



Amplifying
Community Voices
for Prevention

Strategic
Community HIV
Prevention
Empowerment

QUESTIONNAIRE

TrANs and non-biNArY
Sex Workers Self Care Study

Greece 2023



Title

SCOPE Project

TrANs and non-biNArY Sex Workers Self Care Study - Greece 2023

QUESTIONNAIRE

Background

The SCOPE project (Amplifying Community Voices for Prevention)¹ is led by the European AIDS Treatment Group (EATG) and is grounded in the belief that community-led research is essential for producing meaningful knowledge to inform health systems, prevention strategies, and policy. The project centres the voices of communities most affected by HIV and structural inequalities and promotes participatory approaches rooted in justice, accountability, and care. SCOPE also supports the professional development of trans and sex worker community members, enabling peers to lead community-based research and expand future research opportunities.

The following survey questions are intended as a blueprint for future peer research, providing a structured framework for study design and methodology. Although no additional data will be collected using these questions, we hope they will serve as a starting point and resource for other peer researchers.

As part of this community-led research, Erofili Kokkali collaborated with Daniela Rojas Castro and Rosemary Delabre (CoalitionPLUS) to refine the research questions, narrow the research scope, and develop inclusive and comprehensive survey questions. These questions are designed to support and inspire future community-led studies.

1 This research was part of the SCOPE Project, which has been developed by the EATG and was made possible through a grant from ViiV Healthcare Europe Ltd. ViiV has not had any control or input into the structure or content of the events.

Informed consent

1. Do you understand the conditions of your participation in this research and do you voluntarily accept to participate in this study?

Yes

No

Inclusion criteria 1/4

2. Are you 18 years old or older?

Yes

No

Inclusion criteria 2/4

3. What is your current gender identity? (multiple answers possible)

Cis male

Cis female

Transgender male

Transgender female

Non binary

Non cis

Androgynous

Intersex

Genderfluid

Other, please specify:



Inclusion criteria 3/4

4. Have you lived AND worked in Greece during the last 12 months?

- Yes, permanently
- Yes, seasonally
- No

Inclusion criteria 4/4

5. Over the past 12 months, have you obtained anything (e.g. money, gifts example: money, gifts, food, travel, accommodation, drugs, etc.) in exchange for sex (with or without penetration)?

- Yes
- No



SECTION 1: SOCIODEMOGRAPHIC DATA

Through the first section we try to get to know you better by asking some typical/formal but very important questions. Age ,gender identity, ethnicity, sexual orientation etc in order for our study to be complete and useful for the participants and hopefully for the whole community.

6. How old are you?

7. What was your sex assigned at birth?

- Male
- Female
- Intersex
- Other, please specify:

8. Which of the following options best describes how you think of yourself regarding your sexual orientation? (multiple answers possible)

- Ομοφυλόφιλος
- Gay or homosexual
- Bisexual
- Straight or heterosexual
- Lesbian
- Pansexual
- Asexual
- Queer
- I don't usually use a term
- Another term,please specify:

9. What country were you born in?



10. In which city do you live currently?

- A very large city (Athens)
- A large city (such as Thessaloniki)
- A medium-sized city (such as Patra Larisa Volos)
- A small city (such as Lamia Komotini Drama Rodos)
- A town (such as Kiato Farsala Lefkada)

11. What is your last validated level of study?

- I did NOT go to school or I did not complete primary school
- Primary level
- Secondary level
- High school
- Upper level (university, post-graduate studies, etc)
- Other, please specify:

We will now ask you a few questions about your financial situation, which will allow us to better understand your needs and your quality of life. Remember that all of the information you provide in this questionnaire is completely confidential and anonymous.

12. How would you describe your current financial situation?

- I am comfortable
- I am ok
- It is tight, I have to be careful
- I have trouble managing
- I have to go into debt (bank loan,mortgage,borrow money from friends)

13. How many people do you have in your care financially (children and/or adults) NOT counting yourself?



14. What is your current housing situation?

- Owner
- Rent under contract
- Airbnb/temporary housing
- Flat share under contract
- Flat share without contract
- Rent without contract
- Houseguest (rent free)
- Homeless
- Other, please specify:



SECTION 2: SEXUAL BEHAVIOR AND PSYCHOACTIVE SUBSTANCES

We are now going to ask you about your sexual life and practices with your private (occasional and stable) sexual partner(s).

