

Adaptation and studying the utility in Ukraine of innovative screening of gender-based violence and short interference with the WINGS methodology

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sex workers are initiating new security goals and
HIV service in Kyiv»



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NGO "Club" Eney " with support
Eurasian Key Populations Health
Network (EKHN)
2018, Kyiv

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List of abbreviations

ART - antiretroviral therapy

HIV - human immunodeficiency virus

MARPs – Most-at-Risk Populations

SMT - substitution maintenance therapy

PWID – persons who inject drugs

NGO - non-governmental organization

AIDS - Acquired Immunodeficiency Syndrome

IRB – Institutional Review Board

WINGS – Women Initiating New Goals of Safety

WWUD – women who used drugs



INTRODUCTION

According to the Center for Public Health in the structure of HIV transmission patterns, the increasingly important epidemic value becomes the sexual path (61.6%, 2016 p.); At the same time, the relevance of the parenteral transmission pathway in drug administration remains high, despite the tendency to decrease (21.8%, 2016). Among HIV-infected persons registered in 10 months of 2017, 63.8% were sexually transmitted infected, 21.5% – by parenteral injection of narcotic substances. More than 170,000 HIV-infected people are registered in Ukraine, but according to expert estimates, about one-third of infected people know about their HIV status, the total number of people living with HIV in Ukraine is 377,600. Every year in Ukraine, from 2 to 3,000 patients are diagnosed for AIDS. In the period from 1987 to June 2017, 306,295 cases of HIV infection have been officially registered in Ukraine among Ukrainian citizens, including 97,584 cases of AIDS and 43,206 deaths from AIDS-related diseases (Center for Public Health, 2017).

Kyiv region and Kyiv on the level of HIV infection remain leaders. Significant increase in the incidence of HIV infection in 6 months. 2017, against the corresponding period of 2016, Conducted as a result of the intensification of coverage of HIV-positive people identified in previous years. In the structure of the ways of transmission of HIV among people from the first time in their lives, the diagnosed HIV infection prevails in sexual (homo and heterosexual) way. During the 6 months of 2018 its level reached 63.7% against 59.8% over the corresponding period of last year. 22.0% of people (22.2% last year) were infected through the introduction of narcotic substances by injection. The urgency of this path is maintained and is a priority for Kyiv and the region (Center for Public Health, 2017).

A study conducted by the Institute for Demography and Social Studies at the request of the UN Population Fund showed that 1.1 million women every year faced physical and sexual aggression in the family (Volosevich, 2014). Women who use drugs (WWUD) or sex workers are even more vulnerable to various types of gender-based violence and are a high-risk group for the transmission of HIV. However, they are often afraid to seek help from police, social, medical and other institutions through criminalization and discrimination. Women who use drugs cannot find work to ensure their lives and be independently on their partners, which complicates the exit from the situation of violence.

According to research in Ukraine, about half of sex workers (46.6%) have been subjected to sexual abuse during their remuneration. Among the populations of violence, the most common cross-group sex workers use drugs: 76.4% of people were violated. The majority of sex workers who were subjected to sexual abuse during their remuneration faced verbal abuse (69.5%), threats (50.1%) and forced labor (49.5%); more than a third were beaten (38.3%); a quarter (24.3%) were raped (Sereda, Sazonova, 2017).

The vast majority of sex workers (82.1%) were subjected to violence by clients; more than one in ten respondents (12.4%) reported cases of violence applied by law enforcement officers (Sereda, Sazonova, 2017).

Gender-based violence disproportionately affects women of key communities, sex workers and women who use drugs (WWUD). WINGS is a method of short intervention and a therapeutic tool designed to identify various types of gender-based violence among the WUD, which enables them to develop strategies for security planning, strengthen their social support network, identify and access various services to reduce the risk of Gender-

based violence, WINGS can be implemented during one session, and also integrates with counseling and testing for HIV, and can also be used with interventions for HIV infection (Gilbert et al 2016).

A pilot study in Kazakhstan found that after the WINGS session, more than 90% of participants agreed to undergo HIV counseling and testing, of which 8% had a positive outcomes for HIV, and all of them had access to ART (Gilbert et al 2016).



THE AIM OF THE STUDY

Adapting and studying the utility in Ukraine of innovative screening of gender-based violence and short-term intervention methods.

