



BARRIERS FOR WOMEN WHO USE DRUGS TO ACCESS CRISIS CENTERS IN CASE OF VIOLENCE, IDENTIFIED DURING THE COVID-19 PANDEMIC IN KAZAKHSTAN

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PLACES OF REFUGE IN ALMATY FOR WOMEN EXPERIENCING VIOLENCE AND SERVICES TO PROTECT WOMEN EXPERIENCING VIOLENCE

Existing centers:

- 2 crisis centers for women experiencing violence.
- 1 Center for women (6 beds) – refused if there is a history of drug use, HIV
- Inspection on protection of women against violence?
- Police?

Barriers:

- **Crisis centers do not provide services and treatment for women who use drugs. Drug use, HIV infection are the criteria for refusal of services in the standards for the provision of special social services. The indication of police notification on the fact of violence is needed.**
- **Assessment Criteria:** On the approval of the Criteria for assessing the presence of abuse leading to social maladjustment and social deprivation, joint order of the Minister of Internal Affairs of the Republic of Kazakhstan dated September 22, 2014 No. 630, the Minister of Education and Science of the Republic of Kazakhstan dated September 26, 2014 No. 399 and the Minister of Health and social development of the Republic of Kazakhstan dated November 19, 2014 No. 240.
<https://adilet.zan.kz/rus/docs/V14C0010013#q28>

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WHY ACCESS TO CRISIS CENTERS FOR WOMEN WHO USE DRUGS IS RESTRICTED?

Order of the Minister of Health and Social Development of the Republic of Kazakhstan dated December 21, 2016 No. 1079 "On Approval of the Standard for the Provision of Special Social Services to Victims of Domestic Violence" is used by the leadership of state crisis centers as a basis for refusing women who use drugs and women living with HIV to support service case of violence. The standard for the provision of special social services (hereinafter referred to as the SSS) to victims of domestic violence " (Order of the Minister of the Ministry of Health and Social Development of the Republic of Kazakhstan dated December 21, 2016, No. 1079)

The presence of discriminatory articles in the legal acts and standards for the provision of special services, which is a barrier to access to crisis centers.

Lack of conditions and services for the housing of women who use drugs, lack of drug supply to relieve withdrawal symptoms, provide further resocialization services with the psycho-correction if necessary.

Stigma and discrimination, mistrust.

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CASES OF WOMEN WHO USE DRUGS DURING THE EMERGENCY SITUATION

Madina, 32

- Sex worker, woman who uses drugs
- The client stabbed in the leg, the area of the foot, high temperature, no documents, no PCR test for COVID. Refused to contact the police, since she is registered as a person providing sex services for money. There was an ambulance call, a refusal to hospitalize.

Alina, 24, 2 children

- Sex worker, woman who uses drugs
- Came in a month after giving birth, the child does not have a birth certificate, attachment to the clinic and vaccinations. Alina wants to be treated for addiction, but she has no one to leave her children with and she has no identity documents.

Maral, 29, 2 children

- Woman who uses drugs, living with HIV
- Came in at the 36th week of pregnancy, beaten by her husband, two front teeth knocked out, remained on the street without a livelihood, did not contact the police, as she uses psychoactive substances. No access to ARVs due to the absence of identity documents.

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THE MAIN SYSTEMIC VIOLATIONS OF THE RIGHTS AMONG WOMEN IN KEY POPULATIONS - WOMEN WHO USE DRUGS, SEX WORKERS AND WOMEN LIVING WITH HIV:

- Deprivation of parental rights and custody of children; compulsory treatment.
- Lack of access to drug dependence treatment, including OST, for pregnant women.
- Lack of access to quality reproductive health protection and HIV prevention, testing and treatment services.
- Forced abortion.
- Violation of labor rights due to drug use or drug addiction.
- Violation of the right to education due to drug use or addiction.
- Lack of access to shelters (crisis centers, etc) and protection services in case of domestic violence.
- Lack of access to legal services.
- Violence by partner, police.
- Sentencing drug offenses without gender considerations.

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ECONOMIC SITUATION DURING QUARANTINE

- Most of the survey participants (85.1%) noted that during the quarantine, they and their families lost income to one degree or another. Most of them (76.2%) had very high material losses - from 50% to 100% of the income level.
- More than half of women do not have any savings and have nowhere to turn for help. The rest have very little cash reserves in case of loss of all income.
- The majority of respondents (83%) applied for benefits (42,500 tenge) during quarantine. More than half of them (58%) were refused.

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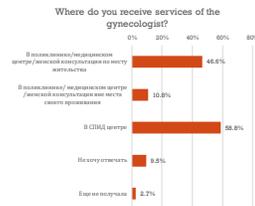
PSYCHO-EMOTIONAL STATE

The surveyed category of women is more often characterized by low satisfaction with their living conditions and a depressed, anxious psycho-emotional state.

