EHRA 2021

HELP IMPOSSIBLE TO IGNORE

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

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eurasian harm reduction association

Eurasian Women's Network on AIDS

20 Alliance for Public Health YEARS TOGETHER

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The Eurasian Harm Reduction Association (EHRA) is a not-for-profit public organisation uniting 312 activists and organisations from 29 countries of Central and Eastern Europe and Central Asia (CEECA). EHRA's mission is to create favourable conditions for sustainable harm reduction services and to ensure the well-being of people who use psychoactive substances in the CEECA region.

For more information, go to our website:
https://harmreductioneurasia.org.

This publication was prepared in collaboration with the Eurasian Women's Network on AIDS (EWNA). EWNA brings together leaders and activists from 12 countries in the Eastern Europe and Central Asia region. It pursues a unique mission of protecting the rights of women living with, and vulnerable to, HIV, empowering them, making their stories and voices heard and enabling them to play a meaningful part in decision-making processes at different levels.

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Content

About this Guide

The purpose of this publication is to provide guidance for professionals working in both governmental and non-governmental organisations (NGOs) offering comprehensive care for women who use drugs and experience gender-based violence (GBV).

The guide is also intended for use by organisations involved in harm reduction, HIV prevention, treatment, care and support, and by those that undertake to address and respond to gender-based violence against women.

It also provides useful information for planning group-specific events and services aimed at reducing gender-based violence against women within the framework of national and international programmes.

The present guide draws on the key principles and approaches of existing international documents, such as The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (also known as the Istanbul Convention)[1], the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)[2] and the Essential Services Package for Women and Girls Subject to Violence (UN Women, UNFPA, WHO, UNDP and UNODC)[3].

Gender-based violence refers to domestic violence, sexual violence, intimate partner violence and structural violence.

1 Council of Europe Convention on preventing and combating violence against women and domestic violence. Council of Europe Treaty Series - No. 210. Istanbul, 11 May 2011. https://rm.coe.int/168008482e

2 Convention on the Elimination of All Forms of Discrimination against Women. https://www.ohchr.org/documents/professionalinterest/cedaw.pdf

3 Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines. https://www.unodc.org/documents/justice-and-prison-reform/EN-Modules-AllnOne.pdf

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEECA	Central and Eastern Europe and Central Asia
CoE	Council of Europe
COVID	Coronavirus Disease
DNA	Deoxyribonucleic Acid
ECHR	European Court of Human Rights
EECARO	Eastern Europe and Central Asia Regional Office
EEIRH	East European Institute for Reproductive Health
EHRA	Eurasian Harm Reduction Association
EWNA	Eurasian Women's Network on AIDS
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer (or questioning) and others

NGO	Non-Governmental Organisation
OST	Opioid Substitution Therapy
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
REAct	Rights – Evidence – ACTion
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
WINGS	Women Initiating New Goals of Safety
WHO	World Health Organization

Glossary of terms

Case-management

Consistent, comprehensive services for women that answer their immediate needs; helping clients become proactive in addressing their problems; devising a plan for each complex case, managing it and supporting the woman every step of the way.

Cross-groups

Groups of people within the key populations who may belong to more than one key population.

Documentation

A tool intended for use by organisations that aid women who use drugs and deal with cases of gender-based violence. Documenting involves recording what happened, when, what action was taken and the outcome of that action[4].

Domestic violence

Any act of physical, sexual, psychological or economic abuse that occurs within the family circle, at home, between former and current spouses or partners, regardless of whether the perpetrator and the survivor of violence share accommodation[5].

Gender

The issue of gender stereotypes, i.e. socially constructed roles, behaviours, activities and characteristics that a given society considers appropriate for women and men[6].

Gender-based violence

"Violence against women" is a violation of human rights and a form of discrimination against women. It includes any act of gender-based violence that results in, or is likely to result in, physical, sexual, mental or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life; **"gender-based violence against women"** also means an assault on a woman just because she is a woman, or violence that affects women disproportionately[7].

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4 РУКОВОДСТВО ПО АДВОКАЦИИ ПРАВ ЖЕНЩИН, УПОТРЕБЛЯЮЩИХ НАРКОТИКИ [Advocacy Guide for Women Who Use Drugs]. Vilnius; Eurasian Harm Reduction Association, 2019. In Russian. https://harmreductioneurasia.org/wp-content/uploads/2019/01/EHRNWomen2017ru-002.pdf

5 CoE, Op.cit.

6 CoE, Ibid.

7 CoE, Op.cit.

Informing and raising awareness through peer consulting	A crucial instrument for helping women enter harm reduction. Usually, women start engaging with harm reduction experts after being informed by peers. Peer consulting may be individual as well as part of self-help groups.
Intimate partner violence	Behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, emotional abuse and controlling behaviour[8].
Key populations	The populations that are estimated to be far more likely to contract HIV than members of the general population due to particular behaviours, regardless of the type of epidemic or local context. Their behaviours are often influenced by certain legal and social aspects that exacerbate their vulnerability to HIV.
'Living library'	A project offering an innovative way of combating prejudice and stereotypes, a kind of social role play. The fundamental difference of the "Living library" from a traditional library is that the books are not made of paper. People who have their own stories to tell, play the role of the books. The stories of "the human books" are mostly those of stigma, segregation and prejudice that have left their mark on people.
Paralegals	Activists from the community of women who use drugs who have undergone basic training in legal aid. Street lawyers can structure a woman's problem and propose an action plan. As a rule, organisations offering such paralegal aid constantly look for allies in the human rights community, seek partnerships with police officers, lawyers, shelters and women's organisations.
Shelter (or Women's Crisis Centre):	A social institution aimed at helping women who find themselves in a difficult situation (experiencing physical violence, severe psychological abuse, loss of housing or employment, etc.).

8 Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Rafael L. (eds.) (2002). World report on violence and health. Geneva; World Health Organization, 2002. https://apps.who.int/iris/bitstream/handle/10665/42495/9241545615_eng.pdf

1. Introduction

The present recommendations are intended for people and organisations responding to gender-based violence, i.e. harm reduction organisations, service and shelter providers for survivors of violence, as well as multi-disciplinary collaborations and teams responding to gender-based violence.

Women from all social groups are prone to gender-based violence. However, women who use drugs and women from cross-groups are exposed to far greater danger of abuse.

In this guide, the word 'women' refers to the entire gender spectrum, including transgender women and non-binary persons.

The present document examines the key issues and specific needs of women faced with domestic and intimate partner violence and identifies the existing legal and policy frameworks that NGOs and harm reduction workers can draw upon. It also suggests the following comprehensive approach to helping women in situations of gender-based violence that involves **three key steps:**

1. Prevention of gender-based violence;
2. Provision of adequate support and protection;
3. Advocacy for legislative changes (gather and document information, manage strategic cases to be submitted to courts and/or national and international human rights organisations, and amend legal regulations).