15. During the last 12 months, have you had one or more sexual partners outside of your transactional sex activity? (multiple answers possible)

- Yes, one or more stable sexual partners
- Yes, one or more occasional sexual partners
- No, i only had partners inside my transactional sex activity

16. What is the gender identity of this/these stable partner(s) and/or occasional partner(s). (multiple answers possible)

- Cis man
- Cis woman
- Transgender male
- Transgender female
- Non-binary
- Other, please specify:



17. During the last 3 months, you did the following with your occasional and/or stablepartner(s) (multiple answers possible):

- Oral sex/fellation (given or received)
- Vaginal sex (receptive or insertive)
- Anal sex (receptive or insertive)
- Injection drug use in a sexual context
- Other drug use (not injection) in a sexual context(straws,paper money etc)
- None, please specify:

18. During the last 3 months, how often did you use condoms with your occasional and/or stable(s) partner(s)?

- Always
- Often
- Sometimes
- Never
- I don't remember



19. Indicate your level of agreement with the following statement: “I feel safe from HIV transmission according to the sexual practices I have with my occasional and/or stable partner(s).”

- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- Strongly agree



We will now ask you some questions regarding the possible use of psychoactive substances.

20. During the last 12 months, what substances did you use in the context of sex with occasional and/or stable partners? (multiple answers possible)

- Alcohol (beer,wine,whisky etc)
- Cannabis (pot, weed, marijuana, hash, etc.)
- Opioids or analgesics (opium, heroin, morphine, methadone, fentanyl, skenan etc.)
- Poppers and other inhalants / solvents (nitrites, rush)
- Mephedrone, 3-MMC, 4-MMC, cathinones
- Crystal Meth (rank, crystal, tweak, meth, ice, Tina, jib, etc.)
- GHB/GBL (G, GH, juice, liquid ecstasy, liquid X, etc.)
- Cocaine taken as a powder (coke, powder, snow, etc.)
- Crack cocaine
- Hallucinogens (LSD/acid, magic mushrooms)
- Amphetamines et derivatives (ecstasy, MDMA, speed, peaches, E, X, XTC, love pill, etc.)
- Ketamine (Special K, K, vitamin K, Ket, Kit Kat)
- Sexual stimulants or medication for erectile dysfunction (Viagra, Cialis, Kamagra, etc.)
- Antidepressant, sedated drugs,benzodiazepines under prescription for a medical condition (Xanax, Zoloft,Ladose, Seroxat, Cipralex,Lexotanil,Tavor)
- Antidepressant, sedated drugs,benzodiazepines under NO prescription for a medical condition (Xanax, Zoloft,Ladose, Seroxat, Cipralex,Lexotanil,Tavor)
- Other (please specify):
- I didn't use any psychoactive substances



The following section concerns your sexual behavior with your transactional sex partners when you exchange sex* for money, drugs, gifts, accommodation or any other good. (travel, food, etc.). * *whether or not there is penetration.*

21. During the last 12 months, have you received any of the items below in exchange for sex ? (multiple answers possible)

- Money
- Drugs
- Shelter
- Clothes
- Food
- Other, please specify:

22. Currently, your transactional sex activity is::

- Your main source of revenue (in cash or in kind)
- A secondary source of income, which allows you to supplement your income (in cash or in kind)
- This is not a source of "income" for you but a way of living and socializing with other people.
- Other, please specify:



23. During the last month, you practiced with your transactional sex partners (multiple answers possible)

- Oral sex/fellation (given or received)
- Vaginal sex (receptive or insertive)
- Anal sex (receptive or insertive)
- Injection drug use in a sexual context
- Other drug use (not injection) in a sexual context
- None, please specify:

24. During the last month, how often did you use condoms with your transactional sexpartners?

- Always
- Often
- Sometimes
- Never
- I don't remember



25. During the last month, what was the gender identity of your transactional sex partner(s)? (multiple answers possible)

- Cis man
- Cis woman
- Transgender male
- Transgender female
- Non-binary
- Other, please specify:



We will now ask you some questions regarding the possible use of psychoactive substances.

