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INVISIBLES BEYOND STIGMA:

NEEDS ASSESSMENT OF WOMEN ENGAGED IN PROSTITUTION IN GEORGIA

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Invisibles Beyond Stigma: Needs Assessment of Women Engaged In Prostitution In Georgia

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ISBN: 978-9941-8-5990-8

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Translation: Medea Rusishvili

Cover design: Tamar Bakradze

Layout: Tornike Lordkipanidze

Printed: "Cezanne" LTD

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NATALIA MCHEDLISHVILI
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WOMEN'S INITIATIVES SUPPORTING GROUP (CWISG),
2023

Women's Initiative Supporting (WISG) is a feminist organization that aims to help building a society based on the principles of social justice, through women's empowerment and political participation.

Women's Initiatives Support Group works with the communities of lesbian and bisexual women, transgender and intersex people and women representing other marginalized groups.

WISG works in the following directions: Advocacy for the integration of women's and LGBTQI+ issues in politics; Community empowerment for social and political participation; Creating publicly accessible critical knowledge about gender and sexuality through research and art projects; Developing practice of intersectional queer feminist organizing.

Women's Initiative Support Group is the author of the key studies and policy analysis on sexual orientation and gender identity in Georgia. Our research studies, shadow reports, policy documents, and information regarding other activities are available on the organization's official website: <https://wisg.org/ka>

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Special thanks for their contributions and support:

To interviewers: Merab Beshidze, Tamar Tevdorashvili, Sandro Ghviniashvili, Toni Sarasfati, Sopho Basiladze, Khatuna Siradze, Ekaterine Javakhia, Rati Tsintsadze, Ilia Urushadze, Giorgi Bolkvadze, Eka Oragvelidze.

To rganizations: Center for Information and Counseling on Reproductive Health – “Tanadgoma”, “Temida”, “The Women’s Initiative Supporting Group (WISG)”, “Peripheria”.

To Every single respondent for their trust, honesty and participation in the study!

INTRODUCTION

Prostitution, defined as the exchange of sexual services for money or other goods, has historically been a continuous and complex matter. Although in contemporary society, prostitution involves individuals of different gender identities, the representation of women remains disproportionately higher within this hierarchy of subordination. Given its connections to gender equality, human rights, public healthcare, and social welfare, studying the needs of women engaged in prostitution generates significant interest from researchers across diverse fields, social activists, and political decision-makers.

The experiences of women engaged in prostitution are diverse and affected by a multitude of factors, such as cultural norms, legal and political contexts, social and economic statuses, and individual motivations, which influence their circumstances. Many women turn to prostitution due to economic necessity, the absence of employment opportunities, or systemic inequalities that hinder their access to education and public resources. In other instances, their freedom is restricted by trafficking or other forms of exploitation, compelling them, often against their will, to commodify their bodies at the cost of their dignity and fundamental rights.

Across history, women participating in prostitution have faced stigma, discrimination, and marginalization. The dominant societal attitudes stigmatizing both sexuality and, even more so, commercial sex work often push women engaged in prostitution into a vicious cycle of vulnerability, leaving them alone with the risks to their health and lives. Due to the limited access to institutional support and characteristics of prostitution, as it is a covert and underground activity, women engaged in prostitution represent a high-risk group for violence, STIs, substance abuse, and mental health problems. Therefore, describing the situation and identifying the needs of women engaged in prostitution requires a multidimensional approach, research that will study and analyze social, economic, cultural, and legal factors, and hands-on experiences of women and the interaction between these factors.

The current study, delving into personal experiences and the systemic legal and healthcare conditions that shape these experiences, enhances our

existing understanding of the circumstances and needs of women engaged in prostitution. By deepening our knowledge of their challenges and needs, it becomes feasible to develop an accurate understanding of prostitution within the local context and develop interventions to protect the rights and promote the well-being of women engaged in prostitution.

TERMINOLOGY

Advocacy – is an act aimed at supporting a particular idea or group by influencing public opinion, political decisions, or the process of social change. Advocacy can take various forms, including contextually relevant political advocacy, legal advocacy, and social advocacy.

Harm reduction – a pragmatic approach that seeks to minimize the adverse consequences and risks associated with specific actions and practices. Within prostitution, harm reduction strategies primarily center on promoting and facilitating protected sex practices, enhancing access to healthcare, and addressing the socio-economic needs of individuals engaged in prostitution.

Intersectionality – implies the intersection of social categories or identities that determine the oppression of various groups or individuals or represent an additional factor in their vulnerability. The term appeared in the context of the 1980s American black feminist movement. Activist and scholar Kimberlé Williams Crenshaw coined the term as an analytical instrument to describe inequality and the organizational, cultural, and personal factors causing oppression. In the present study, we use the term to illustrate the intersection of gender, age, and socio-economic status.

The commodification of intimacy – in her book “The Commodification of Intimacy: Marriage, Sex, and Reproductive Labor,” Nicole Constable, an American anthropologist, describes this phenomenon as something that follows specific developments within capitalism. It is a stage where intimacy and intimate relationships transform into market transactions – tradeable and consumable commodities determined by market dynamics.

Client – within the context of prostitution, refers to an individual who pays or provides goods in exchange for sexual services offered by a person engaged in prostitution. The gender identity of clients may vary, as well as the motivations driving their use of such services, including the desire for companionship, fulfillment of sexual needs, fetishes, or the exploration of sexual fantasies.

Prostitution – provision of sexual services in exchange for money or other goods. While we acknowledge the labor-related aspects of prostitution and the importance of using the term “sex work,” for this study, we

use the term “prostitution” to describe the act of offering sexual activities in exchange for financial compensation. The latter has historical significance within academia and advocacy strategies, often intertwined with moral, legal, and social stigma discussions. Therefore, as we strive to acquire insight into the experiences and requirements of women involved in commercial sex activities, we find it pertinent to employ the term “prostitution.” Nevertheless, our research supports expanding the concept of “prostitution” with the term “sex work,” as it underscores agency and freedom of choice.

Cisgender woman – an individual assigned female at birth who self-identifies or expresses herself as a woman. The term “cis woman” is also used throughout the report.

Stigma – refers to the absence of social recognition coupled with negative attitudes or beliefs specifically aimed at a particular group or behavior. In the context of prostitution, stigma is closely associated with social and cultural prejudices, stereotypes, and discrimination, all of which are directed toward commercial sex activity or sexuality in general.

“Madam” / Souteneur – a person who enters agreements with other individuals engaged in prostitution, offering them protection in exchange for a share of the proceeds from commercial sex activity. This protection may involve solicitation, ensuring safety, providing transportation, and other goods. Notably, these two terms convey similar meanings; however, etymologically, “souteneur” refers to a man who derives his income from a woman engaged in prostitution and maintains a romantic or sexual relationship with her. On the other hand, “madam” refers to a woman who manages women engaged in sex work.

Trauma-informed care – a supportive approach in healthcare and social protection services that considers the impact of trauma on individuals. This approach is rooted in the understanding that individuals may experience trauma throughout their lives, including physical, psychological, or sexual violence, neglect, and other experiences of degrading treatment that profoundly shape their behaviors and influence their well-being.

Transgender woman – an individual was assigned male at birth who identifies and/or expresses herself as a woman. The term “trans woman” is also used throughout the report.

Heteronormativity, heterosexism – heteronormativity, the same as normative heterosexuality, involves subjugation to hegemonic heterosexual order (social, cultural, or political). Heterosexism refers to a system that combines attitudes and prejudices against any non-heterosexual identity or behavior and which considers heterosexuality as the preferred standard/norm.

AIM AND METHODOLOGY

AIM OF THE STUDY

In order to advocate for the well-being and equal rights of women engaged in prostitution, the present study describes and analyzes the structural socio-economic, health, and legal factors and support systems that shape their needs.

By identifying the needs of women engaged in prostitution and their corresponding indicators, the study's findings will facilitate the efficient development of responsive institutional interventions.

STUDY DESIGN

a. The study employs a combination of qualitative and quantitative sociological research methods. This triangulation, accomplished by presenting quantitative data and in-depth personal experiences, facilitates a comprehensive understanding of the needs of women engaged in prostitution.

b. The selection principle aimed to reflect a maximum diversity of experiences among women engaged in prostitution, considering factors such as age, social and economic status, and the duration of their engagement in prostitution. Therefore, we recruited participants for qualitative and quantitative studies using simple random sampling. In both instances, specific criteria were established to guarantee this diversity: gender (transgender and cisgender women), location (Tbilisi, Kutaisi, Batumi), and the type of prostitution (street, online, hotel/sauna, café/bar).

Based on these pre-established criteria, the qualitative study included transgender women (6¹), as well as cisgender women engaged in prostitution on the street (6), online (6), or hotel/sauna.

In the quantitative part of the study, predefined criteria included the city factor, and a predetermined quantitative quota was set based on gender. In Tbilisi, we conducted 80 interviews, comprising 20 transgender women and 60 cisgender women. In both Batumi and Kutaisi, we carried out 60 inter-

¹ The number of focus-group participants from this group

views each. In Kutaisi, these interviews included 15 transgender women and 45 cisgender women, while in Batumi, respondents comprised 16 transgender women and 44 cisgender women.

We recruited the respondents with the mediation of service provider organizations for women engaged in prostitution: “Temida,” “the Women’s Initiative Supporting Group (WISG),” and the Center for Information and Counseling on Reproductive Health – “Tanadgoma.”

g. Regarding ethical considerations, we employed several fundamental principles in this study, including data protection, confidentiality, and obtaining informed consent for interviews. The latter is particularly important for this target group, as women engaged in prostitution often hide their activities, making anonymity a vital prerequisite for their safety. A focus-group facilitator and interviewers, within their professional roles as field consultants, social workers, and representatives of service provider organizations involved in the quantitative research, were well-acquainted with and showed respect for this specific characteristic of the target group. In practice, we informed participants about the study’s aims and objectives before every discussion and interview. Their informed consent was documented through their signatures on consent forms, and they retained the freedom to terminate the interview at any point. We further ensured the confidentiality of our respondents by erasing audio recordings – we exclusively stored the raw material from the conducted focus groups as transcribed text in the technical study material.

DATA COLLECTION

A. QUANTITATIVE DATA

Quantitative data were collected through face-to-face interviews using a structured questionnaire distributed online through Google Forms. This instrument enabled us to gather data on demographic, socio-economic, and sexual issues and data related to involvement in prostitution. By employing standardized scales, we assessed the frequency of various forms of violence, substance use, unprotected sex practices, and other health risks, in addition to overall physical health and life satisfaction. These face-to-face interviews

were conducted at various locations, including the interviewers' workplaces, service providers' offices – "Temida" and "Tanadgoma", and field settings such as streets, respondents' homes, hotels-saunas, and café-bars. The location was chosen based on where respondents felt most comfortable and safe.

b. Qualitative Data

A trusted researcher facilitated semi-structured discussions with the selected homogeneous groups, providing a secure environment for women participants to openly share personal narratives, emotions, attitudes, and thoughts. Consequently, through the focus-groups, we acquired substantial qualitative data concerning the factors motivating participant's involvement in prostitution, encounters with stigma and discrimination, access to services, and perspectives on the future. The analysis of these data encompasses insights into the unique characteristics of the study group and the intersectional dimension of their situation and needs.

DATA ANALYSIS

The characteristics of the analysis framework and approach are primarily shaped by the researcher's experiences, worldview, and positioning. Researcher Natalia Mtchedlishvili is a sociologist and social worker who has been part of the queer feminist organization "the Women's Initiative Supporting Group (WISG)" since 2017. In this role, she has been involved in designing educational and psycho-social service programs and has actively engaged in various queer feminist advocacy initiatives. From 2016 to 2023, she worked with women engaged in commercial sex work as a field social worker and consultant in "Tanadgoma" for voluntary counseling and testing (VCT). Therefore, her research and analysis methods are founded on feminist epistemological principles and informed by the knowledge and experience she has accumulated through years of working closely with the target group.

As for technical characteristics of data analysis:

A. QUANTITATIVE ANALYSIS:

The raw quantitative data was initially cleaned, and primary bivariate statistical analysis was conducted in relation to the three key variables: gender, age, and city. Regression analysis was employed to process the data on de-

mographics, socio-economic status, sexual experiences, experiences associated with involvement in prostitution, as well as quantitative data related to safe sex and preventive practices. The results are presented in this report.

B. QUALITATIVE ANALYSIS

In the initial stage, audio recordings of the focus groups were transcribed, and transcripts for each discussion were generated. A coding system was then developed, and a structural framework was established for organizing the data. The procedure for organizing data involved axial coding, arranging codes into categories and subcategories; this was followed by examining relationships between the codes, identifying connections, and uncovering key findings. To present identified patterns, questions, and conceptions and connections between them, and for data coding and categorization, we used the program Nvivo12. Qualitative research findings enriched with authentic quotes and identified conceptual interpretations are presented in this report.

STUDY LIMITATIONS

A. SAMPLING:

Since women engaged in prostitution constitute one of the most invisible groups, attaining a representative sample is unfeasible. Additionally, despite following the established sampling criteria, the study included the segment of women engaged in prostitution who either currently benefit from or had previously benefited from the services provided by specific organizations in the past; as a result we could not extend the study's coverage to encompass the population outside the scope of these services.

B. HONESTY OF RESPONDENTS:

Despite the trust in the researchers and the provision of a nonjudgmental environment, the effect of stigma on the content of shared information and participant's level of honesty is profound. Given that the interviewers maintain an ongoing professional practice related to preventing sexually transmitted infections among these women engaged in prostitution, we believe that, due to a certain level of accountability to the interviewers, there is a

heightened likelihood that the participants gave insincere responses, particularly in relation to health-related matters.

G. TIME AND RESOURCES:

We know that the time determined by the project framework limits the scale of the study.

However, the trust in the researchers, recruiters, and interviewers, along with their knowledge and experience, allowed for the mitigation of these limitations. Considering the research group and the sampling specifics, we realize that qualitative assessments and statistical trends revealed may inaccurately and/or incompletely reflect the situation of women engaged in prostitution.

BRIEF REVIEW OF STUDY FINDINGS

Through examining real-life stories and analyzing statistical trends, the study of women engaged in prostitution in Georgia has revealed significant indicators of social and economic vulnerability within this group and barriers hindering the realization of their human rights. The study findings highlight the connections between risk factors for exploitation and coercion among women, such as poverty, limited access to healthcare, social protection mechanisms, education, and experiences of violence and degrading treatment. The study underscores the necessity of establishing comprehensive support systems to enhance the well-being and legal status of women engaged in prostitution, which should encompass increased access to healthcare, mental healthcare services, alternative economic opportunities, and legal protection mechanisms. Additionally, the study emphasizes the importance of destigmatizing prostitution and sexuality and increased agency and participation of this group in the development of advocacy efforts and intervention planning.

ECONOMIC STATUS

- Most focus group participants identify **the need for income as their primary and current motivation for engaging in commercial sex activity and prostitution**. This income may serve as a means of securing a living wage or meeting the financial needs of elderly family members or children.
- **71.5% (n=143) of the respondents indicate that they solely rely on commercial sex activity as their income source**. Within this group, over three-quarters (75.84%) are cisgender women, and more than half (52.94%) are transgender women.
- **For 91.5%, including 91.28% (n=136) of cisgender women and 96.08% (n=47) of transgender women, the primary motivation for their current engagement in prostitution is the desire and need to earn income.**

- The majority of respondents (n=143, 71.5%) live by rent. Approximately half of the respondents (n=99, 49.5%) live alone. Among those who do not live alone and have households with children (n=33, 16.5%), all are cisgender women, with half (n=16) raising at least one minor child.
- For the majority of both gender groups, the main expenses consist of groceries (cisgender women – 90%, transgender women – 84.3%) and rent (cisgender women – 62.4%, transgender women – 64.7%). Participants also include clothing (n=49, 34.5%), supporting family members (n=43, 21.5%), healthcare (n=38, 19%), loan and debt repayment (n=21, 10.5%), bills (n=11, 5.5%), and savings (n=6, 3%) among their essential expenses.
- When evaluating their economic situation, half of the respondents (N=101, 50.5%) report having enough money to purchase groceries, but they are compelled to cut back on clothing and shoes. **Additionally, one out of every four respondents (N=52, 26%) struggles to afford groceries.**
- The median personal monthly income of the respondents stands at 1000 GEL, slightly surpassing the country's median salary and accounting for approximately 56% of the established living wage. 55.1% of cisgender respondents and 47.06% of transgender respondents report monthly incomes that do not exceed this benchmark. Conversely, 31.5% of cisgender and 41.2% of transgender respondents report incomes that exceed the established living wage.
- **Most respondents (N=170, 85%) do not have savings. Half of the respondents (N=200, 50%) have loans/debts.** Among them, 12.50% have interest-bearing, interest-free, or both types of loans from private individuals. Around 3.5% have interest-bearing loans from banks and/or microfinance organizations. **Over one-third of participants (36.5%) have interest-bearing loans, including mortgages,** while 7.5% have interest-bearing loans from microfinance organizations.

EDUCATION AND EMPLOYMENT:

- Most participants have limited access to education, a crucial prerequisite for future professional employment. This lack of access is attributed to gender-based discrimination, experiences of violence, and neglect from their primary support networks. **These forms of undignified treatment and rejection are rooted in heteronormative and heterosexist attitudes:** within the context of economic, cultural, and social dominance over women by men, patriarchal families, and micro-societies, transgender women often face persecution from an early age, primarily due to their gender non-conforming behavior and self-expression. Simultaneously, societal expectations drive cisgender women to conform to stereotypical and traditional gender roles, including early marriage and childbearing.
- In terms of formal education status, the majority of respondents in the quantitative study (60.5%) have either complete (40%) or incomplete (20.5%) secondary education. 15% have received vocational education, and **only one-fifth of the participants (21.5%) have attained higher education.**
- 36% (N=72) of the participants have temporarily or permanently discontinued their education. Among cisgender women, 11% (N=17) cite marriage as the reason for discontinuing their education. Although transgender women do not report this reason, 12% report that conflicts with parents compelled them to abandon education. The majority of respondents attribute their decision to financial barriers. One-fourth of cisgender women (25.53%) and 40% of transgender women cite financial constraints as reasons for quitting studying.
- **Eight out of every 10 participants (81%) are exclusively engaged in prostitution** and have no other employment, while slightly over one-fourth (27.5%) have never been employed. This indicator is almost equal across both gender groups.
- Furthermore, equal number of participants in both gender groups were previously employed, either formally or informally. However, the percentage of cis women previously employed informally exceeds the number of those trans women previously employed informally, conversely to that the percentage of trans women formally employed in the past exceeds

the number of those cis women with past experiences of formal employment.

- Presently, **half of those formally employed aside from prostitution are in the 25-34 age group**, whereas approximately one-third of those exclusively employed in prostitution belong to the 45-56 age category.
- Low salary emerges as a significant factor for leaving a job – 44.44% of transgender women and half of cisgender women left their jobs due to this very reason. Moreover, **a considerably higher number of transgender women cite bad conditions and a hostile environment as their reason for leaving a job.**
- Among transgender participants, there is a higher percentage (n=6, 22.22%) of individuals fired by their employer compared to cisgender participants (n=7, 7.07%).

SEXUAL RELATIONSHIPS AND EXPERIENCES OF INTIMATE PARTNER VIOLENCE BEFORE INVOLVEMENT IN PROSTITUTION:

- The majority of transgender focus group participants report initiating their sexual lives during adolescence. Within this group, there are individuals who, due to a destructive family environment, spend a significant portion of their lives on the streets in vulnerable conditions. Consequently, they become targets of sexual harassment by older men, even at a young age (7-9 years). Notably, a portion of the participants do not consider this experience a violation of their dignity or an act of violence. For them, **hidden relationships with random male partners serve to express their sexuality while navigating their gender and sexual self-determination.**
- In their narratives, cisgender women discuss experiencing love, and interest in sex during their youth, which rarely transcends the boundaries of conventional norms and often ends in marriage. It is worth noting that **participants do not unequivocally perceive marriage as coercive or violent in most of these narratives, including about early marriages. Furthermore, as they see it, marriage is frequently considered a logical and anticipated conventional outcome of their initial relationships, serving as a space to express love and**

romance. Like trans women, they view marriage as a way to express their sexuality.

- **Sexual experiences for cisgender respondents in the quantitative part of research begin at 13. Nearly one-fourth of transgender participants (n=9, 17.65%) had their first sexual experience before age 13. Among them, some participants had their first sexual experience at the ages of 7 (n=2), 8 (n=1), 10 (n=2), 11 (n=2), and 12 (n=2) years old.**
- **65% of cisgender women had their first sexual experience with a spouse or official partner.** Conversely, for transgender women, this percentage is **less than 2%**. The majority of transgender women had their first sexual experience with someone previously known to them (an acquaintance) (60.78%) or a stranger (25.49%) with whom they did not have a romantic or official relationship.
- The distribution by age reveals that the younger the participant, the less likely their first sexual experience was with an official or romantic partner.
- Most participants (n=160, 80%) report having their first sexual experience based on mutual consent. Most of the remaining cases involve rape, "seduction," or unplanned incidents. When considering the distribution by gender, it becomes apparent that a quarter of transgender women participants had their first sexual experience due to rape or seduction/deception.
- Overall, 68.5% of respondents report experiencing physical, psychological, sexual, or economic violence from an intimate partner at least once before engaging in prostitution. **The experiences of all the listed forms of violence are more common among transgender women than cisgender women.** However, regarding the frequency of violence, **these experiences have a more recurring or persistent nature in cases of cisgender women.** The conventional character of relationships of cisgender women can explain this fact. It is more challenging for these women to escape from marriage, especially in cases involving children than from other types of romantic and sexual relationships.

