

# ВИВЧЕННЯ СОЦІАЛЬНИХ ПРАКТИК

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**ADAPTATION OF THE «WINGS» METHODOLOGY AGAINST GENDER-BASED  
VIOLENCE IN UKRAINE**

**АДАПТАЦІЯ МЕТОДОЛОГІЇ «WINGS» З ПРОТИДІЇ ГЕНДЕРНО-ОБУМОВЛЕНОМУ  
НАСИЛЬСТВУ В УКРАЇНІ**

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## Abstract

Sexual and gender-based violence (GBV) is a critical global threat to women's physical and psychological health and social wellbeing. It is associated with many negative health outcomes. In this study, we evaluated the feasibility of WINGS (Women Initiating New Goals of Safety) evidence based GBV response intervention for female sex workers (FSWs), who experience the highest rates of GBV.

In-depth interviews were conducted with professionals who have experience using WINGS methodology and focus groups with sex workers in order to create a new safety plan, which is appropriate for this target population. The adapted WINGS intervention was used for 20 women. A month later we interviewed them to monitor the effectiveness.

GBV against FSWs is caused by contextual factors such as criminalization, migration, gender and economic inequities, work environments and stigma. In this regard, structural interventions become critical in tackling these underlying factors in Ukraine. We also found a high need of WINGS methodology among FSWs.

Thus, computerized WINGS provide an opportunity to reduce spending on the further implementation of the methodology in low-resource settings, i.e. small towns and villages. It is necessary to translate and adapt this tool for use in Ukraine because of high prevalence of violence and lack of resources. The majority of this study participants received necessary services for solving urgent needs within 1 month after completion of WINGS intervention. The high level of satisfaction with WINGS and application of the knowledge during the next month after receiving this intervention suggest that adaptation of WINGS can be useful for FSWs in Ukraine.

## Анотація

Було досліджено ефективність адаптації методології WINGS (Жінки, що ініціюють нові цілі безпеки) проти гендерно-обумовленого насильства (ГН). Основні елементи WINGS розроблені в 2015 році групою соціальної інтервенції Колумбійського університету в Нью-Йорку для жінок, що вживають наркотики.

Ми виявили високу потребу у методології WINGS серед секс-працівниць. Високий рівень задоволеності WINGS та застосування знань протягом наступного місяця після отримання інтервенції дозволяють припустити, що адаптація WINGS може бути корисною для жінок секс-працівниць в Україні

## Key words:

intimate partner violence, gender-based violence, female sex-workers, HIV, Ukraine.

## Ключові слова:

насильство з боку інтимних партнерів, гендерне насильство, секс працівниці, ВІЛ, Україна.

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## Вступ

Gender-based violence (GBV) is one of the greatest and persistent problems of women and girls all over the world (Decker, 2015; Watts, 2002). Sexual and gender-based violence (SGBV) is a critical global threat to women's physical and psychological health and social well-being (Temmerman, 2015). 35% of world women have experienced one or more cases of SGBV in their lifetime. Most of them have done by an

intimate partner (World Health Organization, 2016). According to United Nations Population Fund (UNFPA) 1.1 million women per year experience physical or sexual violence in Ukraine (United Nations Population Fund in Ukraine, 2016-2017). WINGS intervention was designed to enable women to identify different types of GBV, safety plans and self-efficacy to protect themselves and reduce risks of violence, enhance social support and link women to GBV-related services. Core elements of WINGS have been developed in 2016 by Social Intervention Group at Columbia University in New York City, NY. Originally it was used for women who use drugs.