26. During the last 12 months, what psychoactive substances did you consume in the context of your transactional sex activity? (multiple answers possible)

- Alcohol (beer,wine,whisky etc)
- Cannabis (pot, weed, marijuana, hash, etc.)
- Opioids or analgesics (opium, heroin, morphine, methadone, fentanyl, skenan etc.)
- Poppers and other inhalants / solvents (nitrites, rush)
- Mephedrone, 3-MMC, 4-MMC, cathinones
- Crystal Meth (rank, crystal, tweak, meth, ice, Tina, jib, etc.)
- GHB/GBL (G, GH, juice, liquid ecstasy, liquid X, etc.)
- Cocaine taken as a powder (coke, powder, snow, etc.)
- Crack cocaine
- Hallucinogens (LSD/acid, magic mushrooms)
- Amphetamines et derivatives (ecstasy, MDMA, speed, peaches, E, X, XTC, love pill, etc.)
- Ketamine (Special K, K, vitamin K, Ket, Kit Kat)
- Sexual stimulants or medication for erectile dysfunction (Viagra, Cialis, Kamagra, etc.)
- Antidepressant, sedated drugs, benzodiazepines under prescription for a medical condition (Xanax, Zoloft, Ladose, Seroxat, Cipralex, Lexotanil, Tavor)
- Antidepressant, sedated drugs, benzodiazepines under NO prescription for a medical condition (Xanax, Zoloft, Ladose, Seroxat, Cipralex, Lexotanil, Tavor)
- Other, (please specify):

- I didn't use any psychoactive substances



27. Indicate your level of agreement with the following statement:

“I feel safe from HIV transmission according to the sexual practices I have with my transactional sex partners.”

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

28. Approximately how old were you when you had sex for the first time (with or without penetration; whether or not it was in a transactional sex activity)?



SECTION 3: SEXUAL HEALTHCARE EXPERIENCE WITH HIV/STI SERVICES AND SEXUAL HEALTH NEEDS

We are now going to ask you if and how you have accessed sexual healthcare services, specifically regarding HIV and STI testing and treatment.

29. Έχεις κάνει ποτέ τεστ για τον HIV;

- Yes
- No

30. When did you have your last HIV test?

- Within the past month
- Within the past three months
- Within the past six months
- Within the last year
- More than a year ago
- I do not remember

31. Where did you have your last HIV test?

- Diagnostic center
- NGO Athens Checkpoint Red Umbrella
- Hospital
- Private doctor
- Local clinic Polikliniki
- Self-test
- I do not remember
- Other, please specify:



32. What is your current HIV status?

- Positive
- Negative
- I don't know

33. Was there a follow-up appointment at the hospital?

- Yes
- No

34. How long after your diagnosis?

- 1 month
- 3 months
- 6 months
- 12 months
- I do not remember

35. The delay for the follow up appointment was due to:

- I was afraid to go to the hospital (fear of stigma, fear of administrative issues due to mismatch documents)
- Appointment times were not convenient for my schedule
- Fear to be seen by people who know me
- Other, please specify:

36. Are you currently on ARV treatment (treatment for HIV)?

- Yes
- No



37. Is your viral load (virus circulating in the blood):

- Undetectable
- Detectable
- I do not know

38. During the last 12 months, what was the frequency of your appointments with your doctor at the special infections unit?