INVOLVEMENT IN PROSTITUTION:

- Narratives of transgender women engaged in prostitution typically begin with the necessity to leave their homes due to conflicts over their gender identity with their families. Sometimes, they voluntarily distance themselves from family members with demeaning attitudes towards them. Others try to protect their families from aggressive micro-societies that react negatively to their self-expression. Furthermore, in some instances, transgender women are forcibly expelled from their homes by family members.
- Transgender participants of focus groups often find themselves on the streets as adolescents, exploring their self-identity as gay boys or in the early stages of their transition. While they already have active sexual lives, confronted with new challenges, they begin taking money in exchange for the above-mentioned hidden relationships. For the participants, **engaging in prostitution is neither an automatic or simple choice nor a safe one.** In some instances, **it emerges after many unsuccessful attempts at employment and experiences of discrimination and violence in the workplace.**
- For cisgender women regardless of their current employment place (whether it is in hotels, on the streets, or online), their involvement in prostitution can be attributed to various life hardships, including early marriage, abusive or demeaning relationships with their spouses, divorce or separation, sometimes rejection by parents due to unconventional relationships, the responsibility of caring for elderly parents, or, in many cases, the need to support their children.
- Involvement in prostitution is not a simple or automatic choice for these women. Instead, it frequently emerges after numerous unsuccessful attempts at employment. As previously mentioned, most respondents have limited access to vocational education. However, some focus-group participants possess the skills and knowledge required for certain paid activities. Nonetheless, **their prior work experiences are characterized by precariousness and insufficient income.**
- The majority of focus group participants face these challenges in their original place of residence. Thus, in pursuit of economic improvement, they relocate to larger cities, predominantly the capital, and seek em-

ployment in the service industry. At this point, most respondents receive offers to engage in prostitution as a source of additional income.

- It is important to acknowledge exceptional cases among transgender and cisgender women, as **some respondents entered prostitution primarily driven by curiosity**. Quantitative data confirm this observation. Whether they had to fulfill basic needs, **these respondents were motivated by the desire for sexual experiences and casual relationships**. They perceive prostitution as a form of risk-taking and a way for sexual enjoyment. **What sets these respondents apart is their self-confidence, sense of security, and control over clients**. This sense of control could potentially be influenced by the setting of their work – those who cite having fun and sexual satisfaction as their primary motivation tend to operate exclusively in hotels or with regular clients, avoiding vulnerable conditions like street-based prostitution.
- In addition to navigating the industry and the relationship difficulties, the focus group participants frequently speak about initial client encounters. In their recollections, this moment is predominantly associated with **feelings of disgust, sadness, frustration, and despair**. These emotions, it seems, **stem from the stigma attached to commercial sex activity, but at the same time, these feelings are often rationalized as emotional reactions induced by one's helplessness**.
- **Every tenth respondent was underage at the moment of involvement in prostitution**, including 4% of cisgender women and **over a quarter of trans women (n=14, 27.45%)**.
- In 94% of cases, the primary reason for engaging in their first commercial sexual activity is economic. Among these, for one-fifth of the respondents (n=47, 23.5%), the decision to enter sex work stems from the necessity to meet basic needs (food, housing, and clothing). Within this group, 6.5% report the additional factor of covering financial obligations related to child care. Covering financial loans/debts is cited as the primary reason by 17%, while the obligation to care for a child is the main driver for 14.5%. The latter is reported exclusively by cisgender women (n=29, constituting 19.46% of cisgender participants).
- **7% of the participants report curiosity as one of the reasons for engaging in prostitution. However, 2% clarified that it was the only**

reason. Among the remaining 5% (n=10, 19.61% of trans women), curiosity comes with economic factors such as the desire to earn income, the obligation to cover a loan/debt, and the satisfaction of basic needs.

- Personal desire, like curiosity, is cited by 7% (n=14) as the primary reason for involvement in prostitution. In 50% of these cases, economic factors include the desire to earn income, the obligation to care for a child, and the satisfaction of basic needs. Hence, **similar to curiosity, only a small portion of participants (3.5%), 4.03% of cisgender women (n=6), and one transgender woman attribute their engagement in prostitution solely to personal desire.**
- Roughly half of the respondents (n=95, 47.5%) report initially seeking the work setting and clients independently. However, for a few individuals (n=5), this process was facilitated by another woman engaged in prostitution.
- Most participants report having other women engaged in prostitution as intermediaries, facilitating their engagement in prostitution (n=65, 32.5%). Over a quarter (n=14, 21.5% of this subgroup) reported that this woman was a friend—an individual informally connected to them. Notably, **a higher number of transgender women had other women as intermediaries (n=29, 56.86%) compared to cisgender women (n=36, 24.16%).**
- Approximately 17% of the participants—18.79% (n=28) of cisgender women and 11.76% (n=6) of transgender women—report having had or currently having a connection to a “souteneur” or “madam.” In most cases, “madam” is another woman engaged in prostitution.
- Among those who have ever been in a deal with “madam” or souteneur (n=15, 7.5%) report receiving protection in exchange. Additionally, the respondents reported various advantages such as free housing (2.5%), transportation (1.5%), no-cost clothing (1%), and free food (1%) provided by their “madam.”
- Almost a quarter of those who have had a souteneur or “madam” (n=8, 23.52%) reported being victims of physical violence by them at least once. Additionally, over a tenth (11.76%) indicated experiencing at least one instance of sexual harassment from their souteneur. Furthermore, 41.17% reported psychological abuse, while 38.23% report having been

subjected to economic abuse. Moreover, nearly a third (29.41%) reported at least one instance where their souteur controlled their clothing choices and appearance. In summary, **instances of violence from souteurs are not isolated incidents; they typically involve recurring patterns of various forms of abuse.**

HIDDEN PRACTICE, MAIN CHALLENGES AND COPING

- For women, prostitution is linked to various physical, psycho-emotional, and social difficulties. These challenges persist regardless of hopes for financial security, fulfillment, and satisfaction of personal passions and desires. The analysis of the narratives shared by focus group participants reveals that these challenges are primarily rooted in self-stigma, which, in turn, significantly influences their coping strategies. Consequently, almost all women interviewed expressed a sense of isolation when faced with the difficulties associated with prostitution. They have limited access to institutional and personal or community support and largely rely on their own resources.
- Participants frequently emphasize the need to develop skills for self-defense, conflict avoidance, and effective communication as important aspects of risk mitigation. In response to healthcare challenges, they often resort to self-medication, and when dealing with stress, they frequently resort to strategies of emotion minimization, which include both adaptive and maladaptive approaches. The latter often involves misusing harmful substances (primarily alcohol and narcotics).
- Health and violence risks and limited access to institutional support for managing these challenges create a range of psycho-social difficulties for women engaged in prostitution. Central to these challenges is the necessity to hide their involvement in prostitution. **While anonymity can serve as a self-defense strategy, it also acts as a source of stress and contributes to the women's constrained access to existing support systems.**
- In addition to discussing the amount and adequacy of income and the effort required to earn it, the respondents frequently indicate that engagement in prostitution leads to a decrease in their sexual drive and

romantic aspirations. **The commodification of intimacy, described by most focus-group participants, significantly impacts the psycho-emotional well-being, relationships, and overall quality of life for women in prostitution.**

- As the stories shared within the focus groups reveal, **when facing violence or its potential risks, women engaged in prostitution typically avoid involving law enforcement. This avoidance is primarily attributed to the intricate bureaucratic procedures and a lack of trust.**
- **Among the respondents engaged in commercial sexual activity, more than three-quarters (75%) indicated that either none of their inner circle (32%) or only a small portion of them (44%) were aware of their involvement in prostitution.**
- 89% of respondents reported having sex most frequently with clients, while the remaining percentage also engage in such activity with a spouse or partner. Notably, among those who predominantly have sex with a spouse or partner, half of them have been engaged in prostitution for ten years or less. Therefore, **the longer a woman is engaged in prostitution, the more her sexual activities center around providing services to clients.**
- 74% of respondents report having experienced at least one form of violence from a client, including over the past two years. The most prevalent form of violence reported was economic, where clients, despite prior agreements, either refused to pay or paid less than agreed. This type of experience is shared by 59.5% of participants (n=119) – 49.6% (n=74) of cisgender women and 88.23% (n=45) of transgender women.
- Around 30% of participants report having a chronic health condition or disease requiring constant medical supervision and treatment. **20.5% of these individuals lack access to the required treatment.** Those who can afford the treatment (17.5%) report an average salary of 1000 GEL or higher (24 /35).
- **Approximately 53% of participants report undergoing regular STI testing at least twice a year for preventive purposes.** Most of those who adhere to regular testing live in Tbilisi, whereas most of those who never undergo testing reside in Batumi.

- The average rating for overall life satisfaction on a 5-point scale is less than 3 points. This index differs from physical and mental health assessments, which receive higher ratings from quantitative research participants.
- Interestingly, physical and mental health and overall life satisfaction assessment rates are higher in Kutaisi when compared to Tbilisi and Batumi.
- 57% of respondents consume alcohol with varying degrees of regularity. **Every tenth respondent consumes alcohol daily.** Additionally, 36% consume alcohol with varying frequency, and 5% always engage in sexual activity under the influence of alcohol.
- Compared to the consumption of tobacco and alcohol, the use of narcotic and psychotropic substances is less prevalent. 87% report not using these substances, and 3% report being former users.
- Data distribution based on gender indicates that the usage of narcotics and psychotropic substances is significantly higher in the group of transgender women when compared to cisgender women.

A VISION FOR THE FUTURE

- The country's challenging social and economic conditions significantly impact the current quality of life and a vision for the future of women engaged in prostitution. Many of the participants, in face-to-face interviews (open-ended questions) and focus groups, express a sense of vagueness regarding their future plans. Many note that they have not given much thought to the issue or do not have any specific plans for the future. Some respondents mention wanting to purchase a house and provide for their children, while a significant portion consider emigrating.
- **Despite the various risks associated with emigration, many consider it the only option to build a better life.** The perceived prospects vary depending on the intended destination. In the worst-case scenario, even relocating to Turkey is considered more favorable than staying in Georgia. When considering migrating to European countries, they expect decent work opportunities and conditions and access to services as a fundamental prerequisite for achieving two main objectives: preserving

one's mental health and well-being and providing proper care for family members (children and elder parents). For transgender women, an additional incentive to migrate is the opportunity to live openly with their gender identity – a driving motivation highlighted by focus-group participants.

- Notably, **more transgender women express an expectation or willingness to continue their involvement in prostitution compared to cisgender women.**
- Only a small number of participants – 8% – would categorically decline an offer aimed at helping them in alternative employment.
- **The majority of respondents (60%) have indicated their willingness to receive assistance in transitioning to a different form of employment.** Among this group, approximately 30% would consider accepting such assistance only if the alternative employment provides a sufficient income (often described in narratives as “adequate for expenses” or a minimum monthly income of 1800 GEL) or higher than what they earn through prostitution. An additional 30% would readily accept an alternative employment offer without specific conditions.

CONCLUSION

- Advocacy and other institutional interventions designed for the well-being of women engaged in prostitution should primarily address the determinants of their vulnerability, such as poverty, education, and social support.
- **The dynamics described in the study underscore the necessity of improving and developing emergency legal response mechanisms to ensure the safety and legal protection of women engaged in prostitution.**
- **to empower women engaged in prostitution and facilitate the opportunity to leave commercial sex activity if they desire to do so, it is fundamental to establish viable and effective alternatives and support systems.**

- Considering best practices, in order to ensure the psychological well-being and security of these women, **it is necessary to revise local legislation related to prostitution, consider the needs of women in these norms, integrate protective mechanisms, and complement them with access to welfare services.**
- **Access to healthcare, harm reduction strategies, trauma-informed care, and social and community services are critical in addressing the physical and mental health challenges of women engaged in prostitution.**
- **the study results demonstrate that intersectional analysis is fundamental for thoroughly examining and assessing the situation of women engaged in prostitution and for effective planning of response policies.**

1. ANALYSIS OF ADVOCACY CONTEXT: LOCAL AND INTERNATIONAL ACTIVIST AND LEGAL PRACTICES RELATED TO SEX WORK

Individuals engaged in prostitution, including *female, male, and transgender adults and youth who regularly or periodically receive money or other benefits in exchange for sexual services*², constitute one of the most vulnerable and marginalized groups in society. Globally, those engaged in prostitution face criminalization, violence, discrimination, and multiple forms of human rights violations. These challenges add to the problems related to achieving a decent quality of life, well-being, good health and also increase the risk of acquiring HIV/AIDS.

According to the assessment provided by international organizations,³ individuals engaged in prostitution represent a group in the population whose access to HIV/AIDS treatment and prevention remains a serious challenge. The prevalence of HIV/AIDS among individuals engaged in prostitution is 30 times higher compared to other groups of reproductive age.⁴

To protect individuals engaged in prostitution from multifaceted discrimination practices, A comprehensive, human rights-based, and nuanced effort is essential. This effort should mitigate public healthcare risks and facilitate the social well-being of individuals engaged in prostitution. Such an approach should acknowledge the contexts in which different forms of violence are directed toward this group and respond to the diversity within the community of individuals engaged in prostitution. This includes addressing the structural inequalities and systematic exclusion contributing to a cycle of victimization and violence. On the one hand, this vulnerability is caused by the lack of data concerning individuals engaged in prostitution and, on the other hand, by a lack of consideration for diverse prostitution practices and a failure to recognize the multilayered nature of associated risks.

2 UNAIDS, Guidance Note on HIV and Sex Work, 2009

3 WHO, Global HIV, Hepatitis and STI's Program, sex workers,

4 Ibid

In response to these significant challenges, the international community, including United Nations agencies such as WHO, UNAIDS, and UN Women, as well as community-based organizations like SWAN and NSWP, urge states to take action toward eliminating the stigma and discrimination associated with prostitution. This entails, foremost, refraining from its criminalization.

International practice reveals that the violation of the rights of individuals engaged in prostitution is frequently rooted in the criminalization of their activity and the regulation of these practices in a manner detrimental to those engaged in prostitution. Recent data indicates that the buying and selling of sexual services, in whole or part, as well as certain related aspects, are criminalized in at least 133 countries worldwide. In a substantial number of these countries, only specific forms of prostitution face criminalization, while in others, it is considered an administrative offense.⁵

Georgia belongs to the latter category of countries where prostitution is not criminalized under criminal law but is considered an administrative offense. However, despite this legal stance, individuals engaged in prostitution remain highly vulnerable due to the gaps in the legal framework, the absence of adequate support systems, the group's invisibility, and political disregard for this community. This situation is aggravated by the scarcity of data beyond specific health issues (HIV infection/AIDS), indicating a lack of comprehensive information about the overall well-being and access to a dignified life for those engaged in prostitution. The rights of individuals engaged in prostitution are predominantly addressed through a medical or narrowly legal lens, further emphasizing this group's unique vulnerability. Moreover, the absence of a clear vision and advocacy strategies for social support, coupled with the prevailing narrative of victimhood surrounding this community, leads to their exclusion from public policy discussions. This exclusion deprives them of the opportunity to effectively mobilize their agency and voice their political concerns.

⁵ UNAIDS, Protecting Rights of sex workers, 2017

1.1. PROSTITUTION AND INTERNATIONAL LEGAL STANDARDS

THE ESSENCE

According to the World Health Organization (WHO) and the United Nations Program on HIV/AIDS (UNAIDS), the term “sex worker” (a person engaged in prostitution) includes “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”.⁶ It is crucial to underline that, according to international organizations, engagement in prostitution or sex work can only be defined as such when it involves informed consent.⁷ Thus, only a person 18 or older is considered engaged in prostitution.

UNAIDS further highlights that prostitution may manifest in various forms across societies and countries. It can be “formal” or organized, and the dynamic of the sex economy may vary. In organized prostitution, “managers” often play a significant intermediary role between individuals engaged in prostitution and clients, and at times, even with local authorities.⁸ In the case of self-employed persons in prostitution, they are directly responsible for finding clients using various methods such as mobile phones, the internet, or working on the street.⁹

While some countries use criminalization to reduce the demand for prostitution, UNAIDS asserts that this measure alone cannot effectively decrease demand, as numerous other factors may contribute to it.¹⁰ These factors include social and cultural influences or individual circumstances such as job-related mobility, divorce, social isolation, or loneliness. Furthermore, UNAIDS points to harmful gender norms and stereotypes as drivers of the demand for prostitution. Among these norms is the desire to dominate or possess women, which can lead to sexual and economic violence and the exploitation of individuals engaged in prostitution.¹¹

6 WHO, Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low- and Middle-income Countries, 2012, 263333, UNAIDS, Guidance Note on HIV and Sex Work, 2009

7 Ibid

8 WHO, Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low- and Middle-income Countries, 2012

9 Ibid

10 UNAIDS, Report on the Global AIDS Epidemic, 2006.

11 UNAIDS, Guidance Note on HIV and Sex Work, 2009, p. 5.

When considering the causes and determinants of engagement in prostitution, “for sex workers, these factors range along a continuum that extends from free choice to forced sex work and trafficking.”¹²

In order to provide “effective action to prevent and combat trafficking in persons, especially women, and children,” The Palermo Protocol by the United Nations against Transnational Organized Crime defines trafficking as “recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”¹³

Trafficking represents a serious violation of human rights, demanding collaborative efforts to combat it. Nevertheless, it stands apart from forms of prostitution based on informed consent. While it is accurate that participation in prostitution can sometimes result from circumstantial factors, it typically does not entail direct or indirect coercion. Circumstantial factors can include poverty, social exclusion, factors related to educational opportunities, gender inequality, or life experiences.¹⁴

REVIEW OF FEMINIST PERSPECTIVE

The ongoing debate within Western feminism, commonly referred to as the “Sex Wars,” has persisted for decades. These discussions revolve around binary ideological stances that significantly shape the core principles determining the regulation and advocacy of prostitution. Despite the diversity of perspectives on sexuality, agency, work, and the human body, the Sex Wars predominantly encompass two sharply contrasting perspectives of abolitionist feminists and sex-positive feminists.

The abolitionist approach to prostitution emerged in the 1980s, primarily defining prostitution as a form of oppression and exploitation.¹⁵ Since the

12 Ibid, p. 5

13 USAID, Palermo Protocol, article 3

14 UNAIDS, Guidance Note on HIV and Sex Work, 2009

15 International Committee on the Rights of Sex Workers in Europe, *Feminism needs Sex Workers, Sex Workers need Feminism: Towards a Sex Worker Inclusive Women’s Rights Movement*, Intersection briefing paper N2. March 2016,

1990s, this perspective has evolved to consider prostitution not just as exploitation but also as a manifestation of slavery and gender-based violence.¹⁶ The perception of prostitution as a form of gender-based violence and oppression by abolitionist feminists is, in turn, based on their approach that views¹⁷ prostitution as an instrument used by patriarchy to reinforce gender subordination through the instrumentalization of female sexuality.¹⁸ Consequently, they contend that commercial sex, regardless of whether it is consensual and non-violent, is both a result and a cause of gender-based violence, never qualifying as labor because it is rooted in the exploitation of women's sexuality.¹⁹

Drawing from these approaches, abolitionist and neo-abolitionist feminists oppose the regulation of prostitution. They demand its complete prohibition and, consequently, the elimination of this practice. It was the advocacy efforts on the part of this group of feminists that laid the groundwork for what is commonly referred to as the regulation of prostitution—Nordic model²⁰, which, in turn, has drawn many critics.

In contrast to these feminists, proponents of a sex-positive approach, who perceive prostitution as a form of work, focus on protecting the rights of women engaged in prostitution by rejecting the narrative of victimhood and asserting their right to choose. They argue that the abolitionist perspective portrays women in prostitution as perpetual victims, overlooking their diverse experiences; the abolitionist view depicts them as victims of gender violence on one hand and victims of poverty and helplessness on the other. In this context, individuals engaged in prostitution are seen as devoid of agency and choice, requiring assistance, rescue, and rehabilitation.²¹ While the circumstances, nature of work, and experiences of women engaged in prostitution vary across regions and countries with differing economic development levels, the sex-positive approach has proven more effective in advancing

16 IWRAP-AP, Framework on Rights of Sex Workers and CEDAW, 2017

17 MacKinnon, C. A. (1989). *Toward A Feminist Theory of the State*. Cambridge: Harvard University Press

18 MacKinnon, C. A. (1989). *Toward A Feminist Theory of the State*. Cambridge: Harvard University Press

19 International Committee on the Rights of Sex Workers in Europe, *Feminism needs Sex Workers, Sex Workers need Feminism: Towards a Sex Worker Inclusive Women's Rights Movement*, Intersection briefing paper N2. March 2016,

20 SWAN, *Sex Work and Feminism, A Guide on the Feminist Principles of Sex Worker Organizing*,

21 IWRAP-AP, Framework on Rights of Sex Workers and CEDAW, 2017

the rights and advocating for the needs of people engaged in prostitution. Specifically, this approach prioritizes visions oriented toward the well-being of individuals in prostitution, first and foremost, by involving them in decision-making processes concerning issues that directly affect them.²²

Local initiatives such as grassroots unions and rights protection movements have emerged through this approach. These movements, rooted in a human rights perspective, ensure that the voices of individuals engaged in prostitution are heard, with a focus on their well-being, rights protection, and health.²³ Prostitute rights movements advocate for creating legal frameworks that establish safe environments where people in prostitution can lead dignified lives through respect, support, and protection of their rights. Furthermore, this approach demands acknowledgment of prostitution as work, which in turn promotes the agency and self-determination rights of those engaged in prostitution.²⁴

GENERAL APPROACHES TO LEGAL REGULATION

In terms of international regulation of prostitution, well-known models exist, including criminalization, decriminalization, and legalization. These models are built upon varying ideological perspectives on women's rights, agency, and sexuality, as discussed in the previous chapter.