GBV is one of the most prevalent forms of discrimination and a major type of human rights violation. It takes roots in unequal power relations between women and men. The relationship between history of abuse in general (e.g. history of childhood abuse, intimate partner violence (IPV), and client-perpetrated abuse) and HIV risk among female sex workers (FSWs) has been well documented (Deering, 2014; Sanders, 2004). FSWs are at highest risk group for GBV and it is associated with a lot of negative health outcomes (Shannon, 2014; Deering, 2014). El-Bassel et al. found that two out of three sex workers (SW) in New York experienced lifetime physical or sexual abuse by either an intimate or a commercial partner (El-Bassel, 2001). Sanders reported that SW in Britain are constantly at risk of being abused by male partners, clients, and the police (Sanders, 2004). Furthering the harm, violence against SW, including murder, is rarely reported to the police for fear of being arrested for prostitution (Deering, 2014). Experience of violence in childhood is a known risk factor for later re-victimization, including IPV (Kristin L. Dunkle, 2004; Richter, 2014). Globally, have been shown that prevalence of experienced childhood sexual abuse among FSWs range from 32.4%-42.0%, which is higher among SWs than other women (Stoltz, 2007; Vaddiparti, 2006).

According to the study conducted by Alliance for Public Health in Ukraine, 46.6% of FSWs have experienced violence at work (Sazonova, 2018). Generalized research results from studies around the world including such in Ukraine has found that GBV/IPV increases lifetime risks of HIV and other sexually transmitted infections (STIs) among FSWs (Gilbert, 2015).

There are multiple challenges like insecurity and limited resources in the world that potentiate the development, implementation, and evaluation of innovations in GBV programs (Glass, 2018). Previous studies of this issue provide an opportunity to initiate GBV primary prevention efforts, such as those that engage community leaders and members in critical reflection on norms that legitimate gender inequality and what actions can be taken by the individual, family, and community to change norms that cause harm (Glass, 2018; Read-Hamilton, 2016).

One of tools that aimed to reduce GBV and IPV is «Women Initiating New Goals of Safety» (WINGS) - an evidence-based screening, brief intervention and referral to treatment (SBIRT) tool designed by Social Intervention Group (SIG) at Columbia University for women who use drugs (WUD) in the criminal justice system in NYC (Gilbert, 2015).

WINGS includes seven core elements:

- raising awareness about different types of IPV and GBV,
- screening for IPV and GBV women may experiencing or perpetrating and providing individualized feedback for IPV /GBV (no, some, high risk);
- motivation to address IPV/GBV and relationship conflict;
- safety planning to reduce risks;
- enhancing social support;
- setting goals to improve relationship safety and reduce risks of exposure to IPV/GBV;
- identifying and prioritizing service needs and linkage to it.

Also, WINGS have an optional HIV counseling and testing module, as well as session on overdose prevention and first aid in case of overdose. WINGS was developed for low-resource settings and successfully implemented in community corrections in NYC (USA), India, Kyrgyzstan, Georgia (Gilbert, 2016; Gilbert, 2017).

The core components of WINGS were designed to enable women to identify different types of IPV and GBV, develop self-efficacy to protect themselves from IPV and GBV, raise awareness of drug-related triggers for IPV and GBV, develop safety plans to reduce risks for IPV and GBV, enhance social support and link women to IPV and GBV-related services, substance abuse treatment and HIV care. WINGS can be delivered in one or two sessions and has been integrated with HIV counseling and testing and linkage to HIV treatment interventions. The studies were conducted among WUD in community corrections in NYC (USA), as well as among women in harm reduction programs in Kyrgyzstan (Gilbert, 2016; Gilbert, 2017).

WINGS was successfully adapted for WUD in Kazakhstan, Kyrgyzstan, Georgia and India (Gilbert, 2015). The author of the methodology WINGS Louisa Gilbert, PhD, in 2016 conducted a study of WINGS with an additional HIV counseling and testing module for women who use drugs in Kyrgyzstan. The high rates of participation, attendance and retention and significant reductions in IPV and GBV victimization and drug use from baseline to the 3-month follow-up suggest the feasibility and promising effects of this brief intervention (Gilbert, 2017).

The main goal of our study is adaptation of the WINGS methodology and evaluation of its feasibility for FSWs in Ukraine.