- Once a month
- Every three months
- Every six months
- Once a year
- Other, please specify:

39. Regarding how the HIV health providers (doctors, nurses, etc) treated you, were you:

- Very satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very unsatisfied



Other sexually transmitted infections (STI)

40. During the last 12 months, have you been tested for any other sexually transmitted infection (STI)?

- Yes
- No
- I do not remember

41. If yes, choose from below: (multiple answers possible)

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Gonorrhea
- Syphilis
- HPV
- Chlamydia
- Herpes
- Monkeypox
- Other, please specify:

- I don't want to answer



42. Where did you have your last STI test?

- Diagnostic center
- NGO Athens Checkpoint - Red Umbrella Athens
- Hospital
- Private doctor
- Local clinic Polikliniki
- Self test
- I do not remember
- Other, please specify:

43. During the last 12 months, have you been diagnosed positive for an STI?

- Yes
- No
- I do not remember



44. Αν Yes για ποιο ή ποια από την παρακάτω λίστα; (multiple answers possible)

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Gonorrhoea
- Syphilis
- HPV
- Chlamydia
- Herpes
- Monkeypox
- Other, please specify:

- I don't want to answer

45. Did you receive enough information on how to take care of yourself and others and on how to have access to treatment?;

- Yes
- No

46. Regarding how the sexual health providers (doctors, nurses, etc) treated you, were you:

- Very satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very unsatisfied



SECTION 4: STIGMA

We are now going to ask you about your experience with sexual health services, and in particular, if you have experienced stigma.

Stigma is a mark of disgrace associated with a particular circumstance, quality, race, job, culture, religion, sexuality, gender identity, mental health, sexual health, body anatomy or age.

People who have experienced public stigma such as prejudice behaviors, discriminatory attitudes and violence can sometimes internalize the shame and fear, this is called self stigma.

People who assemble more than one of the examples above can experience multiple stigma.

We want you to know that everyone involved in this questionnaire can recognise and respect that experience and we will now ask you some questions concerning your personal experience.

47. The last time you accessed sexual health services, did you experience stigma and discrimination?

Yes

No

48. If yes, for any of the following reasons? (multiple answers possible)

Gender identity

Sex work

HIV status

Sexual practices

Body anatomy

Mismatch of legal documents

Sexual orientation

Other, please specify:



49. Have you ever delayed or postponed a HIV test or STI test as a result of your experience of stigma and discrimination?

Yes

No

50. If yes, do you remember for how long?

Less than 1 month

Between 1 and 3 months

Between 3 months and 6 months

Between 6 months and one year

More than one year

I do not remember



51. In the past 12 months, when approaching/seeking HIV/STI prevention and care, have you experienced any of the behaviors below, by the medical or non medical staff? (multiple answers possible)

- An inappropriate behavior (laughing, whispering, staring, being rude and unkind, inappropriate comments or questions)
- Denial of health services due to discrimination
- Misgendering/ asked to change department according to my gender assigned in birth
- Advised not to have sex
- Any form of abuse (verbal abuse, physical abuse, mental abuse)
- Disclosing HIV status without your consent
- Avoidance of physical contact (during physical medical exams)
- Advised to stop transactional sex
- Other, please specify:

- None of the above



52. Among the following places, where do you feel that the services respond better to most of your sexual health needs and questions?

- Hospital
- Drug support center
- General practitioner
- Community-based or NGO organization
- Other, please specify:

- None of the above

53. According to you, what are the most important considerations regarding HIV testing prevention and treatment locations? (Multiple answers possible, maximum 3 answers)

- Low or no cost
- Safe place -non stigmatizing atmosphere
- Confidence in the quality of care
- Counseling provided
- Social and legal services provided
- Presence of community workers
- Gender Clinics that provide gender affirming care
- Gender Clinics that include reproductive health care
- Free condoms
- Location
- Service hours
- Other, please specify:



54. After your HIV or STI positive diagnosis, have you tried to find any kind of support from: (multiple answers possible)

- Friend(s)
- Sex partner(s) of exchange
- Neighbor(s)
- Co-worker(s)
- Pharmacist
- Relative / family member
- Occasional and/or stable sexual partner(s)
- Doctor(s)
- Not applicable (I have not tested positive for HIV or an STI)

55. Who would you prefer to speak to about your sexual health needs?

- Specialist doctor
- General practitioner
- Trained nurse
- Trained community peer worker
- Community friendly medical personnel
- No preference
- Other, please specify:



56. Ποια από τις παρακάτω υπηρεσίες θα μπορούσε να καλύψει καλύτερα τις ανάγκες σου στον τομέα της σεξουαλικής υγείας;

- Online service info counseling and booking (mobile apps)
- Telephone service info counseling and booking
- Sexual health clinic available 24/7
- Other, please specify:

57. Which of the following policies or services would make the health-care system more inclusive according to your needs? (multiple answers possible)

- Free access for all kind of tests
- Anonymous access to sexual health services
- Sex work health insurance card
- Recognition of sex work as any other form of work (stamps, retirement etc)
- No cost therapy for all kind of STIs
- Community based places exclusively for transgender or non conforming sex workers
- Gender Clinics that provide gender affirming care
- Gender Clinics that include reproductive health care
- Free access to legal recognition of gender identity (documents)
- Other, please specify:



58. Did you experience violence in the last three months?

- Yes
- No

59. If yes, which of the following forms of violence you experienced in the last three months? (multiple answers possible)

- Physical violence (strangling, hitting, other injury)
- Verbal violence (slurs, insults, etc)
- Psychological violence (harassments, threats, blackmail, etc)
- Sexual violence (non consensual acts, rape, taking condoms off without consent)
- Economic violence (taking earnings, refusal to pay for services)
- Other, please specify:

60. Indicate who you experienced this violence from in the last three months: (multiple answers possible)

- Stable/occasional intimate partner
- Clients
- Family/ friends
- Other sex workers
- Police
- Health care workers
- Someone you work for / Employer
- Other, please specify:



SECTION 5: HIV PREVENTION HEALTHCARE SERVICES AND COMBINED PREVENTION (PREP and PEP)

Definition of HIV prevention

There are currently several methods that can be used to prevent HIV. Some strategies include systematic condom use, regular HIV testing, and not sharing injection drug needles or other equipment. Other strategies include the use of medicines to prevent HIV among HIV negative people and HIV treatment among HIV positive persons to prevent the transmission of HIV.

This section includes questions about your knowledge, use and interest in HIV prevention medicines.

61. Do you know what Post-exposure Prophylaxis (PEP) is?

- Yes
- No

62. If yes, from you point of view, which is the best description of PEP? (Multiple answers possible, maximum 2 answers)

- PEP is a pill that greatly reduces the risk of HIV transmission in case of exposure, you can use it daily for a month starting within 72 hours after unprotected sex.
- PEP is a pill that greatly reduces the risk of HIV transmission, you can take three pills after having unprotected sex.
- PEP is a pill that greatly reduces the risk of HIV and STI transmission, it should be started as soon as possible after exposure, if possible within a few hours.
- PEP is a pill that greatly reduces the risk of HIV transmission. You can take it once a week.



Definition of PEP

Post Exposure Prophylaxis is a one month's treatment with antiretroviral pills that can inhibit contamination with the HIV virus, in order to be effective , it has to be administered as soon as possible - and in any case ,within three days - after potential exposure to the virus.

63. Have you ever needed PEP?

- Yes, and I received it
- Yes, but I did not receive it
- No, and I have never been offered it
- No, but my sexual health provider offered it to me
- I don't know/I don't remember

64. If yes but you did not receive PEP, what was the main reason?

- I did not want to go to the hospital/emergency room
- I do/did not have the necessary information to access it
- Side effects rumors
- Medical provider did not recommend prevention treatment for the exposure
- I didn't know its existence till now
- None of the above, please specify:

65. If yes and you received PEP, when was the last time you took PEP (last pill)?

- Less than 1 month ago
- Between 1 and 3 months ago
- Between 3 months and 6 months ago
- Between 6 months and one year ago
- More than one year ago
- I do not remember



66. If yes and you received PEP, where did you receive it?

- Hospital or emergency department
- Online
- Borrowed from friend or co-worker
- Other, please specify:

We will now try to focus our questions on your interest and knowledge on Preexposure Prophylaxis also known as PrEP.

