

INTEGRATING ASSISTANCE TO WOMEN **AFFECTED BY VIOLENCE** INTO HARM REDUCTION PROGRAMS

Best Practices from the Central
and Eastern Europe and Central Asia



ehra 
eurasian harm reduction association

 **Alliance**
for Public Health

#
SOS_
PROJECT

EHRA 2022

CONTENTS

Contents	2
About the Report	3
1. Introduction. The Extreme Vulnerability of Women Who Use Illicit Substances to Violence: The Situation in the CEECA Region	5
2. Overview of Best Practices	12
2.1. Safe Home of the Stigma Organization, Slovenia	12
2.2. ReGeneration, Serbia: Improving the Response to Violence through Activities Targeting Social Workers and the Nightclub Community	16
2.3. Opening Crisis Rooms for Women Who Use Illicit Substances in Moldova	19
2.4. Andrey Rylkov Foundation, Russia. Advocacy and Partnership Building	22
2.5. Wings of Hope: Introducing a Screening Tool for Women Vulnerable to Gender-Based Violence in Kyrgyzstan	27
2.6. All-Ukrainian Charitable Organization "CONVICTUS Ukraine": Developing a Shelter Model for Women Who Have Experienced Violence for Handover to the State and Adapting Anti-Discrimination Protocols	30
3. Conclusions and Recommendations	35
4. Bibliography	38

ABOUT THE REPORT

In this report, Anya Sarang and Evgenia Ofitserova reviewed best practices for integrating help for women who have experienced gender-based violence into harm reduction projects for the Eurasian Harm Reduction Association (EHRA) as part of the project “**Access to comprehensive care for women using drugs in case of violence**”. The project is implemented by the Alliance for Public Health and its partners in 14 countries in the CEECA region and funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria through the COVID-19 response mechanism **in addition to the multi-country project “Sustainability of services for key populations in the Eastern Europe and Central Asia region” (#SoS project)**.

EHRA’s work under this project aims to improve access to shelter (shelters, refuges, crisis centers), psychosocial (including psychiatric), and legal care for women who use drugs and experience violence, which has become increasingly urgent in the context of the COVID-19 pandemic. In 2021, EHRA worked with national partners to develop the **Help Impossible to Ignore¹ Guide**, which describes

the multiple challenges women who use illicit substances face in situations of violence and provides recommendations to various stakeholders for comprehensive assistance to these women. In 2021 and early 2022, EHRA conducted regional webinars for police officers and social workers. At the same time, EHRA partners in Ukraine, Serbia, North Macedonia, Kyrgyzstan, and Russia implemented advocacy activities to ensure that women who use illicit substances have access to shelters for women in situations of violence.

This review was conducted in March–April 2022 using a desk review of scientific literature and reports, accompanied by in-depth interviews to obtain new data. The study included five interviews with eight female respondents from five countries.

¹EHRA (2021). Help impossible to ignore. A guide to ensure shelter, psychosocial and legal services for women who use drugs and experience violence. Eurasian Harm Reduction Association: Vilnius, Lithuania. The publication is available in Russian at the link (19/04/2022): https://harmreductioneurasia.org/wp-content/uploads/2021/05/Help-Impossible-to-Ignore_ENG.pdf

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Disclaimer

The opinions expressed in this publication belongs solely to its authors and may not reflect the views of organizations of the consortium and the Global Fund to Fight AIDS, tuberculosis and malaria. Global Fund did not participate in agreement and approval of neither this manual nor possible conclusions drawn from it.

1. INTRODUCTION.

THE EXTREME VULNERABILITY OF WOMEN WHO USE ILLICIT SUBSTANCES TO VIOLENCE: THE SITUATION IN THE CEECA REGION

Global issue

Violence against women is one of humanity's most painful and intractable problems, and there are still too few resources available to eradicate it. Several decades have passed since the adoption of authoritative global documents such as the Convention on the Elimination of All Forms of Discrimination against Women² and the Declaration on the Elimination of Violence against Women.³ However, **global estimates of the prevalence of intimate partner violence remain too high – affecting one in three women.**⁴ Other types of diverse and multi-level violence against women are not systematically measured and addressed. As a result, Sustainable Development Goal 5.2, "To

eliminate all forms of violence against all women and girls in the public and private spheres by 2030,"⁵ seems difficult to be achieved. Even the countries' pledges to pay special attention to the "most vulnerable groups of women"⁶ remain in the dark. There is no systematic data collection on these groups and very little research, and only now, are we beginning to realize that some of them, such as women who use illicit substances and are highly vulnerable to violence, have remained entirely invisible, silenced, and unprotected for decades.

Recent shocking events – the COVID-19 pandemic and the war in Ukraine – have once again focused our attention on the issue of violence against women. During the pandemic, as reports of domestic and other gender-based violence doubled⁷ and could no longer be ignored, violence

² Convention on the Elimination of All Forms of Discrimination Against Women (1979). Adopted by United Nations General Assembly Resolution 34/180, 18 December 1979. The document is available in English at the link (12/04/2022): <https://www.un.org/womenwatch/daw/cedaw/text/econvention.htm#intro>

³ Declaration on the Elimination of Violence against Women (1993). Adopted by United Nations General Assembly Resolution 48/104, 20 December 1993. The document is available in English at the link (12/04/2022): <https://digitallibrary.un.org/record/179739>

⁴ Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Executive summary. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. The publication is available in English at the link: <https://www.who.int/publications/item/9789240026681>

⁵ Transforming our world: the 2030 Agenda for Sustainable Development.

Adopted by United Nations General Assembly Resolution 70/1, 25 September 2015. The document is available in English at the link (12/04/2022): https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

⁶ Article 5, Declaration on the Elimination of Violence against Women (1993). Adopted by United Nations General Assembly Resolution 48/104, 20 December 1993. The document is available in English at the link (12/04/2022): <https://digitallibrary.un.org/record/179739>

⁷ ООН (2020). Генеральный секретарь призвал защитить женщин от эпидемии насилия, сопутствующей распространению COVID-19. Новости ООН. The publication is available in Russian at the link (12/04/2022): <https://news.un.org/ru/story/2020/04/1375602>

against women became known as the “shadow pandemic within a pandemic.”⁸ UN Secretary-General António Guterres urged governments to prioritize the prevention of violence against women and redress to women in their national COVID-19 response plans.⁹ Reports of women being raped by Russian soldiers in Ukraine¹⁰ shocked the entire world and highlighted that we still do not have effective mechanisms to prevent violence and protect women in conflict zones. The pandemic and the war have shown once again that mass and egregious violence against women is still tolerated, and the problem is far from being solved.

Women are particularly vulnerable to violence in exploited countries. Economic powerlessness, the systematic withholding of economic rights within the neoliberal system, and the lack of access to housing, employment, and education lead to a strong dependence of women on men and consequently to a high level of violence.¹¹ Violence is not only terrible in itself. It also makes it impossible to eradicate socially significant diseases that predominantly affect people in developing countries. The Global Fund recognizes that “the world is off-track to meet the global goal of ending AIDS by 2030 and the UNAIDS 2025 targets, including on the <...> gender inequalities, sexual [sexualized] and gender-based violence (SGBV),

and community-led responses.”¹² The Global Fund’s recently adopted new strategy 2023–2028, “Fighting Pandemics and Building a Healthier and More Equitable World,”¹³ focuses on gender inequality and violence and aims to “integrate effective responses to SGBV, intimate partner violence (IPV) and violence toward KP into HIV programs and services.”¹⁴

In addition to general measures to eliminate violence, it is important to better define and describe contexts of particular vulnerability. Although the number of studies that focus on understanding oppression, vulnerability, and their intersections is extremely small, a growing body of evidence has been published over the past decade that one of the most vulnerable groups around the world is women who use substances prohibited by the Single Convention on Narcotic Drugs (1961)¹⁵ and the Convention on Psychotropic Substances (1971).¹⁶ **The prohibition of certain substances and the resulting global “war on drugs” based on the stigmatization of people who use and are addicted to these substances have led to their criminalization and ostracization worldwide, which has a particularly strong impact on women due to additional vulnerabilities and gender inequality.** A review of studies from different parts of the world found that women who use illicit substances are from five to twenty-four times more likely to experience intimate partner violence and

⁸ UN Women (2021). The Shadow Pandemic. Violence against women during COVID-19. Campaign materials are available in English at the link (19/04/2022): <https://bit.ly/3nTVOTH>

⁹ ООН (2020). Генеральный секретарь призвал защитить женщин от эпидемии насилия, сопутствующей распространению COVID-19. Новости ООН. The publication is available in Russian at the link (12/04/2022): <https://news.un.org/ru/story/2020/04/1375602>

¹⁰ Константинова А. (2022). «В процессе потеряла сознание и даже этому рада». Что мы знаем об изнасилованиях, совершенных в Украине российскими солдатами». Медиазона. 17 апреля 2022. The publication is available in Russian at the link (19/04/2022): <https://zona.media/article/2022/04/17/rape>

¹¹ Federici S. (2018). Globalization, Capital Accumulation, and Violence against Women: An International and Historical Perspective. In Federici, Silvia (2018). *Witches, Witch-Hunting, and Women*. PM Press

¹² The Global Fund to Fight AIDS Tuberculosis and Malaria (2021). The Global Fund Strategy (2023–2028) (GF/B46/03 – Revision 1), approved by the Global Fund Board (GF/B46/DP03) 8 November 2021. The document is available in English at the link (12/04/2022): https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

¹³ *Ibid.*

¹⁴ *Ibid.*, p. 5.

¹⁵ United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs (1962). *Single Convention on Narcotic Drugs, 1961*. New York: United Nations

¹⁶ United Nations General Assembly (1975). *Convention on Psychotropic Substances 1971, 9 December 1975, A/RES/3443*

other types of violence than women in the general population in the same countries.^{17,18,19,20}

Criminalization, stigma, drug phobia, stigmatization, and other alienating practices of the “war on drugs” have resulted in the abuse of women who use drugs becoming the norm in almost every community in the world.²¹The Global Commission on Drug Policy, which calls for an immediate end to the “war on drugs,” has repeatedly shown in its reports how this war not only dehumanizes but also breeds extensive violence, including violence against women.²²

Women who use illicit substances are not only exposed to high levels of violence by parents, intimate partners, and even their children but also regularly subjected to sexualized violence, torture, and abuse by police.