WINGS (Women initiating new goals of safety), for security planning, increasing their social networks and combining services to counter gender-based violence and HIV prevention, and advocating more accessible, sensitive to gender and client-centered, quality response services HIV, and counteracting gender-based violence in Kyiv, using WINGS data on violence from partners and outsiders, needs and gaps in service delivery.

The hypothesis of the study was that the proposed intervention, "Club "Eney", will strengthen the organizational capacity to address crisis situations by adapting the WINGS methodology for women who use drugs and sex workers in Kyiv to increase the safety of 20 women through the use of the WINGS methodology, which includes security planning, increasing and strengthening their social networks and combining services to counter gender-based violence and HIV prevention.

To achieve the goal of the study, the following tasks were performed:

1. Gender-sensitive organizational capacity has been created by adapting the WINGS methodology to improve access to HIV services and counter gender-based violence among women who use drugs and sex workers in Kyiv.
2. Strengthened security, improved access to HIV services and countering gender-based violence among women using drugs and sex workers in Kyiv through the use of the WINGS innovative methodology for 20 women in Kyiv.
3. Data on the various types of gender-based violence experienced by women who use drugs and sex workers, as well as documented needs and gaps in HIV services and the fight against gender-based violence among women who use drugs and sex workers in Kyiv, using the innovative WINGS methodology for 20 women in Kyiv.
4. Advocates for more accessible, gender-sensitive and customer-focused, high-quality HIV/AIDS-related services and countering gender-based violence in Kyiv, using WINGS data on violence from partners and outsiders, needs and gaps in service provision.

To carry out the research tasks, it was envisaged:

- 2 in-depth interviews with providers who give HIV and services to counteract the remoteness of violence among women who use drugs and sex workers in Kyiv;
- 2 focus groups of 12 women living with drug addiction and sex workers;
- Intervention using the WINGS adapted methodology for 20 participants;
- Re-interviewing the results of the intervention;
- Analytical report on the results of the study with conclusions and recommendations;
- Dissemination of the report among representatives of civil society, decision-makers regarding gender-based violence and Kyiv stakeholders;
- Advocacy through participation in network events, relevant roundtables, events with stakeholders and the public in the city of Kiev.



METHODOLOGY OF RESEARCH

In-depth interviews with HIV / AIDS service providers (NGO representatives)

were conducted at their workplace by experienced research team representatives for the purpose of conducting such interviews specifically designed for this study. One psychologist and one social worker interviewed who had the experience of conducting the WINGS intervention were interviewed. Interviews are recorded on a digital audio device (voice recorder) with the possibility of verbatim transcription for further thematic analysis.

Focus groups were conducted from among women who are drug addicted (4 experienced WINGS intervention participants) and sex workers (8 people who did not have experience in WINGS interventions) under specially designed guidelines for conducting such interview. The focus group was recorded on a digital audio device (voice recorder) with the possibility of verbatim transcription for further thematic analysis.

The WINGS intervention was conducted for two groups of people who had not previously had the experience of participating in the WINGS sessions – women living with drug addiction, and sex workers. During the session, the client received a questionnaire, which is one of the tools of the session. The questionnaire collected information about the goals that the participant had set up and his needs for redirection for assistance and services. These data were used to compare with the data of the repeated poll.

The re-interviewing of intervention participants was conducted using a questionnaire with open and closed questions to get feedback from participants on the experience of participating in the WINGS session and changes in their behavior after the intervention, and whether they were able to fulfill their goals and receive the services that were defined during the session. Questionnaires of clients were conducted after one calendar month with a telephone survey. This method was chosen because of the closed of the target audience and the technical difficulty of re-assembling interventionists. Respondents answered questions about their experience of participating in the WINGS session and changing their behavior. Also, by using an identical questionnaire that was used during intervention, a comparative analysis of the data was performed if the participants fulfilled their goals and received the services that were identified during the intervention.



RESULTS OF THE STUDY

A total of 34 people were interviewed in Kyiv, including 2 service providers, 12 participants in 2 focus group discussions and 20 participants in interventions. The analysis included 2 focus groups, 2 in-depth interviews with providers who give HIV services and services to combat gender-based violence among women injecting drug users and sex workers in Kyiv, and 20 questionnaires from participants who took a part in intervention and repeated poll.