Criminalization is the most prevalent form of regulating prostitution. Typically, this model criminalizes specific elements or forms associated with sex work, however, some countries prohibit all aspects, including selling, buying, or facilitating. Among such countries are the USA, South Korea, Vietnam, and Egypt.²⁵

Furthermore, in some cases, prostitution is partially criminalized, allowing for specific aspects of it to be legal, while others, such as operating in public or within brothels, remain prohibited.²⁶

22 SWAN, *Sex Work and Feminism, A Guide on the Feminist Principles of Sex Worker Organizing*

23 International Committee on the Rights of Sex Workers in Europe, *Feminism needs Sex Workers, Sex Workers need Feminism: Towards a Sex Worker Inclusive Women's Rights Movement*, Intersection briefing paper N2. March 2016

24 SWAN, *Sex Work and Feminism, A Guide on the Feminist Principles of Sex Worker Organizing*

25 IRAW-AP, *Framework on Rights of Sex Workers and CEDAW*, 2017

26 Ibid

In terms of the criminalization of prostitution, one well-known form of regulation is the Swedish or so-called “Nordic model.” This model was first implemented in Sweden in 1999 (and later was adopted by countries such as Ireland, France, Iceland, Canada, and Norway).²⁷ Under this model, selling sex is considered “legal,” while clients and third parties are subject to criminalization. Initially, this legal framework aimed to achieve gender equality by reducing the demand for prostitution, with the belief that this would lead to the elimination of prostitution and trafficking. However, the Nordic model has faced substantial criticism in academic and international legal literature, and from women engaged in prostitution, arguing that it failed to consider women’s needs and could increase discrimination against them. According to the organization “Global Network of Sex Work Projects” (NSWP), the implementation of the Nordic model has pushed prostitution further underground, making it more dangerous and strengthening the stigma against women engaged in prostitution.²⁸ The NSWP Community Guide highlights that after the legal reform, public prostitution has been indirectly criminalized, resulting in fewer clients seeking the service. This has further driven prostitution underground, increasing the risks of violence and reducing access to health and police services.²⁹ As for the women engaged in prostitution who continue to work on the streets, they are often forced to accept lower fees; they also have less knowledge and experience in organizing their work through alternative means, further marginalizing this group. Therefore, regardless of its original intention, the Nordic model, in practice, has strengthened the position of clients and weakened the legal protection of women engaged in prostitution.³⁰

“Decriminalization” refers to exempting prostitution and related activities from criminal law. It implies offering, buying, selling, and running brothels. Decriminalization does not imply leaving prostitution entirely unregulated; instead, it is a measure aimed at protecting the rights of women engaged in

27 Sex Worker Advocacy and Resistance Movement, Everything you wanted to know about the Swedish Model (Aka the Nordic Model), 2020

28 Global Network of Sex Work Projects , The Real Impact of the Swedish Model on Sex Workers, Community Guide, 2015

29 Ibid, p. 3

30 Ibid

prostitution, including their labor rights and standards. Sex establishments are subject to business regulation standards. According to IWRAW-ASIA PACIFIC,³¹ the practice of decriminalization, as seen in New Zealand and New South Wales, Australia, has demonstrated improvements in the working conditions and rights of women engaged in prostitution. However, as the organization points out, even under the conditions of decriminalization, it is necessary to implement additional social measures to combat the existing stigma and prevent discrimination against these individuals since it cannot entirely eradicate established societal attitudes towards people engaged in prostitution.³²

Depenalization is a model similar to decriminalization, where the activities of individuals engaged in prostitution are considered administrative offenses. However, despite the relatively mild nature of the penalties, depenalization allows significant discretion for administrative and law enforcement bodies. As a result, those engaged in prostitution may still face violence, discrimination, and ongoing harassment by the police or third parties and be subject to administrative fines. Therefore, in international law, depenalization alongside decriminalization, is often considered necessary to protect the rights of individuals engaged in prostitution fully.³³

As for **legalization**, it is often interpreted as the transformation of prostitution into a 'legal' activity. However, this interpretation can be misleading because the legalization of prostitution does not necessarily imply that it is entirely permissible. Moreover, in the case of complete legalization, as understood by advocates for the rights of individuals engaged in prostitution, it operates not through a normative framework designed to protect sex workers but through one specifically created to control and 'license' prostitution. This mechanism not only makes it challenging to engage in prostitution but also segregates it from other businesses, subjecting it to various prohibitive regulations. An example of this is the requirement for individuals engaged in prostitution to register, which, on one hand, violates their privacy and, on the other hand, exposes them to increased risks of violence.

31 IWRAW-AP, Framework on Rights of Sex Workers and CEDAW, 2017

32 Ibid, p. 22

33 Ibid, p. 22-23

In summary, “the legal recognition of sex work as work and the acknowledgement of economic, social and cultural rights, including labour rights, for sex workers should not be confused with legalisation, which can be highly stigmatising, and is grounded in a desire to control sex work and sex workers.”³⁴

BEST PRACTICES AND INTERNATIONAL STANDARDS

Stigma, discrimination, criminalization, violence, financial insecurity, debt, exploitation, and social vulnerability associated with prostitution are recognized worldwide to contribute to the marginalization of individuals in prostitution, particularly women. Varied levels of financial security and working conditions significantly impact the autonomy of women engaged in prostitution and the protection of their rights and health. Therefore, it is crucial to comprehend the context in which prostitution occurs, its power dynamics, and the overall health and social needs of women involved in it. Interventions should be based on the understanding of these needs and contexts.³⁵

To protect the health and well-being of individuals engaged in prostitution, the World Health Organization (WHO) identifies several critical recommendations that can serve as the foundation for eliminating stigma, discrimination, and social exclusion related to this group. Specifically, according to the WHO³⁶:

- All countries should work toward decriminalization of sex work and elimination of the unjust application of non-criminal laws and regulations against sex workers.
- Governments should establish antidiscrimination and other rights-respecting laws to protect against discrimination and violence, and other violations of rights faced by sex workers in order to realize their human rights and reduce their vulnerability to HIV infection and the impact of AIDS. Antidiscrimination laws and regulations should guarantee sex workers’ right to social, health and financial services

34 Ibid, p. 24

35 WHO, Prevention and Treatment of HIV and other Sexually Transmitted Infections for Sex Workers in Low- and Middle-income Countries, 2012

36 WHO, Policy Brief – Prevention And Treatment of HIV and other Sexually Transmitted Infections for Sex Workers In Low- And Middle-Income Countries, GRADE methodology, 2012

- Health services should be made available, accessible and acceptable to sex workers based on the principles of avoidance of stigma, non-discrimination and the right to health.
- Violence against sex workers is a risk factor for HIV and must be prevented and addressed in partnership with sex workers and sex worker led organizations.

The countries are also responsible for giving particular attention to the rights of individuals at a higher risk of HIV infection. According to the UN General Assembly, criminalizing individuals at higher risk of infection results in their exclusion and restricts their access to HIV-related services, heightening their vulnerability to HIV infection, as well as to stigmatization, discrimination, marginalization, and violence.³⁷

Furthermore, in 2023, the International Commission of Jurists (ICJ) specifically developed the “March 8 Principles of a Human Rights-Based Approach to Criminal Law,” covering various aspects, including sex-related conduct, reproduction, drug use, HIV/AIDS, homelessness, and poverty.³⁸ Principle 17 of this document addresses issues related to prostitution and asserts that consensual sexual relations between adults involving the exchange of money or other benefits, whether in public or private spaces, should not be subject to criminalization. The Commission also prohibits the criminalization of third parties benefiting from this service or work unless it is based on coercion or other criminal behavior.³⁹

1.2. REGULATION OF PROSTITUTION IN GEORGIA: LEGISLATION AND POLICY

The buying and selling of sexual services (prostitution) are not subject to punishment under the Criminal Code of Georgia. However, certain related activities are criminalized. For instance, Article 254 of the Criminal Code addresses the “promotion of prostitution,” which includes inducing a person to

37 UN General Assembly, On the fast track to ending the AIDS epidemic, 1 April 2016, A/70/811

38 International Commission of jurists (ICJ), The 8 March Principles for a Human Rights-Based Approach to Criminal Law Proscribing Conduct Associated with Sex, Reproduction, Drug Use, HIV, Homelessness and Poverty, 2023

39 Ibid, principle 17

prostitution⁴⁰ and making a place or residence available for prostitution.⁴¹ It is worth noting that the Criminal Code of Georgia prohibits human trafficking.⁴²

The provision of sexual services (as opposed to its buying) is regulated by Article 172³ of the Administrative Offenses Code of Georgia. According to this code, engaging in prostitution leads to administrative liability. Under this provision, prostitution can result in a warning or a fine, which can be up to half of the minimum wage, set at 20 GEL according to a decree issued by the President of Georgia in 1999. Thus, the regulatory model for prostitution in Georgia implies the existence of a “depenalization” approach.

While according to IWRAW-ASIA PACIFIC, depenalization model is considered less harmful than other forms of regulation, in practice, it still poses substantial barriers for the community.⁴³ An analysis of established practices in Georgia supports this observation. Reports from the Public Defender of Georgia indicate that the police often employ special policing measures, during which they compel individuals engaged in prostitution to leave specific areas, citing the prevention of prostitution and other potential violations as the basis for their actions. In addition, police officers frequently employ repressive measures and administrative penalties, such as fines or administrative detention, based on allegations of public order violations or failure to comply with lawful requests from the police.⁴⁴ These actions are governed by both administrative and criminal law norms.

Studies conducted by the Public Defender and non-governmental organizations indicate that women engaged in prostitution experience physical, verbal, and sexual violence from their clients. There are also reports of cases of verbal abuse by the police, especially against transgender sex workers.⁴⁵

According to research by the organization “Tanatdgoma” (2018), most

40 Criminal Code of Georgia, article 354, part 1

41 Criminal Code of Georgia, article 354, part 2

42 Criminal Code of Georgia, article 143; article 143; article 143.

43 IWRAW-AP, Framework on Rights of Sex Workers and CEDAW, 2017,

44 Center for Information and Counseling on Reproductive Health “Tanatdgoma”, Stigma, discrimination and forms of violence among women who use drugs and female sex workers – qualitative research report, 2018

45 Alternative Intermediate Report by the Georgian Young Lawyers’ Association In CEDAW committee, 2016. See also, Special report by Public Defender of Georgia, Human Rights in the Context of Sexual and Reproductive Health and Well-being in Georgia: Country Assessment, 2018

women engaged in prostitution are at risk of constant pressure, discrimination, and violence. The working environments (streets, bars, restaurants, saunas) pose a high risk for women engaged in prostitution, both in terms of physical and psychological violence. As noted in the study, “female sex workers realize the importance of protecting their rights but do not have access to the necessary instruments (information, knowledge and skills).”

The ratification of the Council of Europe Convention on the Prevention and Elimination of Violence against Women and Domestic Violence (Istanbul Convention) and reforms in national legislation of Georgia concerning women and gender-based violence have provided all women who are victims of violence with the opportunity to seek restraining and protective orders against their alleged abusers. These mechanisms apply regardless of where the violent act occurs, allowing women in prostitution to seek restraining and protective orders against their clients in cases of violence. However, there have been no documented cases of women engaged in prostitution using such legal tools to date.

It should be noted that there is a significant lack of data regarding the legal status of women engaged in prostitution in Georgia, including their access to social protection, healthcare, and other rights. Moreover, the rights of women engaged in prostitution are primarily considered within the medical and legal contexts framework, often focusing on their general status as victims. This, in turn, proves this group’s political and legal exclusion in the context of Georgia.

RIGHTS-ORIENTED ADVOCACY IN GEORGIA

In Georgia, no organization focuses solely on the rights of individuals engaged in prostitution. While there are some initiatives, they often lack sustainable forms and resources. However, certain organizations with different profiles, such sexual and reproductive health and rights (SRH), women’s and sexual/gender diversity (LGBTQ), do provide some coverage and support for groups engaged in prostitution. In the past, some of these organizations (“Tanadgoma” and AYLG) were engaged in projects aimed at documenting rights violations of people engaged in prostitution, and providing legal representation. However, due to various factors, these services are typically offered only if a specific case becomes part of strategic proceedings or individuals may be referred to other organizations due to resource constraints.

The focus group conducted with non-governmental organizations as part of this study revealed that currently, none of the organizations has specific projects focused on the rights of persons engaged in prostitution, nor have they had such projects in recent years. These organizations primarily include people engaged in prostitution in the list of their target groups and provide support when the group's needs align with their mission. These services often include social, awareness-raising, and health-related services (such as STD and HIV/AIDS prevention and drug and alcohol addiction treatment services).

In the current situation, the advocacy strategies of organizations working on SRH, women's rights, and sexual/gender diversity issues are not specifically concentrated on protecting the civil-political, social, and economic rights of women engaged in prostitution. The needs of this group are typically addressed in terms of victimization and vulnerability. The absence of a sustainable local community organization established and managed by women engaged in prostitution further highlights the exclusion of this group from political, legal, or social life.

The focus group discussions with non-governmental organizations also revealed that the lack of community mobilization among people engaged in prostitution is a key factor preventing this group from becoming a political actor. The absence of established advocacy mechanisms within organizations working on SRH, women's, and sexual/gender diversity is attributed to the lack of shared and preestablished strategies.

Focus group participants highlighted that the lack of political mobilization within this group is rooted in various factors, including high vulnerability, economic hardships, risks of privacy violations, problematic relationships with law enforcement agencies, instances of blackmail – coercion by these agencies to cooperate, significant self-stigmatization, and limited access to education and information. Consequently, these problems and barriers form a vicious cycle that remains challenging to break due to several factors, including the low prioritization of the rights of people engaged in prostitution, insufficient support from donors for initiatives targeting this group, the reluctance of political actors to address their needs due to this topic's lack of "profitability," a lack of advocacy platforms with the government, and the potential financial interests of the political elite concerning organized forms

of prostitution. Notably, the latter aspect has not been yet studied in Georgia.

As a result, the participants emphasized the necessity to empower individuals engaged in prostitution as a priority. Empowerment efforts can take various forms, including raising awareness about legal mechanisms to protect the rights of women engaged in prostitution, providing access to healthcare and social protection, and promoting political awareness. However, all organizations agree that advocacy for the rights of people engaged in prostitution should be guided by the principle of “do no harm.” Without a consensus within the community on what form of advocacy should address their needs, advocacy efforts by external organizations may progress slowly or may not materialize at all.

2. REPORT OF FOCUS GROUPS CONDUCTED WITH WOMEN ENGAGED IN PROSTITUTION

2.1. A PRECONDITION FOR ENGAGING IN PROSTITUTION

Most focus group participants identify the need for income as their primary and current motivation for engaging in commercial sex activity and prostitution. This income may serve as a means of securing a living wage or meeting the financial needs of elderly family members or children.

In most cases, the participants have limited access to education, a crucial prerequisite for future professional employment. This lack of access is attributed to gender-based discrimination, experiences of violence, and neglect from their primary support networks. **These forms of undignified treatment and rejection are rooted in heteronormative and heterosexist attitudes:** within the context of economic, cultural, and social dominance over women by men, patriarchal families, and micro-societies, transgender women often face persecution from an early age, primarily due to their gender non-conforming behavior and self-expression. Simultaneously, cisgender women are driven by societal expectations to conform to stereotypical and traditional gender roles, including early marriage and childbearing.

It is essential to note that the stories of transgender women engaged in prostitution typically begin with the necessity to leave their homes due to conflicts over their gender identity with their families. Sometimes, they voluntarily distance themselves from family members with demeaning attitudes towards them. Others try to protect their families from aggressive micro-societies that react negatively to their self-expression. Furthermore, in some instances, transgender women are forcibly expelled from their homes by family members.

Consequently, due to the circumstances described above, transgender women (whether they have fully formed their gender identity or are still in the process of self-discovery) find themselves isolated without access to basic opportunities and disconnected from their primary support networks. All transgender women engaged in prostitution who participated in the focus

groups live alone, or rent a house or, more commonly, live with friends who are also transgender women engaged in prostitution. These women often form these living arrangements through acquaintances or friendships. Frequently, it is through mutual assistance and support that they engage in prostitution to ensure their survival, cover rent, and meet other essential expenses.

Many of the transgender participants begin their sexual lives during early adolescence. Due to destructive family environments, some of them often find themselves on the streets in vulnerable positions. Even at a younger age (between 7 and 9), they may become targets of sexual harassment by older men. What is important to note is that some of the participants themselves do not deem this experience as degrading or violent. **To them, these hidden relationships with random male partners provide a space for self-expression and self-determination.**

For these reasons, mostly minors with feminine self-expression, who are in the process of self-determination and identify as gay men, end up in the streets. They already have active sex lives, and in the face of new challenges, they start taking money in exchange for these hidden relationships. **For the participants, prostitution is not an automatic decision nor an easy and safe choice. In some cases, it is preceded by many unsuccessful attempts at employment, discrimination, and violence in the workplace.**

"...when I left that place, I came to Tbilisi, I had no idea what the "Circus" was, or where it was. I had only 100 GEL and it was not that much... For a short period of time I was sleeping at Vagzali (Tbilisi Central Train Station), 5 GEL was the cost for one hour's stay in a hotel. So, when I ran out of money, I looked for a job, I went to every hotel, every restaurant there... since I could not find a job, I decided to go and work by the Circus. At first, I worked as a gay man. Then, I gave it a thought, and weighed it, and was convinced I was a transgender. Then one of my girlfriends helped me find a job [in a municipal service company]. I started working there... a month went by, two months, 5 months and I could not hide who I was anymore. I told them, told them directly about myself, about who I was. Told everything in their face. After that was discrimination, name-calling, but I didn't pay attention. Then they gave me a task, I did it, they checked it and saw it was done. At 12 o'clock we had a break and I asked if I could leave early and I left. And the head of the company caught me

leaving the place. He saw I was leaving before twelve; I explained that I had spoken to the brigadier and he let me leave early. But he was firm and wrote a statement of my dismissal. No, he wrote that I voluntarily left the job. Made me sign the document, and fired me..."

"I used to hang out at Vagzali and so many older gays would gather there. And at one time, one of them asked, if I would go with him, and I didn't have a penny in my pocket. So I told him that he had to pay for it, and he asked for the value and I told him it was 30 Lari. And he told me there was a place for that, near the Circus, and I went there. That day I went there and someone threw a rock at me from his car, second swore, third stopped his car and threw a bottle... I was fed up for the first few days and then I got used to it and I still go out and stand on the street these days."

*"... there were certain places where my peers and I would stay, who did not have another choice. Older men would come and take us with them."
(Focus-group with transgender women engaged in prostitution)*

When it comes to cisgender participants, regardless of their current employment place (whether it is in hotels, on the streets, or online), their involvement in prostitution can be attributed to various life hardships, including early marriage, abusive or demeaning relationships with their spouses, divorce or separation, sometimes rejection by parents due to unconventional relationships, the responsibility of caring for elderly parents, or, in many cases, the need to support their children.

In the case of cisgender women do not unequivocally perceive marriage as coercive or violent in most of these narratives, including about early marriages. Furthermore, as they see it, marriage is frequently considered a **logical and anticipated conventional outcome of their initial relationships, serving as a space to express love and romance. Like trans women, they view marriage as a way to express their sexuality.**

For the cisgender participants, engaging in prostitution is not an automatic or simple decision. Typically, it emerges after many unsuccessful attempts at employment. As mentioned in the previous chapter, most participants have limited access to formal professional education. Nevertheless, some in-

dividuals possess the skills and knowledge suitable for certain paid activities within the focus group participants. **Nonetheless, their prior work experiences before entering prostitution are characterized by precariousness and insufficient income.** The majority of focus group participants face these challenges in their original place of residence. Thus, in pursuit of economic improvement, they relocate to larger cities, predominantly the capital, and seek employment in the service industry. At this point, most respondents receive offers to engage in prostitution as a source of additional income.

“After getting pregnant, I thought, ‘so be it, at least I’ll have someone to take care of me...’ I gave birth and then had another child. He left... and I was left alone... We were together for four years, but it turned sour. He was from Kutaisi, always on the streets, and I was young at the time. The relationship broke down, and he left me for good. That’s when I came to Tbilisi. At first, I worked in a banquet hall, earning 15 Lari a day, working every other day. There was this woman, I don’t know where she is now, who noticed I was struggling and didn’t have any money left for myself. She suggested that I come along with her when she went out on the street from time to time. So, I went, and that’s how it started...”

(Focus-group with cisgender women engaged in prostitution/working in hotels)

“At some point, for example, I used to find clients for 200-250-300 Lari. Okay, let’s say I left and don’t want to do this anymore. What should I do with rent, bills, and my children? Should I live in those walls? I can’t find a decent job here. Or I should have a degree or something. Now it’s impossible for me. I went and got married.”

(Focus-group with cisgender women engaged in prostitution/workin on the street)

“I used to always work, as a barman, or in a store I owned, or in a restaurant. But then it wasn’t enough anymore. I met a woman who told me that someone liked me and was willing to pay a sum. I guess it was because I was newly divorced... I went once, twice, and it went like that...”

(Focus-group with cisgender women engaged in prostitution/working online)

It is important to acknowledge exceptional cases among transgender and cisgender women, as some respondents entered prostitution primarily driven by curiosity. Quantitative data confirm this observation. Whether they had to fulfill basic needs, these respondents were motivated by the desire for sexual experiences and casual relationships. They perceive prostitution as a form of risk-taking and a way for sexual enjoyment. What sets these respondents apart is their self-confidence, sense of security, and control over clients. This sense of control could potentially be influenced by the setting of their work – those who cite having fun and sexual satisfaction as their main motivation tend to operate exclusively in hotels or with regular clients, avoiding vulnerable conditions like street-based prostitution.

„I'm having fun, I don't go with just anyone. If I like a star boy. He might not do anything, but give you a present, make you feel good. Well, if I don't go in the room, I still can have fun. I am like that, personally. I had a friend just recently, he was a nice person, but I let him go, you know. I didn't need too much of this and that... he was a little bit, you know... I was tense and I hate being restricted."

(Focus-group with cisgender women engaged in prostitution/working in hotels)

2.2. INITIAL EXPERIENCES AND FEELINGS

Women engaged in prostitution, especially during their initial phase, frequently enter harmful deals with their *souteneurs*/"madams". This issue tends to affect those with limited agency in their life choices, including their commercial sex activity.

Their stories and those of others shared within the focus groups make it evident that socially and psychologically vulnerable women often find themselves economically subordinated to individuals with experience and influence within the sex industry. These may be other female sex workers, women who manage others' activity, or men indirectly connected to the commercial sex industry, who tend to be their emotionally manipulative clients or stable partners. Through emotional manipulation, intimidation, and blackmail, newcomers to the industry frequently are

subjected to imposed financial obligations. Sometimes, this financial ‘sacrifice’ is made in order to obtain love, protection, or assistance in attracting new customers. However, in many cases, these efforts only lead to losses and emotional harm.

“Everyone in town knew I was doing it. Everyone knew I was very attentive to the girls, making sure they wouldn’t get hurt or struggle by my side. Then one guy came to me, told me he had picked up a woman who was divorcing her husband, and he asked me to give her a job. That poor guy thought she was going to marry him.”