The document concludes with recommendations for harm reduction workers, social workers, peer counsellors, NGOs that provide services for survivors of violence and work to prevent professional and psychological burnout.

The main principles and practical approaches to organising successful integrated services include:

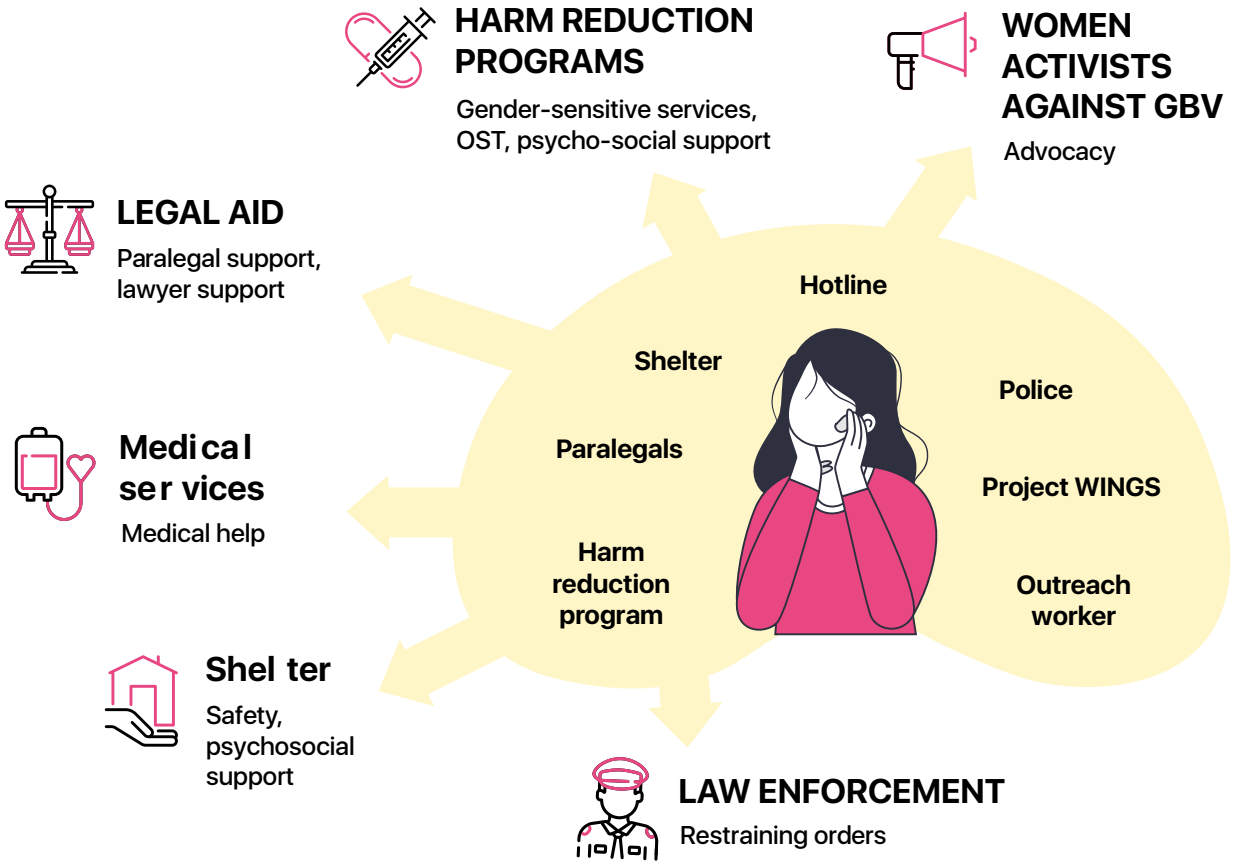
1. Woman's safety, meeting her specific needs, and the well-being of her children and herself are paramount when delivering services for women who use drugs who experience violence.

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

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

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

5. Three key steps in addressing gender-based violence against women using drugs are: (1) Prevention of gender-based violence; (2) Provision of adequate support and protection for women; and, (3) Advocacy for legislative changes and/or practical approaches for its implementation.



2. Specific needs and barriers faced by women who use drugs in situations of gender-based violence

According to the World Health Organization (WHO), one-in-three women experiences intimate partner violence[9]. Women who use drugs are three-to-five times more likely to experience gender-based violence than women in general[10].

Women who use drugs are often caught up in a vicious cycle of gender-based violence and drug use where the stress and trauma of violence perpetuate the women's drug use, and the actions and behaviours associated with drug use expose them to heightened risk of violence[11].

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Women who use drugs and/or are involved in drug trafficking face multiple, mainly gender-based, stigmas and discrimination in society. They tend to have lower social and economic status within the community of people who use drugs which means that they face multiple health risks and barriers when trying to access services intended for survivors of gender-based violence.

Such barriers may include punitive and discriminatory practices by police and health care professionals; increased stigma associated with negative attitudes in society towards women who use drugs; harm reduction services and drug treatment programmes that do not meet the needs of women; lack of sexual and reproductive health services for people who use drugs; and limited access to harm reduction programmes[12, 13].

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

10 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

11 Ibid.

12 El-Bassel, Op.cit.

13 Pinkham S, Malinowska-Sempruch K. Women, Harm Reduction, and HIV. New York; International Harm Reduction Development Program, Open Society Institute, 2007. https://www.opensocietyfoundations.org/uploads/c47ab575-6642-423c-8f40-dd33f16b5271/women_20070920.pdf

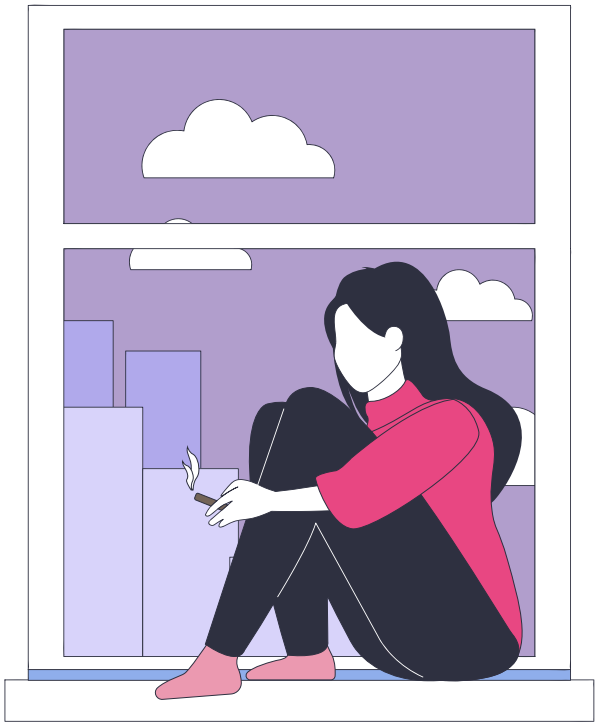
The main problems faced by women who use drugs and who are subject to violence in the region are:

1. **FAMILY, SOCIAL SERVICES AND SOCIETY IN GENERAL STIGMATISE THE ISSUE OF FEMALE DRUG DEPENDENCE:**

- High level of self-stigma among women who use drugs;
- Violence helplines and other programmes responding to GBV often lack specific information and/or do not have access to a list of organisations that provide services in connection with drug use;
- Harm reduction programmes often do not provide gender-sensitive services and do not have set procedures for responding to GBV;
- Women face danger from neighbours, parents and relatives for whom violence against women who use drugs is the accepted norm of behaviour; they often fail to help, or abandon the woman in a dangerous situation.