¹⁷ Stoicescu C., Richter A., and Gilbert L. (2021). Nexus of Risk: the Co-occurring Problems of Gender-based Violence, HIV and Drug Use among Women and Adolescent Girls. The Impact of Global Drug Policy on Women: Shifting the Needle. Emerald Publishing

¹⁸ 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> El-Bassel, Op.cit.

¹⁹ Simonelli A, Pasquali CE, De Palo F. (2014), "Intimate partner violence and drug-addicted women: from explicative models to gender-oriented treatments". The publication is available in English at the link (19/04/2022): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4163756/>

²⁰ Roberts A., Mathers B.M., Degenhardt L. Women who inject drugs: A review of their risks, experiences and needs. (Independent Reference Group to the United Nations on HIV and Injecting Drug Use, 2010). The publication is available in English at the link (19/04/2022): www.unodc.org/documents/hiv-aids/Women_who_inject_drugs.pdf

²¹ Глобальная Комиссия по наркополитике (2017). Проблема восприятия наркотиков в мире. Время развеять предрассудки о людях, употребляющих наркотики. Доклад. The document is available in Russian at the link (19/04/2022): <https://bit.ly/3MOg2sk>

²² Глобальная комиссия по наркополитике (2011). Война с наркотиками. Доклад. The document is available in Russian at the link (19/04/2022): http://www.globalcommissionondrugs.org/wp-content/uploads/2017/10/GCDP_WarOnDrugs_RU.pdf; Глобальная комиссия по наркополитике (2016). На пути реформы наркополитики: новый подход к декриминализации. Доклад. The document is available in Russian at the link (19/04/2022): http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016_RUS.pdf; Глобальная комиссия по наркополитике (2017). Проблема восприятия наркотиков в мире: время развеять предрассудки о людях, употребляющих наркотики. Доклад. The document is available in Russian at the link (19/04/2022): http://www.globalcommissionondrugs.org/wp-content/uploads/2018/04/GCDP-Report-2017_Perceptions-RUSSIAN.pdf; Глобальная комиссия по наркополитике (2021). Пора положить конец запретам. Доклад. The document is available in Russian at the link (19/04/2022): https://www.globalcommissionondrugs.org/wp-content/uploads/2021/12/Time_to_end_prohibition_RU_2021_report.pdf

International data clearly demonstrate the essential role of anti-drug policies in the spread of stigma, torture, cruel and inhumane treatment, and other forms of violence against women.^{23,24,25,26,27,28}

Finally, because of the prohibition of certain substances and the criminalization of their use, possession, and sale, women are subject to excessive penalties, including imprisonment, which seriously undermines their civil, economic, labor, parental, and political rights and also humiliates their human dignity. In 2013, the UN Special Rapporteur on Violence against Women, Rashida Manjoo, called on the UN Human Rights Council to recognize that “there is a strong link between violence against women and the incarceration of women, whether before, during, or after incarceration” and that “national and international drug policies are one of the main reasons for the increasing proportion of women in prisons around the world.”²⁹ The UN Office on Drugs and Crime also notes that women in prison are particularly vulnerable to violence.³⁰

²³ UNAIDS (2019). Health, Rights and Drugs: Harm Reduction, Decriminalization and Zero Discrimination for People Who Use Drugs. The publication is available in English at the link (19/04/2022): https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

²⁴ Malinowska-Sempruch, K. and Rychkova, O. (2016). The Impact of Drug Policy on Women. p.16

²⁵ Drug policy and the fundamental Human Rights of women who use drugs. The publication is available in English at the link (19/04/2022): <https://harmreductioneurasia.org/report-drug-policy-and-rights-of-women-who-use-drugs/>

²⁶ Women who use drugs around the world: Key issues, violations, and recommendations. The publication is available in English at the link (19/04/2022): <https://harmreductioneurasia.org/report-women-who-use-drugs/>

²⁷ Harm Reduction and women: An international Human Rights approach. The publication is available in English at the link (19/04/2022): <https://harmreductioneurasia.org/report-harm-reduction-and-women/>

²⁸ Buxton J. (2021). The Impact of Global Drug Policy on Women: Shifting the Needle. Emerald Publishing. The publication is available in English at the link (19/04/2022): <https://www.emerald.com/insight/publication/doi/10.1108/9781839828829>

²⁹ UN Human Rights Council (2013). Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo, Pathways to, conditions and consequences of incarceration for women, 21 August 2013, A/68/340, pp. 23-27. The document is available in English at the link (19/04/2022): <https://digitallibrary.un.org/record/758207?ln=en>

³⁰ UNODC (2014). Women who inject drugs and HIV: Addressing specific needs. Policy brief. The publication is available in English at the link (19/04/2022): https://www.unodc.org/documents/hiv-aids/publications/WOMEN_POLICY_BRIEF2014.pdf

The situation in the region of Central and Eastern Europe and Central Asia

Global trends are also relevant to the CEECA region, where violence prevalence rates in some countries are higher than the global averages. Researchers studying violence against women in Russia admit that women who use illicit substances are a particularly vulnerable group.³¹ **A recent Russian survey of women who use illicit substances found extremely high rates of violence among this group – nine out of ten participants (89%) reported having experienced violence in the past. Of these women, 78% had been affected by domestic violence, 73% by police violence, and nearly half (49%) by both**³². A study in Kyrgyzstan revealed a situation typical of the region: women who use drugs, sex workers, lesbians, bisexuals, and trans* women do not have the same opportunities and means to exercise their rights as all other citizens. These groups are doubly discriminated against – as women who do not have the same rights as men and as women who are allegedly reprehensible because of their lifestyle.³³ In Kazakhstan, in turn, nine out of ten female sex workers who use illicit substances reported having experienced violence³⁴.

³¹ Duban E. et al (2020), Research on preventing and combating violence against women and domestic violence including in situations of social disadvantage in the Russian Federation. The publication is available in English at the link (19/04/2022): <https://bit.ly/39kHYpS>

³² Фонд им. Андрея Рылькова (2021). Все еще не человек. Насилие в отношении женщин, употребляющих наркотики в России. Отчет об исследовании. The publication is available in Russian at the link (18/04/2022): https://docs.google.com/document/d/186v7lfz2ZbSDbEF2cfQKpehTPdr2Qs7pv9-wl9a6J_s/edit#

³³ Общественный Фонд «Институт глобальных исследований» (2017). «Крылья надежды»: от исследований к практике и эффективной политике. – Стр. 8. The publication is available in Russian at the link (18/04/2022): https://www.dropbox.com/s/su4v6pf9un9qz2z/WoH_ConsolidatedProjectReport_RU.pdf?dl=0

³⁴ El-Bassel N, Norcini Pala A, Mukherjee TI, McCrimmon T, Mergenova G, Terlikbayeva A, Primbetova S, Witte SS. Association of Violence Against Female Sex Workers Who Use Drugs With Nonfatal Drug Overdose in Kazakhstan. *JAMA Netw Open*. 2020 Oct 1;3(10):e2020802. doi: 10.1001/jamanetworkopen.2020.20802. PMID: 33044551; PMCID: PMC7550967

Police violence is a particular form of violence that affects women who use illicit substances. An analysis by the *Wings of Hope* project in Kyrgyzstan found that 15% of survey participants had been subjected to violence by police officers. The types of violence mentioned by the women included insults, extortion of money, arbitrary deprivation of liberty, intimidation, blackmail, beatings, and other corrupt practices. In their stories, the women use the words: **“total lawlessness,” “stripped naked,” “did not let me drink,” “handcuffed to the radiator and left alone all day,” “forced to squat naked,” “insulted with their last words,” and “threatened to frame me.”**³⁵ Police violence against women in Russia has been documented by academic researchers and non-governmental organizations.^{36,37,38,39} Reports of police brutality and inhumane treatment, including forced testimony, arbitrary arrests, forced drug testing, and the use of urinary catheters, have also been noted in Estonia.⁴⁰ Sexualized police violence has been documented in several studies from our region. For example, 38% of female sex workers who use illicit substances in two Russian cities reported being forced to have

³⁵ Общественный Фонд «Институт глобальных исследований» (2017). «Крылья надежды»: от исследований к практике и эффективной политике. – Стр. 8. The publication is available in Russian at the link (18/04/2022): <https://bit.ly/3O8RBGQ>

³⁶ Sarang A. et al (2010), Policing Drug Users in Russia: Risk, Fear, and Structural Violence, *Substance Use & Misuse*, 45:6, 813-864, DOI: 10.3109/10826081003590938

³⁷ Sarang A., Akulova V. (2013). Drug policy and violence against women in Russia. Research report. The publication is available in English at the link: <https://bit.ly/3aWNIGG>

³⁸ Фонд им. Андрея Рылькова (2021). Все еще не человек. Насилие в отношении женщин, употребляющих наркотики в России. Отчет об исследовании. The publication is available in Russian at the link (18/04/2022): <https://bit.ly/3NWD5IZ>

³⁹ Саранг А., Кнорре А., Литаврин М. (2017). Цена свободы. Онлайн опрос о взятках полицейским в связи с наркотиками в России. Отчет об интернет-исследовании в области теневой наркоэкономики

⁴⁰ Kontautaitė A, Matyushina-Ocheret D, Plotko M, Golichenko M, Kalvet M, Antonova L. Study of human rights violations faced by women who use drugs in Estonia. *Harm Reduct J*. 2018 Nov 6;15(1):54. doi: 10.1186/s12954-018-0259-1. PMID: 30400951; PMCID: PMC6220502. The publication is available in English at the link (19/04/2022): <https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-018-0259-1.pdf>

sex by police officers in the past year.⁴¹ In another Russian study, one in four women who use illicit substances reported experiencing sexualized police violence.⁴² A study in several cities in Ukraine found that 66% of women who use illicit substances had been raped by police officers.⁴³