“when you love a man... souteneurs are common. A souteneur is not someone who comes and tells you to go and work now. No! It’s when you love a man and you know he is in some kind of trouble, and you go earn some money in an hour, and it is you who begs him to take it. These guys are sophisticated psychologists, they will head-shrink anybody.

“[on souteneurs] in previous years, when I worked in a hotel, taxi-drivers... after web-sites became a thing... not everyone knew how to register on a web-site, you need a mail address and more... so, those who were more street smart would create web-sites and they had these girls in their cars, who answered phones, but phones belonged to these guys.”

(Focus-group with cisgender women engaged in prostitution/working online)

“I used to have a madam, who deceived me and I lost my one-room apartment because of her. She worked on the street and if she would come across with someone inexperienced, she would take their entire earnings. I was on the street but under her control. She had a lover, former coworker, who would beat her – if she did not bring him 200 Lari a day.”

(Focus-group with cisgender women engaged in prostitution/working on the street)

In addition to navigating the industry and the relationship difficulties, focus group respondents frequently speak about initial encounters with cli-

ents. In their recollections, this moment is predominantly associated with **feelings of disgust, sadness, frustration, and despair. These emotions, it seems, stem from the stigma attached to commercial sex activity, but at the same time, these feelings are often rationalized as emotional reactions induced by one's own helplessness.**

"...it is the hardest job. Because the first time I had a relationship, when I first went to a client, I will never forget that first client, and that place we went, and how I hated myself when I got back."

(Focus-group with transgender women engaged in prostitution)

"When they took me to the Turks, they pushed me to ask one of those men for a Coca-Cola, but I was too shy to do it. I wasn't prepared for this. They said, 'You can't even ask for a Coca-Cola, how are you going to ask for money?' The first time I went, I was crying. He turned to that girl, my girlfriend, and said, 'You bring her to me for this?'"

(Focus-group with transgender women engaged in prostitution/working on-line)

"At first you are ashamed of it, worrying what if somebody finds out. Sometimes I just wasn't thinking about what I was doing. I thought that it was my duty and I was not at all ashamed in that moment. Sometimes, when I would think about it later, about how many men I went to that day... oh my, I would start crying, I would take all of my clothes off, everything they had touched. But sometimes I wouldn't even think about that. I believed I was doing something good. An ordinary business. It is hard in the beginning, but you get used to it."

(Focus-group with cisgender women engaged in prostitution/working on the street)

Participants with greater agency describe their initial feelings with less dramatic intensity, although not in an entirely positive light. Their initial excitement is often linked to curiosity, romanticized depictions of women engaged in prostitution (such as courtesans or Julia Roberts' character in the movie 'Pretty Woman'), and the anticipation of new experiences.

2.3. RISKS, COPING STRATEGIES AND SUPPORT

For women, prostitution is linked to various physical, psycho-emotional, and social difficulties. These challenges persist regardless of hopes for financial security, fulfillment, and satisfaction of personal passions and desires. The analysis of the narratives shared by focus group participants reveals that these challenges are primarily rooted in self-stigma, which, in turn, significantly influences their coping strategies. Consequently, almost all groups of women interviewed report feeling isolated when faced with the difficulties associated with prostitution. They have limited access to institutional and personal or community support and largely rely on their own resources.

Participants frequently emphasize the need to develop skills for self-defense, conflict resolution, and effective communication as important aspects of risk mitigation. When dealing with health-related challenges, they often turn to self-medication, and to cope with stress, they frequently resort to strategies of emotion minimization, which include both adaptive and maladaptive approaches. The latter often involves misusing harmful substances (primarily alcohol and narcotics).

The difficulties discussed throughout the conversations make it evident that **the nature of commercial sex activity demands not only effort and skill but also carries inherent risks, as it falls beyond the realm of simple economic activity. This perspective holds regardless of whether women categorize their activity as “work”. Earning money involves intricate relationships beyond a straightforward exchange of sex for money.** Focus group participants frequently referred to the concept of ‘easy money’ – the concept that implies that no special effort, skill, or risk is needed for making money through prostitution. According to most respondents, this belief is unjust and fails to acknowledge the challenges faced by women engaged in prostitution.

As mentioned earlier, most focus-group participants view their involvement in prostitution as a decision driven by economic hardship. However, the perception of commercial sex activity as a means to achieve financial stability varies among them. Within the interviewed groups of women, some individuals engage in precarious labour across multiple places simultaneously to secure their basic subsistence. For transgender women, this often involves compromising their self-expression or, on the other hand, facing risks of vi-

olence. Consequently, transgender women discuss the risks and the inevitability of engaging in work that is beyond their capacity and not something they desire to do.

“For me, personally, it is not enough. You can’t rely on sex-work alone, I live by rent and it is just impossible. Psychologically too, it makes you psychologically sick.”

(Focus-group with transgender women engaged in prostitution)

“If I don’t go out and work, tomorrow I will be left hungry, but I can’t go out as a man. Good that I have a land lady who’s considerate.”

(Focus-group with transgender women engaged in prostitution/working on the street)

At the same time, among cisgender participants, we encounter an evaluation of the income derived from commercial sex activity that challenges the stereotypical view: contrary to popular belief, the financial gains from prostitution are not seen as ‘easy money.’ Instead, it is symbolically perceived as tainted, undeserved, or insignificant income:

“well, it’s for my family, for my children... but it is not a solution. More than half of Georgia is like that, so it’s also our fault. We kind of believe that it is the way to earn “easy money”, but turns out it’s not. You earn money and you start sinking. You think that money will help. I earn a good sum every day, but it burns a hole in my pocket... I used to say, that I would never do anything bad, that I would rather start begging for money, than do this, but now I am here. Nobody knows what tomorrow brings.

“It used to have more value, 15 Lari [when working in service]. Today 100 Lari are nothing. That earned 15 Lari was sweeter... because it was earned by honest work. It tasted different.”

(Focus-group with transgender women engaged in prostitution)

In addition to discussing the amount and adequacy of income and the effort required to earn it, the respondents frequently indicate that engagement in prostitution leads to a decrease in their sexual drive and romantic aspirations. **The commodification of intimacy, described by the majority of focus-group participants, significantly impacts the psycho-emotional well-being, relationships, and overall quality of life for women in prostitution.**

„...I can't imagine sex without taking money“

(Focus-group with cisgender women engaged in prostitution/working online)

„Can't imagine having sex without taking money. For us, it is a job – first comes money, and then... yes, this job. It's like you come here, you eat and then you pay. With us It's the same.“

(Focus-group with cisgender women engaged in prostitution/working on the street)

„It's like you don't want it anymore. You don't want anybody to touch you anymore and then you give it a thought and understand that you have no other choice. There's no choice. So, you have to return here again. And I try to tell myself, that I have to get up and go. I'm sorry but I have vomited in a toilet several times. You are just sick of it... you may have a boyfriend and you don't want him either. You might want him to hug you, give you a pat, but you don't want to have sex with him, as such.“

(Focus-group with cisgender women engaged in prostitution/working in hotels)

As the stories shared reveal, **when it comes to violence or its potential risks, women engaged in prostitution typically refrain from seeking help from law enforcement.** This avoidance is primarily attributed to the intricate bureaucratic procedures and a lack of trust. The potential abusers are often drunk clients. Women find ways to defuse these situations to avoid conflict on their own or with the help of others, even if it means enduring insults and suppressing their own anger.

„[On calling the police] What’s the point of calling the police? They’ll take you, make you wait there. I can get so much done in two hours. The police will leave, right? And I’ll still meet them on the street. The only option is to hire security, so that no one can touch you. It’s still on you to take care of your business.”

„When you notice in the beginning that it’s turning violent, you should avoid it. Yes, it happens when he’s drunk and being nice, but then he takes you to do his thing to you, and you should escape from him. Of course, there is violence, but it’s you who has to avoid it.”

“We warn each other – ‘watch out, don’t go with him.’ Let’s say we all are together. We go with our phones in our hands... or we set a price so high, say 200 Lari, so they start swearing and leave.”

“It is dangerous, but you have to rely on yourself. You should be smart. You should tell them – ‘Oh, give me a minute, I have to take this call’ and then run. That’s it. I avoid conflicts. Why should you stay and fight when you can run?”

(Focus-group with cisgender women engaged in prostitution/working on the street)

“So many people come in, some pretentious, and you try to make them like you. But in that moment, your only wish is to make sure you won’t get into any trouble behind closed doors in that room. You may not like his behavior, the way he talks to you, or the way things go, but when he asks, ‘Do you like it?’ you answer with, ‘Yes, I like it!’ hoping he’ll leave soon.”

“Sometimes, when they get aggressive, we try to take them outside. Not through arguing or anything, but by soothing them. We take their hand, tell them the taxi’s here, and leave them outside, so that we don’t need to call the police or something.”

(Focus-group with cisgender women engaged in prostitution/working in hotels)

While the participants from both gender groups tend to avoid interactions with the police and refrain from discussing this subject, it is evident that **neither the police nor women engaged in prostitution typically make use of legislation or other legal means for protection or enforcement.** There are instances where respondents share information about police raids in specific establishments (hotels, saunas, cafés, bars), where legal measures related to prostitution are typically applied against the establishment's owner or manager. These individuals often hold a different and more privileged position than women working in these establishments, online or on the street. The experts interviewed as part of the research also confirm that law enforcement officers employ other, more general administrative offense regulations when dealing with owners.

In addition, it is interesting to assess how the participants perceive health risks and their strategies for preventing and treating sexually transmitted infections (STIs). **For the participants, this issue is often associated with unnecessary expenses, and in some cases, it is not regarded as a top priority.** During the discussions, some respondents expressed concerns about the lack of sexual health awareness within the community of women engaged in prostitution and the challenges related to accessing regular services, particularly in terms of affordability and geographical availability. Additionally, it was discovered that even if a woman engaged in prostitution possesses the knowledge and practical skills to protect herself, she still faces various barriers. These include high demand from clients for unprotected sex and instances where other women consent to unprotected sex. The latter is frequently explained by neglecting personal health needs and adopting a nihilistic attitude.

The intersection of violence, health risks, and limited access to institutional support compounds the psycho-social challenges faced by women engaged in prostitution. Central to these challenges is the necessity to hide their involvement in prostitution. While anonymity can serve as a self-defense strategy, it also acts as a source of stress and contributes to the women's constrained access to existing support systems. Participants often share stories about relocating to another city because of their work or the fear of encountering acquaintances, which can damage their public reputation and pose new risks of violence. These experiences are further compounded by emotional difficulties that stem from lying to their loved ones.

“they are worried for their privacy. So many girls from Tbilisi work in Rustavi, and vice versa. Just to make sure they don’t come across with someone they know... but Georgia is a small country, meeting someone you know is always a possibility, no matter where you are.”

“you know you get used to everything in the end. And had this attitude, while my kids lived with me, I always worried. If one of my kids suddenly screamed, I would think ‘oh my god, they heard something about me.’ You know when you are guilty, you think everything is about that.”
(Focus-group with cisgender women engaged in prostitution/working online)

“they grow so fast these little children... you visit them, then you visit them again and they already have beard. I’m always watching for signs – today he’s like this, next day he’s different – I feel scared.”
(Focus-group with women engaged in prostitution/working in hotels)

Given the described circumstances, it is no surprise that many participants identify psychological challenges as the primary difficulty related to prostitution. As the discussions reveal, alongside their ongoing efforts to avoid violence and health risks, substance use is the primary coping mechanism in dealing with stress. It is important to highlight the role of finding community in this context, as participants frequently emphasize the significance of looking out for one another. However, such supportive experiences are predominantly found among women who work in the same geographical area on the street or within a single hotel or sauna. A similar dynamic is observed among transgender women who maintain informal connections with one another. Conversely, women working alone or online have limited access to these supportive experiences. Another obstacle to forming such connections, as mentioned by participants, is competition and mistrust that can exist between women engaged in prostitution.

“it’s mainly for our safety. It’s hard to work alone. Because of my age [a respondent over 50] I don’t have a problem, but we should not work alone, we need to rely on each other. Say, when a client comes, they know I am not alone, there is another person in the house, or is going come...”
(Focus-group with women engaged in prostitution/working in hotels)

2.4. A VISION FOR THE FUTURE

The focus group participants primarily emphasize their social and economic needs when discussing their current necessities. Regardless of their primary motivation for engaging in prostitution and the income they earn through this activity, participants frequently underscore the distinct economic vulnerability experienced by women engaged in prostitution.

Women from diverse social backgrounds engaged in prostitution express varying economic needs stemming from different circumstances. For example, transgender women are more likely to discuss issues such as homelessness, often resulting from persecution by their families and the loss of access to their property. In contrast, discussions within cisgender women's groups frequently center around the necessity of providing for their children, a responsibility they frequently are compelled to take due to the chronic dysfunctionality of the state care systems. **The conversations also revealed that increasing prices for basic goods and housing, much like other vulnerable groups, significantly impact women engaged in prostitution.**

"There are so many in our community who don't even have an apartment, not even by rent and sleep on the street."

(Focus-group with transgender women engaged in prostitution)

"I have not met a girl who works on the street and owns a house. Some of them are sheltered by others. Those from regions all live on rent. Even locals. Everyone."

"Some of us live together, sharing rent. Some lived separately but can't afford it anymore."

(Focus-group with cisgender women engaged in prostitution/working on the street)

“When you are a single mother with three children, there must be some support, right? Shevardnadze paid me 5 Lari. For what? My unemployment. I did not have a single mother status; children had their father’s name. I received 5 Lari because I was unemployed. An unemployed mother of three.

(Focus-group with cisgender women engaged in prostitution/working online)

The country’s challenging social and economic conditions significantly impact the current quality of life and a vision for the future of women engaged in prostitution. Many respondents, both from face-to-face interviews (open-ended questions⁴⁶) and focus groups, express a sense of vagueness regarding their future plans. Many report that they have not given much thought to the issue or do not have any specific plans for the future. Some respondents mention wanting to purchase a house and provide for their children, while a significant portion consider emigrating.

As observed, internal migration among women engaged in prostitution is a relatively common practice, primarily driven by the need for anonymity. When discussing migration outside the country, focus group participants mainly recount experiences of forced migration to Turkey and European countries, often undertaken to obtain labor or displaced person status. Such experiences are primarily highlighted in the narratives of transgender women.

Stories of labour migration to Europe or Turkey frequently involve accounts of engaging in illegal, strenuous, and precarious work, including prostitution in Turkey. According to participants, migration to Turkey for illegal commercial sex activity is prevalent among women engaged in prostitution. **These women, effectively involved in trafficking, lack access to protective mechanisms, and their ability to escape such circumstances and overcome other barriers depends on their flexibility and luck.**

46 Refers to the last question within the questionnaire for the interviews: B.3. and lastly, briefly describe your plan/plans for the future

„Just imagine, women are so scared that others will find out about them that they prefer to go to such lengths, but still they feel scared. It is just that some are braver. Yes, I escaped. If they'd find me, they would destroy me. There were instances, in which they sent women to such places, where shepherds would have teared them to pieces in the mountains.“

*“[In Turkey], some were treated very poorly, and some were even sold from one souteneur to another. These men wouldn't allow these girls to see daylight, would force them work in such conditions, and take all their money.”
(Focus-group with cisgender women engaged in prostitution/working online)*

Despite various risks associated with emigration, many consider it the only option to build a better life. The perceived prospects vary depending on the intended destination. In the worst-case scenario, relocating to Turkey is considered a more favourable option than staying in Georgia. When considering migrating to European countries, they expect decent work opportunities and conditions and access to services as a fundamental prerequisite for achieving two main objectives: preserving one's mental health and well-being and providing proper care for family members (children and elder parents). For transgender women, an additional incentive to migrate is the opportunity to live openly with their gender identity – a driving motivation highlighted by focus-group participants.

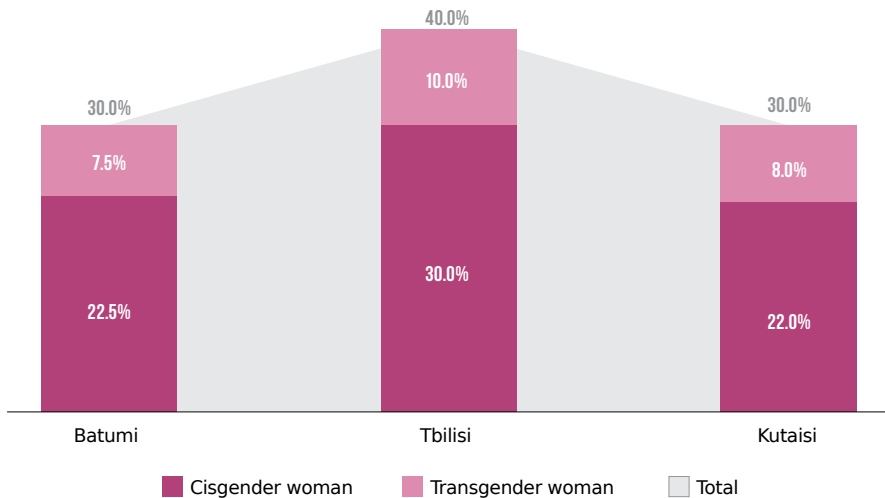
Based on the focus group discussions, it becomes evident that there is insufficient awareness within the community of women engaged in prostitution regarding the tools available for regulating commercial sex activity. This topic is rarely discussed and is often limited to superficial discussions about the risks associated with legalization. On the one hand, legalization is perceived as a threat, involving potential loss of anonymity and obligations to pay taxes. On the other hand, it is viewed as a regulatory mechanism that the state could implement to protect women.

3. QUANTITATIVE DATA FROM FACE-TO-FACE INTERVIEWS WITH WOMEN ENGAGED IN PROSTITUTION

3.1. DEMOGRAPHICS

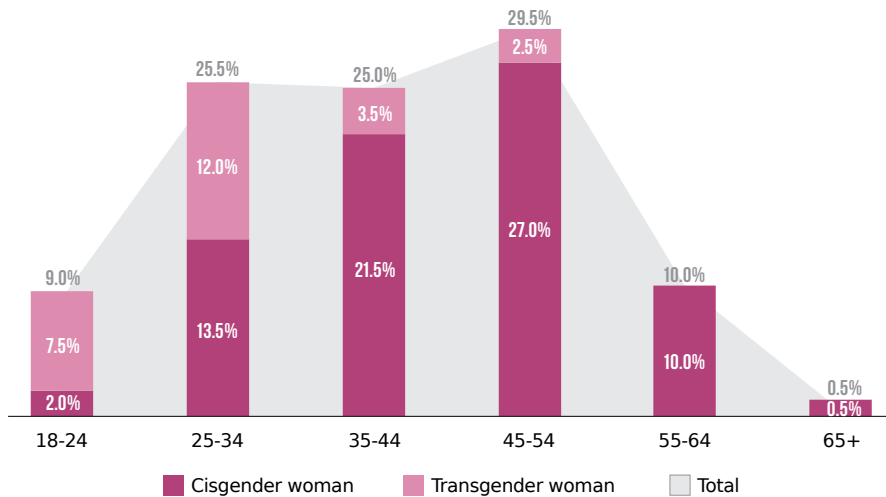
As part of quantitative research, we conducted interviews with a total of 200 respondents across three major cities in Georgia: Tbilisi (40%), Kutaisi (30%), and Batumi (30%). Most respondents (87%) identify as Georgian based on national self-identification. Nonetheless, it is important to note that our sample also includes individuals from diverse non-dominant ethnic backgrounds: Armenian (8), Turkish (4), Osetian (3), Kazakh (3), Azerbaijani (2), Yezid (2), and single representatives of Russian, Ukrainian and Jewish nationalities (Graph 3.1.1).

Graph 3.1.1.
Respondent distribution by gender and survey location (N=200)



74.5% (n=149) identify as cisgender women, while 24.5% (n=51) identify as transgender women. With regard to age, the majority of respondents fall into the age groups of 25-34 (25.5%), 35-44 (29.5%), and 45-54 (25%). Approximately 10% of the respondents are aged 55-64, while 9.5% belong to the 18-24 age category (Graph 3.1.2).

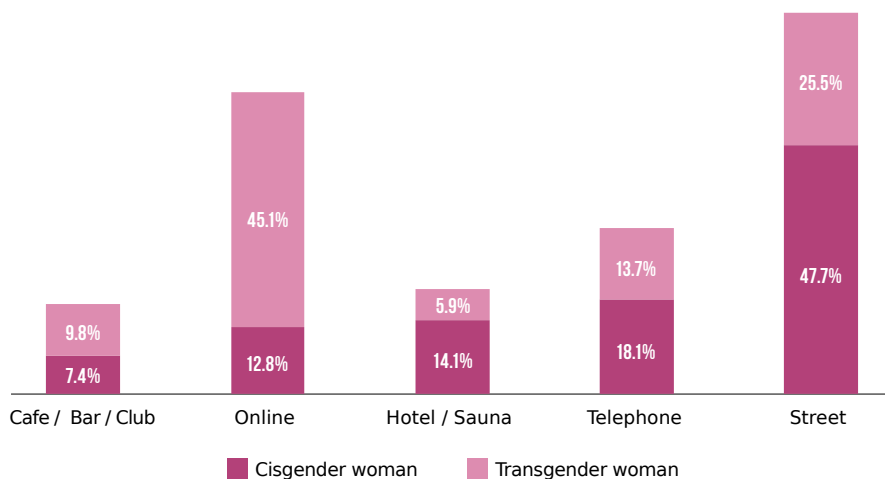
Graph 3.1.2.
Respondent distribution by age and gender (N=200)



In our study, 42% of the respondents (N=200) report engaging in street prostitution, while more than one-fifth (21%) seek clients through online platforms (such as sex services and dating websites). 17% of the respondents use phones for solicitation, 12% operate in hotels and saunas, and 8% operate in cafés and clubs. **A significant portion of street-based sex workers (41.67%) falls within the age category of 45-54**, whereas half of those who primarily use online platforms (50%) fall within the age category of 25-34. When considering these distribution patterns in relation to gender, it becomes apparent that **cisgender women are predominantly engaged in street prostitution, while transgender women tend to rely more on online platforms** (Graph 3.1.3).

Graph 3.1.3.