2. **DIFFICULTIES IN ACCESSING SAFETY AND SUPPORT SERVICES:**

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



3. **DIFFICULTIES IN PROCESSING DOCUMENTS AND PAPERWORK:**

- Difficulties in recovering or replacing lost, stolen or damaged identity documents;
- Difficulties in applying for social security and child benefit payments.

4. **DIFFICULTIES IN ACCESSING PSYCHOSOCIAL HELP:**

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

There are no coordinated GBV response and assistance programmes available at harm reduction sites and OST dispensing centres because the needs of women who use drugs and the risks they face are different from those of men who use drugs. Essential service packages often overlook the following specific needs of, and risks faced by, women:

> Some women who use drugs regularly, or occasionally, engage in sex work or offer sex services in exchange for drugs, which exposes them to heightened risks of HIV infection or HIV-related criminalisation;

- Women who use drugs have restricted access to sterile injection equipment and condoms as compared to men;
- Women who use drugs have limited access to a standard package of services for sexual and reproductive health and programmes to prevent mother-to-child transmission of HIV;
- Face danger of intimate partner violence;
- Face danger of losing custody of children.

Women who use drugs report feeling excluded from existing harm reduction programmes and interventions:

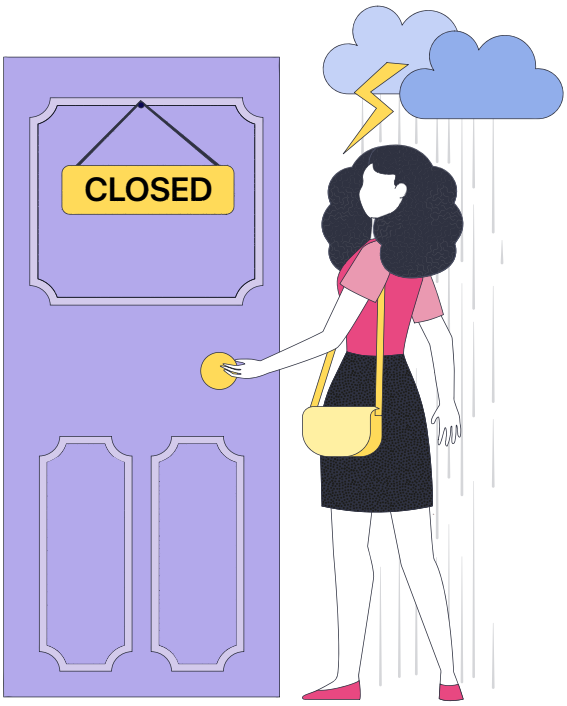
- In general, harm reduction services are not gender-sensitive and fail to address the specific needs of women;
- Some programmes, such as OST or self-help groups, cannot guarantee personal safety and confidentiality; there are no safe spaces only for women, or no women-only hours available;
- Harm reduction programmes often lack trained staff, including female drug users, who can work as peer counsellors and outreach workers;
- No babysitting or other childcare services are available. The premises used by harm reduction programmes are often unsuitable for women with small children. This problem could be partially resolved by appointing a social worker to look after the children while their mothers receive services, or by introducing operating hours only for mothers with underage children; that, however, would entail additional costs;
- Often no services are available for female sex workers, homeless or transgender women and/or survivors of violence;
- Women who use drugs face considerable pressure from society due to multiple stigmas. This prevents them from turning to harm reduction programmes. Mothers of young children are particularly affected because, in a number of countries, drug use provides legal grounds for removal of parental rights;
- Gender inequalities within the community of people who use drugs: multiple stigma created by men condemning women (including intimate partners or family); gender hierarchies; justification of violence and unequal approach to service provision.

Violence against women is an underlying problem that needs to be addressed when considering barriers and obstacles to adequate services and support. Intimate partner violence against women who use drugs hinders their ability to practice safe sex and to use drugs safely.

Punitive drug policies often lead to abuse at the hands of police, including physical and sexual violence against women who use drugs, as well as multiple stigma by health and social workers.

Furthermore, women often struggle to get justice in court. Judges sometimes dismiss pleas of self-defence; drug use may be considered as an aggravating factor and self-defence as bodily harm.

Structural GBV and fear of harassment or abuse in state institutions discourages women from turning to harm reduction services.



3. Specific needs during emergency situations

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

The specific needs and problems of women who use drugs are as follows::

1. **COMMON PROBLEMS AND NEEDS OF WOMEN WHO USE DRUGS IN EMERGENCY SETTINGS:**

- Multiple stigma against women who use drugs contributes to their dehumanisation and increased levels of violence against them;
- Reduced hours, or complete closure, of drug clinics or OST programmes;
- In some countries, women are unable to inform outreach workers about situations of violence as the operations of harm reduction staff are reduced;
- The COVID-19 quarantine and national lockdowns have seen the stigma associated with drug use lead to an increase in violence at the hands of health care workers, or failures to provide care at health care facilities. For example, cases have been recorded of health care providers refusing to provide specific medical treatment for conditions related to drug use. Health care workers have been heard saying that during the pandemic they only help "normal" people.

