer counsellors among sex workers, media, Internet and distribution of printed materials. Information campaigns among the clients also play a role in reducing the vulnerability of sex workers to customers (as potential agents of violence). Through the campaigns among the clients it is possible to form a respectful attitude towards sex workers and intolerance to violence.

In the development and implementation of prevention programmes in sex work there should be particular attention drawn to the specific behaviours and environments experienced by those who engaged with the sex industry in its diversity, taking into account different manner in which one can engage with sex work.

Promotion for legal and policy reforms

Changes in the situation for sex workers in the Russian Federation should primarily be associated with changes in the legislative and law enforcement practice. It is necessary to withdraw the provisions of law that criminalize voluntary sex work, and to continue combating sexual exploitation and trafficking. At the same time, it is important to toughen the punishment for violence, including if the violence was committed against sex workers.

Since many negative aspects that increase the vulnerability of sex workers have become the cultural norm, it is important to improve the social position of sex workers by changing this system at all levels.

Possible approaches to achieving such changes include advocacy work with the organizers of sex work, their involvement in health and safety protection activities for their workers; advocacy with police to reduce

the cases of discrimination; advocacy among sex workers to improve their human dignity and professional solidarity at work.

It is necessary to support the strategies that contribute to creating a safer environment for sex workers. Instead of prohibitory measures on sex work, autonomy and self-determination of sex workers should be encouraged as a means of empowering sex workers to engage with health programmes.

Addressing the gaps in the provision of services

Sex workers can be protected from HIV transmission if the majority of sex workers access to comprehensive evidence-based and human rights-focused interventions. It is evident from the mapping results that there are gaps in the coverage of sex workers by relevant services.

The complex political and financial situation in public health in the Russian Federation has substantially limited the access of sex workers to targeted services that have been developed with the Global Fund, the United Nations Population Fund (UNFPA), and other international organizations. Departure of the major donors from Russia or reduction of their activities caused the halt or significant limitations on many programs under which the sex workers were able to access vital services.

As a result, the resources of 37 largest and most prominent Russian NGOs that took part in the mapping were only able to provide services to 2.8% of the estimated number of sex workers in the country. There is no reliable information about potential new large-scale funding programs of prevention among sex workers, while the state contribution in the implementation of HIV prevention programs among sex workers is minor. Thus, there are currently no optimistic forecasts concerning the expansion of the access of sex workers to HIV prevention and treatment of HIV/STIs, as well as social and psychological support.

The mapping results showed that a number of NGOs in Russia continue to provide a range of services to sex workers despite the restrictive political and economic barriers. In those organizations where specific sex worker – focused programmes ended, the services for sex worker are accessible in the framework of programs for drug users, people living with HIV, migrants, or integrated programs for vulnerable groups.

This situation has various consequences. On one hand, more generic approach for access to services for people vulnerable to HIV allows to compensate the gap in specific services for sex workers. On the other hand, organizations can lose sensitivity to the immediate needs of sex workers, and therefore the connection with this group, if they cannot meet their needs within the framework of universal programs or programs for other groups.

At the time of the mapping the sex workers in the cities where the information was collected could access basic services - mainly those for the prevention and treatment of HIV/STIs, such as consultations with medical professionals, HIV testing, information on diseases and municipal services, condoms, social support, and informational materials.

Most services are aimed for the street sex workers who are using drugs, and rarely apply to sex workers working indoors. This is because the street sex workers are considered as more vulnerable and easier to reach with many services attractive to them. Sex workers working indoors prefer to be anonymous and it is more difficult to establish direct contact with them, while they are also more sensitive to the quality and convenience of services. Organizations should develop innovative approaches for reaching those sexworkers working indoors and attract peer consultants and use the Internet resources for the prevention activities among the targeted closed groups.

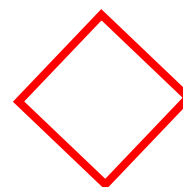
Sex workers have the legal right to access all services provided by public institutions: medical, social, legal. The state guarantees the right to medical examination and treatment of HIV, including antiretroviral therapy, examination and treatment of many other diseases, protection of law enforcement and judicial authorities, social security, free psychological assistance. Government services are designed equally for all groups of the general population without making sex workers or any other groups belonging to certain profession a separate category.

Existing equal rights of citizens, and the availability of a range of services in state organizations could provide universal access for sex workers at least to basic health services, should there be no restraining power of stigma and discrimination. Services of public organizations are often not low-threshold or tolerant, and despite the guaranteed right of access, many sex workers are not able to fulfill their rights to certain services.

At the same time the migrant sex workers do not have legal rights in Russia to obtain public services free of charge, except for emergency aid in life threatening situations.

While sex workers from Belarus or Ukraine can speak Russian, others from the countries of Central Asia, Baltic States and Africa have a language barrier in Russia, and thus are more vulnerable in negotiations with clients and communications with various services. Most prevention programs provide counselling, preventive literature and conduct information campaigns in Russian. There is a gap in availability of the information in other national languages, also in accessing peer educators and professionals proficient in other languages and aware of the culture of other countries.

In the framework of services provided by Russian NGOs, it is worth noting the absence of crisis accommodation for sex workers - victims of violence or sex workers – migrants. Organizations rarely have a staff lawyer, whose responsibilities would include protection in court and legal support of the target group.



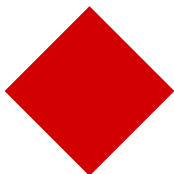
Conclusion

In conclusion, sex workers in Russia experience not just high levels of violence, discrimination, and stigma, but also an adverse legal environment that for one side intensifies the negative effects of criminalization and for another reduces their ability to access health services, when needed.