Respondent distribution by prostitution type and gender (N=200)



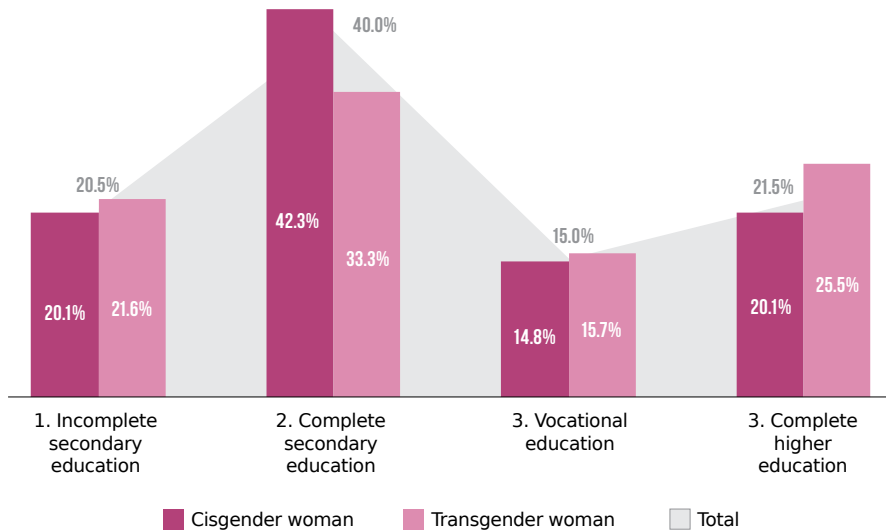
This fact is likely related to the heightened risks of attacks based on gender identity and sexual orientation since transgender women express themselves in ways that deviate from societal norms. Consequently, transgender women often avoid street-based prostitution due to its lack of safety. In contrast, cisgender women, who tend to adopt normative self-expression, may have more flexibility to protect themselves from the threat of violence. However, it is essential to emphasize that this does not imply their reduced vulnerability to violence. Engaging in commercial sex activity as a woman, within the context of patriarchal structural oppression and societal stigmatization of sexuality, inherently poses a substantial risk.

In terms of formal education status, the majority of respondents (60.5%) fall into two categories: those who have complete (40%) or those with incomplete (20.5%) secondary education. A smaller portion, 15%, possess professional education, while only one-fifth (21.5%) have received higher education.

Examining the distribution of formal education status among gender groups reveals that **a higher proportion of transgender women engaged in prostitution hold higher education degree compared to their cisgender counterparts** (Graph 3.1.4).

Graph 3.1.4.

Respondent distribution by formal education and gender (N=200)



It is worth noting that our interviews revealed a significant dropout rate at various stages of education. More than a third of the respondents (36%) report having discontinued their education, either temporarily or permanently. Interestingly, this rate is even higher among transgender individuals, with half temporarily or permanently discontinuing their education.

Among cisgender women, 11% (N=17) cite marriage as the reason for discontinuing their education. Although **transgender women do not report this reason**, 12% of them state that **conflicts with parents compelled them to abandon education**. The majority of respondents attribute their decision to financial barriers. One-fourth of cisgender women (25.53%) and 40% of transgender women cite financial constraints as their reason for discontinuation.

Regarding marital status, nearly half of the respondents (n=95, 47.5%) are divorced or separated. Approximately 30% report never being married, while 12% are widows. A smaller percentage, 5.5%, are in unregistered relationships, and 5% are in registered marriages.

It is worth noting to that the **majority of cisgender respondents (59.7%) are divorced or separated**. A smaller proportion, 16.1%, identify as widows, and **only 12.8% have never been married**. In contrast, **80.4% of transgender women report never being married and 11.8% indicate being divorced or separated**.

A similar pattern emerges when examining the parenthood status of cisgender and transgender women. A substantial majority of transgender respondents (92.2%) report not having any children. In contrast, among cisgender women, nearly 80% (77.2%) are mothers to children of varying ages. Moreover, more than a third of these respondents (34.2%) are raising at least one minor child. Notably, **mothers among divorced cisgender women also have at least one minor child**.

Almost half of the respondents (n=99, 49.5%) report living alone. Among those who do not live alone, specifically those with households including children (n=33, 16.5%), all are cisgender women. Notably, every second in this group has at least one minor child, and every third resides in an extended family arrangement with parents and relatives.

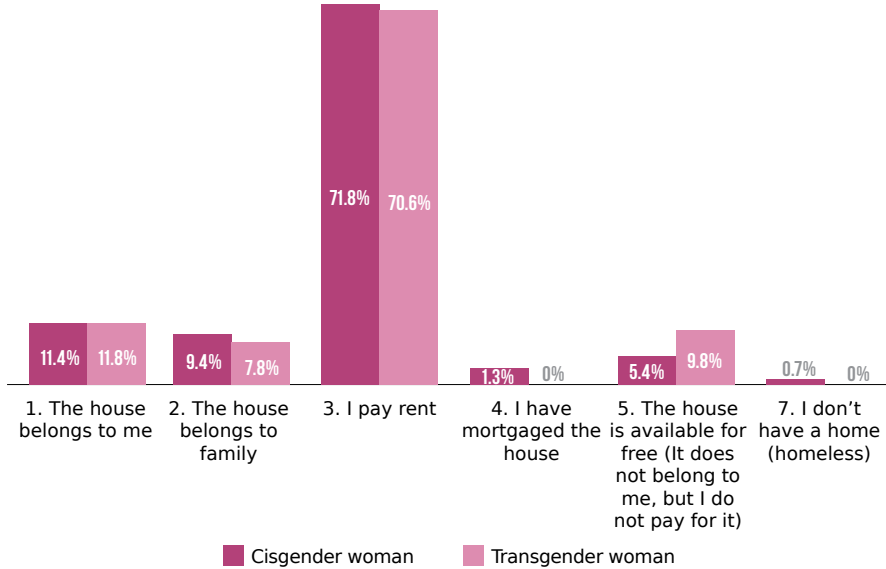
Additionally, 12.5% of the respondents (n=25) cohabit with other women engaged in prostitution, while 9% (n=18) share their living arrangements with friends. Importantly, this practice of cohabitation is more prevalent among transgender respondents than their cisgender counterparts. Specifically, one in five transgender women and one in ten cisgender women live with other women engaged in prostitution.

Notably, **most respondents (n=143, 71.5%) live by rent**. Approximately 11.5% (n=23) live in their own houses. This distribution shows some similarities and slight differences between the two gender groups. Specifically, 9% (n=18) of respondents live in family-owned homes, 6.5% (n=13) live in housing that is in free use (not owned but not subject to fees), 1% (n=2) have mortgages, and one respondent reported being homeless (Graph 3.1.5).

Additionally, it's interesting to observe that proportionally, the largest number of respondents living in rented accommodations (88.3%) reside in Batumi, while the smallest portion lives in Kutaisi (Graph 3.1.6).

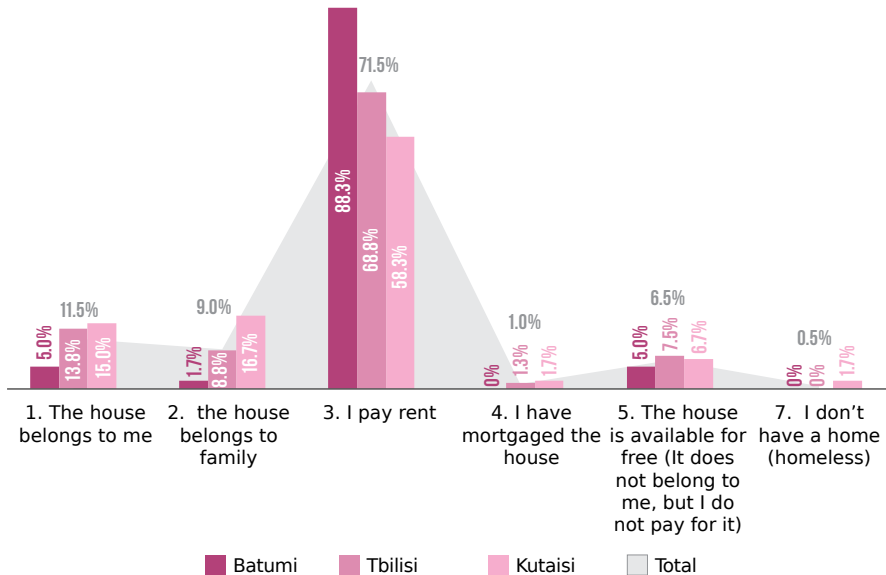
Graph 3.1.5.

Resopndent distribution by the type of housing ownership and gender (N=200)



Graph 3.1.6.

Resopndent distribution by the type of housing ownership and the city the survey was conducted (N=200)

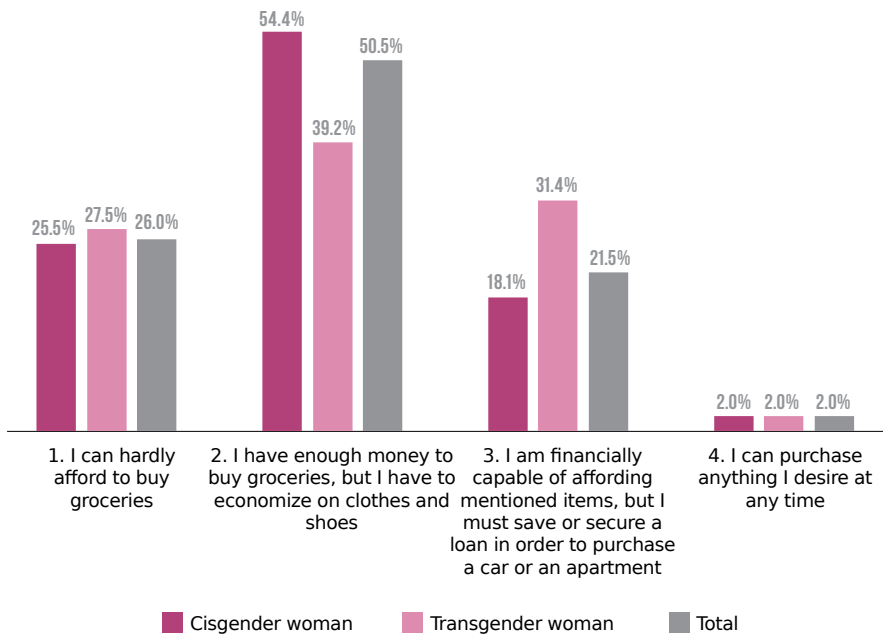


3.2. SOCIO-ECONOMIC CHARACTERISTICS

When evaluating their economic situation, half of the respondents (N=101, 50.5%) state that they can afford groceries but are compelled to cut back on clothing and shoes. Additionally, **one out of every four respondents (N=52, 26%) struggles to afford groceries**. Around one-fifth of the respondents can afford groceries and clothes but must save or borrow money to purchase a car or a house. A small portion, just 2% (n=4), report being able to purchase anything they desire at any time (Graph 3.2.1).

Graph 3.2.1.

Assessment of personal economic condition, distribution by gender (N=200)



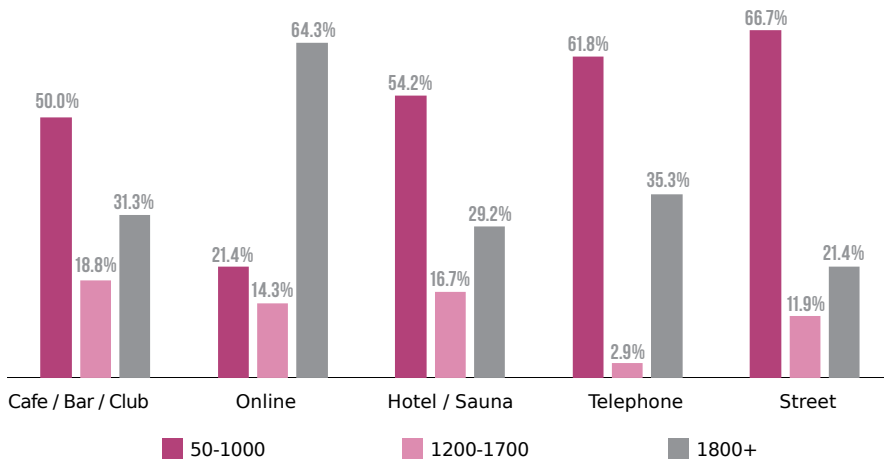
Among those who struggle to purchase groceries, 70% are 40 years and older. This category is nearly evenly represented across both gender groups.

The median personal monthly income of the respondents is 1000 GEL, slightly surpassing the country's median salary⁴⁷ and accounting for approximately 56% of the established living wage.⁴⁸ 55.1% of cisgender respondents and 47.06% of transgender respondents report monthly incomes that do not exceed this benchmark. Conversely, 31.5% of cisgender respondents and 41.2% of transgender women report incomes that exceed the established living wage.

The income levels vary considerably depending on the type of prostitution. Specifically, the majority of women engaged in street-based prostitution, approximately two-thirds, earn less than the median income. In contrast, two-thirds of those involved in online prostitution report monthly incomes that surpass the established living wage (Graph 3.2.2).

Graph 3.2.2.

Personal monthly income by the type of prostitution (N=200)



47 900 GEL – determined by the National Statistics Office of Georgia, 2021

48 Based on data provided by the Fair Labor Platform, www.shroma.ge

The variation in personal monthly income by city is also interesting: In Kutaisi, nearly 60% (58.3%) of respondents report a monthly income of 2000 GEL or more. In contrast, this rate is considerably lower in Tbilisi (28.8%) and Batumi (16.7%). The largest proportion of respondents in these two cities, accounting for approximately 60-60%, have incomes below the median wage.

INCOME AND EXPENSES

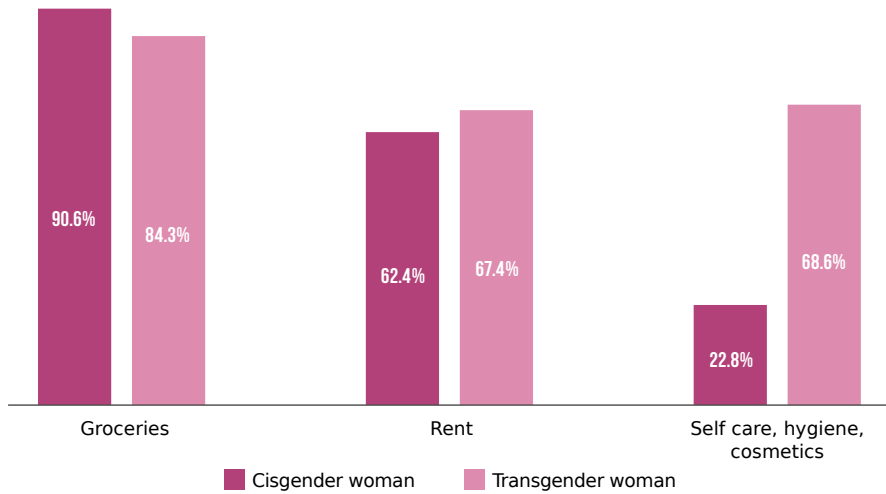
71.5% (n=143) of the respondents report that they rely solely on commercial sex activity as their sole source of income. This category comprises over three-quarters of cisgender women (75.8%) and over half of transgender women (52.9%).

Among those for whom prostitution serves as their sole income source, most are individuals with both regular and irregular earnings from their activity (n=26, 13%), including nearly one-third of transgender respondents (31.4%) and only 6.7% of cisgender respondents. Consequently, **more respondents in the group of transgender women demonstrate a greater diversity of income sources from various activities when compared to the group of cisgender women.** Additionally, 6% of respondents (n=12) report being unregistered self-employed individuals.

A small portion, 5% (n=10) of the respondents, receive assistance from organizations or private individuals. It is noteworthy that all of them are transgender women. Conversely, **cisgender women tend to access financial assistance more frequently through a social support network**, which includes friends, family members, intimate partners, or ex-husbands.

Furthermore, 4.5% (n=9) of the respondents receive state assistance, while 3% (n=6) benefit from the state social package. An additional 3% receive financial support from other members of their family or household in addition to their income, and 2% receive support from the income of an intimate partner.

In addition to income sources, we asked the respondents to identify the three primary categories in which they mainly allocate their income. These categories include groceries (n=178, 89%), rent (n=126, 63%), and personal care, hygiene, and cosmetics (n=69, 34.5%) (Graph 3.2.3).

Graph 3.2.3.**Basic expenses, distribution by gender (N=200)**

However, when it comes to self-care, hygiene, and cosmetics, there are variations in spending patterns. Specifically, **seven out of every ten surveyed transgender women list these categories among their main expenses, whereas only two out of every ten cisgender women do the same. Interestingly, child care emerges as one of the primary expenses for a third of cisgender women (n=49, 32.9%), a category not mentioned by any of the surveyed transgender women in their top three expenses.**

The respondents also report clothing (n=49, 34.5%), supporting family members (n=43, 21.5%), healthcare (n=38, 19%), loan/debt payments (n=21, 10.5%), utilities (n=11, 5.5%), savings (n=6, 3%), among their primary expenses.

The majority of respondents (n=170, 85%) do not have any savings. Half of those who have savings fall within the age category of 25-34. Conversely, half those without savings are in the 45-54 age category (Table 3.2.4).

TABLE 3.2.4.

Do you have any savings? (N=200, distribution by age)

	19-24	25-34	35-44	45-54	55-64	65+	Total
1. Yes	10%	50%	20%	16.7%	3.3%	0	100%
2. No	9.4%	21.9%	25.9%	31.7%	11.2%	0.6%	100%

Half of the respondents (N=200) report having loans/debts. Among them, 12.50% have interest-bearing, interest-free, or both types of loans. **Over one-third of participants (36.5%) have interest-bearing loans from banks, including mortgages,** while 7.5% have interest-bearing loans from microfinance organizations. Additionally, 3.5% of these individuals have interest-bearing loans both from banks and microfinance organizations.

FORMAL EMPLOYMENT STATUS

Eight out of ten respondents (81%) are not presently engaged in formal employment outside of prostitution, and more than a quarter (27.5%) have never been formally employed. The latter is applied to both gender groups almost identically.

Approximately one in ten respondents (10.5%) is employed informally, while a similar proportion (8.5%) are formally employed. Notably, **a higher percentage among transgender respondents are employed compared to cisgender respondents.** Specifically, four out of every ten transgender participants (40%) are formally or informally employed, unlike only 12% of cisgender participants (Table 3.2.5).

TABLE 3.2.5.

Are you currently engaged in any other form of employment besides prostitution? (N=200, distribution by gender)

	Cisgender women	Transgender women	Total
1. Yes, formally	3.4%	23.5%	8.5%
2. Yes, informally	8.7%	15.7%	10.5%
3. No	87.9%	60.8%	81.0%
Total	100%	100%	100%

Presently, more than half of those who are **formally employed outside of prostitution belong to the 25-34 age category**, while more than a third of those exclusively engaged in prostitution fall within the 45-56 age category (Table 3.2.6).

TABLE 3.2.6.

Are you currently engaged in any other form of employment besides prostitution? (N=200, distribution by age)

	19-24	25-34	35-44	45-54	55-64	65+	Total
1. Yes, formally	7.6%	52.2%	6.5%	23.9%	9.8%	0	100%
2. Yes, informally	5.5%	13.1%	33.1%	41.1%	7.1%	0	100%
3. No	4.9%	16.8%	25.1%	36.5%	15.7%	1%	100%

Distribution of individuals with past employment experiences, whether formal or informal, in both gender groups is fairly even, with a slight difference: the percentage of cisgender women previously employed informally exceeds the number of transgender women informally employed in the past, and conversely, the percentage of transgender women formally employed

previously surpasses the number of cisgender women in the same category. (Table 3.2.7). **It is worth noting that more than a quarter of the interviewed cisgender women have never been employed in any capacity other than commercial sex activity.**

TABLE 3.2.7.
Past employment experience

	Cisgender women	Transgender Women	Total
1.1. Yes, formally	33.6%	39.2%	35.0%
1.2. Yes, informally	38.9%	33.3%	37.5%
2. No	27.5%	27.5%	27.5%
Total	100%	100%	100%

Those with previous formal employment experiences report low salaries, poor working conditions, hostile work environment, relocation, and dismissal as primary reasons for leaving their jobs (n=127, Trans n=27, Cis n=99).

Low wages emerged as a substantial factor that prompted individuals from both gender groups to quit their jobs, with 44.4% of transgender women and half of cisgender women citing this as their reason for quitting.

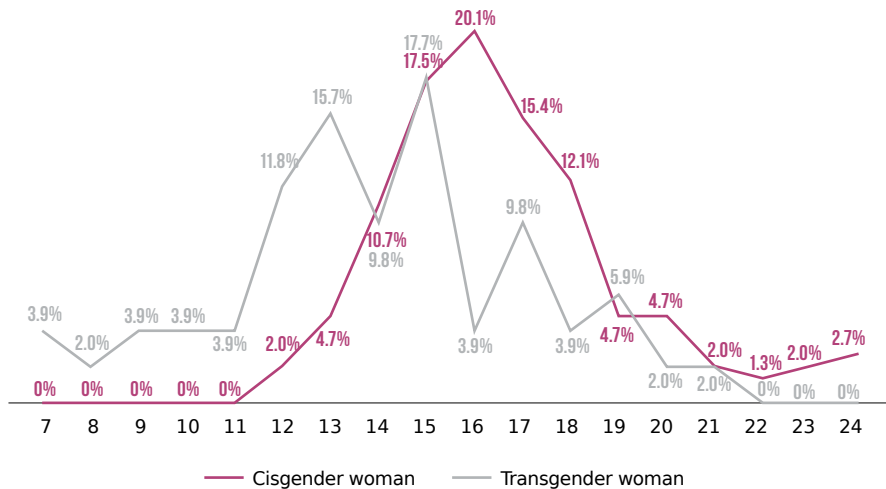
Regarding poor working conditions, transgender women were more inclined to leave their jobs for this reason (n=13, 48.15%) compared to cisgender women (n=18, 18.2%). Similarly, a hostile work environment was cited more frequently by transgender women (n=10, 37%) as a reason for job departure than by cisgender women (n=5, 5.1%).