In the study, interviewed 2 provider – one psychologist and one social worker. Both respondents – women aged 31 to 39 years, successfully completed social work curricula and have higher education in psychology. Respondents have 2 and 3 years of experience with people who use drugs. For in-depth interviews, we have developed open-form questionnaires on the experience of using the WINGS methodology.

Among the most desirable aspects and elements of WINGS is a customer safety plan. Facilitators also liked the fact that WINGS is a client-centric tool that does not evaluate the client's actions, but allows them to independently determine the risks of the situation in which they are located:

“There are methodologies for combating violence. Most of them relate to how to persuade the client to leave the relationship [...]. The wings are different. They take into account the features of a woman and her needs that we may not know [...]. WINGS helps to inform clients about different options and choose what they need [...]. A security plan helps protect the client and advise her what to do in case of subsequent conflicts and risks of abuse” (Provider 1).

Among the negative aspects or elements of WINGS, Provider 1 mentioned the duration of the form for screening violence:

“Participants in a group session with a low level of literacy need about 20 minutes to read and respond to this screening form. A group session lasts an hour and we must cut or skip some components to keep participants' attention and motivation. That's why it would be nice to have short forms of screening” (Provider 1).

Also, facilitators mentioned the following negative aspects of the methodology: (1) the tool is aimed only at heterosexual women; (2) the intervention focuses on those women who live with their partners:

“We had a session with the participants who left their partners, and the methodology was not sufficiently effective for them. I plan to develop various security plans for women who do not live with partners, or are being subjected to violence by the police etc. I plan to invite women together and develop other options for a security plan” (Provider 1).

Provider 2 said that some WINGS elements are not relevant to all clients:

“If an element is not relevant to the client, I will not focus on this, but I give it some information about it. When I tried to read all the information from the manual for WINGS facilitators, some customers got tired from the start” (Provider 2).

Experts believe that the introduction of WINGS is beneficial because it is an innovative methodology that opens up opportunities for organizing work on the prevention of violence and addressing the needs of clients who suffer from violence. Experts believe that WINGS is an effective methodology that has the potential for more funding, in particular, because it offers solutions to increase women's safety.

After completing in-depth interviews with service providers, the need to adapt the WINGS methodology to Ukraine was identified, and the creation of a separate plan for the safety of sex workers.

To accomplish the tasks, two focus groups were held, with different groups of women who survived violence:

- Women who have experience in the WINGS session;
- sex workers.

A focus group was organized with four clients asking for their experience in the WINGS session. All participants completed participation in the WINGS session about two months before the focus group. None of the respondents to participate in the WINGS session did not seek help in situations of violence.

All participants talked about the disadvantages not so much of the methodology as the need to develop further clear strategies for helping women-victims of violence. Two participants consider it necessary to bring more specific advice and techniques to the adapted technique:

“That is, to calm him somehow of this aggressor, now, that is, only about your actions are said in advance, but how to act in this or that situation if he provokes there” (P4).

Among the disadvantages of further working with women who suffered from violence, the participants called slow and untimely redirection for further assistance:

“So that we will not just sit there, you are poor, miserable, they are beating you there, and we will really help you, that there really is a lawyer there, a gynecologist ...” (P1).

“It would be nice if you could come, they know you there, and this, you have nowhere where to sleep tonight, and so you can come and spend the night there ... they will give you the some clothes, minimally what a person it is necessary ...” (P4).

Participants believe that it is necessary to disseminate information about the WINGS sessions and help in situations of violence more effectively:

“And I don't have a phone ... in short, you need to look for some available methods, as for me, to convey ... some means, that is, not to dwell on the Internet there, ... it means somehow in some other way so that this information will be reaches” (P2).

Two participants believe that women who have received help should be motivated to talk more about this to their familiar women:

“To do this, you need to show that this program works, so again, the first is to convey what it is, so that the people hear, these girls, and the second, these girls show that you did not just come there, but the fact that nobody will hurt you there, it will be really anonymous, really tolerant, and so on, no one will spit on you there” (P4).

All participants received useful information on resolving conflicts in relationships and were informed about the risks of such conflicts. In general, participants appreciated the methodology positively:

“When I answered some of these questions, I felt that they were developed by someone who knows my situation. For example, the question “Has your partner strangled you?” He choked me twice, and I still had bruises ...” (P2).