## Methods

### *Study design and procedures*

This pilot study was conducted in Kyiv, Ukraine to assess the feasibility of WINGS in Ukraine and adopt this intervention for FSWs for further use by NGOs to conduct informal GBV surveillance among key affected populations of FSWs, identify women at risk of experiencing GBV and enable them to reduce GBV and HIV risks through safety planning, social support and linkage to GBV services, HIV testing and counseling services and HIV treatment. Intervention was implemented by social workers from local NGO.

For adaptation of intervention were conducted 2 in-depth interviews with service providers (NGO representatives) who had the experience of conducting WINGS. Interviews with psychologist and social worker were recorded on a digital audio device (voice recorder), transcribed and used for adaptation of intervention. Besides that, were conducted 2 focus groups with clients: one with 4 WUD who have participated in WINGS session; second with 8 FSWs who have not participated in WINGS session.

Based on information received from in-depth interviews and focus groups WINGS intervention was adapted and divided into two separate guides based on a category of clients with whom it will be implemented. The next step was testing of both guides for two types of clients: 8 WUD and 12 FSWs. The total amount of women that participated in adapted WINGS intervention was 20.

Eligibility criteria for WUD: 18 years or older, injected drugs now or in the past, provided informed consent to participate.

Eligibility criteria for FSWs: 18 years or older, have experience of sex work now or in the past, provided informed consent to participate.

### *Recruitment and participation*

Study participants were recruited by social workers from local NGO in harm reduction programs.

All participants were provided with psychosocial support, HIV testing and counseling and referrals to additional medical, counseling and legal services if requested. Clients were not paid for receiving the WINGS but were paid 200 UAH after the session and 100 UAH for completing telephone questionnaire within a month after the intervention.

### Measures

Semi-structured questionnaire was used 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. Feasibility of intervention was evaluated based on the number of women who received WINGS by: 1) respondents' feedback on what was the most useful for them in received intervention, 2) whether they applied the knowledge gained during the intervention, 3) success in safety goals, 4) success in receiving needed services.

Questionnaires with clients were administered after one calendar month with a telephone. This method was chosen because the target audience is hard to reach and it is technically difficult to schedule in-person interviews. Respondents answered questions about their experience of participating in the WINGS session and changing their behavior.

### Ethical considerations

The study protocol and instruments were approved by Institutional review board at Ukrainian Institute on Public Health Policy.

## Key Results

For appropriate adaptation of WINGS methodology were conducted in-depth interviews with providers of services and focus groups with clients. Groups of respondents presented in Figure 1.