Furthermore, being dismissed by an employer is proportionally more prevalent among transgender women (n=6, 22.2%) than cisgender women (n=7, 7.1%).

3.3. SEXUAL LIFE

Most respondents (n=35, 17.5%) report having their first sexual experience at 16. **The majority of cisgender respondents report having their first sexual encounter between the ages of 17 and 19, whereas the majority of transgender respondents report having their initial sexual experience at the ages of 13 and 14** (Graph 3.3.1).

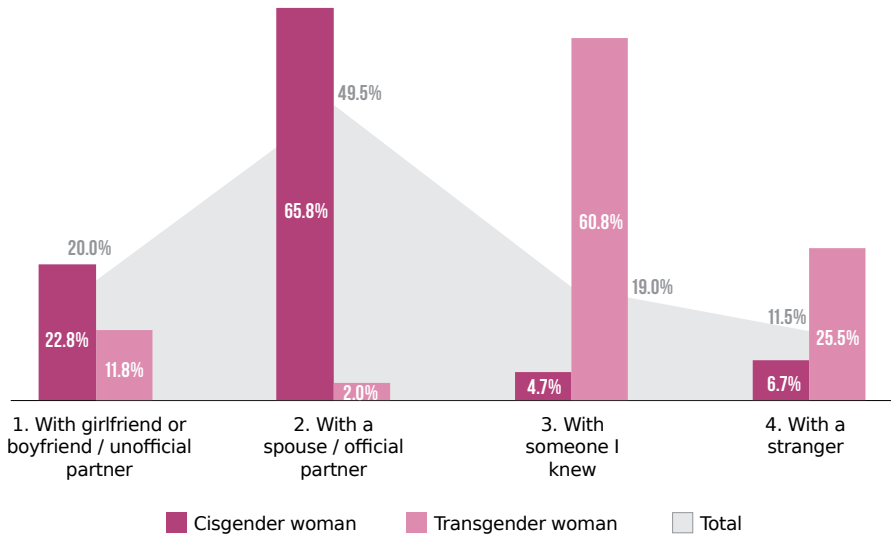
Graph 3.3.1.
Age of initial sexual experience, distribution by gender (N=200)



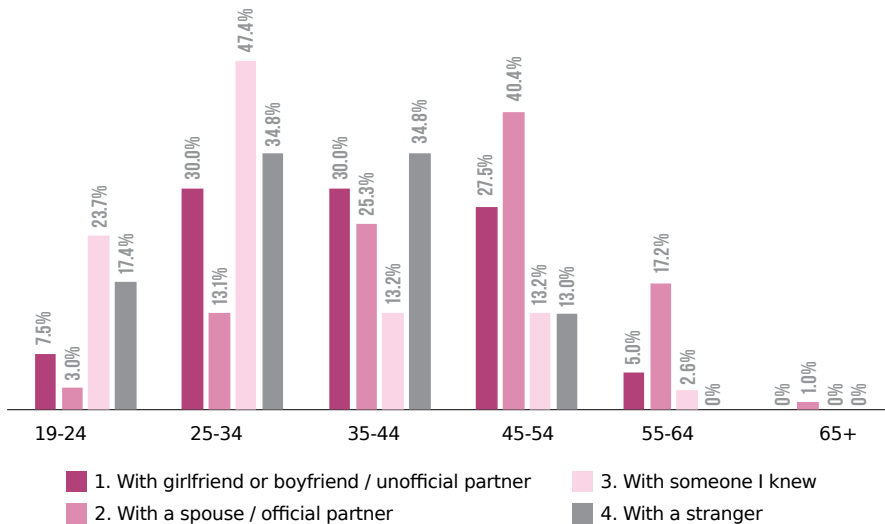
Sexual experiences of cisgender respondents begin at 13 years old. Interestingly, nearly a quarter of transgender respondents (n=9, 17.7%) had their first sexual experience before age 13, including at the ages of 7 (n=2), 8 (n=1), 10 (n=2), 11 (n=2), and 12 (n=2).

Regarding their first sexual partner, **most cisgender women (65%) report having their initial sexual encounter with a spouse or official partner.** In contrast, this figure is **less than 2%** for transgender women. For most transgender women, their first sexual partner was either an acquaintance (60.8%) or a stranger (25.5%) with whom they did not have a romantic or formal relationship (Graph 3.3.2).

Graph 3.3.2.
First sexual partner, distribution by gender (N=200)



Graph 3.3.3.
First sexual partner, distribution by age (N=200)

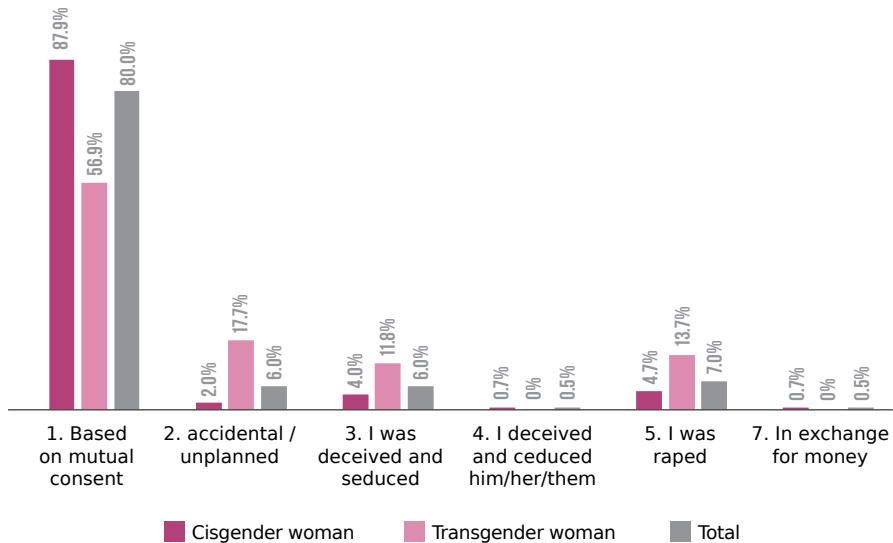


The distribution by age indicates that the younger the respondent, the less likely their first sexual experience was with an official or romantic partner (Graph 3.3.3).

The largest portion of participants (n=160, 80%) report having their first sexual experience based on mutual consent. Most of the remaining cases involve rape, “seduction,” or unplanned incidents.

When considering the distribution by gender, it becomes apparent that a quarter of transgender women participants had their first sexual experience as a result of rape or seduction/deception (Graph 3.3.4.)

Graph 3.3.4.
First sex and consent, Distribution by gender (N=200)



3.4. INTIMATE PARTNER VIOLENCE BEFORE INVOLVEMENT IN PROSTITUTION

68.5% of respondents have experienced physical, psychological, sexual, or economic violence from an intimate partner at least once before entering prostitution. Among the participants, experiences of **all** the listed forms of violence **are more common among transgender participants compared to their cisgender counterparts.** However, these experiences reported by both gender groups tend to have a more recurring or persistent nature in cases of cisgender respondents. The conventional nature of relationships of cisgender women can explain this fact. **It is more challenging for these women to escape from marriage, especially in cases involving children than from other types of romantic and sexual relationships.**

PHYSICAL VIOLENCE

Approximately 29.5% (n=79) of the interviewed women reported being victims of physical violence from an intimate partner at least once before entering prostitution. Among them, 43.1% of transgender women (n=22) and 24.8% of cisgender women (n=37) acknowledged such experiences. Interestingly, study findings indicate that in the group of transgender women, more respondents report having experienced physical violence once, twice, or three to four times more frequently compared to the group of cisgender women. However, more respondents in the group of cisgender women report having experienced physical abuse five or more times frequently (n=23, 15.4%) compared to transgender women (n=6, 11.8%) (Graph 3.4.1).

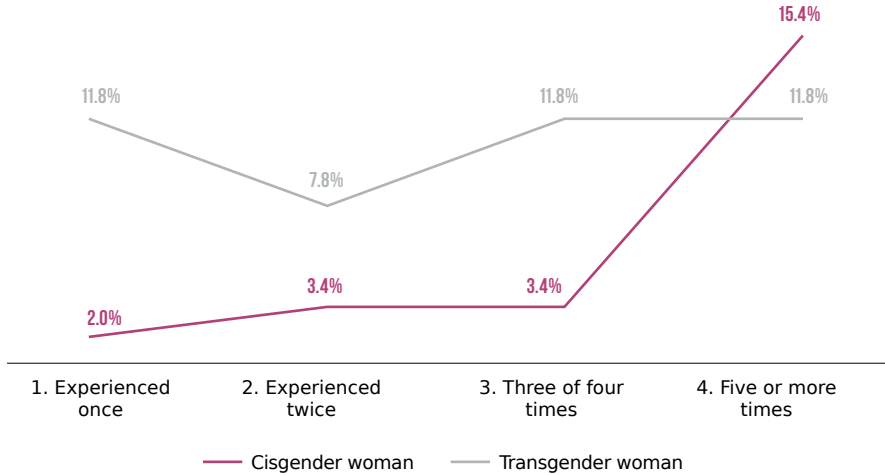
SEXUAL VIOLENCE

The distinction between gender groups are even more pronounced when considering the prevalence and frequency of sex-related violence by an intimate partner:

64.7% of transgender respondents and 26.9% of cisgender respondents report being victims of forced sexual intercourse. This is the only form of degrading sexual treatment before engaging in prostitution experienced by more than five times as many cisgender respondents compared to their transgender counterparts (Graph 3.4.2).

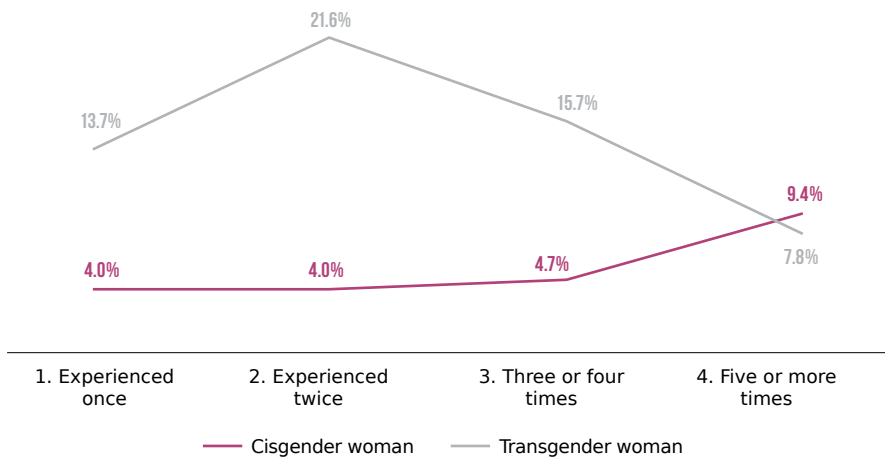
Graph 3.4.1.

Violence from an intimate partner, before involvement in prostitution, distribution by gender (n=79)



Graph 3.4.2.

Before involvement in prostitution, experience of undesired sexual intercourse imposed by an intimate partner, distribution by gender (n=73)



While almost 90% of cisgender women report never experiencing coercion by an intimate partner into abusive sexual practices, more than half (n=27, 52.9%) of transgender respondents report having this experience. Almost 60% of transgender participants (n=30, 58.8%) report at least one instance where their partner refused to have protected sex, whereas more than 90% of cisgender women report no such experience. Nearly half of transgender women have contracted a sexually transmitted infection from an intimate partner, compared to only 3% of cisgender women. Additionally, in terms of frequency, there is a higher number of transgender respondents reporting having such experiences once, twice, three, four, or five or more times.

PSYCHOLOGICAL VIOLENCE

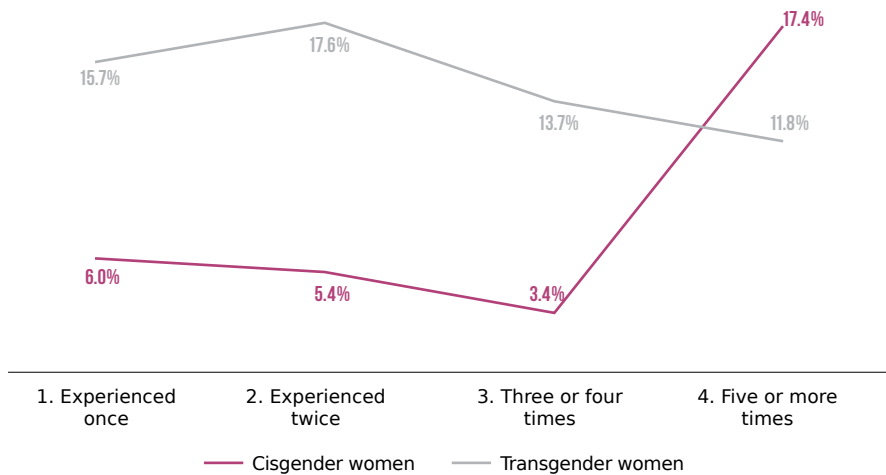
15% of respondents have at least once experienced threats by an intimate partner involving firearms or cold weapons, including nearly 30% of transgender women (n=14) and more than 10% of cisgender women (n=16). Additionally, 13% of the respondents (n=26) have been subjected to threats of harming their loved ones by an intimate partner. Notably, only cisgender women (n=5) report receiving threats of this nature five or more times, although both gender groups have an equal number of respondents with similar experiences (13 in each group). However, a larger proportion of respondents in the trans group share this experience compared to the group of cisgender women. Furthermore, more transgender respondents (n=22, 43.1%) have been threatened by disclosing intimate photos or correspondence compared to cisgender women (n=4, 2.7%), both quantitatively and proportionally. Conversely, more transgender women (n=4) than cisgender women (n=1) have faced persistent threats of expulsion from their homes on multiple occasions. However, proportion wise this experience is also more common among transgender women (27.5%) than cisgender women (12.1%).

39% (n=78) of respondents report at least one instance of mistreatment by an intimate partner or an experience that left them feeling bad about themselves. Notably, more transgender women report this experience (n=30, 58.8%) than cisgender women (n=48, 32.2%). Furthermore, 32% of the respondents (n=64) disclose incidents in which they were humiliated or insulted by an intimate partner, especially in front of others. In this case, proportionally more transgender women (43.1%) report such experiences compared to cisgender women (28.2%).

However, in terms of frequency of these two types of degrading treatment, it is worth noting that proportionally more women in cisgender group report having experienced such incidents from an intimate partner five or more times frequently, compared to the group of transgender women (Graph 3.4.7; Graphs 3.4.3 and 3.4.4).

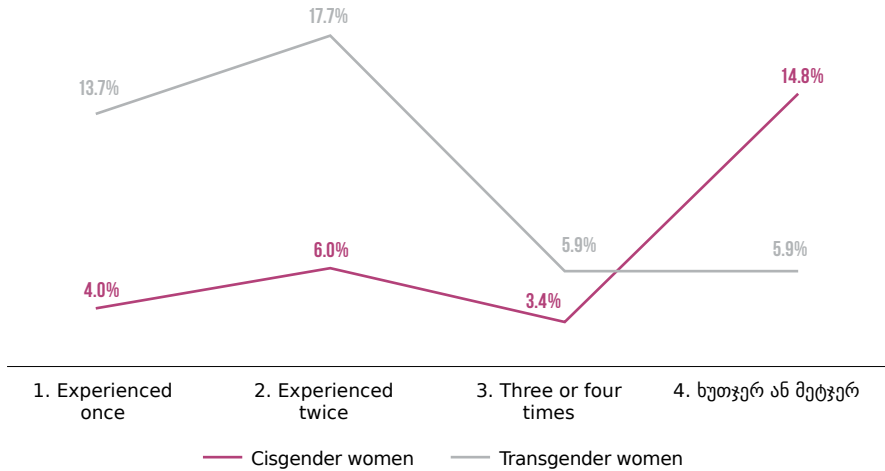
Graph 3.4.3.

Before involvement in prostitution, have encountered the following experiences from an intimate partner: They insulted you or acted in a manner that made you feel bad about yourself, distribution by gender (N=n-78)



Graph 3.4.4.

Before involvement in prostitution, have you had the following experience from an intimate partner: they insulted you and humiliated you in front of others, distribution by gender (n=64)



16.5% of respondents report experiencing instances where they have received threatening and hateful letters and emails from an intimate partner. Notably, this was encountered by 43.1% of transgender respondents (n=22) and 6.7% of cisgender respondents (n=10) at least once.

8% of respondents report instances where an intimate partner have made offensive comments about them or to them via the Internet. It's noteworthy that all of these cases involved transgender women.

Every tenth respondent report having experienced rejection and indifference from an intimate partner as a form of manipulation. This experience is notably more prevalent among trans women, with 47% reporting it, compared to 10% of cis women. Additionally, it is worth noting that such experiences for cis women are more permanent in nature than for trans women.

30% of the respondents (n=60) report having experienced restrictions on communication with family members or friends imposed by an intimate partner. This issue was more prevalent among trans women, with 54.0% of them having encountered restrictions on communication with friends, compared to 21.5% of cis women. Regarding restrictions on relationships with

family members, 14.1% of cis women and 29.4% of trans women report such experience.

Approximately one-third of the respondents indicate that they have at least once faced situations where their intimate partners have sought to control their clothing choices and appearance. Notably, more than half of transgender women (n=28, 54.9%) and over a quarter of cisgender women (25.5%, n=38) report such experiences. It's noteworthy that more cisgender women (17.5%) have endured repeated instances of such restrictions (occurring five or more times) compared to transgender women (13.7%).

ECONOMIC VIOLENCE

Nearly 40% of the respondents (n=78) have at least once experienced situations where their intimate partner has forbade them from working or forcibly took away their income. Specifically, 16.1% of cisgender women and a third of transgender women report such experience. Additionally, one in ten women, including 5.9% of transgender women have been subjected to these restrictions five or more times.

The equal number of women in both gender groups (18 respondents in each group) report experiencing situations where an intimate partner forcibly took away their income. Proportionwise, however, the data shows that these experiences are shared by more respondents in transgender group (35.39%) than in cisgender group (12%). Notably, this form of violence tends to be persistent for more cis women (6.71%) compared to trans women (5.88%).

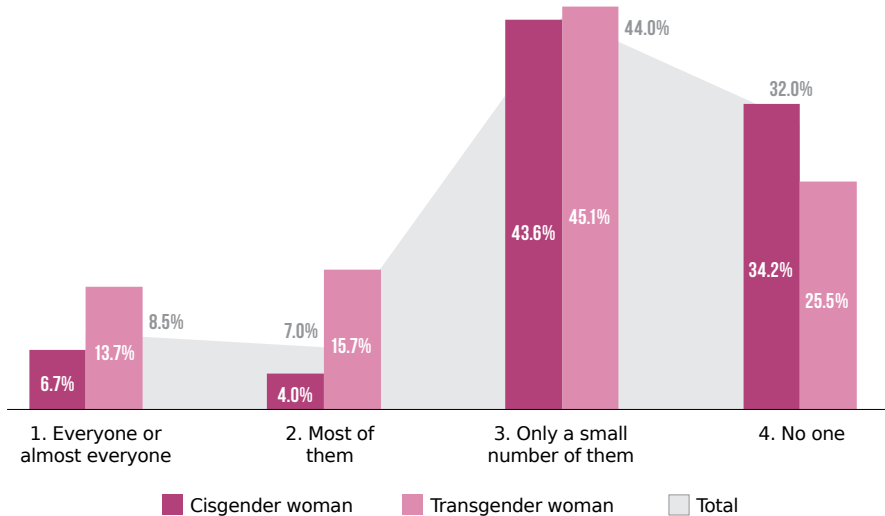
3.5. EXPERIENCES RELATED TO PROSTITUTION

PROSTITUTION AS A HIDDEN PRACTICE

More than three-quarters (75%) indicate that either no one in their inner circle (32%) or only a small portion of them (44%) are aware of their involvement in prostitution. 7% reported that most of their inner circle was informed, while only 8.8% affirmed that everyone or nearly everyone within their close social circle was aware of their involvement in commercial sex activity. Additionally, 8.5% find it hard to respond to this question.

Graph 3.5.1.

Apart from the individuals engaged in prostitution, how many people who are important to you are aware of your involvement in commercial prostitution? distribution by gender (N=200)



The distribution by gender reveals that both cisgender and transgender women refrain from disclosing their involvement in prostitution to their close circle of friends and family. However, cisgender women tend to be more secretive regarding this issue, compared to transgender women.

ENGAGEMENT IN PROSTITUTION: CIRCUMSTANCES, INTERMEDIARIES, AND MOTIVATIONS

Every tenth respondent was underage at the moment of involvement in prostitution. Proportionally, transgender respondents (27.5%) were approximately seven times more likely to engage in underage prostitution than cis respondents (4%). The largest share of respondents (39%) started prostitution at the age of 25-34, more than a fifth (27%) at the age of 18-24, and almost a quarter (18%) at the age of 35-44. **The latest age at which trans women engage in prostitution is 36 years and for cisgender respondents – 53.** However, due to the limited sample, the provided data is insufficient to

make further conclusions since, proportionally, the surveyed trans women are younger than cis women.

The research data indicates that, for the respondents with varying social backgrounds, the choice to engage in prostitution is primarily driven by economic needs. Personal desire and interest often play a secondary role in their decision-making.

In 94% of cases, the initial reason for engaging in commercial sex activity is primarily economic. Among these cases, nearly one-fifth of the respondents (23.5%, n=47) engage in prostitution to fulfill their basic needs (food, clothing, and housing). An additional 6.5% of respondents cite financial debt repayment and/or childcare responsibilities as contributing factors. **Specifically, 17% of respondents mention debt repayment as their primary motivation, while 14.5% highlight childcare obligations. Notably, the latter reason is only reported by cisgender women (19.46% of all cisgender respondents).**

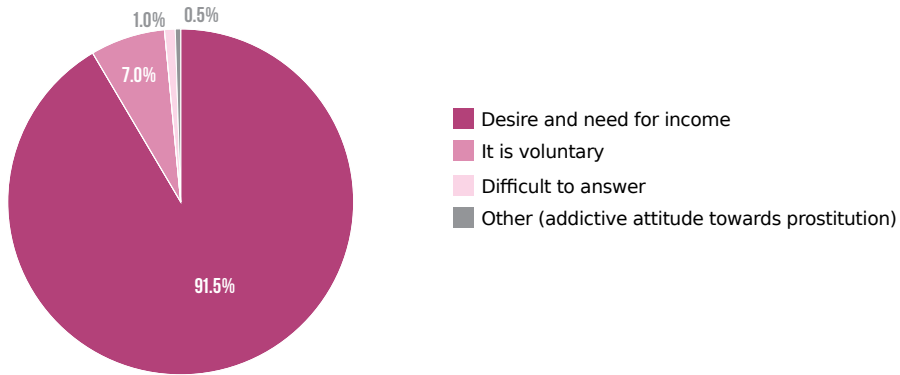
Among the interviewed women, 7% report curiosity as their primary motivation for engaging in prostitution. However, only 2% of them identify curiosity as the sole reason, including 21.6% of trans women (n=11) and 2% of cis women (n=3). For the remaining 5% (n=10; , 19.6% of trans women) curiosity intersects with economic factors such as the desire to earn money, financial debt repayment obligations, and the fulfillment of basic needs.