In our region, as elsewhere in the world, women who use illicit substances are subjected to high levels of institutional violence, particularly criminalization, penalization, and deprivation of liberty, which severely affect their civil, political, economic, labor, and parental rights, as well as their human dignity. According to the *Wings of Hope* project from Kyrgyzstan, 75% of their female respondents were arrested.⁴⁴ Of the 400 female sex workers using psychoactive substances in Kazakhstan, 33% served a prison sentence in the past.⁴⁵ More than half (52%) of the women who participated in the Andrey Rylkov Foundation survey in Russia had been prosecuted, and 95% of them said it was

related to their drug addiction.⁴⁶ A particularly cruel punishment for women is the deprivation of their parental rights due to drug addiction or simply the use of illicit substances. This practice is widespread in the CEECA region.⁴⁷

Due to criminalization and stigma, women who use illicit substances rarely seek help. For criminalized women, these appeals often lead to new punishments and suffering.⁴⁸ **In Russia, of 51 women who experienced domestic violence, more than half (51%) did not seek help, only a quarter sought help from their relatives, 22% turned to law enforcement, and only 4% (two women) sought help at crisis centers (shelters).** Of the 46 women who survived police violence, only 37% asked for help. In most cases, they turned to relatives to get out of trouble with the police (e.g., to pay a bribe).⁴⁹ According to data from Kyrgyzstan, two-thirds of women (63%) have not sought medical help after experiencing violence. Only 8% in 2013, 2% in 2014, and 6% in 2016 contacted law enforcement after violent acts had been committed against them, even if they found these acts particularly traumatic, serious, and shocking.⁵⁰

⁴¹ Odnokova V, Rusakova M, Urada LA, Silverman JG, Raj A. Police sexual coercion and its association with risky sex work and substance use behaviors among female sex workers in St. Petersburg and Orenburg, Russia. *Int J Drug Policy*. 2014 Jan;25(1):96-104. doi: 10.1016/j.drugpo.2013.06.008. Epub 2013 Aug 2. PMID: 23916802; PMCID: PMC4211608

⁴² Lunze K, Raj A, Cheng DM, Quinn EK, Lunze FI, Liebschutz JM, Bridden C, Walley AY, Blokhina E, Krupitsky E, Samet JH. Sexual violence from police and HIV risk behaviours among HIV-positive women who inject drugs in St. Petersburg, Russia - a mixed methods study. *J Int AIDS Soc*. 2016 Jul 18;19(4 Suppl 3):20877. doi: 10.7448/IAS.19.4.20877. PMID: 27435712; PMCID: PMC4951542

⁴³ Kutsa O, Marcus R, Bojko M, Zelenev A, Mazhnaya A, Dvoriak S, Filippovych S, Altice FL. Factors associated with physical and sexual violence by police among people who inject drugs in Ukraine: implications for retention on opioid agonist therapy. *J Int AIDS Soc*. 2016 Jul 18;19(4 Suppl 3):20897. doi: 10.7448/IAS.19.4.20897. PMID: 27435717; PMCID: PMC4951533

⁴⁴ Общественный Фонд «Институт глобальных исследований» (2017). «Крылья надежды»: от исследований к практике и эффективной политике. The publication is available in Russian at the link (18/04/2022): https://www.dropbox.com/s/su4v6pf9un9qz2z/WoH_ConsolidatedProjectReport_RU.pdf?dl=0

⁴⁵ El-Bassel N, Norcini Pala A, Mukherjee TI, McCrimmon T, Mergenova G, Terlikbayeva A, Primbetova S, Witte SS. Association of Violence Against Female Sex Workers Who Use Drugs With Nonfatal Drug Overdose in Kazakhstan. *JAMA Netw Open*. 2020 Oct 1;3(10):e2020802. doi: 10.1001/jamanetworkopen.2020.20802. PMID: 33044551; PMCID: PMC7550967

⁴⁶ Фонд им. Андрея Рылькова (2021). Все еще не человек. Насилие в отношении женщин, употребляющих наркотики в России. Отчет об исследовании. The publication is available in Russian at the link (18/04/2022): <https://bit.ly/3aXQGen>

⁴⁷ EHRA (2021). Help impossible to ignore. A guide to ensure shelter, psychosocial and legal services for women who use drugs and experience violence. Eurasian Harm Reduction Association: Vilnius, Lithuania. The publication is available in Russian at the link (19/04/2022): https://harmreductioneurasia.org/wp-content/uploads/2021/05/Help-Impossible-to-Ignore_ENG.pdf

⁴⁸ Andrey Rylkov Foundation for Social Justice and Health (2020). Report for the List of Issues in relation to 9th Periodic Report of the Russian Federation CEDAW/C/RUS/9. The publication is available in English at the link (19/04/2022): <https://bit.ly/3uAsHsp>

⁴⁹ Ibid., p. 12.

⁵⁰ Общественный Фонд «Институт глобальных исследований» (2017). «Крылья надежды»: от исследований к практике и эффективной политике. The publication is available in Russian at the link (18/04/2022): https://www.dropbox.com/s/su4v6pf9un9qz2z/WoH_ConsolidatedProjectReport_RU.pdf?dl=0



When women in Estonia call the police because of their partner's violent behavior, the police often inform child protection services, which may lead to loss of custody. The police may also prosecute women for drug-related offenses instead of protecting them from violence⁵¹.

The main barrier to accessing quality care is its widespread absence in most cities and countries in the CEECA region. The rules and regulations of almost all crisis centers and shelters prohibit the admission of women living with HIV or using psychoactive substances, including alcohol and illicit substances. Organizations that help women survivors of violence are unprepared to tailor their services to the unique needs of women who use psychoactive substances. At the same time, harm reduction organizations lack the resources and skills to support such clients. As a result, women who use illicit substances simply do not have a place to turn to when confronted with violence. However, several organizations have already begun to develop and implement algorithms for providing support and have developed best practices. We hope that their experiences, documented in this report, will help others design and implement support programs that are so desperately needed in our region.

⁵¹ Kontautaitė A, Matyushina-Ocheret D, Plotko M, Golichenko M, Kalvet M, Antonova L. Study of human rights violations faced by women who use drugs in Estonia. *Harm Reduct J*. 2018 Nov 6;15(1):54. doi: 10.1186/s12954-018-0259-1. PMID: 30400951; PMCID: PMC6220502. The publication is available in English at the link (19/04/2022): <https://harmreductionjournal.biomedcentral.com/track/pdf/10.1186/s12954-018-0259-1.pdf>

2. OVERVIEW OF BEST PRACTICES

2.1. Safe Home of the Stigma Organization, Slovenia

This material is based on an interview with Neva Faninger, a staff member of Safe Home (Ljubljana, Slovenia)

Website:

<https://drustvo-stigma.si/program/varna-hisa/>

Stigma, an organization based in the Slovenian capital of Ljubljana, is one of the most experienced in our region in integrating support for women survivors of violence into harm reduction programs. *Stigma* began implementing harm reduction programs more than thirty years ago. An important part of their work is a day center (drop-in center) for people who use drugs. Over time, however, the center's staff noticed that very few women attended it. Although most women who are problem users of illicit substances often lack stable housing and are dependent on men, they rarely seek help at centers for the homeless. Like most support programs for people with addiction, the center's work focuses primarily on men. At the same time, the needs of women and their discomfort with using male spaces, often associated with the experience of gender-based violence, have been largely ignored. Sabina Zorets, a *Stigma* staff member, decided to look more deeply into the problem and researched the issues of women who use illicit substances and the international experience in helping them. As a result of Sabina's efforts, a new *Stigma* project, *Safe Home*, began its work in 2010. *Safe Home* is designed for women who use psychoactive substances, including illicit substances and opioid substitution treatment (OST), and have experienced or are experiencing domestic violence or street violence and need a safe space to address primary and more complex needs. An important rule of *Safe Home* is that a



woman must go there on her own initiative, without anyone forcing her. The *Home* can accommodate eight women. At the time of this study, there were five women living there. Another six women had recently moved into three new apartments provided to *Stigma* by the municipality as part of a cooperative effort to provide social housing for vulnerable women. These apartments are offered to women who have completed their stay at the *Safe Home*, stabilized their health, and begun to better manage their households and daily lives.

The *Safe Home* residents include women recently released from prison. Currently, *Stigma* is resuming regular visits to correctional facilities, which were interrupted for nearly two years because of the pandemic. Women released from prisons are one of the most vulnerable groups *Stigma* helps. Often, these women have nowhere to go, are abandoned by their relatives and partners, and find themselves on the streets. In the absence of adequate mental health support programs in prisons, women's

mental health conditions remain very difficult at the end of their sentence, which is why *Stigma* tries to support them after their release. According to Neva, education has a crucial impact on women's lives. Since 2008, *Stigma* has been educating women in prisons. The result is that several women have not returned to the use of illicit substances after their release, avoiding criminal involvement and re-imprisonment.

The organization does not provide psychotherapeutic services at the *Safe Home*. As Neva explains, this requires a special space, a quiet environment, and time. Consequently, when the women need psychological support, they are referred to the partner organization **DrogArt**, which generally specializes in working with young people and prevention activities in nightclubs and youth parties. Recently, however, it has also started offering free psychological counseling and psychosocial support for people who use drugs. Unlike many other therapists, their specialists are not dismissive of people with problematic use. There is also no medical staff at the *Home*, so women can go to *Stigma's* daily center (drop-in center), a twenty-minute walk away, to get medical



help. The integration of psychological and medical care is only one of the perspectives for the project development.

The *Safe Home* approach is based on the philosophy of harm reduction: instead of expecting and demanding big changes from women, they are supported in making small, sometimes barely noticeable improvements.

In this way, their lives begin to change for the better slowly and without much stress. At the same time, *Safe Home* staff tries to understand each individual situation, which can be completely different. To avoid getting stuck in the daily routine, *Stigma* organizes joint trips to the theater, walks, and courses. The organization's staff strives to ensure positive, colorful moments and impressions in the women's lives.

Substances have a special place in women's lives. **According to Neva, 80% of the organization's female clients have experienced violence from an early age and throughout their lives. For many, illicit substances were a means to get through the trauma and deal with the pain it caused.** On the other hand, substance use exacerbates stigma

(both external and internal), and stigma leads to powerlessness – women who use illicit substances feel exhausted and do not go to the police and social services. *Stigma* tries to help with this. According to Neva, in such a situation, it is necessary to provide a woman with the most important things – a place to live and the opportunity to continue her education and find a job.