Moreover, sex workers are excluded from health programmes for vulnerable populations, as a way of conforming public health efforts with the criminalization laws.

This sort of governmental response to the needs of sex workers is inadequate and increases severely their vulnerabilities to violence, exploitation, and HIV/AIDS.

The focus should be on addressing the gaps in coverage, expanding access to services and increase of their use, as well as strengthening of programs that meet local needs.





SUMMARY AND ANALYSIS



Sex workers represent a considerable variety of social roles and behaviors in society. The more each individual sex worker differs from an average citizen, the stronger are stigma and discrimination towards this person.

The number of sex workers in Russia, according to those experts who participated in the mapping is estimated at 500 thousand at the lowest and at about 3 million sex workers at the highest. The lack of statistics and projects targeting sex workers explains the difficulty in assessing sex workers. Percentage of coverage of the target group by Russian organizations in 2011 and 2012, for an average of 1 million sex workers, amounted to only 2.8%.

■ Working conditions of sex workers are very difficult due to widespread violations against their human rights, while social and legal environments do not provide protection against stigma and discrimination and are an obstacle for equal access to the necessary services.

■ HIV prevalence varies greatly among sex workers in various sectors of sex work and the cities of the Russian Federation, from 4.5% in Moscow to 61% in St. Petersburg²³. These differences demonstrate that the vulnerability of sex workers to HIV depends on the political situation, level of access to HIV prevention, as well to additional factors such as drug use, sexual exploitation and trafficking.

■ Sex workers are usually able access low threshold services only in NGOs working with vulnerable groups. For this reason, many sex workers have a limited opportunities and face barriers in accessing public services.

■ After a certain uprise in the commitment of the Russian Government to the fight against HIV, including among most vulnerable populations, now there is a shift back to silencing of the HIV epidemic among sex workers, ignoring their vulnerability to HIV.

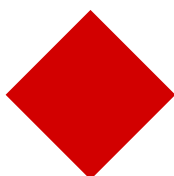
²³ National Report of the Russian Federation on the implementation of the Declaration on Partnership to Fight HIV for 2008 - 2009, the Federal Service for Supervision of Consumer Rights Protection and Human Welfare, UNAIDS, Moscow, 2010.

■ In the metropolitan areas a certain percentage (up to 50%) of sex workers are migrants that mainly come from the countries of the former Soviet Union, its European part (Ukraine, Belarus) as well as former republics of Central Asia (Tajikistan, Uzbekistan, Kazakhstan). Some sex workers also come from countries in Africa.

■ Due to the repressive state policies against sex work, as well as limited funding from international prevention programs aimed at sex workers in the Russian Federation, there remains a small number of organizations implementing programs among this population.

■ The media interest in 2012-2013 was focused on the problems of legalization of the sex work as well as moral and ethical aspects of sex work. In this period there were several TV programs, actualizing these aspects on Russian television. Religious influence was presented as one of the adverse factors to legalization of sex work in Russia.

■ The lack of protection of human rights in the context of HIV, unsafe working environment and violence interfere with the social changes needed to reduce the rate of HIV infection, morbidity and mortality associated with HIV.





RECOMMENDATIONS

All strategies should be aimed for the sex workers to be in control of their lives and working conditions. Should there be an environment of tolerance and equality of rights, sex workers will be able to protect themselves against HIV and STIs.

The mapping results emphasize the interest among sex workers in protecting their health and being aware of the risks of HIV/STIs associated with their work, which is proven by the use of preventive methods more often than the general population.

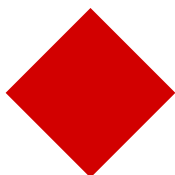
Sex workers are subjects of their own self-determination and seek to have their human and civil rights protected on an equal footing as to other citizens.

Sex workers are capable of change when they are meaningfully involved in public health programmes and policy reforms that seek to enable an environment of realization and protection of rights.

In view of this it is important to ensure the following:

- Adopt the laws, policies and programmes enabling the legal environment that protects sex workers from HIV and facilitates their access to justice
- The state should respect and protect at all levels (legislative, executive, judicial) the rights of their citizens regardless of their sex, nationality and occupation. Thus, the concept of the «vulnerable groups» should be leveled
- Introduce into the educational and professional training system a course on human rights in the aspect of HIV infection for the specialists working in the field of health, social protection and rights

- Develop protocols and standards for provision of comprehensive services for sex workers in the aspect of HIV prevention, based on international best practices
- Provide sound arguments to the grantmakers and the Russian government, concerning the importance of support for HIV prevention among sex workers.
- Develop the messaging and strategies for HIV prevention among sex workers working indoors, and a complex of services for MSM and transgender sex workers
- Create a unified national database for the reporting of cases of HIV/STIs, services provided, the scope and cases of violations of the rights of sex workers, so that any human rights organization can have access to information on the situation in the field of sex work, across the country and specific regions
- Document and publicize the violations of human rights of sex workers, as well as any cases of discrimination and violence by police and private parties
- Constantly collect and disseminate useful recommendations developed by sex workers themselves
- Document all the best practices and effective models of comprehensive programs for sex workers, to ensure that the accumulated experience will not be lost in case of the funding shortages or termination of projects
- Remove the barriers of access for sex workers to the vital services such as antiretroviral therapy, treatment of STIs, TB, and harm reduction.
- Advocate against the silencing of dangerous legal, sexual and gender norms that increase vulnerability of sex workers
- Decriminalize sex work, and prior to that ensure non-application of the penal sanctions which are not foreseen by the CAO article 6.11 «for engagement in prostitution», while considering all other actions, such as extortion, forced sex, beatings, etc. as the abuse of power
- Essentially expand programs that allow the sex workers to know and understand their rights, and to demand their protection.





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