“I had a low level of risk and still I learned that I had to keep the documents from my neighbor, that is, so that as soon as possible I could run out, leave, not run across the room, provoke it all the worse with my appearing and in front of the eyes, and quickly grab and run, to whom you could turn at such a moment that there are trusted people, and you can go to them and not sit on the street on the bench, not knowing where to go and what to do, and in general how to be in this situation” (P4).

For the development of a separate safety plan for sex workers, information has been gathered on the use of successful practices of sex workers, which was conducted with a focus group of 8 participants.

5 out of 8 respondents experienced physical violence during the last year of sex work. 7 out of 8 participants encountered physical violence during the entire period of sex-service provision. All participants reported that clients forced them to sex, or to individual practitioners. 4 out of 8 respondents felt safe with their partner during the last year of sex work, 2 did not have a partner, 2 did not feel safe. Six out of eight respondents did not feel safe because of police officers.

Concerning the use of condoms, 8 out of 8 participants have always agreed to use a condom with a client. 4 out of 8 participants imperceptibly used a condom for a client when it was not possible to agree on its use.

7 out of 8 respondents had the opportunity to call for help in the context of violence, however, they had no hotline contacts for sex workers, and trustees were not programmed for fast dialing.

The participants in the focus group emphasized that in each case the sex worker should act, analyzing the unique situation that has developed and depend on the speed and quality of such an analysis, depends on her life and health.

“... I was on the 5th floor, he wanted to rape me and I jumped up to the window sill and started screaming at people when he grabbed, he thought that I would jump out in fact I had that, I knocked out the glass, it was open already, I managed to open, but he was afraid that people would hear that I was screaming and they will see him, I was standing on the windowsill, he had already calmed me, that everything was saying, not this, because I was screaming people, well, and so here I came out” (P2).

“I had late autumn, I was taken out, there were as many as 4 people in the car taken out to the Dnipro bank, it was very cold, well, I jumped into the Dnipro, went almost up to my neck, they said that I was crazy, turned around and left ... But this was a salvation for me, because they were young boys, they would have torn me apart, and there also had to come another people in car ...” (P7).

One participant reports that the course of self-defense was useful to her:

“I fought repeatedly, sometimes it works, even several times it was in the heat of affect, when there is psychological pressure from the client, forcing on certain things” (P4).

Two participants consider the dangerous use of pepper spray:

“Gas sprays – you need to be very careful, you need to read, first of all, that this is not a fake, because you can really annoy with this ... only sport, and if indoors, it must be borne in mind that you can inhale yourself ...” (P1).

Three participants reported using alcohol control as a way to escape from an accident:

“I agreed to everything, and literally I’ll say “let’s drink, I want to get a drunk” and poured for myself a little bit and the rest I added cola, and he has more brandy, I’ll literally drop a brandy in my cup, but for him i was pouring more and more and he just fell asleep” (P4).

When discussing the standard safety plan for a methodology for women living with drug addiction, it has been found that none of the participants believes that it will effectively try to stay on top during sex with their partner to escape if necessary. No one of the participants believes that it will be effective to tell the partner that you are going to see a family member or friend in trouble.

All participants agreed with the statement that it would be efficiently and clearly explained to a partner that you do not want to have sex. 7 out of 8 participants believe that for the sake of security, it will be useful to keep all important personal belongings and clothes in one place, so that they can understand quickly and go out in the easiest way.

8 out of 8 participants consider it necessary to keep funds awaiting accidents or a credit card in their wallets to take a taxi or take public transport to a safe place. 4 out of 8 participants consider it necessary to write a message or call people from trusted contacts to ask for a meeting or hiding place.

Also, sex workers were aware of the basic principles of protection against HIV infection or STDs, or, in order not to get pregnant from a partner, all respondents named the only means – a condom.

According to the results of the focus groups, despite the high prevalence of violence, all these women had gaps in access to services. The gaps included the following services: lack of childcare assistance, lack of shelters for women who take drugs, or receiving substitution maintenance therapy, unemployment, lack of knowledge and skills to receive help, social relationships. The focus group found that social support, SMT assistance, access to health services from tolerant doctors, and social workers counseling who was trained to counter

gender-based violence would help improve security and reduce the risk of conflicts and violence, and facilitate access to necessary services.