Despite the deep understanding of the change process within the philosophy of harm reduction, there are rules that *Safe Home* must follow for legal reasons. For example, women are not allowed to consume psychoactive substances, including alcohol, while in the *Home*. At the same time, the establishment of safe drug consumption rooms in Slovenia was discussed a few years ago, and documents were prepared for the launch of a pilot project, but the Ethics Committee of the Ministry of Health did not support it. In Slovenia, the provision of premises for the use of illicit substances is currently prohibited by law, from which no exceptions have been provided so far. Therefore, women in the shelter have a special safe to keep their substances and other medications. According to Neva, the consumption of psychoactive substances by women living in the *Home* is not a particular problem, with the exception of alcohol, the abuse of which, especially in combination with sleeping pills or tranquilizers, can be problematic for coexistence and safety. In difficult situations, the women are referred to a rehabilitation center.

For some women, following the rules is too much of a challenge, and they leave. Some turn to shelters that offer more urgent housing. Aggression is also prohibited in the *Home*, and if a woman behaves aggressively, she may be expelled from the program. Still, she may try to return a month later.

According to the *Home*'s rules, women can stay there for up to a year and a half. In some cases, however, the length of stay can be extended. For example, one woman had serious problems with alcohol consumption and lived on the streets for nine years, but at the *Home*, she stopped drinking and began to take care of herself. So, first of all, it was important to find stable housing for her before she left the shelter. Therefore, she lived there for 4.5 years until the project staff got her a room under the city's social program. When asked what advice she would give to professionals who are just beginning to work with women who have experienced violence, Neva replies that

the most important thing is to be patient. It may seem like we know what a woman should do to improve her life, and therefore, our expectations can be too high.

We need to learn to leave them at home and remember that against the backdrop of a difficult life situation, even small changes can mean a significant effort for a woman. First and foremost, women need to be given a safe space, support, and acceptance to make such changes possible.

At the beginning of the work, great efforts were made to convince the Ministry of Health and Welfare officials of the need for this initiative. Today, *Safe Home* is funded by the state, the city, and a charity lottery. It employs eight permanent staff, six social work faculty interns, and five volunteers. The project budget is about €260,600 per year – €137,000 from the Ministry of Labor, Family and Social Affairs, €85,000 from the city budget, €6,500 from the Foundation for Financing of Organizations for the Disabled and Humanitarian Organizations in the Republic of Slovenia (FIHO), and €30,000 from other sources. *Safe Home* is also a part of the public social programs reviewed by the state.

2.2. ReGeneration, Serbia: Improving the Response to Violence through Activities Targeting Social Workers and the Nightclub Community

This material is based on the interviews with Irena Molnar and Vladana Stepanovic, staff members of the NGO *ReGeneration* (Belgrade, Serbia).

Website:

<https://www.regeneracija.org/>

The non-governmental organization *ReGeneration* is the first specialized organization in Serbia dedicated to research, education, and advocacy in drug policy. For more than a decade, the organization has advocated for drug policy reform through innovative approaches and programs. These include video advocacy, public debates and hearings, research and analysis of the sustainability of harm reduction programs and projects, writing articles, and conducting other activities. The organization has developed close relationships with government officials and partnerships with various national and international organizations to develop initiatives aimed at providing sustainable harm reduction services to vulnerable groups, including young people from the most-at-risk populations, and improving their position in society, as well as reducing stigma and discrimination. As part of its work, the organization provides prevention services at recreational venues and dance events, designs and implements training programs, conducts research, and provides counseling services.

Two years ago, *ReGeneration* partnered with the *European Sexism-Free Night Consortium*,⁵² which collected data on the prevalence of sexualized violence in nightclubs in five European countries. A survey was also conducted in Serbia, with more than 300 women from the country participating. The prevalence of sexualized violence was very

high – almost half of the women reported that they had experienced violence in clubs or on their way to or from home. The survey also showed that women facing violence are unlikely to seek help from the police or elsewhere because of the stigma associated with illicit substance use and fear of conviction or prosecution.⁵³ For the *ReGeneration* team, these shocking study results were the impetus to begin a serious discussion within the organization about the problem of violence control. It is worth noting that despite a slight decrease in stigma and the possibility of talking more openly about the issue of drugs, in the country, there are no communities of women who use psychoactive substances (PAS) and are vocal about their problems.

After reviewing the literature and the experiences of other organizations, the *ReGeneration* team concluded that in the context of the work in the clubs, the activation of witnesses is the most appropriate approach. The main idea of the intervention is to educate club-goers on how to respond to sexualized violence. As part of the partnership with the *European Consortium*, three training sessions were recently conducted for the following three target groups: nightlife professionals (nightclub staff, owners, security personnel, DJs, etc.), festival organizers, and specialists from harm reduction organizations working at dance events. In addition, *ReGeneration* conducts regional training for harm reduction organizations in the Balkans and national training for local organizations and nightlifers. The working language at the events is Serbian. These training sessions are conducted to bring attention to sexualized violence in clubs

⁵² Website of the project Sexism free night: (15.05.2022): <https://sexismfreenight.eu/>

⁵³ Plaza, L., Ferrer, R. & Vale Pires, C. (2022). Sexism Free Night – Research Report. Sexism Free Night European Project. The publication is available in English at the link (19/04/2022): <https://sexismfreenight.eu/wp-content/uploads/2022/03/Report-Sexismf-Free-Night.pdf>

and possible responses by witnesses. The training manual is available on the *Sexism Free Night* project website.⁵⁴ When the Eurasian Harm Reduction Association invited organizations from the region to participate in work against violence, the *ReGeneration* team decided to take the opportunity to try to develop their services for women survivors of violence. They analyzed Serbian legislation, tried to find out who is involved in situations of gender-based violence, and started communicating with organizations working in this field – mainly civil society organizations and social work centers. Initially, they wanted to leverage the capacity of existing organizations that help women survivors of violence. However, it soon became apparent that these organizations had little understanding of the drug-related issues. Therefore, the *ReGeneration* team decided to develop a training program aimed primarily at raising awareness of women’s problems related to illicit substances, providing information, and sending a message against stigma and drug phobia. The program consists of the following parts: a little about drugs and a little about the legislation and situations in which women should get help. It is worth mentioning that problems faced by the women who use drugs remain completely invisible to most social service providers, and the recent Law on Gender Equality in Serbia does not list women who use drugs as a particularly vulnerable group.

Training sessions were also held for the staff of the shelters. There are twenty-six shelters in Serbia, all of which are state-owned – there are no private or community centers in the country. There are also religious “resocialization centers.” To date, none of these centers accept women who use illicit substances. The shelters do not know how to

work with them and reproduce the stigma, often justifying it by saying that it would be unpleasant for other residents to live with women who use PAS. The managers of the shelters were invited to the training, the program of which, according to Irena and Vladana, proved to be very successful. The first part dealt with laws and drug policies, the second with the role of social workers, and the third with issues of co-dependence and trauma. For many of the training participants, the fifteen-minute assignment to examine their own “bad habits” was truly transformative. The task helped them explore their own addictions, look at them from a new perspective, and feel the potential consequences of stigma. After these exercises, the attitude of the training participants towards people who use drugs changed dramatically, and it became easier for them to understand the *ReGeneration’s* message. Currently, the training is going through the accreditation process by the Republican Institute for Social Protection, the results of which are expected in the near future. If the accreditation is successful, the program will be available to all social workers in the country. It is expected that over 600 people will be trained in the next two years.

ReGeneration’s approach is not to create a separate space for women who use illicit substances but to train representatives of the already existing system on how to address their specific needs. According to Irena, opening a shelter for twenty women will not do much to solve the problem, while training professionals from the already existing system could be more efficient in terms of cost and scale of impact. Moreover, they cannot raise enough funds to open a women’s shelter because the Global Fund and the European Commission have stopped funding programs in Serbia, and there are practically no other sources of funding. The approach that *ReGeneration* is trying to negotiate with the women’s shelters is that a woman with substance use problems can be

⁵⁴ Hirz, C. & Brinkmann, K. (2021). Training manual for engaging professionals working in nightlife environments in the denormalization of sexism and prevention of sexual violence. *Sexism free night*, SFN: Berlin, Germany. The publications are available in English at the link (22.04.2022): <https://sexismfreenight.eu/training/>

admitted there under a fast-track procedure. Two women's shelters (centers) have already agreed to take in women who are receiving substitution treatment. Unfortunately, none of these centers currently have psychosocial support services, and the women are only provided a safe space. Thanks to the EHRA grant, *ReGeneration* was able to provide legal, psychosocial, and medical counseling to the women for three months. The organization is now looking for a way to continue providing these services.

Irena and Vladana are very proud that in just one year of work on gender-based violence, their organization has received recognition and respect from the Council of Social Workers as well as organizations and groups of women who have experienced violence. *ReGeneration* frequently receives calls and requests for professional support in difficult situations, and leaders of social services ask for their advice. They also note that in this very short time, several women have already received help, and all have been very satisfied and grateful. **"I thank your organization for really seeing us and wanting to help us,"** said one of them. *ReGeneration* employees consider it an important achievement that they have succeeded not only in working within the traditional harm reduction framework but in doing real pioneering work. Often, all it takes is a quick phone call for a woman to feel supported and regain her strength. By learning to listen to women's deepest needs and talk about violence, *ReGeneration* is much better able to help women. The organization's female staff says that while a phone call may not change their client's life, it at least brightens her day, and that gives them a good feeling that this work is worth doing.

2.3. Opening Crisis Rooms for Women Who Use Illicit Substances in Moldova

This material is based on the interviews with Ala Iatco from the NGO *Union for Justice and Health* (Balti) and Irina Galochenko from the Social Support Center *Trinity* (Rybnitsa).

The *Union for Justice and Health* in Balti, Moldova, is a coalition of organizations working in the field of HIV prevention and harm reduction. The Union began its work in 2000 and now operates in Balti as well as in the northern regions of the republic. The organization has stationary needle and syringe exchange points, where ten outreach workers and various specialists – angiosurgeons, infectious disease doctors, and a neurologist – provide services. An important advantage of the organization's work is that it has been possible to organize the provision of most services in one place. In addition, the *Union for Justice and Health* has managed to establish cooperation with the local administration, the Department of Social Security, and medical institutions. On the initiative of the organization, a room for opioid substitution treatment was opened in a TB hospital in Balti. A psychologist and a social counselor from the municipal cabinet for drug treatment are constantly available to provide advice and assistance to clients. Special attention is paid to the interests and problems of women. To this end, female peer counselors and social workers are involved in the organization's work. Women are also referred to a fee-based clinic, where they receive the necessary treatment from a gynecologist and a dermatologist free of charge. According to Ala, violence is a constant problem in women's lives.