A subset of respondents – 7% (n=14), cite personal desire as the primary motivation for their involvement in prostitution (7.4%, (n=11) of cis women and 5.9% (n=3) of trans women). The half of this indicator intersects with factors such as the desire to earn income, the obligation to care for a child, financial debt repayment obligations, and the fulfillment of basic needs. **Consequently, personal desire is the sole driving motivation for only a small fraction of respondents (3.5%), encompassing 4% of cis women (n=6) and one trans woman.** Notably, cis women also mention primary motivations for entering prostitution, including coercion by another individual (n=3) and their own health-related needs (n=1).

As in case of their initial motivation, the majority of respondents continue to cite economic reasons as their primary reasons for staying engaged in prostitution (**Graph 3.5.2.**)

Graph 3.5.2.

What is the reason for your present involvement in prostitution? (N=200)



For 91.5% of respondents, including 91.3% of cis women (n=136) and 96.1% of trans women (n=47), their primary motivation for engaging in prostitution is the need to earn money. Among those who state that their current involvement in prostitution is by their own choice, 7.4% are cis women (n=11) and 6% are trans women (N=3).

The majority of respondents (n=112, 56%) reported having intermediaries who facilitated their engagement in prostitution. Predominantly, these intermediaries were other women engaged in prostitution, and in certain instances, they were part of the respondents’ inner circle, including friends, relatives, and family members.

Nearly half of the respondents (n=95, 47.5%) report initially seeking a place to work and clients independently. However, it is essential to note that commercial sex was introduced to some of them (n=5) by another woman engaged in prostitution. Usually, these intermediaries were fellow women engaged in prostitution (n=65, 32.5%). Among this group, over a quarter (21.5%, n=14) indicated that their initial mediator was a friend already engaged in prostitution. **Notably, more respondents in the transgender group had women engaged in prostitution as intermediaries (n=29, 56.9%) compared to the group of cisgender women (n=36, 24.2%).**

A subset of interviewed women (n=8) identified family members and relatives, including sisters, parents, stepmothers, relatives, godfathers, and even

intimate partners/spouses (n=2 from the group of cis women), as their intermediaries in prostitution. Notably, for some women who primarily worked on the street (n=2), acquaintances like neighbors and taxi drivers later assumed the role of a souteneurs or “madam.” In 4% of the cases, respondents report initially having an actual souteneur as an intermediary, who paved their path to prostitution.

“MADAM”/SOUTENEUR

Based on the data concerning the initial intermediaries in prostitution, it becomes apparent that women already engaged in prostitution often assume the role of a recruiter or, at the very least, play a part in the recruitment process of other women.

Seventeen percent of the respondents, comprising 18.8% of cisgender women (n=28) and 11.8% of transgender women (n=6), report having had or currently having a souteneur or “madam.” For half of this group, the “madam” was another woman engaged in prostitution, while for the third of the respondents, it was an administrator or owner of the hotel or bar where they worked at the time. In the remaining cases (4%), specific individuals acquire the role of “madam,” primarily women, and in some instances, taxi drivers (n=1) or spouses/intimate partners (n=2).

The majority of those who has ever been in a deal with a “madam” or souteneur (n=15, 7.5%) report receiving protection as a benefit. Respondents also report free housing (2.5%), free transportation (1.5%), free clothing (1%), and free food (1%) among the benefits received from their “madam.” **Notably, there is no correlation between the type of benefit received and the respondents’ gender, age, type of prostitution, or the identity of the souteneur.**

Almost all of the respondents (n=31) state that they could/can end their cooperation with a souteneur if they chose to do so. However, in some cases (n=3), to exit the deal is possible only after paying a financial fee.

Regarding those who report having had a souteneur or “madam” (n=8, 23.5%), almost a quarter of them report experiencing physical abuse by the souteneur at least once. Additionally, 11.8% have faced sexual harassment by their souteneur at least once, 41.2% have been victims of psychological violence at least once, and 38.2% have experienced economic violence. Fur-

thermore, almost a third (29.4%) have experienced situations where their souteur controlled their clothing choices and appearance. **In summary, when respondents experience violence from a souteur, it is typically not an isolated incident; rather, it is recurrent and involves various forms of abuse.**

VIOLENCE FROM CLIENT

The majority of respondents, accounting for 74%, have been victims of client violence at least once in the past two years, including 65.8% of cisgender women (n=98) and 98% of trans women (n=50).

Almost a third (n=65, 32.5%) report experiencing physical violence from a client at least once. Within this group, 27.5% (n=14) of transgender women and 8.1% of cisgender women report incidents of violence on three or more occasions. Furthermore, 18% of the respondents (n=36) report at least one incident where a client threatened them with a cold weapon or used it against them. This experience is more prevalent among trans women, with 49% (n=25) reporting it, compared to a smaller percentage of cisgender women at 7.5% (n=11).

Sexual violence from clients is also more common among trans respondents in terms of quantity and frequency than among cis respondents. Approximately 48% of the respondents report being victims of sexual violence by a client at least once. One of the most frequently reported forms of sexual violence is the refusal to use a condom despite the client being requested to do so. This experience was reported by 78.4% of trans women (n=40) and 37.6% of cisgender women (n=56) on at least one occasion. Furthermore, within the past two years, 39.2% of trans women and 25.5% of cisgender women report having experienced this form of violence on three or more occasions.

Among those who contracted HIV from a client (n=42), the majority are trans women, with over half (51%) of the entire group reporting such an experience in the past two years, compared to 11.4% of cis women.

Furthermore, 23.5% of respondents report at least one occasion of being forced to have sex against their will in the last two years. Among them, 62.7% are trans women (n=32), while 10.1% are cis women (n=15). Additionally, 17.6% of transgender respondents report experiencing such incidents

on three or more occasions in the last two years, compared to 3.4% of cis women.

Approximately 21.5% of respondents report at least one incident over the last two years where a client forced them to engage in degrading sexual practices, including over half of the trans women (n=28, 54.9%) and one in ten cis women (n=15, 10%). More than a quarter report having such experiences.

43.5% reported experiencing psychological violence at least once over the last two years. This type of abuse from a client, leading to a negative self-image, affected 26.2% of cis women (n=38) and 68.6% of trans women (n=49). Furthermore, 32.5% of the respondents (n=64) report incidents in which they were subjected to humiliation or insults by clients, especially in front of others. Over half of the trans respondents (n=29, 56.9%) and nearly a quarter of the cis respondents (n=36, 24.16%) report being victims of such mistreatment.

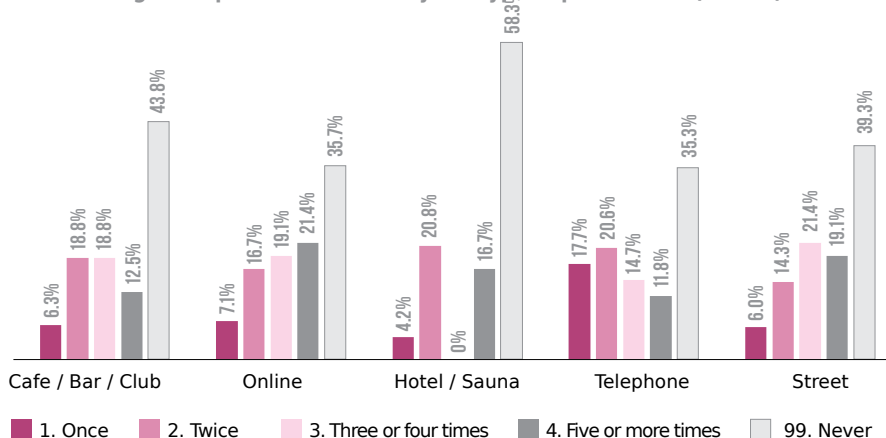
A total of 17.5% of the respondents (n=35) report receiving threatening or hateful messages from a client at least once. Notably, this experience is almost five times more prevalent among trans women with 58% reporting it (n=30) compared to cis women (n=5, 3.4%).

Approximately one-fifth of the respondents (n=39, 19.5%) report at least one incident in the last two years where a client threatened them with disclosing information regarding their sexual activity. Slightly fewer respondents (n=35, 17.5%) reported threats related to publicly sharing intimate correspondence or photos. Notably, threats regarding sexual activity occur nearly three times as often (trans n=27, cis n=12), while threats involving public display of intimate correspondence or photos are almost five times as frequent among trans women (trans n=29, cis n=6).

The most common form of violence on the client's part is economic - when, despite the agreement, they refuse to pay money or pay less than agreed. This experience is common to 59.5% of the respondents (n=119). Among them, 49.6% of cis women (n=74) and 88.2% of trans women (n=45). This form of exploitation affects everyone, regardless of the location or type of prostitution, but rarely women working in hotels/saunas (Graph 3.5.3)

Graph 3.5.3.

Over the last two years, have you encountered the following situation with a client: Despite having an agreement, the client denied payment or paid less than what was agreed upon? Distribution by the type of prostitution (N=200)



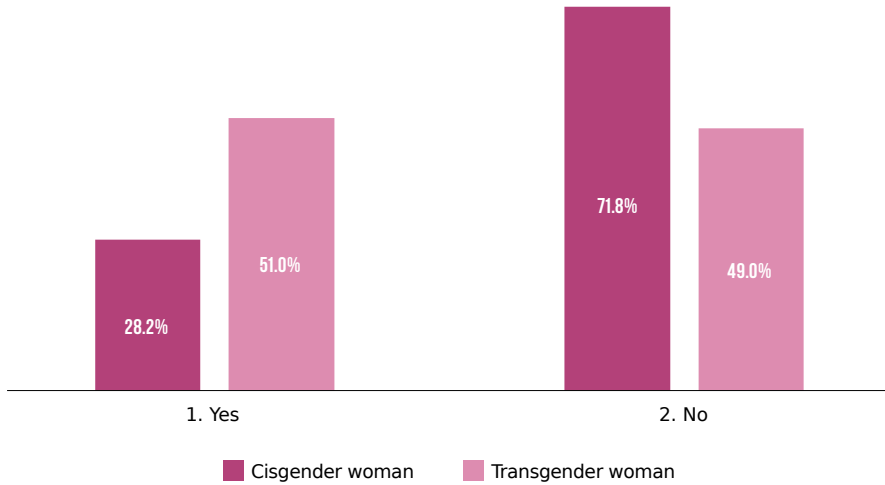
MIGRATION

It is important that before relocating, a large part of the respondents (45.6%) lived in another city/village/settlement. **The rate of migration is almost equal in both gender groups, which demonstrates the frequency of internal migration of women engaged in prostitution in general.**

In terms of migration abroad, one-third of the respondents reported involvement in prostitution in a foreign country. Notably, the proportion of transgender women engaging in prostitution in another country (n=26, 51%) is approximately twice as high as that of cisgender women (n=42, 28.2%), constituting over half of the trans respondents and more than a quarter of cisgender respondents. Among the different types of prostitution, those currently working on the street were most likely to have experiences of prostitution in a foreign country. Furthermore, when considering geographical distribution by cities, this trend is particularly prominent among those currently residing in Batumi (Graphs 3.5.4, 3.5.5, and 3.5.6).

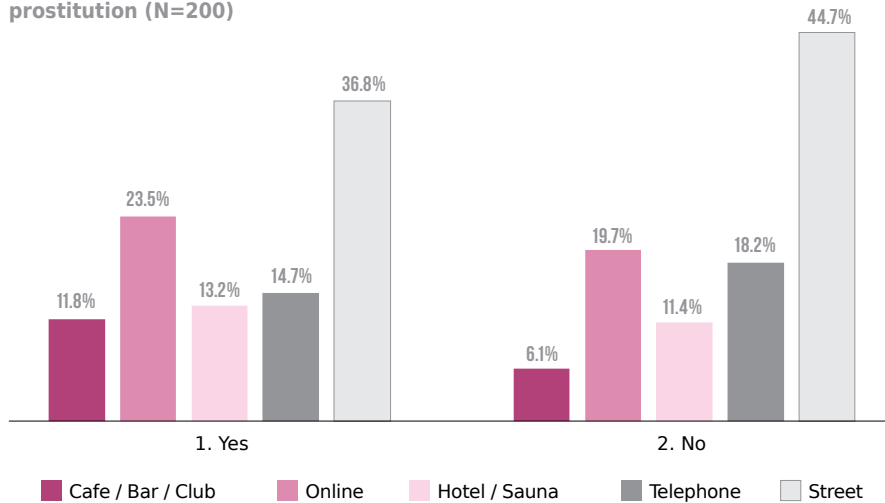
Graph 3.5.4.

Migration experiences to a foreign country, distribution by gender (N=200)



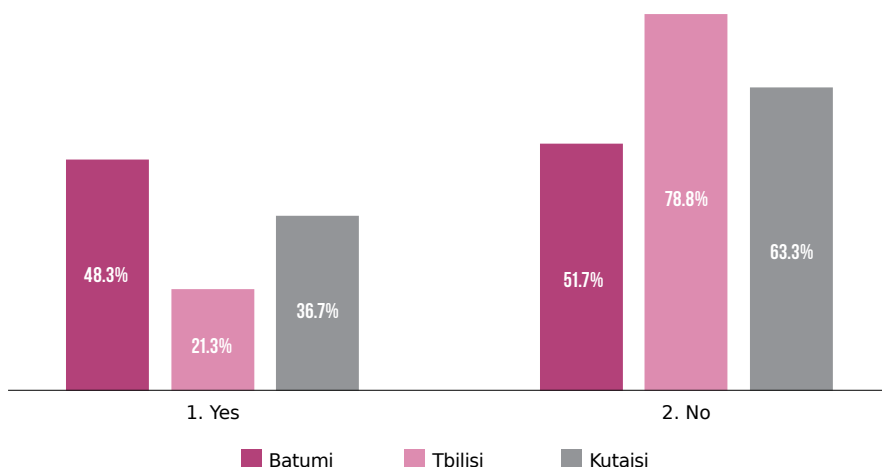
Graph 3.5.5.

Migration experiences to a foreign country, distribution by the type of prostitution (N=200)



Graph 3.5.6.

Migration experiences to a foreign country, distribution by cities (N=200)



Among respondents with experience of migrating to a foreign country for commercial sex activity, the significant majority (82.4%) have migrated to Turkey, transgender women comprising 37.3% of this group and cisgender women comprising – 24.8%. Furthermore, it is important to highlight that migration for commercial sex activity in Turkey was most prevalent among respondents residing in Batumi, constituting a substantial portion of the group (n=25/N=56).

More than a fifth (22%) of respondents reported engaging in commercial sex activity in the United Arab Emirates, while every tenth individual (10.3%) has done so in EU countries. A smaller number mentioned engaging in prostitution in Russia (n=2) and Azerbaijan (n=1). **Notably, a higher proportion of transgender women have the experience of engaging in commercial sex activity in all the countries/regions listed compared to cisgender women.**

Among the respondents with migration experiences, more than half (n=38, 55.9%) reported receiving no assistance when migrating to a foreign country. Approximately a third (n=21, 30.9%) were assisted by another woman engaged in prostitution, with whom they had a friendly relationship, and

one in ten (n=7, 10.3%) received help from a souteneur. The remaining intermediaries mentioned by the interviewees were not affiliated with prostitution; they were acquaintances or friends.

Among those who have migrated to a foreign country at least once (n=21), approximately 30.9% note that they only intended to stay in a foreign country for a limited period. A quarter of them (n=17) indicate that they typically return to Georgia after earning the desired amount of money. In 7% of cases, the reason for returning to Georgia is the responsibility of taking care of their family. This factor is common among 22% of migrants overall, with equal proportions observed among trans and cis women (approximately 7% in both groups).

The respondents cite various reasons for discontinuing this activity abroad and returning to Georgia. These reasons include dishonesty on the part of the souteneur (n=5/68, 7.4%), experiencing degrading treatment and violence at the establishment they were operating (n=4/68, 5.9%), concerns about security (n=4/68, 5.9%), health-related risks (n=4/68, 7.4%), and nostalgia (n=1, group of trans women).

In certain instances, individuals engaged in prostitution abroad returned to Georgia due to deportation from a foreign country (n=14/N=68, 20.6%). It is worth noting that all instances of deportation occurred in Turkey, and the majority of deportees are cis women residing in Batumi (n=10/12).

3.6. HEALTH

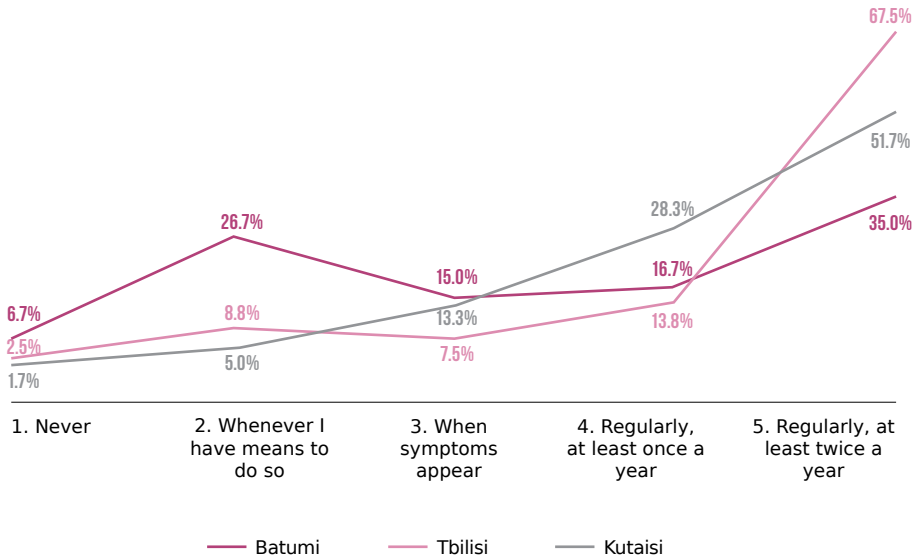
SAFE SEX AND PREVENTION

Currently, 89% of respondents engage in sexual activities primarily with clients, while the remaining participants do so with their spouse or partner. Notably, half of the respondents who predominantly have sex with a spouse or unofficial partner are engaged in prostitution for ten or less than ten years.

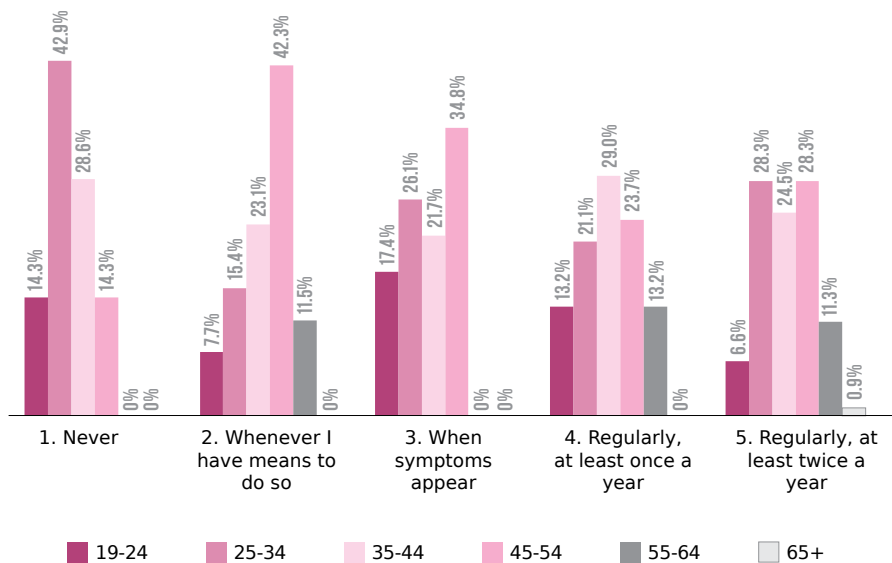
Therefore, the longer a woman is engaged in prostitution, the more her sexual activities center around providing services to clients.

When examining the frequency of condom use in relation to gender, it becomes evident that compared to cis women, transgender women tend to use condoms less frequently with clients, but more often with other partners.

Graph 3.6.1.
Frequency of STI testing, distribution by cities(N=200)



Graph 3.6.2.
Frequency of STI testing, distribution by age (N=200)



Regarding regular testing for sexually transmitted infections (STIs), 53% of the respondents report undergoing regular STI testing at least twice a year for preventive purposes. Another 19% indicate getting tested regularly, at least once a year, while 13% do so when they have the opportunity. Additionally, 11.5% report getting tested if they experience symptoms, and 3.5% report never undergoing STI testing.

It is worth noting that the majority of those who adhere to regular testing live in Tbilisi, whereas the majority of those who never undergo testing reside in Batumi. This suggests that in Batumi, STI testing is often linked to respondents' financial ability compared to other cities (refer to Chart 3.6.1).

Furthermore, the 25-34-year-old respondents are more likely never to undergo STI testing, while among those aged 45-54, testing frequency is primarily determined by the opportunity (Graph 3.6.2).

Among those who have contracted a sexually transmitted infection at least once after engaging in prostitution (n=74, 37%), almost all (n=72, 36%) report receiving appropriate treatment as prescribed by a doctor. Only a small portion reported self-medication (n=2), and another group did not seek medical treatment (n=2). Notably, all those who report not seeking medical treatment reside in Batumi, and the majority (3 out of 4) are transgender women. Those who resort to self-medication typically do not undergo regular STI testing; they either avoid testing altogether or do so only when they experience symptoms and have an opportunity to visit a doctor.