Given that the experience shared by participants in the focus of the group of sex workers is unique and significantly different from the experience of other women, a separate safety plan for sex workers has been developed, taking into account all the professional characteristics of the clients. Also, WINGS methodology adapted for sex workers was included in the safety plan with additional recommendations for sex workers who negotiate with the client on their own:

- It is recommended to use a short psychological screening that can reveal predisposition to violence during the first conversation with the client, and also to agree on specific practices:

“To discuss in advance what I agree is acceptable, that is, I always want to clarify what is acceptable for me, what is not acceptable, but it still does not give a one-hundred percent guarantee when he asked me a hundred times about some stuffs in sex and I tell him “No!”, but he again asks me one hundred and first, figuratively, anyway, I think that he will be want it anyway, when we see each other, he will say “no-no, okay, let’s do something a bit” because it’s still in his head, that is, if possible, to go to another client without squirrel living in his head.” (P1).

“To discuss in advance what I agree on is acceptable, that is, I always want to clarify what is acceptable for me, what is not acceptable” (P4).

- use modern technical capabilities (Viber, Google Maps) and contact with friends to improve the level of safety and protection of life:

“I was pretending that I sent, well, in principle, sometimes I managed to send, there is such a “location” option in the Viber, and then my godmother, well [name], knew where I have been and she immediately called, “I know that you are there”, I turned on the loudspeaker, it always scared clients” (P8).



STANDARD SECURITY PLAN FOR WINGS METHODOLOGY:

Below you will find a description of some situations in which you or other women may be exposed to sex-related risks.

1. If I am worried that a partner can insist on sex when I do not want it, I will be able to take the next steps to avoid having sex with him (with her):

List these steps:

1.1. _____

1.2. _____

1.3. _____

Also, I can do the following **[mark all the options that fit]**:

- I will tell the partner that I am exhausted or not in a mood for sex.
- I will tell the partner that I need to go to someone from a family member or friend.
- I will tell the partner that I am sick.
- I will go from a partner and find another place to sleep.
- I will try not to stay in the bedroom or other room with my partner.
- I will ask the friend or family member to stay with us.
- I will write the names of two friends (family members) in whom I will be able to stay:

Contact N°1 / name and phone numbers _____

Contact N°2 / name and phone numbers _____

2. If I and my partner are under the influence of alcohol or drugs and I am afraid that my partner can take advantage of my situation to have a sex with me, I can take the following steps to avoid having sex with him (with her):

List these steps:

2.1. _____

2.2. _____

2.3. _____

3. If I have sex with my partner and I'm afraid that he or she can apply sexual violence to me, I can take the next steps to protect myself:

List these steps:

3.1. _____

3.2. _____

3.3. _____

Also, I can do the following [mark all the options that fit]:

- I will try to stay on top during sex so that I can escape if needed.
- I will tell the partner clearly and calmly that I do not want to have sex.
- I will tell the partner that I'm going to visit a family member or friend who has a trouble.
- I will leave important personal belongings and clothes in one place so that if necessary, I could go quickly and understand how to do it in the easiest way.
- I will keep deposited money or a credit card in my handbag for critical occasions so that I can take a taxi or take public transport to a safe place.
- I will write a message or call people from my contacts (mentioned above) to tell them that I need a place where I could go or I will ask them to meet me.

4. To protect myself from becoming infected with HIV or STDs, or to not get pregnant from a partner, I will do the following **[describe your plan of action]:**

Also, I can do the following **[mark all the options that fit]:**

- I can ask a partner to use a condom.
- I can use a female condom.
- I can avoid vaginal or anal sex.
- I can use other methods of contraception [it's worth remembering that only male or female condoms are effective for the prevention of HIV or STI].

5. If I had unprotected sex and I think I was at risk of getting HIV, or I think that I became pregnant, also, I can do the following [mark all the options that fit]:

- Get into the doctor's office or contact emergency medical staff for 48 hours and ask them to appoint me a low dose of an antiretroviral medicine to protect myself from HIV infection.
- Test HIV and other STIs
- Go to the pharmacy and buy emergency contraception (for example, Postinor) to prevent pregnancy.



SECURITY PLAN FOR SEX WORKERS

Based on these focus groups and interviews with service providers experienced in the WINGS sessions, it has been shortened and facilitated for customer understanding of the screening tool. As a result, more attention was paid to informing about types and risk factors of violence and the security planning tool.