- 50.6% are not satisfied with their living conditions.
- 32.4% - experiencing irritation, anxiety and another 21.6% - fear, hopelessness, despair.
- 35.8% - faced with mistreatment at home.
- 27.7% - noted that they were kicked out of the house.
- 54.1% - noted that they are deprived of family support.
- 49.3% are in a state of depression.
- 41.9% are economically dependent on their husband/ partner or other family members.

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STIGMA & DISCRIMINATION IN THE FIELD OF SEXUAL AND REPRODUCTIVE HEALTH



- The most common reason (in 20.9% of cases) why a woman does not visit a gynecologist at a medical facility at her place of residence is the fear that the confidentiality of information about her drug use or her HIV status will be violated.
- 18.9% answered that they do receive services in a medical organization due to the absence of the registration at the clinic, payments to Medical Insurance Fund.
- 11.5% of cases, women were not satisfied with the qualifications or ethics of the doctor's behavior.
- Every tenth respondent (10.1%) noted that she was denied gynecological services at a medical facility at her place of residence.

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VIOLENCE AGAINST WOMEN

Severe forms of physical violence against women by a husband/ partner are common:

- 45.2% of the women surveyed were slapped or thrown at them with objects that could hurt.
- 40.3% of respondents noted that they were pushed or pulled by their hair.
- 38.7% - beat them with fists or objects that could injure them. 33.1% were kicked, dragged or beaten by their husbands/partners.
- 32.3% - were strangled or deliberately inflicted with burns.
- 32.5% - threatened or actually a weapon/ knife was used against them.

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VIOLENCE AGAINST WOMEN

Psychological abuse (controlling behavior) by the husband/partner:

- Every second woman (54.8%) was abused.
- 40.3% - intimidated and threatened.
- 41.9% of women were kicked out of the house.
- 38.7% hear threats of physical violence.

Sexual abuse:

- 37.1% of the women surveyed were forced to have sex against their will.

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VIOLENCE AGAINST WOMEN

Economic violence by a husband/partner:

- 48.4% of respondents noted that they are refused to give enough money for household expenses, even if he/ she has money for other expenses.
- From 37.9% of respondents, the husband/partner hides family income.
- 37.9% - do not receive money for personal expenses (clothes, shoes, hygiene items).
- 29.7% - do not receive money for food.
- 23.4% - do not receive money for necessary expenses for children.
- 21.8% received threats that their children would be taken away from them.
- Documents were taken from 17.7%.

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CONCLUSIONS

- Women drug users faced even greater challenges during the COVID-19 pandemic, including growth and incidents of violence, unemployment, lack of livelihoods, critical housing problems. The existing facts of discrimination and stigmatization are compounded by problems with reduced access to medical services during quarantine.
- This category of women is in dire need of various types of assistance. Taking into account the high level of social vulnerability of this group of women, their protection and support should find a systemic solution at the state level, have a comprehensive character, take into account urgent needs and difficulties. It is necessary to note the high level of expectations and requests for help with employment, housing problems, and psychological support.
- The data show the ineffectiveness of the existing mechanisms for protecting women from domestic violence in Kazakhstan, this is especially true in relation to state bodies, in particular the law enforcement system. This leads to disbelief in the effectiveness of state protection, to the continuation of the "pandemic of violence" against women.
- At the moment, public organizations and crisis centers have become active actors in the provision of human rights and other assistance to people from vulnerable categories, including women living with HIV, but the problem is the lack of resources and opportunities to provide the full range of necessary assistance to women who use drugs.

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RECOMMENDATIONS

- Amend the Law "On Approval of the Standard for the Provision of Special Social Services to Victims of Domestic Violence" (amendments as of December 21, 2016) of the Order of the Minister of Health and Social Development of the Republic of Kazakhstan dated December 21, 2016 No. 1079: subparagraph 2, paragraph 13, chapter 1 state in the following wording: "Refusal to provide services is carried out if persons have tuberculosis in the active stage of the process, infectious diseases (with the exception of HIV infections and viral hepatitis B, C), quarantine infections, infectious diseases of the skin and hair.
- Establish separate premises within crisis centers to work with women who use drugs and HIV-positive women, who experienced violence, regardless of the form of violence.
- Open a network of Centers of Comprehensive Services (medical and social, psychological, legal, etc.) for women living with HIV and other key populations most affected by the emergency situation (state social order).
- Mobilize government efforts to expand the network of crisis centers and other emergency services for women experiencing domestic violence, to ensure adequate government funding for these institutions.
- Provide systematic training with the involvement of NGO resources for specialists of crisis centers on the specifics of work and counseling for women from marginalized groups who have been subjected to multiple discrimination and violence.
- Develop and adopt a humanization policy in terms of people who use drugs, laws and practices based on respect for human rights that will protect and exclude any discrimination and violence against women.
- Collection and investigation of cases of violence and any illegal actions committed by law enforcement officers against women who use drugs.