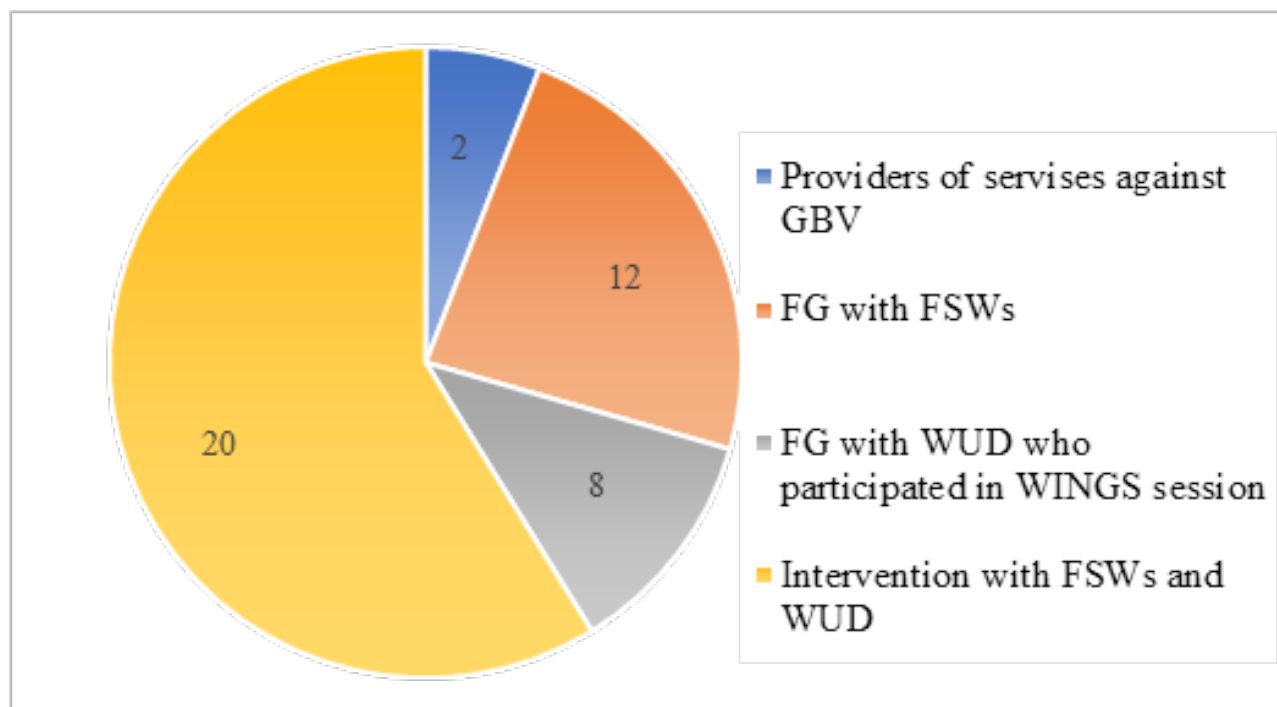


Figure 1. The categories of respondent included into research

### Providers' views

For adaptation of basic parts of methodology and its feasibility for Ukraine context were interviewed 2 service providers - one psychologist and one social worker. Both respondents are women from 31 to 39

years old with higher education in psychology. Both of them have 2 and 3 years of experience working with people who use drugs.

Both of them find a safety plan of WINGS intervention very useful. Respondents have called WINGS a client-centered tool that is not judgmental towards the client's actions or lifestyle, 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 help 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).*

About the least favorite aspects of WINGS, Provider 1 mentioned the duration of the form for screening violence.

The other least favorite aspects of the methodology were found: 1) orientation only at heterosexual women; 2) orientation on those women who live with their partners.

Provider 2 said that WINGS not all items should be used with every client.

In interviews was identified the need to adapt WINGS methodology for Ukraine and to create a separate safety plan for FSWs.

### **Focus group with FSWs and WUD**

For creation of specialized instrument of safety planning for FSWs and integration of comments given by providers were conducted to separate focus groups with FSWs and WUD.

During the two focus groups that were held after the in-depth interviews, all participants talked about the need to develop new strategies for helping women who suffered from violence, including additional methods of work with partner's aggression.

Respondents admit slow and untimely redirection for further assistance as the main gap in methodology. 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 ...» (Participant 2).*

*«I had a low level of risk and still I learned that I had to keep the documents at my neighbor's home, 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» (Participant 4).*

The second focus group with 8 participants was about the use of successful practices of WINGS's safety plan among FSWs. The data of focus group is presented in Table 1.

Table 1. Results of focus group discussion with FSWs

Actions	N of respondents (Total N=8)
Experienced physical violence during the last year of sex work	5
Encountered physical violence during the entire period of sex service provision	7
Clients forced them to sex	8
Felt safe with their partner during the last year of sex work	4
Did not have a partner	2
Did not feel safe with their partner	2
Did not feel safe because of police officers	6
Always tried to use a condom with a client	8
Imperceptibly used a condom for a client when it was not possible to agree on its use	4
Called for help in the context of violence	7
Consider the dangerous use of pepper spray	2
Reported using alcohol control	3

Also were received comments about the standard safety plan that is provided in original WINGS for women living with drug dependency:

1. None of the participants believes that they will be able stay on top during sex with their partner to escape if necessary;
2. None of the participants believes that it will be effective to tell the partner that they are going to see a family member or friend in trouble;
3. All participants agreed with the statement that it should be efficiently and clearly explained to a partner that you do not want to have sex;
4. Seven out of eight participants believe that for their safety, it will be useful to keep all important personal belongings and clothes in one place, so that they can leave in the fastest and easiest way;
5. All 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;
6. Half of participants consider it is necessary to write a message or call people from trusted contacts to ask for a meeting or shelter;
7. In order not to get pregnant from a partner, all respondents named the only one way of contraception - use of condom.