Also, based on the information received from the focus group of sex workers, an innovative approach to the planning of the safety of sex workers was proposed. This methodology is aimed at women only, male gender sex workers were not included in the sample.

1. Always trust your instincts. If you are not sure about someone, it's likely that there is a good reason for this. Do not ignore your premonition of danger, and then regret it.

- Did you have a situation where the premonition of danger saved your life?
 - Yes
 - No
- Appearance may be deceptive. A decent appearance of the client does not guarantee your safety. The same applies to "regular customers".
- When you talk with a client, try to look confident, be persistent, strong and keep control of the situation.
- Adhere to your prices and "rules". Before meeting with the client, decide which sexual practice you are ready to do, and which is not ready for you today, as well as in general.

2. Practices to which I am not ready, this **[list]**:

2.1. _____

2.2. _____

2.3. _____

2.4. _____

2.5. _____

3. Am I ready to provide service without a condom for an additional fee?

- Yes
- No

Why? _____

4. Be friendly, but stable in negotiations with the client, explain your "rules".

Rules of my work:

- 4.1. _____
- 4.2. _____
- 4.3. _____
- 4.4. _____
- 4.5. _____

5. Be prepared to give up the client if his wishes are unacceptable or he is firmly bargaining for the payment.

I refuse to work with a client who:

- 5.1. _____
- 5.2. _____
- 5.3. _____
- 5.4. _____
- 5.5. _____

6. I will formulate my refusal in a friendly and firm manner, for example, as follows:

Useful Tips:

- If there is such a possibility, carry a mobile phone with you. You can program it for speed dialing by pressing one button. It's not always possible to call in case of danger, but if you get a call, dialing speed is very important. This can be a police phone number or a trusted friend so you can contact for help quickly.

I program on speed dialing the number of this person (give the name and contact telephone of the person whom you can call in case of danger):

- Telephone number of the police: 102
- Hotline numbers for sex workers:

067 450 777 4

050 450 777 4

- Buy a smart-watch for kid, it can be the easiest and cheap model. They have an alarm button that automatically sends your location as a signal to help your trusted person. When you click on the button, it record the sound and send a record to a trusted person. This will allow you to quickly call for help.
- Plan ways to go ahead. Wherever you work, always check the evacuation routes and do not let the client stay between you and the nearby exit.
- Avoid working with clients who are under the influence of drugs or alcohol.
- Monitor the behavior of the client, especially if his mood changes suddenly for no apparent reason.

7. How will I keep my client's hands in the field of view all the time?

8. How will I control my drink so that he can not unnoticed put or pour some substance?

9. How will I control that the client is not between me and the nearest exit?

10. If the client's mood changes suddenly for no reason, I will:

Following the adaptation of the methodology and the development of a safety plan for sex workers, the adapted session was conducted using the WINGS methodology with 20 women with experience of violence and their re-interviewing 1 month after the intervention.

A questionnaire with open and closed questions was used during the re-interview to get feedback from the participants on the experience of taking part in the WINGS session and changes in their behavior after the intervention, and whether they were able to fulfill their goals and receive the services that were identified under session time.

20 of the 20 participants reported having benefited from methodology against violence WINGS. 4 out of 20 participants reported that the updated security plan was beneficial to them:

“I was able to very clearly create a plan for getting out of situations” (P4).

“I began to understand how to behave” (P12).

4 out of 20 participants find it most useful for them to engage in the community of women who experienced violence:

“The openness of people was useful” (P3).

“We got together, and I realized that the problem has affected many others” (P1).

“The first time I decided to go to the event, with the same as you” (P18).

15 of the 20 participants do not see any need for further changes to the methodology, but 3 participants reported that some parts of the methodology were not relevant to them since they are not currently in a situation of violence.

“There were relevant moments about the family. I have problems with this. About violence in relationships, this is not relevant” (P20).

“All information was useful, but some points are not relevant. About sex work, it is no longer relevant” (P3).

Despite the adaptation of the methodology, there is a need to continue working on the previous screening to ensure greater homogeneity of the group and give contact of psychologist to all participants after the end of the session:

“I needed a psychologist. The important moments were hidden, but not removed” (P15).

“There were some stories after made me crying. It was a bit hard” (P2).

