

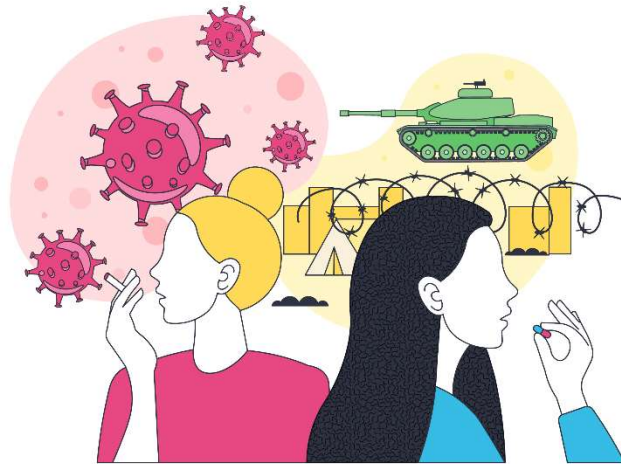
## ACCESS TO COMPREHENSIVE CARE FOR WOMEN WHO USE DRUGS IN CASE OF VIOLENCE: REPORT ON THE PROJECT LESSONS AND PRACTICES

### 1. Introduction

According to the World Health Organization (WHO), one-in-three women experiences intimate partner violence<sup>1</sup>. Women who use drugs are three-to-five times more likely to experience gender-based violence than women in general<sup>2</sup>.

Women who use drugs are often caught up in a vicious cycle of gender-based violence (GBV) and drug use where the stress and trauma of violence perpetuate the women's drug use, and the actions and behaviours associated with drug use expose them to heightened risk of violence<sup>3</sup>.

Emergencies, such as **natural disasters, situations of armed conflict, economic crises and pandemics such as COVID-19**, have a significant impact on the quality of life of women who use drugs and prevents them from accessing the help that they need.



Responding to this urgent need to fill in the gap of services for women who use drugs and experience violence in 2020 Eurasian Harm Reduction Association (EHRA) has undertaken the project “[Access to comprehensive care for women who use drugs in case of violence](#)”<sup>4</sup>.

<sup>1</sup> Violence against women. Strengthening the health response in times of crisis. Geneva; World Health Organization, 23 November 2018. <https://www.who.int/en/news-room/feature-stories/detail/violence-against-women>

<sup>2</sup> El-Bassel N, Gilbert L, Witte S, Wu E, Chang M. Intimate Partner Violence and HIV Among Drug-Involved Women: Contexts Linking These Two Epidemics—Challenges and Implications for Prevention and Treatment. Substance Use & Misuse, Vol. 46, Issue 2-3, 2011, pp295-306. <https://doi.org/10.3109/10826084.2011.523296>

<sup>3</sup> Ibid.

<sup>4</sup> The project “Access to comprehensive care for women who use drugs in case of violence”. The project falls within the framework of the regional project called “Sustainability of Services for Key Populations in Eastern Europe and Central Asia” which is carried out by the Alliance for Public Health, in a consortium with the 100% Life (All-Ukrainian Network of PLWH), the Central Asian HIV’ Association and the Eurasian Key Populations Health Network with the aid from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

## 2. Recommendations on organizing services for women who use drugs and experience violence

The main activity of EHRA within the project was development of a tool to help service providers across the region to better organize services for women who use drugs and experience violence as such a tool did not exist before. A Guide “[Help Impossible to Ignore](#)” was developed in partnership with [Eurasian Women’s Network on AIDS](#) (EWNA) and is now available in English and Russian for service providers to use.



EHRA 2021



# HELP IMPOSSIBLE TO IGNORE

A guide to ensure shelter, psychosocial  
and legal services for women who use  
drugs and experience violence

Problems and barriers faced by women who use drugs in case of violence when accessing services as summarized in the Guide are:

### 1. Family, social services and society in general stigmatise the issue of female drug dependence:

- High level of self-stigma among women who use drugs.
- Violence helplines and other programmes responding to GBV often lack specific information and/or do not have access to a list of organisations that provide services in connection with drug use.
- Harm reduction programmes often do not provide gender-sensitive services and do not have set procedures for responding to GBV.