According to the results of the focus groups, all women had gaps in access to services, such as childcare assistance, shelters for women who use drugs, opioid agonist therapy, help with employment, knowledge and skills to receive help, social relationships.

The focus group found that social support, access to health services from tolerant physicians, counseling of social workers who were trained to counter GBV/IPV would help improve security, reduce risks of conflicts and violence and facilitate access to necessary services.

Additional recommendation was to use a short psychological screening to assess risks of violence during the first conversation with the client and to agree on specific practices, were developed for FSWs who negotiate with the client on their own.

Using of modern technical capabilities (Viber, Google Maps) and contact with friends to improve the level of safety and protection of life was also added to the adopted intervention:

*«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» (Participant 8).*

### **Feedback on intervention**

After that adapted session using WINGS methodology was conducted for 12 FSWs and 8 WUD who experienced violence. Follow-up interviews were conducted within one month after the intervention. All participants reported having benefited from WINGS methodology against violence.

Four out of 20 participants reported that the updated security plan was beneficial to them. Four out of 20 participants find it most useful for them to engage in the community of women who experienced violence.

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.

Participants' feedback was received on how taking part in the intervention affected the further situation with violence. Participants were asked whether the goals and needs selected during the intervention were fulfilled. It was 15 goals and 12 needs totally, but women chose those that were applicable for their life situation.

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 after 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.

## **Discussion**

Since the development of WINGS methodology in 2016 it was used for WUD. To our knowledge, this is the first study that adapts this tool for FSWs. We discovered high participation, attendance, retention and client satisfaction rates. It coincides with results of Louisa Gilbert study where GBV screening brief intervention and referral to treatment (SBIRT) model with HCT was implemented in Kyrgyzstan. In our opinion, this is due to the fact that both groups of women face high levels of stigma and discrimination in their countries, high levels of violence and self-stigma.

This study found that the most difficult for clients was to get the necessary services to meet their 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 for victims of



domestic violence or housing programs», which may be due to a high level of stigma and discrimination against WUD and FSWs in the community, with the lack of inclusive services and tolerant service providers, as well as the general lack of shelters for women survivors of violence.

One of the most important parts of methodology is setting up the goals for reaching safeness. The most successful safety goals were: «My partner and I stayed together. Emotional violence has stopped», «The risk for me has decreased», and receiving the services in relation to needs: «Rest/public activity», «Counselling on alcohol and drug use for you or your partner». These 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 WINGS intervention works effectively with client motivation, with needs and behavior, but it couldn't create the opportunities for achieving the goals and access to services.

Our findings reveal a remarkable confluence of GBV threats from these women's intimate partners. We used group-based strategies that prevent GBV perpetrated by intimate partners: peer education sessions, creation of safe spaces. GBV against FSWs has its roots in contextual factors such as criminalization, migration, gender and economic inequities, work environments and stigma (ASPIRES, FHI 360, 2014; Zhang, 2016). In this regard, structural interventions become critical in tackling these underlying factors in Ukraine.

We also found a high need of WINGS methodology among FSWs.

## Conclusions

This study was the first attempt to implement this intervention in Ukraine. Also, the unique of this study that the methodology was adapted for using with FSWs in Ukraine.

Central to this study is that WINGS methodology is an acceptable and feasible strategy to reduce GBV. The overwhelming majority of participants received the most important services for solving urgent needs within 1 month after intervention. This and the high level of satisfaction and application of the knowledge gained during the month suggests that the adaptation of WINGS methodology can be used for FSWs in Ukraine.

Translation and adaptation of the computerized version of the WINGS methodology is the next important step to overcome the high risk of GBV and IPV in Ukraine among WUD and FSWs in Ukraine.

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### Conflict of interest

We have no conflict of interest to declare.