Participants' feedback was received on how taking part in the intervention affected the further situation with violence:

“I broke up with my partner and improved the quality of life; I learned many options for getting out of conflict situations” (P15).

"I saw that I was not the only one. And now I'm not alone, I can call, ask, consult" (P4).

"It was a lot of changes in my perception. I want to hold the sessions myself and help women escape from violence. In the process, I want to help women draw up their own plans for ending the violence" (R18).

Participants were asked to answer whether the goals and requirements selected during the intervention were fulfilled. Below are data for each of the goals selected by 2 or more clients and the result, whether they have achieved or have not attained their goals.

The goal – "My partner and I stayed together, without any changes" – 2 participants who chose this goal, replied that no changes occurred.

The goal – "My partner and I stayed together. Emotional violence has stopped", 7 participants confirmed the achievement of this goal, 1 participant has not achieved the goal.

The goal – "My partner and I stayed together. Discontinued physical violence" – 4 participants confirmed the achievement of this goal.

The goal – "My partner left and we do not support more contacts" – 3 participants confirmed the achievement of this goal, 2 participants did not reach the goal.

The goal – "My partner left, but still remains with me" – 2 participants did not reach the goal.

The goal – "My family and I stayed together. Emotional violence has stopped" – 6 participants confirmed the achievement of this goal, 2 participants did not reach the goal.

The goal – "My family and I stayed together. Discontinued physical violence" – 2 participants confirmed the achievement of this goal.

The goal – "My family and I dispersed and do not support more contact" – 2 participants confirmed the achievement of this goal.

The goal – "I continued to work and stayed in touch with my boss /pimp /drug trafficker or other people, but took steps to stopped or diminished the degree of emotional, physical and/or sexual violence" – 2 participants achieved the goal.

The goal – "I stopped working or stay in touch with my boss / pimp / drug trafficker" – 1 participant confirmed the achievement of the goal, 1 participant did not reach the goal.

The goal – "The risk level for me has decreased" – 7 participants confirmed the achievement of this goal, 3 participants did not achieve the goal.

The goal – "Decreased/stopped drug use" – 3 participants confirmed the achievement of this goal, 1 participant did not achieve the goal.

The goal – "Sexual security has improved" – 3 participants confirmed the achievement of this goal, 4 participants did not achieve the goal.

The goal – "Passed HIV/STI testing" – 1 participant confirmed the achievement of this goal, 2 participants did not achieve the goal.

The goal – "Began treatment for HIV or STI" – 1 participant confirmed the achievement of this goal, 1 participant has not achieved the goal.

Need – "Training a profession for you or your partner" – 3 participants confirmed the achievement of this goal, 4 participants did not achieve the goal.

Need – "Housing Assistance" – 3 participants confirmed the achievement of this goal, 6 participants did not achieve the goal.

Need – "Legal Aid (including assistance in obtaining a security order, divorce, custody of a child)" – 5 participants did not reach the goal.

Need – "Counseling for married couples" – 2 participants confirmed the achievement of the goal, 2 participants did not reach the goal.

Need – "Education/return to school/exam on maturity certificate" – 2 participants did not reach the goal.

The need – "Rest/public activity" – 8 participants confirmed the achievement of the goal, 4 participants did not achieve the goal.

Need – "Mental health counseling for you or for a partner" – 7 participants confirmed the achievement of the goal, 1 participant did not reach the goal.

Need – "Counseling on alcohol or drug abuse for you or a partner" – 7 participants confirmed the achievement of the goal, one participant has not achieved the goal.

Need – "Anger Management or Therapy Program for a partner who is inclined to physical violence for a partner or for you" – 3 participants confirmed the achievement of the goal, 3 participants did not achieve the goal.

Need – "Counselling or support in groups to address the problem of alcohol or drug abuse" – 4 participants confirmed the achievement of the goal, 3 participants did not achieve the goal.

Need – "Shelter for Emergency Assistance to Victims of Domestic Violence or Accommodation Program" – 3 participants did not achieve the goal.

Need – "Other types of help that were useful to you (tell specifically)" – 1 participant confirmed the achievement of the goal, 1 participant did not achieve the goal.

To the question "From these services, you have identified one that is most important which solves your most urgent problem or the issue on which your life depends. Have you received this assistance (service) yourself or with your partner from your time participating in the WINGS session?" – 13 participants confirmed that they received this service, 7 participants replied that they did not receive this service. Thus, the overwhelming majority of participants received the most important service for solving urgent needs within 1 month after intervention.