Although cases of physical violence are less frequent in Moldova, the incidence of emotional and economic violence remains very high. Moreover, not only women's intimate partners can be violent, but also other family members, such as parents or adult children.



In addition, women in Moldova face police violence. While physical violence used to be more common in this situation, emotional and psychological violence are becoming more widespread.

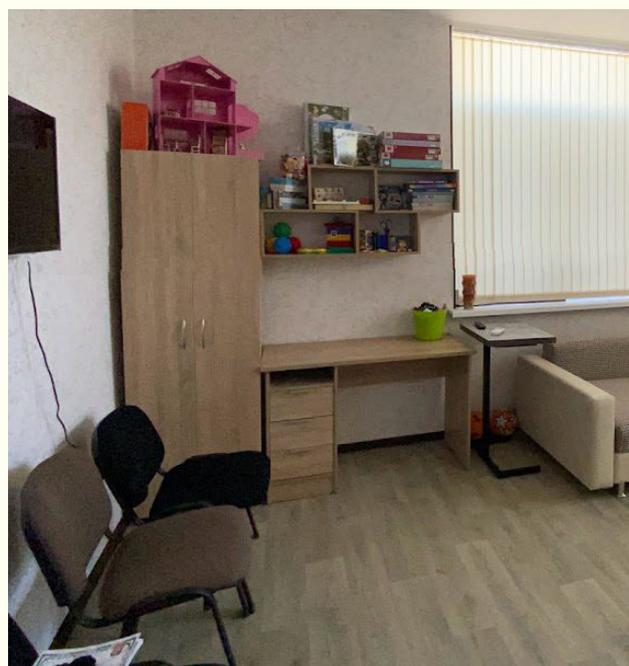
Although the Municipal Center for people experiencing violence (both women and men) in Balti has existed for a long time, it has never been accessible to women with addiction problems because it operates based on the usual government regulations for such institutions. If a woman can hide her addiction, she is naturally admitted to the center. However, problems may arise in the future. Ala's organization has participated in numerous meetings at various levels discussing the need for regulatory change, staff training, or the *Union for Justice and Health* involvement in case management. Despite intense advocacy efforts and mentioning the issue in the alternative report to the UN Committee on the Elimination of Discrimination against Women in 2016, it was impossible to reach an agreement. Therefore, the idea of opening centers for women with addictions as an alternative to state-run women's shelters emerged.

Social Support Center *Trinity* operates in Transnistria (Rybnitsa), where legislation and the overall situation differ from the rest of Moldova. For example, patients addicted to illicit opiates do not have access to maintenance treatment, and Transnistrian legislation does not have the term



“domestic violence.” About four years ago, the city’s social services developed, piloted, and formalized a mechanism to refer people from key populations (including sex workers, people who use drugs, and men who have sex with men) to the organization’s services. To implement these instructions, the organization conducted training for police officers. During one of these training sessions, the head of the district police officers reported on the problem they have in dealing with domestic violence. According to the report, women in a domestic violence situation are sometimes brought to the police at night and have no place to stay until the morning. While the attacker is being taken away by the police, the woman needs to recover, shower, and be safe. It is how the idea of setting up NGO-based crisis rooms for women came about.

The representative of the United Nations Office on Drugs and Crime (UNODC) in Moldova, Inna



Tkach, learned about the common problem of non-governmental organizations and the police. The priority activities of the Moldovan UNODC are the development and piloting of services for women who use drugs, the design of a mechanism to ensure the scaling up of HIV testing among prisoners on the left bank of the Nistru river, and the development of services for the reintegration of people after their release from prison. UNODC has long sought to support the development of work with women, and the idea of establishing crisis rooms seemed very timely. Thus, as part of the UNODC project, three crisis rooms were opened in Moldova in 2021 – in Balti, Rybnitsa, and Chisinau.

The room in Ribnitsa is located in a rent-free office provided by the city for the next ten years. The organization pays only for utilities. The room is about 33 square meters in size and can comfortably accommodate five people. It is furnished with a large sofa and a large bunk bed, and it also has a toilet, a shower, a washing machine, and an equipped kitchen. The room is modern and very comfortable.

Since there is no legal framework for cases of violence in Transnistria, except for an internal instruction from the Ministry of Internal Affairs, the organization has concluded a memorandum of cooperation with the Ministry. The document prescribes how the police should respond to domestic violence and refer women to a crisis center. In parallel, work is underway to improve legislation. To this end, a working group has been recently established that includes representatives of local authorities and public organizations.

The crisis room in Balti was opened at the end of January 2021. The police and social services of the city, as well as social workers, outreach workers, and other employees of non-governmental organizations, are already familiar with its services.

The crisis room is a space that provides comfort, personal safety, and protection for personal belongings. During their stay in this room, the women are provided with food, clothing, hygiene items, and counseling by a psychologist, social workers, and other specialists.

These crisis centers operate under a common concept, according to which they offer women not only a safe space but also the opportunity to take care of their mental health and recover from trauma. All clients have the chance to speak with a

psychologist. In Balti, there is also a self-help group for people who use drugs. So far, it is a group for men and women, attended mainly by men, but in the future, there might be a separate group for women as well.

For Irina, the establishment of a crisis room in Rybnitsa is a true miracle. "When you consider that there are no laws [against violence], when you consider the drug laws, and when you consider everything, everything, everything – it's just a miracle!" she said.

The immediate plans of both organizations are to expand the availability of crisis rooms for women who use illicit substances. The organizations are now conducting extensive awareness-raising activities with women about violence. They are also seriously concerned about the sustainability of these services, as UNODC will only support them until mid-2022. After that, they will need to raise funds from local or other sources. Although the organizations have a well-developed methodology, a good material base, and working experience, it will not be possible to provide the services without funding. As a possible solution to the problem, the women are considering the creation of a social enterprise so that the organization can earn money by producing a commodity. Various business models are currently being developed.

2.4. Andrey Rylkov Foundation, Russia. Advocacy and Partnership Building

This material is based on the interview with Anya Sarang and Vladislava Zhukovskaya, *Andrey Rylkov Foundation* (Moscow, Russia).

Website:

www.rylkov-fond.org

The *Andrey Rylkov Foundation* for Health and Social Justice (ARF) has been working on harm reduction, rights protection, and advocacy for humane drug policies in Moscow since 2009. As early as 2012, ARF began to focus on violence against women who use illicit substances, but by 2020, this work was primarily focused on data collection and advocacy. Thus, in 2013, with the support of EHRA, ARF conducted the first qualitative study, “Drug policy and violence against women in Russia,”⁵⁵ and organized an informal visit to Russia by Rashida Manjoo, the UN Special Rapporteur on Violence against Women, to discuss the findings. She met with women who use illicit substances in Yekaterinburg and with representatives of women’s organizations in Moscow and learned a great deal about the problems faced by women addicted to drugs. In parallel, ARF and its international partners have worked systematically through the International Drug Policy Consortium⁵⁶ to inform other UN bodies about repressive drug policies and their impact on women’s safety and health. For example, ARF has contributed to the preparation and submission of two individual complaints and several alternative reports to the UN Committee on the Elimination of Discrimination Against Women

⁵⁵ Саранг А., Акулова В. (2013). Наркополитика и насилие в отношении женщин в России. Отчет об исследовании и рекомендации. The publication is available in Russian at the link (15.05.2022): <https://positivepeople.md/wp-content/uploads/library/report-on-violence-towards-women-idu.pdf>

⁵⁶ International Drug Policy Consortium (2022). Website of the organization (15.05.2022): <https://idpc.net>

(CEDAW).^{57,58,59}

In 2020, the ARF conducted a new study on the prevalence of violence against women who use illicit substances.⁶⁰ The study once again showed the extremely high prevalence of violence against this group – nine out of ten respondents reported having experienced violence. Of them, 78% had been exposed to domestic and 73% to police violence. Half of the women surveyed had experienced both types of violence. The study results formed the basis for the alternative report to CEDAW.⁶¹ After reviewing the report, the Committee, in its “Concluding observations on the 9th periodic report of the Russian Federation,” noted with concern the “stigmatization of and discrimination against women living with HIV/AIDS and women who use drugs” in Russia and recommended that the Russian government “take measures to combat and eliminate gender-based violence and discrimination against and stigmatization of women living with HIV/AIDS, women who use drugs, <...> in health care and to ensure that they have access to adequate

⁵⁷ ARF, Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation (2015). Report to the Committee on the Elimination of Discrimination against Women (CEDAW) on the implementation by the Russian Federation of the Convention on the Elimination of Discrimination against Women (Convention) as it relates to women who use drugs and drug dependent women. 62nd session. The document is available in English at the link (15.05.2022): <https://bit.ly/3tH2Yho>

⁵⁸ ARF, Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation (2020). Report for the List of Issues in relation to 9th Periodic Report of the Russian Federation CEDAW/C/RUS/9. The document is available in English at the link (15.05.2022): <https://bit.ly/3zKkQvG>

⁵⁹ ARF, Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation (2021). Criminalization and stigma exacerbate violence against women who use drugs in the Russian Federation. 80th session. The document is available in English at the link (15.05.2022): <https://bit.ly/3y1IPKq>

⁶⁰ Фонд им. Андрея Рылкова (2021). Все еще не человек. Насилие в отношении женщин, употребляющих наркотики в России. Отчет об исследовании. Публикация доступна на русском языке по ссылке (18/04/2022): https://docs.google.com/document/d/186v7lfz2ZbSDbEF2cfQKpehTPdr2Qs7pv9-wl9a6J_s/edit#

⁶¹ Ibid

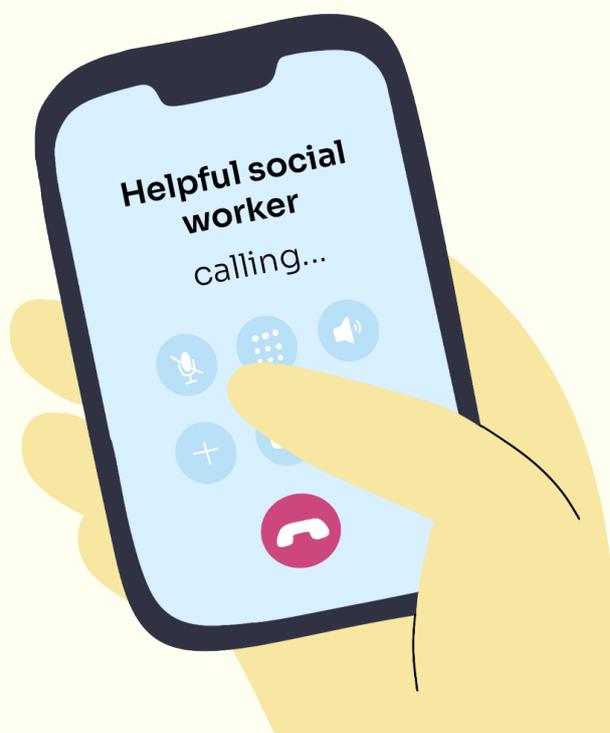
health services, including sexual and reproductive health services, antiretroviral treatment, and drug treatment.”⁶² For the first time, the Committee has listed these women as particularly vulnerable to violence. In addition to research and reports, the ARF actively works with the media, the arts community, and various media projects to develop a public discourse on violence against women.