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2. **CHALLENGES AND NEEDS CONNECTED TO RESTRICTIONS ARISING DUE TO THE COVID-19 PANDEMIC:**

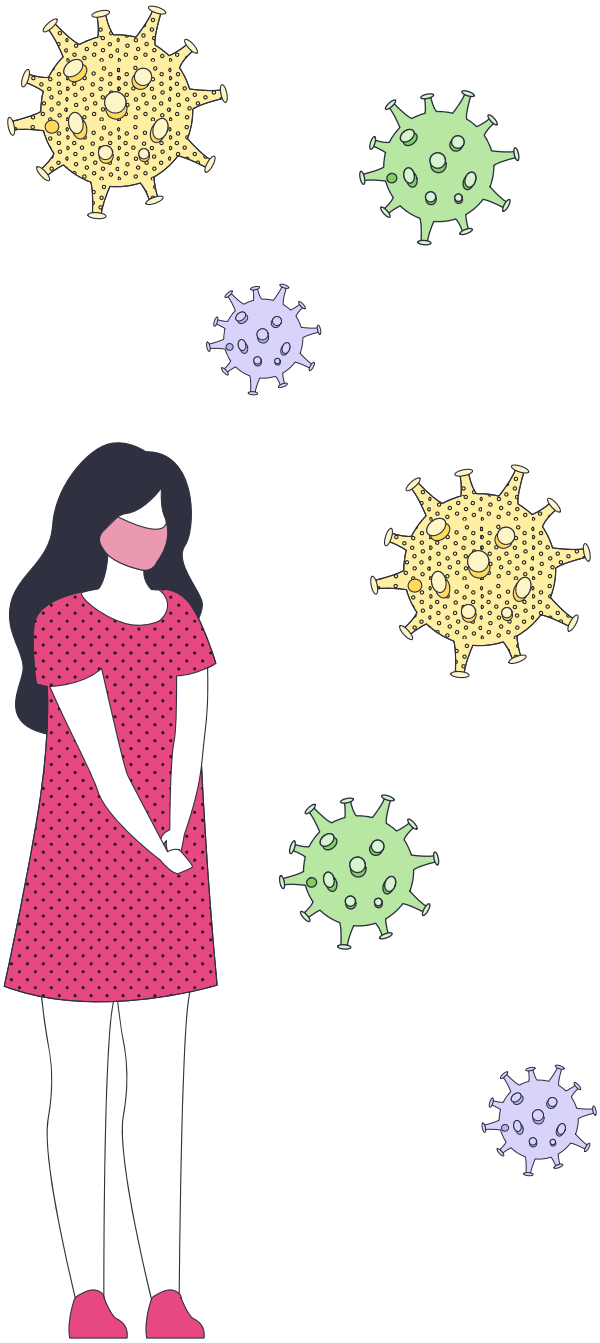
- Those women who were in a situation of economic dependence, or lived below the poverty line, have lost their livelihoods. Many women who use drugs do not have official employment and are not entitled to social protection, which means they did not receive any compensation when they lost their jobs and livelihoods[14];
- Women who earned their livelihood through sex work have virtually lost their source of income;

14 Shirley-Beavan S, Roig A, Burke-Shyne N, et al. Women and barriers to harm reduction services: a literature review and initial findings from a qualitative study in Barcelona, Spain. Harm Reduct J 17, 78 (2020). https://doi.org/10.1186/s12954-020-00429-5

- Lockdown saw many women trapped within four walls with their violent partners and/or relatives, which, coupled with decreasing income levels, made their situation even more precarious[15];
- Restrictions on the use of public transport meant that women who had been clients of harm reduction programmes lost the means of accessing the service. Women with young children, and women living in rural areas, found themselves in a particularly difficult situation;
- The situation of access by women to shelters and safe accommodation has worsened significantly. Lockdown rules added to the existing prohibitive regulations, further restricting the ability of women who use drugs to seek refuge in shelters. Some shelters required a negative PCR[16] test result for COVID-19; women were expected to arrange for such a test themselves.

3. CHALLENGES AND NEEDS CONNECTED TO ARMED CONFLICT:

- Closure of OST programmes, the need to find ways to pay for street drugs, or experience of withdrawal symptoms[17];
- Detention, torture, beatings, persecution and violence against women who use drugs[18];
- Increase in GBV, diversification of its forms and types due to availability of weapons[19];
- Lack of access to police protection because the police are unable to perform their functions during military conflicts. Responsibility to punish military personnel for offences they commit lies with military commanders or the military prosecutor's office;
- Restricted movement between settlements, resulting in the inability to escape from the perpetrator or to find shelter.



15 Ibid.

16 PCR, or polymerase chain reaction, is a type of laboratory test that helps detect the internal DNA structure of various microorganisms, in particular pathogens, in a patient's biomaterial.

17 Eurasian Women's Network on AIDS (EWNA). Женщины ВИЧ и COVID-19 в Восточной Европе и Центральной Азии. РЕЗЮМЕ ОТЧЕТА 2020 [Women, HIV and COVID-19 in Eastern Europe and Central Asia. Summary report, 2020]. Tbilisi; EWNA, 2020. In Russian. http://www.ewna.org/wp-content/uploads/2020/11/Women-HIV-and-COVID-19_rus.pdf

18 Ibid.

19 Club Svitanok. Report on the explorative study of the access of Women who use drugs to sexual and reproductive health, HIV and harm reduction services. Kramatorsk; Club Svitanok, Foundation of Friends of Medicin du Monde, May 2019. http://www.ewna.org/wp-content/uploads/2019/05/Svitanok_WUD-Survey-Report_eng.pdf

4. Key principles and common characteristics of comprehensive quality care for women who use drugs in situations of gender-based violence

In this section, the key principles for helping women in situations of gender-based violence are examined and the existing "gaps" in service provision are identified.

The following overlapping principles underpin the delivery of **all essential services and the coordination of those services**[20], [21], [22], [23]**:**

1. **A rights-based approach –** declares that GBV is a fundamental violation of the rights of wome and girls.
2. **Advancing gender equality and women's empowerment –** declares that services must ensure that violence against women and girls will not be condoned, tolerated or perpetuated.
3. **Cultural and age appropriate and sensitive –** declares that the services must respond to the individual circumstances and life experiences of women and girls and take into account their age, identity, culture, sexual orientation, gender identity, ethnicity and language preferences.
4. **Survivor-centred approach –** declares that the rights and needs of women and girls are placed at the centre of service delivery and that the services are tailored to the unique requirements of each individual woman and girl.
5. **Safety is paramount –** declares that the safety of women and girls is top priority when delivering quality services. Essential services must prioritise the safety and security of service users and avoid causing them further harm.
6. **Perpetrator accountability –** declares that the burden of seeking justice is placed on the state and not the survivor of violence.

Despite a wide array of international and national documents and laws, the aforementioned principles do not seem to apply or do not apply in full when it comes to women who use drugs. More details about these principles, and the gaps to be filled related to treatment of women who use drugs, can be found in **Appendix 1.**

20 CoE, Op.cit.

21 CEDAW, Ibid.

22 Essential Services Package, Ibid.

23 Amnesty International. Not a private matter. Domestic and sexual violence against women in eastern Ukraine. London; Amnesty International 2020. https://www.amnesty.org/download/Documents/EUR5032552020ENGLISH.PDF

When applied to women who use drugs, the quality standards for essential services for women in situations of gender-based violence should meet the standards set by international instruments[24], [25], [26], [27], and take into account the specific needs of women who use drugs. These standards are based upon:

> **AVAILABILITY**

Essential services must be guaranteed in sufficient quantity and must meet specific requirements of women who use drugs, including cross-group women, as well as access to comprehensive services.

> **ACCESSIBILITY**

Essential services in connection to gender-based violence are available to women who use drugs. They have access to a range of government services provided by law enforcement, the health care system and administrative agencies.