The most difficult thing for the clients was to get the necessary services to meet the needs: "Legal aid (including assistance in obtaining a security order, divorce, child care)", "Education / Return to School / Examination on Maturity Certificate" and "Shelter for Emergency Care victims of domestic violence or housing programs ", which may be due to a high level of stigma and discrimination against women who live with drug addiction and sex workers in the community, with the lack of inclusive services and tolerant specialists, as well as the general lack of shelters for women in the situation of violence.

The most successful goal was to achieve: "My partner and I stayed together. Emotional violence has stopped", "The risk to me has decreased", and reception of services in relation to needs: " Rest/public activity", "Counselling on alcohol and drug abuse for you or a partner". That is, goals that do not require additional resources and expert assistance are generally met, most of the participants achieved their goals and received services. The same goals and services requiring systemic intervention – shelter, legal aid, and medical services – were able to reach a smaller number of participants. The intervention works effectively with client motivation, with needs and behavior, but it should to create opportunities for achieving the goals and access to services.



CONCLUSIONS

The project developed a gender-sensitive organizational capacity by adapting the WINGS methodology to improve access to HIV services and counter gender-based violence among women who use drugs and sex workers in Kyiv.

Improved security, improved access to HIV services and countering gender-based violence among women who use drugs and sex workers in Kyiv through the use of the WINGS innovative methodology for 20 women in Kyiv.

Also, the study collected data on the various types of gender-based violence experienced by women using drugs and sex workers, as well as documenting the needs and gaps in HIV services and counteracting gender-based violence among women who use drugs and sex-workers in Kyiv, through the use of innovative WINGS methodology for 20 women in Kyiv.

Revealed restrictions on access to services for combating gender-based violence and HIV services for women living with drug addiction and sex workers:

Restrictions on access to social and medical services, consultations of profile specialists in the context of the problem of physical and sexual violence (expert in narcology, surgeon, psychologist, lawyer, traumatologist, gynecologist, psychiatrist), due to lack of material resources, lack of knowledge of the algorithms of treatment with help, absence of "symbolic capital".

Restrictions on access to safe storage facilities, shelters for women who have been subjected to violence. The organizational requirements of such "shelters" do not allow women who use drugs live there, this is discriminatory factor.

Low level of appeals for help to law enforcement agencies – low level of trust, negative experience, absence of positive cases. The problem of stigma and discrimination against drug-dependent women by law enforcement agencies is a barrier to the possibility of obtaining official protection and documentation of cases of violence for further advocacy. Such discrimination is perceived by clients as due.

The low level of appeals for help to human rights defenders, in particular for secondary legal aid services – because of the complexity and the multiplicity of the route, the time is running, the client's motivation is reduced. It's need an urgent response mechanism.

High levels of stigma and discrimination against drug addicted women in society. Low living standards for drug addicted women, especially among people with social problems, lack of housing and documents.

Addicted women who have children report that the presence of a child in the apartment limits their ability to resist violence – it is difficult to find another home, work, even to just consult a trusted specialist (lawyer or psychologist). Many women who use drugs are not ready to stop active use today. In a situation where a person who makes violence is a drug trafficker, this becomes a serious barrier to receiving help in the fight against violence.

RECOMMENDATIONS

1. Disseminate access to the WINGS methodology for sex workers and women living with drug addiction through training and further support for WINGS faculty members from communities.
2. Development of a partner network against violence and introduction of innovative interventions against violence with wide geographical coverage in Ukraine.
3. Advocacy measures to combat gender stereotypes involving unequal role of women to promote women's willingness to seek help in situations by concerned communities and promotion by national hotline in cases of gender-based violence.
4. Work with police and medical personnel to effectively assist the victim in situations of gender-based violence and reduce cases of abuse and human rights violations.
5. Motivating women to maintain an adequate level of consciousness, to the extent possible for each of them, to preserve the life and health of sex workers. It may be proposed to control the number of psychoactive substances used, both for their quality and for mixing different types of surfactants, by involving cognitive-behavioral techniques.
6. Systematization, compilation and dissemination of modern social technologies for the development of services to counter gender-based violence on the basis of inclusiveness, with equal access for women from different social groups and with different needs.

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