- Women face danger from neighbours, parents and relatives for whom violence against women who use drugs is the accepted norm of behaviour; they often fail to help, or abandon the woman in a dangerous situation.

2. Difficulties in accessing safety and support services:

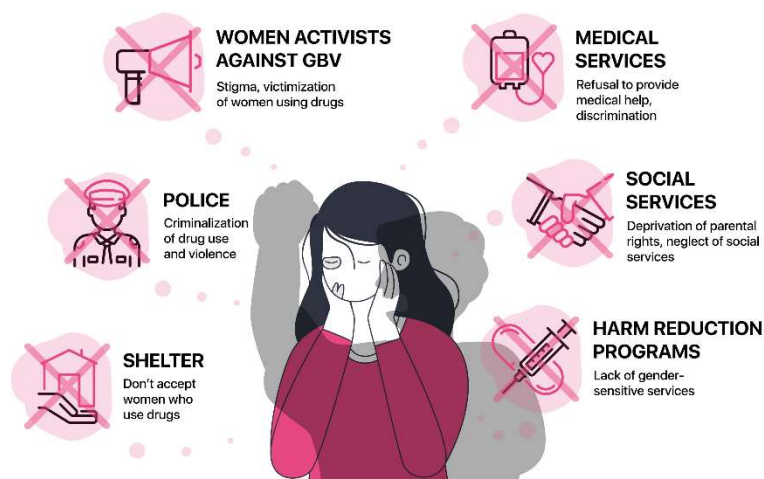
**Case of a woman in Ukraine:** A 33-year-old woman with two children (4 and 5 years) on substitution therapy was beaten by her husband in front of social workers while receiving ART therapy at the AIDS Center. The police was called and took the husband but an hour later he returned. The woman was afraid to return home. The woman had no money, no documents, her phone was broken. Social workers turned to 2 shelters, but they refused to accept the woman without documents, referrals from social services, health certificates and intoxicated (referring to their Regulations). Eventually, social workers managed to admit the woman to the shelter, but a criminal case against her husband was never opened.

- Criminalisation of drug use often means that when faced with gender-based violence, women who use drugs suffer structural abuse at the hands of police officers (including physical and sexual violence), health and social services, instead of being given protection.
- Difficulty in finding a place in a shelter, refuge or social lodging because the rules and/or procedures explicitly prohibit accommodation for women who use drugs, including those receiving OST as prescribed by a doctor.
- Women who use drugs often suffer multiple discrimination on the basis of chronic illnesses (HIV, viral hepatitis, tuberculosis), which forces them to hide the fact that they receive ART, for example.
- Women who use drugs often face loss of parental rights and separation from their children.

3. Difficulties in accessing psychosocial help:

- State and private organisations handling cases of GBV often stigmatise and discriminate against women who use drugs.
- Harm reduction programmes are often unable to offer psychosocial support services due to a lack of appropriately qualified staff and funding.

Services usually supporting women in case of violence are not available for women who use drugs, even harm reduction services **often are inaccessible due to lack of gender-sensitiveness.**



In addition, there is no coordinated response to gender-based violence and assistance programmes available at harm reduction sites and OST dispensing centres because the needs of women who use drugs and the risks they face are different from those of men who use drugs.

Recommendations in the Guide state that comprehensive care for women who use drugs in case of gender-based violence fall into three groups:

1. **Prevention of gender-based violence** – a crucial part where women learn about the types of violence, consider their personal situation and understand whether they are in a situation of violence. It is also at this stage that women learn how to report cases of gender-based violence and how to get qualified assistance. It includes:

- educational and awareness classes for employees of state and private organisations that deal with cases of women in situations of violence (it is necessary to involve women who use drugs as peer consultants in training courses, lectures and face-to-face meetings);
- awareness-raising activities for women who use drugs including primary screening;
- awareness-raising activities for men who use drugs, sexual partners of women and relatives.

2. **Provision of comprehensive support to women experiencing gender-based violence** – organisations offering harm reduction and OST services may employ two strategies for providing comprehensive care to women in situations of gender-based violence depending on the facilities at hand and the level of collaboration with qualified professionals:

- Setting up a help centre offering comprehensive services on the premises of a harm reduction organisation.
- Building up a network of friendly professionals and establishing proper referral and/or follow-up procedures for women who use drugs at all stages of service delivery.