> **ADAPTABILITY**

Help centres dealing with cases of gender-based violence respect and consider the individual circumstances of women who use drugs.

> **APPROPRIATENESS**

Administrative service centres, or service centres for female survivors of gender-based violence, employ professionals who are aware of the specific needs of women who use drugs and can help without re-victimising them.

24 CoE, Op.cit.

25 CEDAW, Op.cit.

26 Essential Services Package, Op.cit.

27 Amnesty International, Ibid.

> **PRIORITISE SAFETY**

Safety and protection services for women who use drugs are provided with prior assessment of possible risks.

> **INFORMED CONSENT AND CONFIDENTIALITY**

When women who use drugs receive services, their lives and safety come first. Free and informed consent is a prerequisite for the provision of any services. Client confidentiality is of utmost importance.

> **EFFECTIVE COMMUNICATION AND PARTICIPATION BY STAKEHOLDERS IN DESIGN, IMPLEMENTATION AND ASSESSMENT OF SERVICES**

Service providers employ professionals trained in working with women who use drugs who know what their needs are in a crisis situation. Women who use drugs can speak freely about their needs and concerns without fear of being judged.

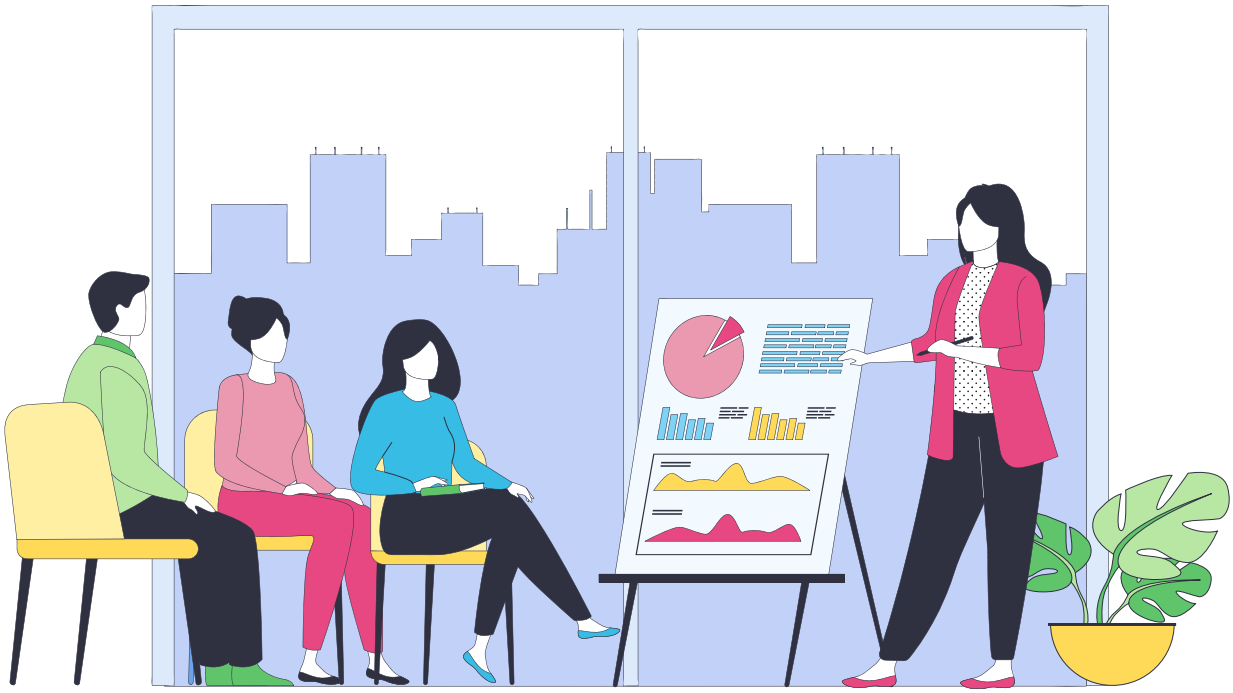
> **DATA COLLECTION AND INFORMATION MANAGEMENT**

While collecting personal data of women who use drugs, service providers must safeguard against possible disclosure of information about drug dependence, medical diagnoses or other information of a client. Data should be protected and cannot be used against the woman by law enforcement and judicial authorities but who can be allowed access to it only with the permission of the survivor; and,

> **LINKING WITH OTHER SECTORS AND AGENCIES THROUGH COORDINATION**

The procedures for collaboration between information-sharing services aim to introduce comprehensive measures for helping women who use drugs in a situation of gender-based violence. The collaboration works to develop an effective procedure for assisting women who use drugs, rather than exacerbate repression related to drug use.

One of the most important objectives of the advocacy effort to make state and private programmes in connection with gender-based violence accessible for women who use drugs is to ensure that the services they receive meet the guidelines for essential services for women experiencing gender-based violence. The guidelines for essential quality services can be found in **Appendix 2.**



5. Partnerships between harm reduction programmes

(crisis centres, shelters, legal, psychosocial and mental health service providers and how they can fulfil the needs of women who use drugs)

This section analyses the possible partnerships that can improve services for women who use drugs and proposes changes to be made by the existing partnerships in order to provide comprehensive and integrated services.

Whether it is a plan to set up a drop-in centre at the premises of an existing harm reduction organisation, or to make arrangements to place women who use drugs in a non-specialist centre, various partnerships need to be built to provide comprehensive care that answers immediate needs.

Table 1. Key partners that can form multi-disciplinary teams to provide quality services to women who use drugs in situations of gender-based violence.

Partners or services	Key prevention and/or assistance functions in situations of gender-based violence	Specific conditions	Service provision capabilities	Changes necessary to achieve provision of integrated services
Partners involved in harm reduction programmes (may either be from a harm reduction organisation or from another organisation gathering evidence of violations of the rights of women who use drugs and/or advocating for their rights)				
Harm reduction programmes	Provision of harm reduction services, NSPs, condoms, peer counselling, OST, HIV/Hepatitis C testing, TB prevention/ treatment.	> Low threshold for access. > Women-only hours. > Staff able to provide peer counselling.	> Primary screening for gender-based violence. > Inform about service providers. > Inform case managers and/or paralegals about cases of gender-based violence. > Conduct self-help groups. > Primary documentation of cases of gender-based violence.	> Gender-sensitive and gender-transformative services. > Create 'safe zones for women', such as women-only day or space for women only. > Hold meetings to share information. > Provide a place and time for women to meet with friendly professionals: lawyers, psychologists, ombudsman representatives, health workers, human rights activists.
Outreach workers	> Provision of peer counselling on an outreach route. > Identification of new female clients, primary screening for gender-based violence. > Inform about available harm reduction services. > Distribute information materials and harm reduction kits.	> Scheduled servicing of established outreach routes. > Ability to inform and counsel women who use drugs who do not attend self-help groups and do not use harm reduction programmes.	> Primary screening for gender-based violence. > Inform about service providers. > Inform case managers and/or paralegals about cases of gender-based violence. > Conduct self-help groups. > Primary documentation of cases of gender-based violence.	> Set a procedure for outreach workers to follow when encountering a woman in a situation of gender-based violence. > Create an information kit to distribute among women subject to gender-based violence.
Case managers (important: they should be appropriately trained to assist women survivors of gender-based violence)	> Manage cases of female clients who experienced gender-based violence. > Develop strategies to address the problems of women who use drugs. > Motivate a woman to take consistent action to address her problems. > Monitor the client's progress with the steps of the plan. > Help find specialists to address the woman's specific problems.	> Assigned to organisations that provide harm reduction services. > Can manage a limited number of cases.	> Primary screening for gender-based violence. > Inform about service providers. > Refer to service providers. > Accompany clients to service providers (if necessary). > Motivate clients to seek help from experts. > Document cases.	> Set a procedure for responding to a case of gender-based violence. > Collaborate with street lawyers and paralegals (if such programme is available), with crisis centres and shelters, police representatives and mental health services.