In Russia, the situation with women’s shelters, crisis centers, and other service organizations that help women is very difficult. There are few of them, and those that exist are persecuted by the state. For example, the Nasiliu.net (No to Violence)⁶³ center, which helps women who have experienced domestic violence, has been recognized as a foreign agent, as has the *Andrey Rylkov Foundation*. While there are Orthodox Church crisis centers in the country, they often lack professional specialists. The staff of these centers put pressure on the women, urging them “not to destroy the family” and not to separate from the aggressors, which in turn puts the women back in a dangerous situation.

Specialized organizations usually refuse to work with drug-addicted women, and often it is even mentioned in the organizations’ bylaws. The reasons for this are prejudices of the staff of women’s shelters, the lack of professionals familiar with the problem, and, finally, the lack of substitution treatment in Russia. The last circumstance often makes it difficult for women with drug addiction to comply with the strict rules that apply in women’s shelters (e.g., duty, sobriety, going out after prior written agreement, etc.).

In 2020, ARF specialists, with support from EHRA, decided to focus on developing an algorithm for

providing services to women affected by violence and integrating those services into harm reduction outreach work. The ARF team began an active dialog with women’s organizations to design the service delivery algorithm, map available services, and develop a referral system. Over the past two years, ARF has communicated with all the major organizations working against gender-based violence in Moscow and the Moscow region, which has led to the development of several partnerships. For example, the ARF began close cooperation with the organization *Ne Terpi*⁶⁴ (Bear it no more),



which provides free psychological help to women affected by intimate partner and domestic violence and also works with the aggressors themselves. Within the framework of this cooperation, individual and group workshops were held for the ARF team, and experiences were exchanged between the

⁶² CEDAW (2022). Заключительные замечания по девятому периодическому докладу Российской Федерации. The document is available in Russian at the link (15.05.2022): <https://bit.ly/3zKmMUY>

⁶³ NGO “Nasiliu.net” (2022). Website of the organization (15.05.2022): <https://nasiliu.net>

⁶⁴ NGO “Ne Terpi” (2022). Website of the organization (15/05/2022): <https://neterpi.com>



organizations. It was important to not only learn from the approaches of *NeTerpi* in working with the problem of violence but also reach a shared vision of the problems of drug-addicted women and the principles of harm reduction. The organizations also agreed to refer women seeking help at ARF to psychologists from *NeTerpi* and to provide supervision for the *Andrey Rylkov Foundation* staff.

ARF began integrating rights protection and legal support into harm reduction services back in 2012 when the first *Street Lawyers* project was launched. Since 2020, the organization has actively

complemented this work with elements of specific support for women affected by violence. During the first two years, ten legal consultations were conducted as part of the social support provided to women survivors of violence. In addition, ARF female staff and volunteers who do outreach work on a daily basis in Moscow and the Moscow region were trained in the basics of violence counseling and how to deal with this issue.

In early 2022, ARF started a psychological support group for survivors of violence with the support of *NeTerpi*. It was important that the group included

experts in both gender-based violence and problematic substance use and harm reduction. Therefore, from the beginning, the groups were led by psychologists from both organizations. They shared their experiences as the group progressed and in regular supervision sessions. The experience was a success: both experts noted that leading the groups helped them gain unique experiences and broaden their perspectives on the problem. Additionally, the women mentioned that participating in the groups improved their well-being and provided a safe space to discuss painful experiences. After a month of work, there were six women who formed the core of the group – none of them stopped participating in the group's meetings. Based on the one-month work, the facilitators met with the ARF team to discuss the specifics of the situations of gender-based violence faced by the clients, such as frequent cases of sexual violence since childhood, regular violence in the present, difficulties in recognizing violence, challenges in identifying psychological and economic violence, and frequency and severity of police and institutional violence. At the meeting, they also discussed the prospects for strengthening the Foundation's work in the area of gender-based violence, including in-depth training of staff and the creation of therapeutic groups in addition to self-help groups.

Since work on the algorithm began, ARF staff and volunteers have held numerous sessions on violence and intensive discussions about the algorithm with mentoring organization partners. There have been workshops on how to start a conversation about violence with female clients in the course of outreach work and in the Foundation's office, how to get women to recognize violence and seek help, and how to protect themselves in the case of stalking and extortion related to porn (for counseling sex workers), and so on.

ARF also started negotiations with the Moscow NGO-based shelter *Kitezh*⁶⁵ to refer to them the clients of ARF who need temporary accommodation. As it proved very difficult to change the internal regulations of the shelter in favor of the clients of ARF, the negotiations lasted a whole year. The result was an agreement to look at and discuss each case individually, and eventually, that agreement worked. In the spring of 2022, a woman contacted ARF. She had experienced particularly severe physical abuse at the hands of her partner and, fearing his threats, asked for help in moving out of her rental apartment. The woman was engaged in sex work and used illicit substances, so she was particularly vulnerable to various forms of violence. Since it was an emergency, the *Kitezh* Women's Shelter took her in two hours after her request.

The Foundation has made tremendous efforts to overcome stigma – drug phobia and prejudice against sex workers from other supportive women's organizations in Russia. These efforts have helped ARF significantly expand its working methods and services. Now it confidently provides women with access to shelters.

Based on the results of two years of work on the algorithm for providing services to women survivors of violence, the ARF can offer professional legal support and legal representation in cases of physical and sexualized violence (in partnership with the Consortium of Women's Non-Governmental Associations),⁶⁶ a course on psychological assistance in coping with experiences of violence and a program for aggressors (in cooperation with the *NeTerpi* project), emergency accommodation

⁶⁵ Women's Crisis Center "*Kitezh*" (2022). Website of the organization (15/05/2022): <https://kitezh-center.ru>

⁶⁶ Consortium of Women Non-Governmental Organizations (2022). Website of the organization (15/05/2022): <https://wcons.net>

in an independent women's shelter (in partnership with the *Kitezh* Women's Shelter), a weekly support group, a brochure on recognizing violence and advice on how to help in situations of violence, express counseling during outreach work, and HIV testing.

The work on the development of the assistance algorithm proved to be very time-consuming and meticulous; great efforts had to be made at every stage. The difficulties were mainly related to the strong stigmatization of women who use illicit substances by the staff of other organizations and crisis centers and their outdated notions of addiction. Important factors were the unwillingness of professionals to work with this group (lack of understanding and skills), the inaction and insensitivity of the police system to the problem of gender-based violence, the lack of a law on domestic violence in Russia, the lack of skills to recognize signs of violence among the clients of ARF, the self-stigmatization of women and their unwillingness to seek help, the difficulty of organizing anonymous and intimate communication to check the situation during outreach work on the street, and the need for long-term training of the ARF team.

But despite all these difficulties, the work to create a sustainable system of support for women has already begun.

2.5. Wings of Hope: Introducing a Screening Tool for Women Vulnerable to Gender-Based Violence in Kyrgyzstan

This material is based on previously published materials from the *Wings of Hope* project (Osh and Bishkek, Kyrgyzstan).

Website:

<https://glori.kg/ru/resursnyj-tsentr>

The *Wings of Hope* project was implemented in the Kyrgyz Republic from 2013 to 2016 with support from the Open Society Foundation and the Soros Foundation-Kyrgyzstan. The principal recipient of the project was the Global Research Institute (GLORI Foundation). It implemented the project together with partner non-governmental organizations *Asteria*, *Podruga* (A Friend), *Positive Dialogue*, *Plus Center*, *Socium*, and the *Chance Crisis Center*, with the active participation of prominent scholars – Dr. Louise Gilbert, Dr. Timothy Hunt, and Dr. Tina Jivatram-Negron from the Social Intervention Group of the Columbia University School of Social Work. The project activities covered the cities of Osh and Bishkek. During implementation, the project reached 213 women from vulnerable groups who are stigmatized and socially rejected due to their HIV status, use of illicit substances, or involvement in sex work.

The project participants faced the following problems: their family and social relationships

were broken, they knew little about the law, had low self-esteem, and distrusted everything around them. Peer organization was almost the only way for them to get help. The name *Wings of Hope* was suggested by sex workers who participated in a focus group in a sauna in southern Kyrgyzstan in 2013. The English acronym WINGS, which corresponds to the word “wings” in English, stands for Women Initiating New Goals of Safety.

The WINGS standard for service delivery includes:

- A brief educational course to explain to a woman the specifics of different types of gender-based violence
- Assessing the risk of violence against a woman
- Motivating and working to improve the woman’s psycho-emotional state and her social integration
- Elaborating a safety plan
- Referring a woman to governmental or non-governmental service providers depending on the results of the screening and her current living situation (e.g., to a lawyer for legal advice or to the appropriate agencies to receive humanitarian assistance or child support)
- Setting goals for the near future
- Offering testing (e.g., for HIV) with mandatory gender-specific counseling
- Overdose prevention counseling.