Both strategies should aim to provide effective response mechanisms, to build multi-disciplinary partnerships between public services and NGOs, to foster continuous interaction and a common understanding of what is involved in a non-discriminatory approach to services.

Actions and tools to provide comprehensive assistance for women who use drugs in situations of gender-based violence include:

- Informing the services and organisations that help women who use drugs about a situation of violence (case detection).
- Ensuring the safety of women in situations of gender-based violence.
- Health care services.
- Legal, administrative and human rights services.
- Psycho-social services and case management at a shelter or non-governmental organisation that provides such services.

3. **Advocacy for a system of response to gender-based violence that is non-discriminating by nature.** Advocacy actions for changes to the legal and regulatory framework could be the following:

- Document gender-based violence against women who use drugs.
- Analyse documented cases of gender-based violence against women who use drugs (frequency and forms). Examine difficulties and barriers that hamper the response to cases of gender-based violence along with internal and external factors influencing the process. Put forward recommendations for addressing the barriers.
- Litigate cases of gender-based violence perpetrated against women who use drugs.

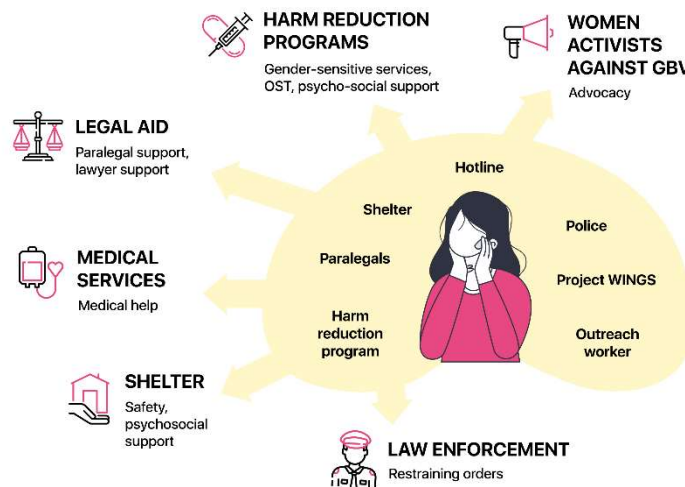
- Include information on violations of the rights of women who use drugs, including gender-based violence and response gaps in shadow reports submitted to UN treaty bodies; present shadow reports at relevant UN treaty body hearings.

Include information on violations of the rights of women who use drugs, including gender-based violence, in the annual report of the human rights ombudsman.

Add to country reports on the situation of women and girls, including reports on gender-based violence, barriers to gender equality and prevention/ response to gender-based violence against women who use drugs.

- Advocate for amendments to legislation based on recommendations received or court judgements.

**Any woman facing domestic or gender-based violence, regardless of whether she has a history of drug use or not, is entitled to adequate help and support.**



Recommendations in more detail are described in the [Guide “Help Impossible to Ignore”](#). There you will also find important remarks on ensuring the services are responsive to the needs and realities of women who use drugs.

### 3. Practices employed by project partners to increase access to services for women who use drugs and experience violence

The other part of the **project activities was implemented at the country level** together with the partner organizations in Kazakhstan (*Revansh*), Macedonia (*HOPS*), Serbia (*ReGeneration*), Russia (*Andery Rylkov Foundation*) and Ukraine (*Convictus-Ukraine*). Activities of partner organizations included both advocacy and service provision with the aim to establish the algorithm of referral to services for women who use drugs and experience violence:

- Focus groups with women who use drugs to gather information on relevance of the problem, types of violence experienced, level of knowledge about violence among women and needs in services. Focus groups were also used to educate women on types of violence (economic, psychological, physical, sexual) as a lot of them did not realize they were subjected to it.