Partners or services	Key prevention and/or assistance functions in situations of gender-based violence	Specific conditions	Service provision capabilities	Changes necessary to achieve provision of integrated services
Paralegals	> Peer consultants offer primary legal advice. > Explain necessary procedures and draw up a plan of action, interact with partner human rights organisations and free legal advice centres.	> Low threshold for access. > Are informed by outreach workers and case managers. > Receive information directly from harm reduction service centres, including those offering OST. > Have access to a solicitor or other professional legal advice or human rights assistance.	> Screening and case evaluation. > Propose initial plan of action. > Represent clients during interaction with police, solicitors and lawyers. > Document the case. > Interact with advocacy experts and human rights activists.	> Street lawyers should receive training in how to respond to crisis situations. > Create new partnerships. > Set up a centralised base of documented cases.
Psychosocial assistance[28]	Psychosocial counselling and social support for women who use drugs who have accessed harm reduction programmes and are highly motivated.	Work within the framework of harm reduction organisations, organisations that assist women in situations of gender-based violence or rehabilitation centres.	> Primary screening for gender-based violence. > Motivate the client to apply for psychosocial support. > Able to refer to paralegals and case managers (if available). > Able to work in partnership with case managers. > Offer mental health support.	> Specialists should receive training in providing psychosocial services to women who use drugs. > Hold awareness events for mental health workers (counsellors and psychologists) to educate them about professional services aimed at women who use drugs, minimising stigma and avoiding repeated trauma.
Organisations and services providing temporary shelter for women in situations of gender-based violence				
Crisis centres, refuges and shelters	> Provide accommodation to women who find themselves in a difficult situation or suffering from gender-based violence. > Provide safe space, offer psychosocial assistance.	> Often have high access threshold for women who use drugs, women living with HIV or women with young children. > The regulations of such spaces prohibit entry of women who use drugs. > Centres financed by the state or municipal authorities operate under uniform regulations and are subject to regular audits.	Temporary accommodation in a safe place, inform about legal and psycho-social services available, in some cases offer counselling.	> Amend the rules for admission and services for women who use drugs. > Create a procedure for services for women who use drugs.

28 UNFPA EECARO, East European Institute for Reproductive Health (EEIRH). Psycho-social services provision, part of multi-sectoral response to GBV. Standard Operating Procedures, 2015. Istanbul; UNFPA Regional Office for Eastern Europe and Central Asia, EEIRH, 2015. https://eeca.unfpa.org/sites/default/files/pub-pdf/SOPs_psycho-social%20services_eng.pdf

Partners or services	Key prevention and/or assistance functions in situations of gender-based violence	Specific conditions	Service provision capabilities	Changes necessary to achieve provision of integrated services
Help line as a rapid response system to a situation of gender-based violence				
State-run violence response help lines	Depending on the function: take incoming calls, record complaints, refer to government crisis services.	Advertised as a low threshold service that anyone can access.	> Refer to service providers. > Sometimes tend to stigmatise.	> Create partnerships with NGO-run help lines. > Refer a female caller to a specialist help line for women.
Specialised NGO-run help lines. Response to violence and human trafficking. Drug dependence and OST help lines	Receive incoming calls, provide crisis counselling tailored to the woman's needs, help develop a safety plan and refer to crisis centres and relevant NGOs.	Low threshold service that anyone can access.	Offer crisis support, refer to service providers.	Create partnerships with help lines, train help line operators in how to respond to calls from women who use drugs who face an emergency situation, create a roadmap for referring women who use drugs to service providers.
Heath care providers[29]				
Mental health services	> Mental health assessment and care: outpatient and inpatient. > As the drug scene is constantly changing, mental health services can be a useful provider of first-line drug dependence and mental health care for women, if necessary.	> Structure of services is rigid and strictly regulated. > Women may encounter stigma and discrimination. > However, competent psychiatric help may be provided, if necessary. > There is a risk of being put on the register which could increase stigma against women and contribute to gender-based violence.	> Screening for gender-based violence. > Reporting to law enforcement authorities on behalf of the patient. > Application for legal aid on behalf of the patient. > Provision of medical and psychiatric care. > There are risks of losing parental rights.	> Build partnerships between relevant NGOs and mental health services. > Provide staff with training in a gender-sensitive and rights-based approach to women who use drugs who suffer gender-based violence.
Medical services (primary health care, clinics, hospitals)	> First-aid treatment for injuries, recording of injuries. > Sexual assault examination and care. > Provision of emergency contraception (if applicable in the country). > Provision of post-exposure prophylaxis (PEP) for HIV and STIs. > Provision of shelter or referral to crisis centres, shelters or refuges.	> Usually advertised as a low threshold service. > In reality, women who use drugs may encounter stigma and discrimination.	> Screening for gender-based violence. > Provision of medical care. > Report a suspected case of violence to police. > Provide short-term shelter.	> Build partnerships between relevant NGOs and medical and emergency services. > Provide staff with training in a gender-sensitive and rights-based approaches to women who use drugs who experience gender-based violence.