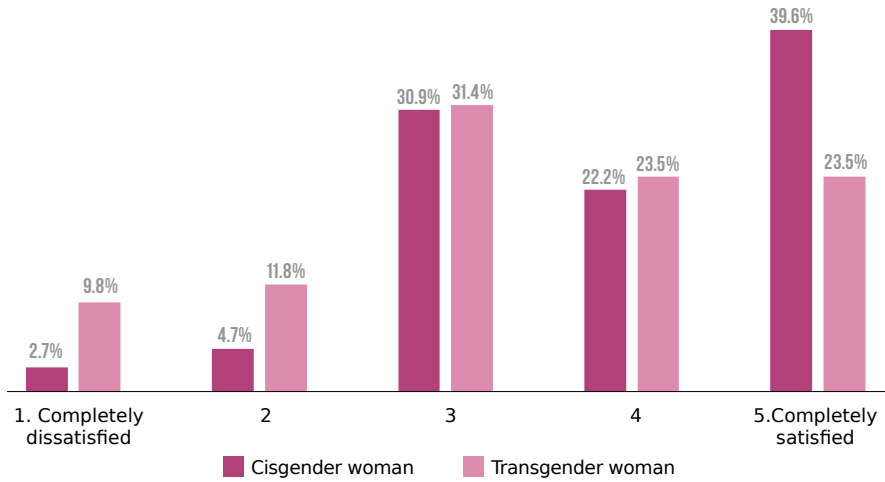
SATISFACTION WITH OVERALL MENTAL HEALTH

More than a third of the respondents (n=71, 35.5%) rated their satisfaction with their overall physical health with the highest score on a five-point scale. Approximately 22.5% rated it 4 points, while 31% rated it as average, with 3 points. A little over a tenth of the respondents expressed below-average satisfaction – below 3 points (n=22, 11%).

Data distribution by gender reveals that **more cisgender women than transgender women, quantitatively and proportionally, rate their satisfaction with overall physical health with high scores of 4 and 5 points.** The average satisfaction rating for physical health among cisgender women is 3.9, while in the group of transgender women, it is 3.4 (Graph 3.6.3).

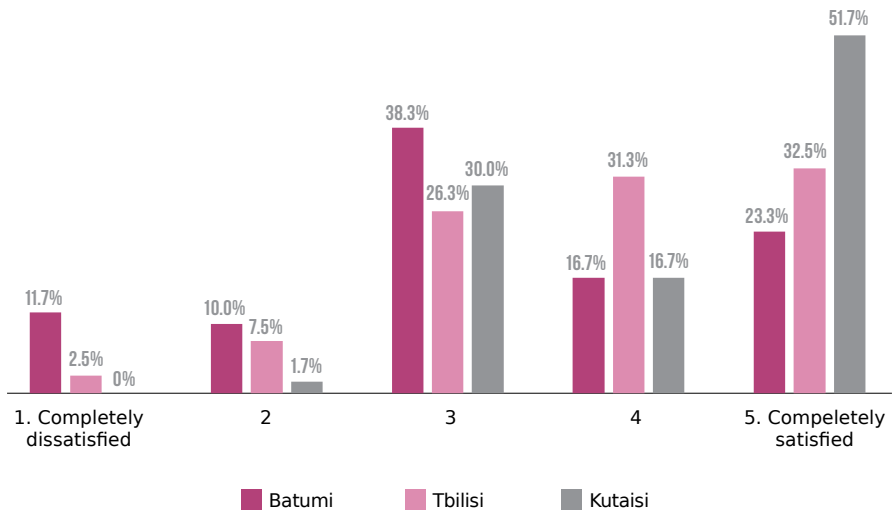
Graph 3.6.3.

Satisfaction with overall physical health, distribution by gender (N=200)



Graph 3.6.4.

Satisfaction with overall physical health, distribution by cities (N=200)



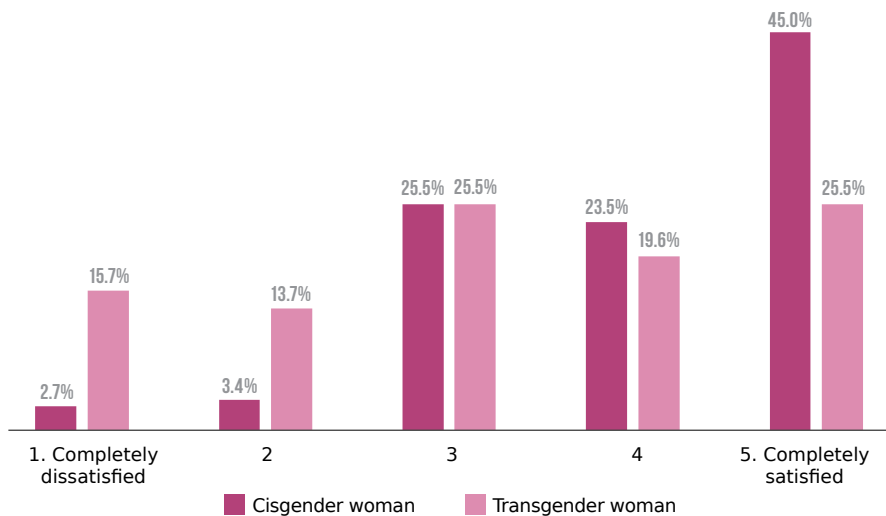
In Batumi, 60% of the respondents rate their satisfaction with overall physical health as average or low, whereas in other cities, only 37% provide such ratings.

Similarly, when evaluating their overall mental health, 40% of respondents provide highest rating of 5 points, 22.5% rate it with 4 points, 25.5% give it an average rating of 3 points, and 12% rate it below average.

Distribution by age reveals that, similar to physical health, the average satisfaction rating for mental health is higher among cis women, at 4.04, compared to 3.2 among trans women. In this context, **more cisgender women, both quantitatively and proportionally within two respective gender groups, assign high satisfaction scores (4 and 5 points) to their mental health** (Graph 3.6.5).

Graph 3.6.5.

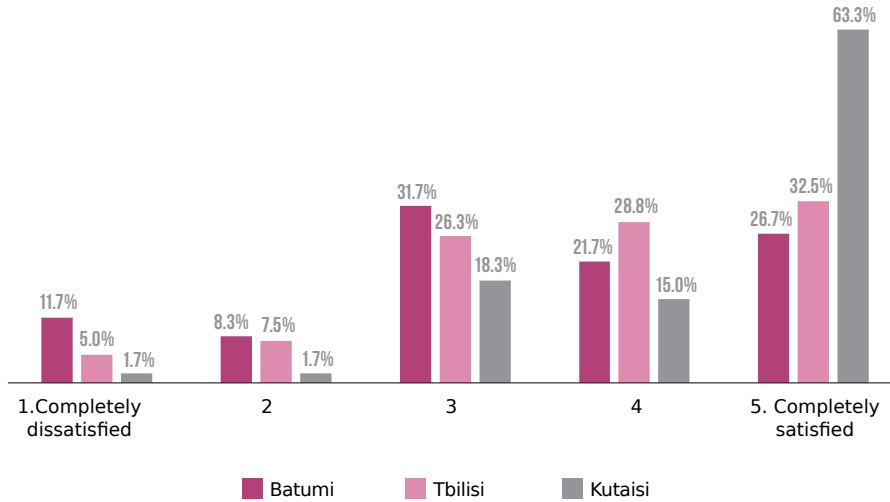
Satisfaction with overall mental health, distribution by gender (N=200)



The distribution of indicators of satisfaction with the overall mental health by city is also consistent with the data related to physical health: **more than half (51.7%) of respondents in Batumi rate their satisfaction with their mental health with average or lower scores, while in other cities, 38% provide such ratings** (Graph 3.6.6).

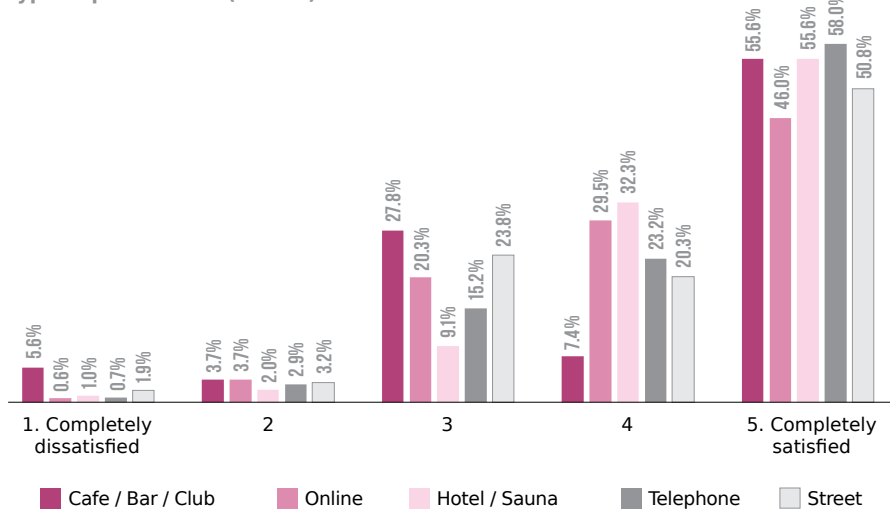
Graph 3.6.6.

Satisfaction with overall mental health, distribution by cities (N=200)



Graph 3.6.7.

Satisfaction with overall mental health, distribution by cities, distribution by the type of prostitution (N=200)

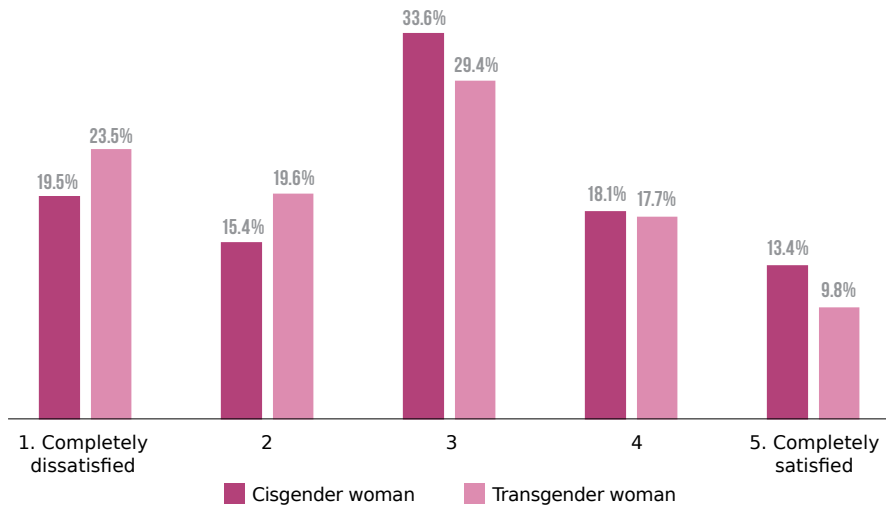


The distribution by the type of prostitution reveals that women working in cafés/bars/clubs are the least satisfied with their mental health. They tend to rate their satisfaction with average and lower scores most frequently (Graph 3.6.7).

Regarding life satisfaction, unlike health-related issues, the average scores for both gender groups are below 3 points: 2.9 for cis women and 2.7 for trans women. Only 12.5% of respondents rate their life satisfaction with the highest score (5), while 18% give it 4 points. The majority of respondents, accounting for 32.5%, rate their life satisfaction as average (3 points), followed by 16.5% with 2 points, and more than a fifth of respondents give it the lowest rating of 1 point (20.5%). Interestingly, most of those who rate their life satisfaction with the highest score also express above-average satisfaction with their overall physical health (20 out of 25) (Graph 3.6.8).

Graph 3.6.8.

Life satisfaction, distribution by gender (N=200)



Similar to the assessments of physical and mental health, respondents in Kutaisi tend to rate their life satisfaction with higher scores than those in other cities. The average life satisfaction rating is 3.4 in Kutaisi, 2.7 in Tbilisi, and 2.5 in Batumi.

OTHER HEALTH-RELATED ISSUES

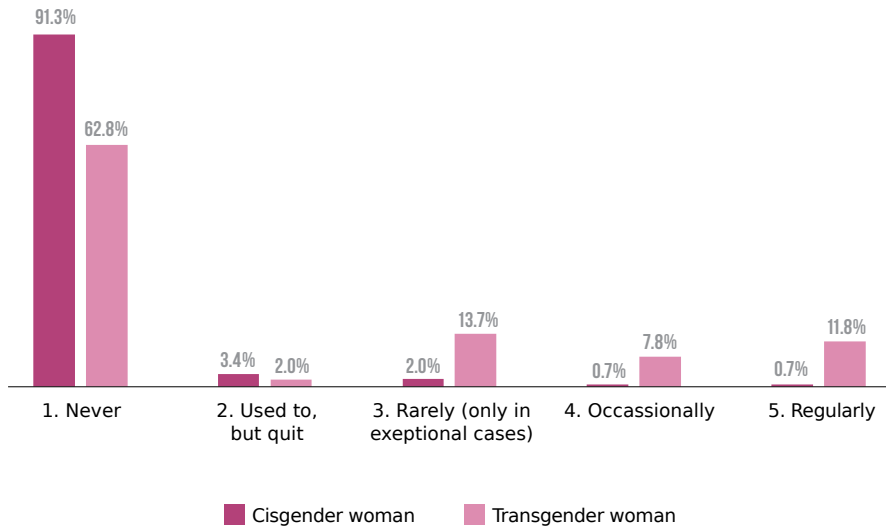
Approximately 30% of the respondents report having a chronic condition or disease that requires ongoing medical supervision or treatment, while 20.5% do not have access to necessary treatment. Among those who do have access to treatment (approximately 17.5% of the total), the majority (24/35) report a monthly income of 1000 GEL or more.

Regarding alcohol consumption, 57% of the respondents consume alcohol with varying levels of regularity. One in ten respondents consumes alcohol daily, and 36% report drinking alcohol with varying frequency. Additionally, 5% of the respondents report always having sex under the influence of alcohol. Notably, 2% of the respondents (all of whom are transgender women) residing in Batumi (constituting 7.8% of this specific gender group) report being addicted to alcohol. The majority of those who do not consume alcohol (54 out of 86) or tobacco (30 out of 48) report a monthly income of 1000 GEL or more.

In contrast to tobacco and alcohol use, the respondents' consumption of drugs and psychotropic substances is relatively low. Approximately 87% of respondents state that they do not use these substances, with 3% being former users. About 2% of respondents declined to answer, while 5% claim to use these substances rarely or in exceptional cases. Additionally, 2.5% report occasionally using, and 3.5% report regularly using drugs or psychotropic substances.

The distribution of data by gender reveals that higher portion of transgender respondents are more likely to use drugs and psychotropic substances compared to cisgender respondents (Graph 3.6.9).

The frequency of consuming substances, including alcohol, drugs, and psychotropic medications, is highest in Batumi. In Batumi, the alcohol consumption rate is 65%, while in other cities, it does not exceed 57% (Tbilisi – 50%, Kutaisi – 56.7%). Additionally, the rate of using drugs and psychotropic substances is 20%, with 6.7% of respondents refusing to answer. In contrast, the rate of drug use in other cities is lower than 12%.

Graph 3.6.9.**Frequency of drug and psychotropic substance usage, distribution by gender (N=200)**

Regarding engaging in sexual activity under the influence of various substances, it is worth noting that alcohol is the most commonly used substance for this purpose among women engaged in prostitution. Approximately 36% of respondents report occasionally engaging in sexual activities under the influence of alcohol, while 5% report always having sex under the influence of alcohol. Furthermore, 9% engage in sexual activities under the influence of marijuana with varying frequency, and 3.5% report always doing so. Lastly, 5% of respondents state that they regularly have sex under the influence of other narcotic or psychotropic drugs, with the majority being transgender women (9/10).

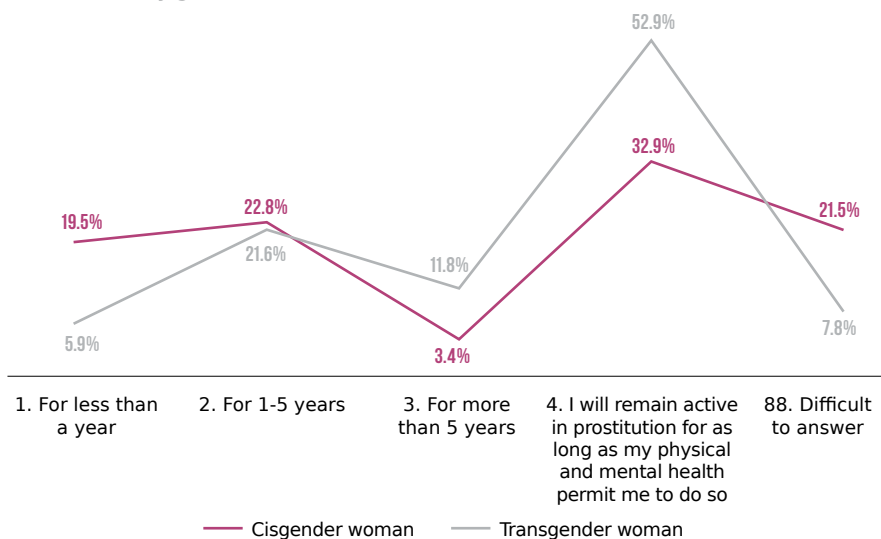
3.7. A VISION FOR THE FUTURE

38% of respondents think that they will be engaged in prostitution as long as they are able to, taking into account physical and mental health factors. 18% find it challenging to determine how much longer they will be engaged in commercial sex activity. 22.5% imagine they will be engaged in

prostitution for 1-5 years, 16% for less than a year, and 5% for more than five years. **Notably, transgender women are more likely to consider staying in prostitution for longer than cis women (Graph 3.7.1.)**

Graph 3.7.1.

For how much longer do you think you will be engaged in prostitution?
Distribution by gender, (N=200)



The majority of respondents (60%) express their willingness to receive assistance in transitioning to a different form of employment. Among this group, approximately 30% would consider accepting such assistance only if the alternative employment provides a sufficient income (often described in narratives as “adequate for expenses” or a minimum monthly income of 1800 GEL), or higher than what they earn through prostitution. Meanwhile, 30% of respondents would readily accept an alternative employment offer without specific conditions. For 28%, their consent would depend on the specifics of the proposal, regardless of income considerations, while 8% stated that they would not agree to such assistance under any circumstances. Notably, those who would refuse any help in finding an alternative predominantly reside in Batumi (n=8).

4. CONCLUSION

The study has shown that unfavorable social and economic conditions often become prerequisites for the respondents (women in prostitution) to engage in commercial sex activity. Most respondents have experienced poverty, lack of access to education and other social goods, degrading treatment, and violence. This social and economic vulnerability increases the risks of exploitation and physical and sexual violence for women engaged in prostitution. Therefore, **it is clear that advocacy and other institutional interventions designed for the well-being of women engaged in prostitution should primarily address the determinants of their vulnerability, such as poverty, education, and social support.**

In addition, the study revealed a high prevalence of human rights violations against women engaged in prostitution. Many women in prostitution are subject to various power structures and abusive relationships that violate their rights and dignity. **The dynamics described in the study underscore the necessity of improving and developing emergency legal response mechanisms to ensure the safety and legal protection of women engaged in prostitution.**

The issue of agency and freedom of choice for women engaged in prostitution was also found to be fundamental in the analysis of research results. While it is true that some of the respondents engage in commercial sex activity voluntarily, for many women, this decision is influenced by structural and systemic factors such as gender-based violence, degrading treatment, poverty, limited access to education and employment opportunities, among others. Therefore, **to empower women engaged in prostitution and facilitate the opportunity to leave commercial sex activity if they desire to do so, it is fundamental to establish viable and effective alternatives and support systems.** Additionally, for the effective planning of advocacy and intervention strategies, it is necessary to involve the community's members in this process for them to recognize their agency and identify their multifaceted and diverse needs.

As part of the study, the legal frameworks related to prostitution were also analyzed in the context of women's welfare policy objectives. The analysis of the advocacy context, combined with information shared by women engaged in prostitution and experts working with them, confirms the following:

1. Although prostitution is decriminalized in Georgia, the legal norms related to it do not recognize individuals engaged in commercial sex activity as legal subjects and, therefore, fail to provide adequate protection.

2. While the norms mentioned above and other legal mechanisms are used to prosecute women engaged in prostitution, **the existing legislation reinforces the marginalization and stigma faced by these women.** Considering best practices, in order to ensure the psychological well-being and security of these women, **it is necessary to revise local legislation related to prostitution, consider the needs of women in these norms, integrate protective mechanisms, and complement them with access to welfare services.**

Furthermore, the study findings emphasize the need for prevention and response programs to address the health risks faced by women engaged in prostitution, such as sexually transmitted infections, substance use/addiction, and trauma. **Access to healthcare, harm reduction strategies, trauma-informed care, and social and community services are critical in addressing the physical and mental health challenges of women engaged in prostitution.**

Finally, **the study results demonstrate that intersectional analysis is fundamental for thoroughly examining and assessing the situation of women engaged in prostitution and for effective planning of response policies.** The intersection of factors such as age, place of residence, migration history, social and economic status, and gender produces complex and varied realities. An intersectional approach views oppression as a multidimensional phenomenon and highlights the need for appropriately complex strategies.

In conclusion, this study provides valuable insights for understanding the situation of women engaged in prostitution and planning appropriate interventions. The results underscore the need for a holistic approach that would address the underlying determinants of women's vulnerability, ensure the protection of human rights, offer sustainable and dignified alternatives, and provide the necessary support and resources to ensure the well-being and agency of women engaged in prostitution. Institutional interventions in these critical areas will contribute to building a society where human dignity and rights are valued and protected.

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APPENDIX 01. A LIST OF ORGANIZATIONS PARTICIPATING IN FOCUS GROUPS:

1. Center for Information and Counseling on Reproductive Health –“Tanadgoma”
2. the Georgian Young Lawyers’ Association
3. Equality Movement
4. The Women’s Initiative Supporting Group (WISG)
5. “Queer Association – Temida”
6. HERA XXI
7. Georgian Harm Reduction Network