- Capacity building of service providers via workshops, online webinars and supervision helped partner organization to answer the need among specialists of knowledge and skills on work with violence issues (mainly for harm reduction staff) or on work with women who use drugs (mainly for violence responders and social workers).
- Partner organizations increased their own capacity to work with women who use drugs and who experience violence. This included establishing contacts and partnerships with other services providers, capacity building of staff on violence issues and work with women experiencing violence, creating and introducing internal algorithms to identify and respond to violence cases among women.
- Round tables and meetings with service providers – governmental and nongovernmental, providing services both to women who use drugs and to women experiencing violence, including shelters, harm reduction programs, social services, Ministries of Health – to actualize gaps in services and neglect of the problem, as well as highlight the need for cooperation and establishing referral algorithms between different service providers.
- Official letters to governmental and municipal institutions and decision makers with suggestions to introduce changes into regulating documents concerning access to services (e.g. shelters) for women who use drugs and experience violence.

All five partners managed to improve access to services for women who use drugs in case of violence – directly via improving a service of their own or building partnerships and providing capacity building for service providers. Here is a summary of practices and results of each partner:

*ReGeneration (Serbia)* was a “new-comer” to the issue of violence and background work was needed. First, the *research* was done to explore the policy context in which shelters, referrals and services in case of violence are operating. It revealed that women who use drugs are not included. Then ReGeneration held an *initial roundtable* with 20 representatives from governmental institutions and service providers as a stakeholder mapping exercise. The *final conference* towards the end of the project already gathered 40 interested participants. Strong contact was established with Centres for Social Work – ReGeneration was invited to visit their safe houses and centres in order to work towards inclusion of women who use drugs experiencing violence as their clients.

The *workshop* for service providers included 34 representatives from both harm reduction and response to violence fields. It revealed a huge gap in capacity of social workers to work with women who use drugs – neither of their training included information on addiction. Workshop served as a safe space for Centres for Social Work and shelters to openly discuss their needs in order to respond to cases of violence among women who use drugs.

Active communication on the topics of violence via ReGeneration website and social media resulted in new contacts with women experiencing violence which was not the case previously.

*HOPS (Macedonia)* has a long standing experience in GBV, providing legal and paralegal aid to women who use drugs, also in situations of violence. HOPS team has been part of national working groups related to violence: the National Group on preparation on the Law on Protection and Prevention of Violence against Women, the monitoring group on the National Implementation Plan on Istanbul Convention, the Gender Equality Platform contribution to laws, policies and other processes.

First, several *focus groups with women who use drugs* showed that women in general fail to recognize violence. All of them have experienced certain form of violence – psychological, physical, or sexual – however often they were not aware that the experience they have undergone was a certain form of violence. Further, HOPS trained two of its paralegals on response to violence cases among clients. During the project paralegals



reached out to around 40 women, 13 of which became clients of HOPS and received psychosocial and legal services.

*Research* and *report* provided some background information: identified shortcomings of the policies regulating violence, especially concerning women who use drugs and proposed changes to policies and institutional practice.

Based on research results HOPS organized a *round table with decision makers, governmental and nongovernmental service providers* to discuss ways to improve access to services for women who use drugs and experience violence. One of the findings is that service providers, especially governmental, lack knowledge and skills on working with women who use drugs. There is also a need to update the protocols of shelters to include women who use drugs as clients. On the other hand, it was indicated that harm reduction services need to be more gender sensitive.

A *workshop* to 18 service providers from governmental and nongovernmental institutions on work with women who use drugs and experience violence showed that for 89% of them the information received was completely new, which indicates the need for further trainings for specialists.

*Andery Rylkov Foundation – ARF – (Russia)* reached *agreements with 4 organizations* working in response to violence among women which not only increased the capacity of ARF (provided trainings to 13 staff members) to respond to violence cases, but also increased access to psychological and legal services for women who use drugs as partner organizations agreed to take referred cases from ARF for counselling. In addition, partner organizations were willing to learn more about ARF activities and specificity of working with women who use drugs.

The challenge for ARF remains to connect to shelters as most of them work on the basis of churches and are not so “open”. There was one, more “democratic” shelter identified with whom ARF plans to work on case by case basis.

Project also served to develop and introduce an *algorithm* of actions – as internal procedure – in case of violence among clients – women who use drugs. It guides ARF staff on how to identify violence among its clients, steps to address it and refer the client to further services.

*Convictus-Ukraine (Ukraine)* is already an experienced stakeholder in the field of response to violence (since 2016). The project enabled Convictus to share their experience and knowledge on working with women who use drugs and experience violence with shelters and crisis centres in Ukraine.