29 UNFPA EECARO, East European Institute for Reproductive Health (EEIRH). Health care services provision, part of multi-sectoral response to GBV. Standard Operating Procedures, 2015. Istanbul; UNFPA Regional Office for Eastern Europe and Central Asia, EEIRH, 2015. https://eeca.unfpa.org/sites/default/files/pub-pdf/SOPs_health%20care%20provision_eng.pdf

Partners or services	Key prevention and/or assistance functions in situations of gender-based violence	Specific conditions	Service provision capabilities	Changes necessary to achieve provision of integrated services
Law enforcement and legal advice services				
Free legal advice centres/profit organisations providing legal advice pro bono (free of charge)	> Provision of legal assistance and solicitor's services free of charge. > Representation in court (if necessary).	> Certain conditions must be met to qualify for free assistance. > To benefit from free assistance, the client must collect and submit documentation showing that she belongs to a group that qualifies for free assistance. > Women may encounter stigma and discrimination.	Provision of legal advice, representation in court, provision of legal counsel	> Provide staff with training in how to sensitively respond to the issues faced by women who use drugs. > Involve friendly lawyers and advocates to compile strategic cases and document cases of violations of the rights of women who use drugs.
Law enforcement services; patrol units; district officer services; Duty units[30]	> Protection of women and children suffering from gender-based violence. > Helping women reach a place of safety. > Issuing protection notices.	> Must be available 24/7. > Must be free of prejudice and discrimination. > In some countries, police involvement may worsen a woman's situation and/or launch a process of withdrawal of parental rights.	> Protect women and children in situations of gender-based violence, remove the perpetrator from the woman's premises. > Issue temporary protection notices. > Help set a domestic abuse case in motion. > Raise awareness among the general public of prevention and response to gender-based violence.	> Provide law enforcement staff with training in human rights and response to gender-based violence against women. > Include representatives of law enforcement agencies in an inter-agency group tasked with assisting women in situations of gender-based violence. > Build partnerships with NGOs providing services to women facing gender-based violence.
Courts	> Judgements on domestic abuse cases and parental rights. > Issue permanent restraining orders (if applicable).	> In most countries of the EECA region, courts tend to focus on the woman's drug use rather than on the gender-based violence perpetrated against her. > In most countries of the region, courts are reluctant to issue permanent restraining orders. > Women that decide to take their case to court risk encountering stigma and discrimination.	Prohibit the perpetrator from approaching the survivor of violence.	> Determined advocacy effort is necessary to persuade justice service providers to comply with legislation on domestic violence and adopt non-discriminatory practices. > Advocacy for the wider use of the claim of self-defence. > Hold events to raise awareness of harm reduction programmes (including OST), and of the positive effect they have on women who use drugs.

30 UNFPA EECARO, East European Institute for Reproductive Health (EEIRH). Police services provision, part of multi-sectoral response to GBV. Standard Operating Procedures, 2015. Istanbul; UNFPA Regional Office for Eastern Europe and Central Asia, EEIRH, 2015. https://eeca.unfpa.org/sites/default/files/pub-pdf/SOPs_police_eng.pdf

Partners or services	Key prevention and/or assistance functions in situations of gender-based violence	Specific conditions	Service provision capabilities	Changes necessary to achieve provision of integrated services
Social services, employment services and child welfare services				
Family, children and young people's services	> Assess the situation of families in difficult circumstances. > Plan exit strategy from a difficult situation. > Respond to a violation of the rights of a child. > Protect children in difficult circumstances. > Decide whether to place children into care. > Launch procedures to terminate parental rights, if necessary.	> Work as part of inter-agency response teams. > Follow-up of families in difficult circumstances. > Analyse the child's living conditions in the family. > In some countries, drug use or use of OST by the mother results in the removal of the child from the family and/or the loss of parental rights.	> Primary screening for gender-based violence. > Protect children in an unsafe situation. > Support women in difficult circumstances. > Refer/accompany women who face violence to crisis centres, shelters and refuges.	> Build partnerships between state-run services and NGOs. > Hold awareness events aimed at all parties. > Advocacy for decision-making that takes into account specific circumstances of each individual child. > Hold workshops and events to raise awareness of non-discriminating approaches and harm reduction programmes (including OST).
Juvenile Welfare Service	> Prevent neglect, homelessness, delinquency and antisocial behaviour among minors. > Take measures to protect the rights and legitimate interests of minors.	> Keep records and manage families in difficult circumstances. > Assess the social and housing conditions of minors. > Can launch care proceedings as stipulated in the legislation and in cases where minors are at risk.	> Detect and expose violence. > Support women with young children. > Put a child in a place of safety. > Often use discriminatory approach towards women who use drugs.	> Provide staff with training in harm reduction approach. > Involve service representatives in an inter-agency working group (involving NGOs, state social services, health services, law enforcement agencies).
Employment Service	> Assess professional skills, qualifications, work experience. > Register in job search database. > Job matching based on qualifications. > Ability to provide jobs for unskilled workers. > Ability to offer part-time jobs.	> Officially described as available to all citizens. > Usually offer employment programmes for qualified staff. > Usually there are no jobs available for women who use drugs and especially for women with children. > A valid ID is a prerequisite for enrolment, however women who use drugs do not always have it.	> Job matching services for women who live in temporary shelters and refuges. > Offer part-time jobs.	Create job search, training, retraining programmes for women in situations of gender-based violence/ intimate partner violence.

Partners or services	Key prevention and/or assistance functions in situations of gender-based violence	Specific conditions	Service provision capabilities	Changes necessary to achieve provision of integrated services
Advocacy partnerships				
Ombudsman institution and NGOs that manage key human rights cases, NGOs bringing together women from various marginalised and discriminated groups (HIV-positive women, sex workers, LGBTQ+ women)	> Respond to complaints of human rights violations and of failure to assist women in situations of gender-based violence. > Manage strategic cases. > Prepare reports on violations of women's rights. > Draft shadow reports to the UN treaty bodies. > Interact with the European Court of Human Rights (ECHR).	> Engagement through complaint process. > Partnership in handling of strategic cases. > Partnership in information gathering. > Information sharing. > Building advocacy coalitions.	> Legal assistance in strategic court cases. > Advocacy at country and international levels. > Institutional support. > Analysis of documented cases.	> Build partnerships to provide legal advice to women who use drugs. > Initiate joint research. > Hold awareness-raising activities for each party.

6. Recommendations for organisations and service providers working in the area of gender-based violence

(including multi-disciplinary response teams, on measures to prevent cases of gender-based violence against women who use drugs)

Previous sections of this guide have examined the principles and characteristics of essential quality services for women experiencing gender-based violence, with a special emphasis on the specific needs of women who use drugs.

This section suggests a step-by-step guide to providing comprehensive care to women who use drugs, intended for harm reduction organisations, NGOs working to prevent gender-based violence and/or multi-disciplinary gender-based violence response teams (Figure 1).