67. Do you know what Preexposure Prophylaxis (PrEP) is?

- Yes
- No

**68. If yes, from your point of view, which is the best description of PrEP?
(Multiple answers possible, maximum 2 answers)**

- PrEP is a pill that you can use after you think you have been at risk of being infected by HIV.
- PrEP is a pill that greatly reduces the risk of contracting HIV. You have to take it every day.
- PrEP is a pill that greatly reduces the risk of contracting HIV. You have to take it when you plan to have sex, before and two days after.
- PrEP is a pill that can be bought from pharmacy stores with or without prescription.



69. How did you get information about PrEP? (multiple answers possible)

- Social Media
- NGO counselor
- Health practitioner
- Brochure or information material
- Co (sex) workers or former sex workers
- Friends or partners
- Other, please specify:

- I have no information on this topic



PREP Pre Exposure Prophylaxis

This is a treatment with a pill that is usually taken on a daily basis and provides protection against the HIV virus with a success rate of approximately 99%. It is taken by people who are HIV-negative, in order to remain negative. PrEP is an antiretroviral drug of the same type that is administered to people who are HIV- positive as part of their treatment. It is available in several countries all over the world (amongst France,Norway,United States, Canada,Kenya, Thailand and South Africa), but it is not available yet in Greece.

If a person receiving PrEP is exposed to the HIV virus , the drugs will inhibit the intrusion of the virus into the body cells and its reduplication. This inhibits the installation of the HIV virus in the body , thereby preventing exposure of the person taking PrEP to HIV.

70. Have you ever taken PrEP?

- Yes
- No

71. If yes, where or how did you receive PrEP?

- Hospital or emergency department
- Online
- Borrowed from friend or co-worker
- Other, please specify:

72. Based on your sexual practices and what you know about PrEP, would PrEP meet your HIV prevention needs?

- No, definitely not
- No, probably not
- Maybe
- Yes, probably
- Yes, definitely



73. Do you have the intention to use PrEP if and when it becomes officially available in the healthcare system in Greece?

- No, definitely not
- No, probably not
- Maybe
- Yes, probably
- Yes, definitely

74. If yes, which of the following explains your intention to use PrEP when it becomes officially available in the healthcare system in Greece?
(Multiple answers possible, maximum 3 answers)

- have a HIV-positive partner with uncontrolled viral load
- I want to reduce anxiety regarding HIV transmission risk
- I feel I am at risk of being infected of HIV
- I want to increase my sexual pleasure
- I would rather have condomless sex
- I would feel more in control

75. Based on your sexual practices and what you know, which of the following prevention methods best meet your needs? (multiple answers possible)

- PEP
- PrEP
- Condoms
- Antiretroviral therapy as a means of prevention (TasP)
- Avoid penetration
- Not swallow /spit sperm
- Lubricant use
- Clisma
- Other, please specify:



76. Would you be interested in a formula that works as PrEP and prevents STI transmission?

Yes

No

I don't know



END OF THE QUESTIONNAIRE

Before thanking for your participation and for the time you dedicated completing the TrANs and non- biNArY sexworkers selfcare study questionnaire, we have three last questions for you.

77. Did you complete this questionnaire alone (without the help of someone else)?

Yes

No

78. The survey is available on paper and online. Which way did you use to complete the questionnaire?

On paper

On line

79. Do you have a comment or suggestion about this survey? Please note it below (optional)

Thank you for your participation in this survey!



European
AIDS Treatment
Group

About the European AIDS Treatment Group:

The European AIDS Treatment Group (EATG) is a patient-led NGO that advocates for the rights and interests of people living with or affected by HIV/AIDS and related co-infections within the WHO Europe region. Founded in 1992, the EATG is a network of more than 150 members from 45 countries in Europe. Our members are people living with HIV and representatives of different communities affected by HIV/AIDS and co-infections. EATG represents the diversity of more than 2.3 million people living with HIV (PLHIV) in Europe as well as those affected by HIV/AIDS and co-infections.

For more information, please visit www.eatg.org