This complex of standards is called SBIRT – Screening, Brief Intervention, and Referral to Treatment. It is ideal for non-governmental organizations providing services in resource-limited settings. All components are important, require close attention, and are applied in strict order. The first component is a short educational course in which a woman learns in a one-on-one session with psychologists what is considered violence, what types of violence exist, and how they differ. Then, she designs an action plan. Each participant has her own idea of how to improve her situation: one says she needs to take self-defense classes, one turns to religion, one needs to find a job, and another thinks it is more important to reconnect with her relatives. Project staff found that not a single woman agreed to leave things as they were. Each decided to change something in her life and in her relationships with a partner or society.

The cornerstone of the system is developing a safety plan with the participant. Thanks to this plan, a woman knows where and whom to call or contact in case of danger, how to behave, and what she can do to reduce the risk of violence or protect herself and her loved ones as much as possible, especially if she cannot avoid the violent situation.

Three months after the training, project participants noted a decrease in gender-based violence and partner violence of various types, a decrease in illicit substance use, improved skills in creating a safer environment for sex work, and an increase in the number of contacts with support organizations.

Legal and health services and programs in Kyrgyzstan are often not tailored to women who use illicit substances, engage in sex work, and are survivors of violence. In this sense, the safety and socialization services offered by *Wings of Hope* are unique. The project team is working to adapt its program for people addicted to illicit substances to complement existing assistance programs for them, as well as for sex workers and women who are clients of crisis centers in Kyrgyzstan. However, the availability of tailored interventions is no guarantee that service providers will use them in their work. Implementation of the WINGS model is effective but very time-consuming.

As for the situation of crisis centers (shelters) in the republic, there are only a few centers in Osh and Bishkek that work with victims of violence. Only some centers have full-time staff and specialists with the necessary knowledge and experience to work with women addicted to psychoactive substances. Therefore, the project team believes it is essential to establish a reliable network of public partner organizations. Such a network should include drop-in centers and women's shelters and





act as a single coalition with a complex referral system. Within the *Wings of Hope* project, crisis centers and a network of public organizations are actively involved in building partnerships with law enforcement, public officials, and organizations that provide medical and social services.

After the *Wings of Hope* model was developed and piloted in Kyrgyzstan, it was adapted to provide services to sex workers and successfully tested by the *Podruga* Public Foundation in Osh. A year later, *GLORI* Foundation, with support from the Association of Crisis Centers and the Ministry of Labor and Social Development of the Kyrgyz Republic and financial support from UNDP, continued to adapt the intervention and introduced an updated model of comprehensive services provided by centers and shelters. A distinctive

feature of the updated model was the provision of social, legal, and medical services based on the one-stop-shop principle, following the example of **Sunflower centers** in South Korea.⁶⁷ This change resulted in a significant reduction in the risk of secondary victimization and more efficient use of human and material resources needed to work with women survivors of violence. Methodological materials of the updated WINGS–Sunflower model with incorporated suggestions from partner organizations are available in Russian and Kyrgyz languages.

⁶⁷ National Center "Sunflower", South Korea (2021). Website of the organization: (12.05.2022): <http://www.ggsunflower.or.kr/html>

2.6. All-Ukrainian Charitable Organization CONVICTUS Ukraine: Developing a Shelter Model for Women Who Have Experienced Violence for Handover to the State and Adapting Anti-Discrimination Protocols

This material is based on the interviews with Natalia Reshetova and Yulia Tsarevskaya, All-Ukrainian charitable organization CONVICTUS Ukraine (Kyiv, Ukraine).

Website:

<http://www.convictus.org.ua/ru>

Since 2006, the community organization *CONVICTUS Ukraine (Convictus)* has been working with key populations (KPs) – people at increased risk of HIV, tuberculosis, and hepatitis and their close environment, as well as vulnerable children, women from marginalized groups, and women affected by violence. Drawing on the extensive experience of a well-established team, the organization has taken on the role of innovator in the field of social technologies and has begun to develop and implement new models for working with KPs and hand them over to the state so that the relevant professionals and institutions can master, adopt, and continue to support these models from the state budget. From the beginning, the organization had a clear focus on women, especially women from the most vulnerable populations – women who use illicit substances, sex workers, and women without income.

In 2017, Ukraine launched a major reform to combat gender-based violence. As part of this process, the law on domestic violence was adopted, the relevant legal framework was finalized, the tasks and mandate of the police were significantly expanded, and a broad nationwide awareness-raising campaign against domestic violence was launched. Since then, many calls have been received by the national hotline of the organization *La Strada*–

Ukraine,⁶⁸ which has been operating since 1997, became nationwide in 2013, and in 2017 began work on a single European number for the provision of psychological assistance – 116 123.

In 2017, with the support of the European Union, the NGO *Convictus* began working on the project of the first women's shelter for women from KPs affected by violence. Previously, there had not been a single shelter for women in the Kyiv region, and a similar center had existed only in Kyiv.

Previously, *Convictus* had not had its own experience in organizing the shelter, so the model had to be developed in the course of dealing with specific cases. As recently as 2019, the project team had the opportunity to learn about international best practices in shelter management, particularly the work of shelters for migrant and refugee women in Calgary and Vancouver, Canada.

In order to start the implementation of the women's shelter model in the Kyiv region, a conveniently located city near Kyiv was chosen, which also has a labor market and a network of social and medical facilities. When selecting the location for the women's shelter, *Convictus* chose to work with the city authorities, who expressed a sincere interest in cooperation. The progressive-minded mayor of the city independently studied the issue of support for victims of gender violence, was very interested in the development of such work, and immediately provided funds for the renovation of the premises for the future women's shelter, as well as about 500,000 hryvnias from the city budget for the first year of operation of the shelter. The first year and a half of work was about setting priorities for the services offered and advocating for the transition of the women's shelter to budgetary funding.

⁶⁸ NGO "La Strada – Ukraine". Website of the organization (15/05/2022): <https://la-strada.org.ua>



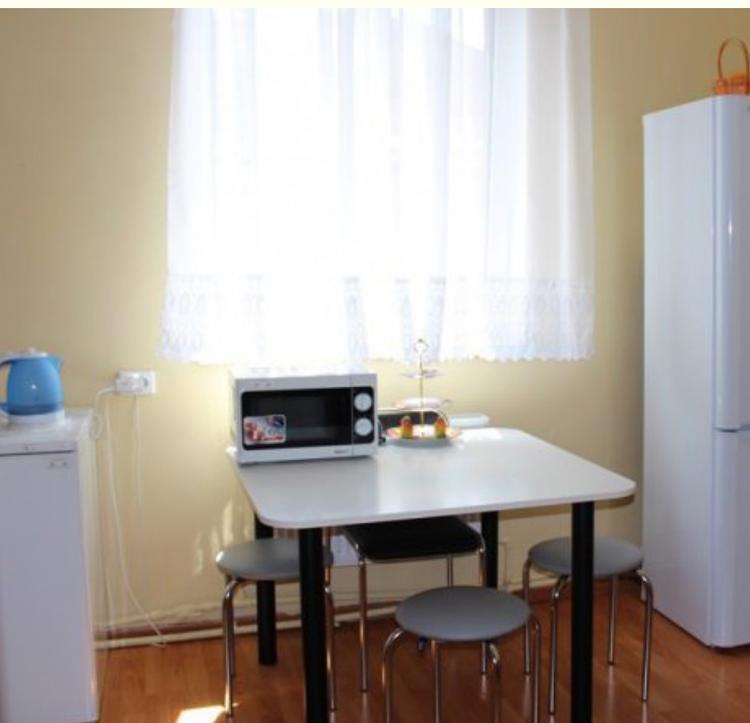
As soon as the women's shelter started its operation, women from all over Ukraine came there. Among the vulnerable women seeking help were clients of *Convictus* and partner NGOs – women who used illicit substances, participants in the OST program, and HIV-positive women accompanied by *Convictus* social workers for antiretroviral therapy.

Women can live at the shelter for up to three months, but in complex cases, such as the need to restore child support or severe health problems, the stay can be extended to six months. The women's shelter can accommodate fifteen people, but the number of clients living there is constantly changing. The number of residents also depends on the season. For example, in winter, especially just before the New Year, more women seek support at the shelter, so sometimes, up to twenty people have to be accommodated. There are also several cribs in the shelter.

The women's shelter is conveniently located in the outpatient clinic of the rural hospital, so women can easily be referred to family physicians, pediatricians, and other specialists to receive medical care. In some cases, the women also receive psychiatric help. Psychologists also work at the women's shelter. In addition, clients can be examined at the hospital and receive a certificate of epidemic milieu (to prevent tuberculosis, parasites, and skin infections), which is required by current standards for admission to any women's shelter in Ukraine.

In addition to its partnership with the rural hospital, the *Convictus* women's shelter has a well-developed network of other referrals. For example, it works with the National Toll-Free Hotline for the prevention of domestic violence, human trafficking, and gender discrimination, which refers women to women's shelters, police, social services, and medical facilities. The national hotline also provides

psychological counseling and other psychosocial support. Similarly, *Convictus* psychologists provide counseling to clients of the Convictus-run shelter, as do psychologists from another partner shelter. Women are referred to state legal aid centers for poor and vulnerable people to obtain free legal assistance. This network was set up a few years ago and has already established itself as an efficient service genuinely interested in the success of the cases referred to it.



The women's shelter pays special attention to the needs of women living with addiction to psychoactive substances or participating in opioid substitution treatment. The question about addiction is part of the screening interview that women undergo when they enter the shelter. At the shelter, women have access to medical and psychological care. Naloxone is also available for emergency treatment of an opioid overdose. Women receiving OST can go outside to pick up medication.

Although the women's shelter could not provide housing for the women after their stay ended, some women managed to band together and jointly search for rental housing. Unfortunately, due to severe economic problems and the inability to provide protected housing, many women had to return, if not to the home of the aggressor, then to the same region where they had previously lived and experienced violence. Only an estimated 10% of women were able to start a "new life." They moved to another region, took their children with them, won the legal battle with the aggressor, and were able to start an independent life.