## References

- ASPIRES, FHI 360 (2014). *Economic Strengthening for Female Sex Workers: A Review of the Literature*. Retrieved from: [https://www.fhi360.org/sites/default/files/media/documents/Economic\\_Strengthening\\_for\\_Female\\_Sex\\_Workers.pdf?fbclid=IwAR3x1uUtezZEDEkWD1M0yhwwPyaBGwSeUShFw6xMfEhSBX5lmm94iYJFeOQ](https://www.fhi360.org/sites/default/files/media/documents/Economic_Strengthening_for_Female_Sex_Workers.pdf?fbclid=IwAR3x1uUtezZEDEkWD1M0yhwwPyaBGwSeUShFw6xMfEhSBX5lmm94iYJFeOQ).

- Decker, M. R., Latimore, A., Yasutake, S., Haviland, M., Ahmed, S., Blum, R. W., ... Astone, N. M. (2015). Gender-based violence against adolescent and young adult women in low- and middle-income countries. *Journal of Adolescent Health*, 56(2), 188-196. <https://doi.org/10.1016/j.jadohealth.2014.09.003>.
- Deering, K. N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., ... Shannon, K. (2014). A systematic review of the correlates of violence against sex workers. *American journal of public health*, 104(5), e42-e54. doi:10.2105/AJPH.2014.301909.
- El-Bassel N, Witte SS, Wada T, Gilbert L, Wallace J (2001). Correlates of partner violence among female street-based sex workers: substance abuse, history of childhood abuse, and HIV risks. *AIDS Patient Care STDS* 15: 41-51. doi 10.1089/108729101460092.
- Gilbert, L., Goddard-Eckrich, D., Hunt, T., Ma, X., Chang, M., Rowe, J., ... Shaw, S. A. (2016). Efficacy of a Computerized Intervention on HIV and Intimate Partner Violence Among Substance-Using Women in Community Corrections: A Randomized Controlled Trial. *American journal of public health*, 106(7), 1278-1286. doi:10.2105/AJPH.2016.303119.
- Gilbert, L., Shaw, S. A., Goddard-Eckrich, D., Chang, M., Rowe, J., McCrimmon, T., Almonte, M., Goodwin, S., and Epperson, M. (2015) Project WINGS (Women Initiating New Goals of Safety): A randomized controlled trial of a screening, brief intervention and referral to treatment (SBIRT) service to identify and address intimate partner violence victimization among substance-using women receiving community supervision. *Crim Behav Ment Health*, 25: 314- 329. doi: [10.1002/cbm.1979](https://doi.org/10.1002/cbm.1979).
- Gilbert, L., Jiwatram-Negron, T., Nikitin, D., Rychkova, O., McCrimmon, T., Ermolaeva, I., ... Hunt, T. (2017). Feasibility and preliminary effects of a screening, brief intervention and referral to treatment model to address gender-based violence among women who use drugs in Kyrgyzstan: Project WINGS (Women Initiating New Goals of Safety). *Drug and alcohol review*, 36(1), 125-133. doi:10.1111/dar.12437.
- Glass, Nancy & Perrin, Nancy & Clough, Amber & Desgroppes, A & N. Kaburu, F & Melton, J & Rink, A & Read-Hamilton, S & Marsh, M. (2018). Evaluating the communities care program: Best practice for rigorous research to evaluate gender based violence prevention and response programs in humanitarian settings. *Conflict and Health*. 12. 10.1186/s13031-018-0138-0.
- Kristin L. Dunkle, Rachel K. Jewkes, Heather C. Brown, Mieke Yoshihama, Glenda E. Gray, James A. McIntyre, Siobán D. Harlow, Prevalence and Patterns of Gender-based Violence and Revictimization among Women Attending Antenatal Clinics in Soweto, South Africa, *American Journal of Epidemiology*, 160: 3, 230-239, <https://doi.org/10.1093/aje/kwh194>.
- Read-Hamilton, Sophie & Marsh, Mendy. (2016). The Communities Care programme: changing social norms to end violence against women and girls in conflict-affected communities. *Gender & Development*. 24. 261-276. 10.1080/13552074.2016.1195579.
- Richter, L., Komárek, A., Desmond, C., Celentano, D., Morin, S., Sweat, M., ... Coates, T. (2014). Reported physical and sexual abuse in childhood and adult HIV risk behavior in three African countries: findings from Project Accept (HPTN-043). *AIDS and behavior*, 18(2), 381-389. doi:10.1007/s10461-013-0439-7.
- Sanders, T. (2004). The Risks of Street Prostitution: Punters, Police and Protesters. *Urban Studies*, 41(9), 1703-1717. <https://doi.org/10.1080/0042098042000243110>.
- Sazonova Y., Saluk T. (2018). *Osnovni rezultaty biopovedinkovykh doslidzhen sered kluchovyh grup*. Retrieved from: [http://aph.org.ua/wp-content/uploads/2018/07/OSNOVNI-REZULTATY\\_A4\\_10.07.2018\\_Cajt.pdf](http://aph.org.ua/wp-content/uploads/2018/07/OSNOVNI-REZULTATY_A4_10.07.2018_Cajt.pdf).
- Shannon, K., Goldenberg, S. M., Deering, K. N., & Strathdee, S. A. (2014). HIV infection among female sex workers in concentrated and high prevalence epidemics: why a structural determinants framework is needed. *Current opinion in HIV and AIDS*, 9(2), 174-182. doi:10.1097/COH.0000000000000042.
- Stoltz, J. A., Shannon, K., Kerr, T., Zhang, R., Montaner, J. S., & Wood, E. (2007). Associations between childhood maltreatment and sex work in a cohort of drug-using youth. *Social science & medicine*, 65(6), 1214-1221. doi:10.1016/j.socscimed.2007.05.005.
- Temmerman, M. (2015). Research priorities to address violence against women and girls. *The Lancet*, 385, e38-e40.
- United Nations Population Fund in Ukraine (2016-2017). *Economic Cost of Violence against Women in Ukraine*. Retrieved from: [https://ukraine.unfpa.org/sites/default/files/pub-pdf/Infographics\\_ECV\\_ENG\\_2.pdf?fbclid=IwAR34oo1lHiNCLCfsujSAwL8mUb5x15xJ2pBLb4BJ8Dq9B8JVV543AkUMrio](https://ukraine.unfpa.org/sites/default/files/pub-pdf/Infographics_ECV_ENG_2.pdf?fbclid=IwAR34oo1lHiNCLCfsujSAwL8mUb5x15xJ2pBLb4BJ8Dq9B8JVV543AkUMrio).