Eight (8) *webinars* organized for staff of shelters on different aspects of violence among women who use drugs attracted over 200 specialists. Convictus also provided *supervisions* to 48 staff members of shelters on the cases of women who use drugs experiencing violence which proved to be an effective method of capacity building of specialists.

*“Forum theatres”*<sup>5</sup> in two regions of Ukraine (with 27 participants each) gathered different responders and service providers in case of violence (including police, governmental institutions, shelters and NGOs). Real life situations of women who use drugs trying to access services in case of violence were performed and then analysed. Discussions revealed some level of hostility from governmental representatives saying that “this is not true” or confirming that they would act in a way that is discriminatory and/or violates a human right, because the protocols allow that.

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<sup>5</sup> The Forum theatre was created by Augusto Boal. This form of theatre is different from others because spectators here are also actors, the play is never final, it changes all the time depending on the suggestions of the audience. The method is used to work with controversial issues.  
<http://www.forumteatras.lt/en/methodics/comprehensively-about-forum-theatre-342.htm>.

*Revansh (Kazakhstan)* is another experienced partner within the project. The centre in Temirtau for women from key populations in complicated life circumstances has been operating since 2013. In Almaty activities started in 2017.

One of the key activities within the project was *advocacy* among high level governmental decision makers to change legal acts and protocols influencing access to services for women who use drugs in case of violence. First the *analytical report* on regulatory documents, standards for the provision of special social services for crisis centres was prepared.

*Official letters* describing the situation with access to services for women who use drugs in case of violence and proposed changes were sent to Public Health Department of Almaty, President of Kazakhstan (via state portal) and Chairman of the National Commission for Women and Family and Demographic Policy. By the end of the project a reply (prepared by the Ministry of Health) to the letter sent to the President was received: Ministry of Health supports the proposed changes on improving access to women experiencing violence and living with HIV and Hepatitis B and C to the Order of the Minister of Health and Social Development of the Republic of Kazakhstan "On approval of the standard for the provision of special social services to victims of domestic violence" and intends to work them through with responsible institutions.

Findings of the analytical report were brought further to the *discussion platform* with Ministry of Internal Affairs, "Union of Crisis Centres of Kazakhstan" and other NGOs (42 participants in total). Conclusion of the discussion was that it is necessary to amend the standards and regulations, as well as to reform the crisis centres in Kazakhstan to accommodate all groups of women.

*Training sessions* organized by Revansh covered 37 specialists from crisis centres and educated them on the specifics of work with women from key populations, ways of HIV transmission, consequences of stigma and discrimination towards women who use drugs and referral schemes.

Complementing national activities, the *topic of women who use drugs experiencing violence was highlighted at the 64<sup>th</sup> Session of Commission of Narcotic Drugs (CND)*. A Side Event named "*Critical situation with rights violation of women using drugs in Eastern Europe and Central Asia: immediate action required*" was organized by Alliance for Public Health and EHRA on 14<sup>th</sup> April 2021. The event included presentations of main human rights violations faced by women who use drugs and barriers while accessing services related to violence, as well the impact of the emergency situations (such as COVID19 or war conflicts). Further several experiences of responses from the region to the violence among women who use drugs were presented: mobile reacting units (former "Polina") from Ukraine and WINGS program from Kyrgyzstan.

In total over 80 participants connected to the event and they came from different backgrounds, including EECA and other regions.



## 4. Conclusions

Woman's safety, meeting her specific needs, and the well-being of her children and herself are paramount when delivering services for women who use drugs who experience violence.

Support to women who use drugs who experience violence includes a range of services, from ensuring their safety to provision of medical, legal help and resocialisation.

Partnerships between the state and non-governmental services, including harm reduction organisations and services for women experiencing violence, help to provide comprehensive, high-quality, gender-sensitive services centred on the women who use drugs, their safety and special needs.

**Three key steps** in addressing gender-based violence against women using drugs are:



1. Prevention of gender-based violence;



2. Provision of adequate support and protection for women, including a needs-based approach that takes into account the wishes of women



3. Advocacy for legislative changes and/or practical approaches for its implementation.