Since the shelter opened, about 140 women, 20% of whom are living with drug addiction, have used its services. According to the Convictus team, the relatively small number of drug-addicted women among the shelter's clients does not mean that there are few of them. Instead, it means that the threshold for them to seek help is still very high.

By 2019, the shelter's work was established, and the process of handover to the state administration began. The project team was concerned about maintaining the high quality of services while the center was handed over to the state. The state received all tangible assets acquired at the expense of the center's donor funds. In addition, the *Convictus* undertook the commitment to continue providing training and technical assistance to the center's team.

From the beginning, the *Convictus* staff recognized that there were serious problems in the national standards dedicated to the work of women's shelters, especially the problem of discrimination against women with an addiction to alcohol or illicit substances. It was clear to the Convictus team that the discriminatory standards needed to be changed, and they began their advocacy efforts.



After studying the issue, it became clear that the regulations for the work of women's shelters are set at the local level, so it is necessary to change the procedures of each shelter. Thus, in addition to working on direct service provision as part of the women's shelter model implementation, the *Convictus* has developed regulations and standards for similar initiatives. This work was not easy, as not only did the standards need to be changed, but specific algorithms for helping addicted women had to be designed and implemented, and staff had to be trained to use these algorithms. Numerous informational and educational activities were required to overcome the stigmatization of women living with drug addiction. Relevant training programs included information on harm reduction, consideration of the specific needs of women with addiction problems, and real-life stories to show that, contrary to prevailing stereotypes, women

with addiction problems can be good and caring mothers.

Specific work algorithms were applied to women who use drugs, women "in remission," and women in OST programs. After developing the regulations and standards for the model of the women's shelter, *Convictus* distributed them to other institutions in Ukraine. For this purpose, the organization held regular meetings with the management of the institutions, psychologists, and social workers.

In the course of *Convictus'* advocacy work with women's shelters in Ukraine, the backbone of eight partner shelters has been formed. They constantly exchange information and experience. For example, the head of a women's shelter asks her colleagues for some documents, or other shelter specialists ask for help and peer supervision. *Convictus* also

offers methodological and financial support to these eight shelters within its possibilities. This year, for example, the organization bought and donated 70 sets of bedding and food packages for them, and last year, it donated naloxone kits. Methodological support includes regular supervision and mentoring at various levels. For example, the teams of social workers discuss together problematic cases in their work. When it comes to issues directly related to working with addicted women, the main problems are difficulties in complying with the internal rules of the women's shelter. For example, it may happen that a woman leaves the shelter and returns only after a day or two. Therefore, it can be difficult for the shelter staff to decide what to do in such situations. These issues are discussed as part of general supervision. Shelter management can also face challenges that are easier to solve together. Most often, these involve sustainability of the work, fundraising, and communication with the authorities. During the Russian invasion and occupation in the spring of 2022, several women's shelters became caught up in the war zone, requiring additional resolve and skills from their leaders and teams. **During the war, women's shelters provided housing for all women in need, and the demand for assistance increased tenfold. For example, a women's shelter in Chernivtsi, initially designed for 35 people, took in more than 1,500 people within a few months. Currently, about 230 people live there. The maximum number of residents in this women's shelter today is 280 people, and during the war, the "turnover" of residents was 1,500 people who needed its services at some point.**

Since 2017, the *Convictus* team has also been working to change the model ordinance adopted at the national level, which states that women's shelters may not admit women with addiction problems. The process of normatively changing the discriminatory regulation proved to be difficult and required great effort. According to the existing

procedure, for changing the ordinance, it is necessary to collect evidence, i.e., organize pilot projects and prove that from five to ten women's shelters were able to implement the proposed model and provide housing to women with addiction problems. At the same time, such experiments can be carried out only with the approval of the Heads of regional state administrations. Consequently, it was necessary to determine the regions where the Heads of administrations and centers for social services were ready to take such a step. Through painstaking work, the *Convictus* team and regional partner shelters organized pilot projects and collected evidence and statements of support from all participating shelters. The organization then submitted a request for regulatory change to the Ministry of Social Policy. The review of the application took more than a year because first the ministers changed, then the approval process itself changed, and then the war began. To date, it was decided to include the proposed amendments in the package of proposals for the complete revision of the said regulation, as it became clear that it is necessary to address other important gaps in this document.

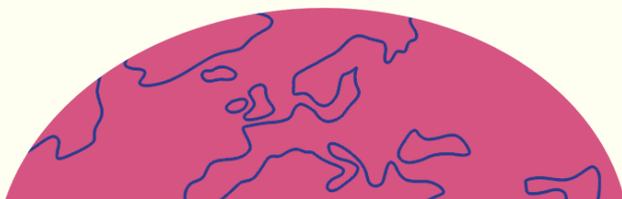
The example of *Convictus* shows that a non-governmental organization can play a key role in reforming the support system for women survivors of violence by developing innovative models and handing them over to the state while preserving the specifics of those models and anchoring them in the state's regulatory framework. Although the arduous work of eliminating discriminatory regulations at all levels takes a lot of time and effort, it leads to significant changes that improve access to services for the most vulnerable groups of women.



3. CONCLUSIONS AND RECOMMENDATIONS

A systematic work to combat violence against women who use illicit substances in the region of Central and Eastern Europe and Central Asia has just begun, and it is highly complex and time-consuming. At the same time, we have already succeeded in developing a strategic vision of the problem and various models and options for responding to the situation. However, for the activities of non-governmental organizations to be effective and lead to an improvement in the lives of all women and a gender transformation of society as a whole, it is necessary to strengthen their comprehensive support. First of all, it is essential to constantly raise awareness of the problems of particularly vulnerable women and to educate the vulnerable women about the types and early manifestations of violence, how to respond to it, and how to get help. Systematic work is needed to build support systems not only from non-governmental organizations but also from government structures such as the police and social services. To better understand the extent and dimensions of the problem of violence, it is vital to introduce a systematic collection of monitoring data from individual programs, as well as quantitative and qualitative research data, especially from community-based research. Finally, and most importantly, strong advocacy is needed at the international, regional, and local levels to de-penalize, decriminalize, and destigmatize women who use illicit substances.

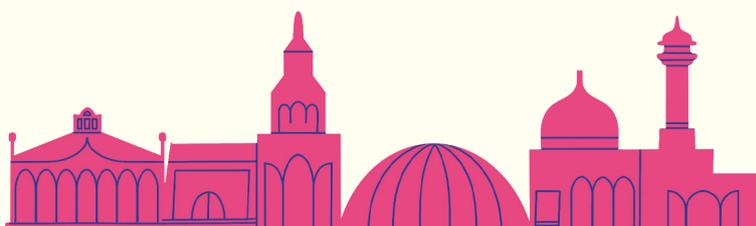
Below, we make key recommendations to ensure better prioritization and strategic development of work to address gender-based violence.



1. At the international level

- 1.1 The extreme levels of violence against women who use illicit substances are primarily due to criminalization, stigmatization, and repressive drug policies. It is therefore important to accelerate global reforms aimed at improving the international framework for drug control and bringing it into line with international agreements aimed at protecting human rights and eliminating discrimination and violence against women.
- 1.2 International organizations that address the problems of women who use illicit substances, such as the World Health Organization, UN Women, and the European Institute for Gender Equality, should recognize women who use illicit substances as a group of women who are particularly vulnerable to violence and should pay special attention to them as part of their work on developing relevant guidelines and standards.

- 1.3 At the level of the Global Fund, the World Health Organization, the United Nations Office on Drugs and Crime, and the Joint United Nations Program on AIDS, guidelines and modules for integrating gender-based violence programs into the response to HIV/AIDS, tuberculosis, and malaria must be developed and widely publicized, and funding for these programs must be secured. In particular, programs to address gender-based violence should be detailed and included in the “WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care among injecting drug users.”⁶⁹.
- 1.4 International organizations should encourage and ensure the collection of gender-disaggregated program data, epidemiological studies to understand the prevalence of different types of violence, and anthropological and other qualitative studies to understand the circumstances for the occurrence and extent of violence.
- 1.5 UNODC and UNFPA must continue to work with police officers in the CEECA region to develop and implement progressive standards and practices for police involvement in addressing gender-based violence. There is also a need to seek approaches to address the problem of police violence against women.



2. At the regional level

- 2.1 Regional networks working in harm reduction and/or with women* should conduct an active advocacy campaign to raise awareness of the problem of gender-based violence and initiate interventions, research, and program activities on this issue.
- 2.2 Regional networks and organizations need to raise and prioritize funding for piloting and scaling up programs to address gender-based violence and embed them in various community-based services. There is a need to translate and adapt international guidelines for the local situation and develop recommendations and technical assistance for country-specific and multi-country proposals to funding agencies such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria to prioritize violence programs therein.
- 2.3 Regional networks and organizations, in coordination with the human rights mechanisms of the UN, should focus on the economic vulnerability of women and the problem of inadequate housing and employment, especially for criminalized groups of women. They should also improve documentation and advocacy related to the protection of women’s economic rights.

⁶⁹ WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision. The publication is available in English at the link: <https://www.who.int/publications/i/item/978924150437>



3. At the local level

- 3.1 Women's and civil society organizations should advocate for reform of drug laws to decriminalize and de-penalize people who use drugs.
- 3.2 Academic and research resources are needed to work with local non-governmental organizations to collect, analyze, and publish more systematic data on the prevalence, types, and conditions of occurrence of violence.
- 3.3 Harm reduction programs and other community organizations working with vulnerable groups should implement monitoring of violence cases by incorporating screening tools (e.g., the WINGS tool) into primary data collection on program clients.
- 3.4 Harm reduction programs and other community organizations working with vulnerable groups should integrate interventions aimed at helping women* affected by gender-based violence. To do so, they can use the algorithms and best practices already developed and described in this report.
- 3.5 It is necessary to work with other feminists, social groups, and the media to raise awareness of the particular vulnerability of criminalized women to violence and the need for their decriminalization.
- 3.6 It is necessary to cooperate with existing structures that provide support in situations of violence, such as women's organizations, women's shelters, social workers, and police, to make them aware of the problems of women who use psychoactive substances and to adapt the conditions for their support.
- 3.7 If integration with local services is not possible or complicated, harm reduction organizations or women's organizations should explore opportunities to open shelters and other ways to meet women's need for shelter and protection.

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