- Vaddiparti, Krishna & Bogetto, Jane & Callahan, Catina & Ben Abdallah, Arbi & L Spitznagel, Edward & Cottler, Linda. (2006). The Effects of Childhood Trauma on Sex Trading in Substance Using Women. *Archives of sexual behavior*. 35. 451-9. 10.1007/s10508-006-9044-4.
- Watts, Charlotte & Zimmerman, Cathy. (2002). Violence Against Women: Global Scope and Magnitude. *Lancet*. 359. 1232-7. 10.1016/S0140-6736(02)08221-1.
- World Health Organization (2014). *Violence against women: intimate partner and sexual violence against women*. Retrieved from: [https://apps.who.int/iris/bitstream/handle/10665/112325/WHO\\_RHR\\_14.11\\_eng.pdf;jsessionid=05E02DFA7FA1E01DB170665E10A9C0AE?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/112325/WHO_RHR_14.11_eng.pdf;jsessionid=05E02DFA7FA1E01DB170665E10A9C0AE?sequence=1).
- Zhang, X. D., Myers, S., Yang, H. J., Li, Y., Li, J. H., Luo, W., & Luchters, S. (2016). Prevalence and correlates of sexual and gender-based violence against Chinese adolescent women who are involved in commercial sex: a cross-sectional study. *BMJ open*, 6(12), e013409. doi:10.1136/bmjopen-2016-013409