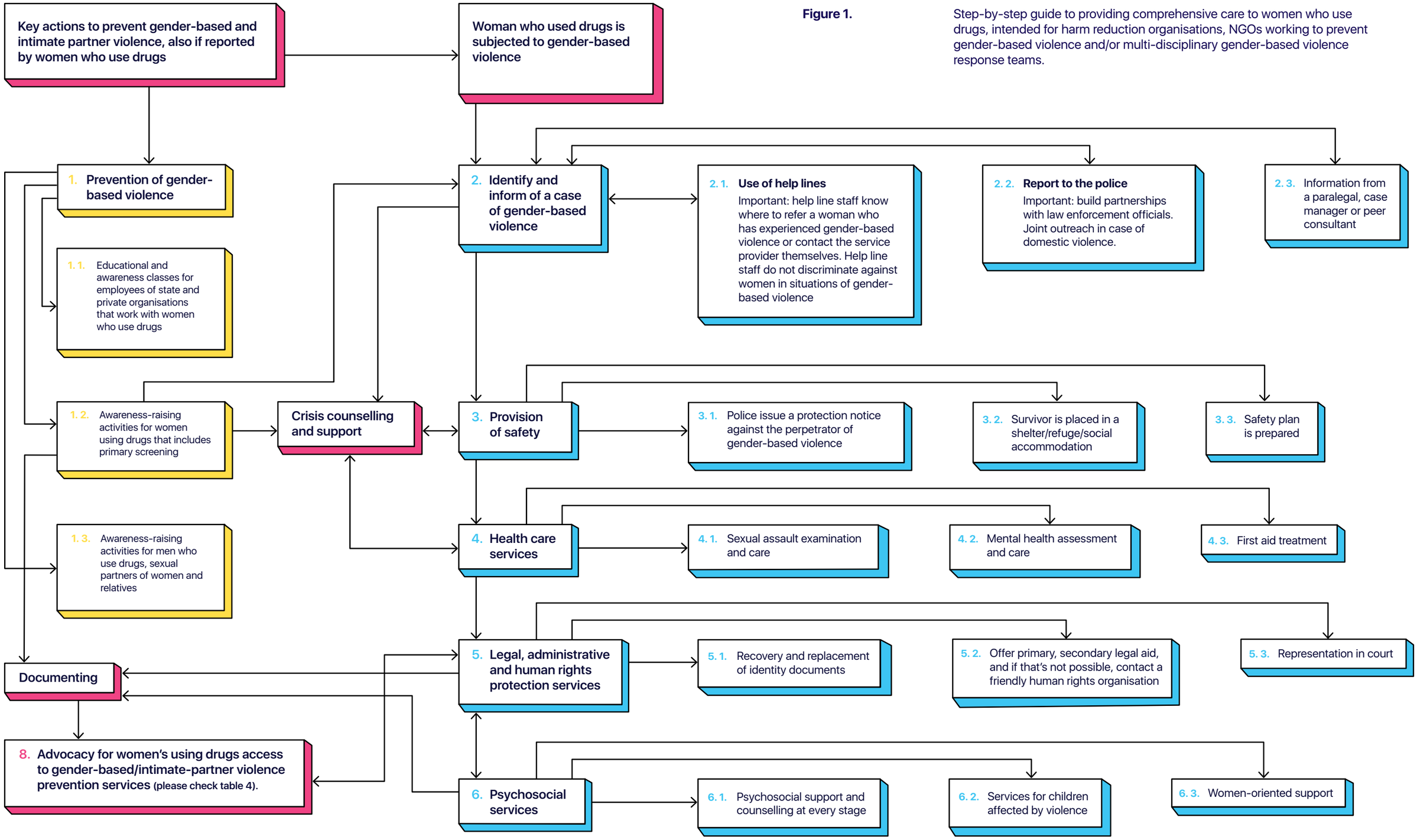
All actions to prevent gender-based violence fall into three groups:

1. Prevention of gender-based violence;

2. Provision of comprehensive support to women experiencing gender-based violence;

3. Advocacy for a system of response to gender-based violence that is non-discriminating by nature.

Figure 1. Step-by-step guide to providing comprehensive care to women who use drugs, intended for harm reduction organisations, NGOs working to prevent gender-based violence and/or multi-disciplinary gender-based violence response teams.



6.1. Prevention of gender-based violence

This aspect is not connected to the process of providing assistance but is, nonetheless, a crucial part of the procedure. It is at this stage that women learn about the types of violence, consider their personal situation and understand whether they are in a situation of violence. It is also at this stage that women learn how to report cases of gender-based violence and how to get qualified assistance.

Table 2. Actions and tools to prevent gender-based violence against women who use drugs.

Actions	Tools	Points to consider
1. 1. Educational and awareness classes for employees of state and private organisations that deal with cases of women in situations of violence.	> Information kits; > Training courses and workshops; > Lectures; > Face-to-face discussions; > Hands-on practice; > "The Living Library".	**Important:** it is necessary to involve women who use drugs as peer consultants in training courses, lectures and face-to-face meetings. **Important:** during "The Living Library" sessions, women who use drugs should be accompanied by a social worker or a counsellor.
1. 2. Awareness-raising activities for women who use drugs that includes primary screening.	> Information kits; > Training courses and workshops; > Lectures; > Peer support groups; > Face-to-face discussions.	**Important:** be familiar with, and apply, gender-based violence screening tools such as WINGS[31] and HITS[32]. **Important:** provide a safe space.
1. 3. Awareness-raising activities for men who use drugs, sexual partners of women and relatives.	> Information kits; > Training courses and workshops; > Face-to-face discussions; > Programmes for "offenders", if necessary, and provided that an appropriately qualified employee is available.	**Important:** adhere to the "do no harm" principle (especially when it comes to the wives of men). **Important:** interventions should be carried out with the consent of the woman (spouse/cohabitant/intimate partner) and with a prior risk assessment.

31 WINGS Program, Inc. https://wingsprogram.com

32 Moses S. HITS Screen for Intimate Partner Violence. Minneapolis-St Paul; Family Practice Notebook, LLC., 2021. https://fpnotebook.com/prevent/Exam/HtsScrnFrIntmtPrtnrVlnc.htm

6.2. Recommendations for comprehensive assistance for women who use drugs in situations of gender-based violence

Organisations that offer harm reduction services and follow up OST clients may explore the following two strategies for providing comprehensive care to women in situations of gender-based violence depending on the facilities at hand and the level of collaboration with qualified professionals.

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

STRATEGY 1:

Setting up a Help Centre offering comprehensive services on the premises of a harm reduction organisation:

Upside: ability to deliver comprehensive services, from establishing a case of gender-based violence (e.g. during screening) to aftercare and support services. Women who use drugs do not have to hide their status, continuity of care (OST and ART) is ensured and there is access to friendly professionals.

Downside: setting up such a centre requires large investments, the premises must meet certain requirements and the centre needs to be fully staffed with professionals.

STRATEGY 2:

Build up a network of friendly professionals and establish proper referral and/or follow-up procedures for women who use drugs at all stages of service delivery:

Upside: there is no substantial additional cost for the harm reduction organisation. This strategy helps build trust between partners while addressing the issue of stigma and discrimination against women who use drugs in society.

Downside: partners who deliver services may have stigmatising and/or discriminatory approaches. A case manager or paralegal should accompany the woman during her visits to all competent authorities.

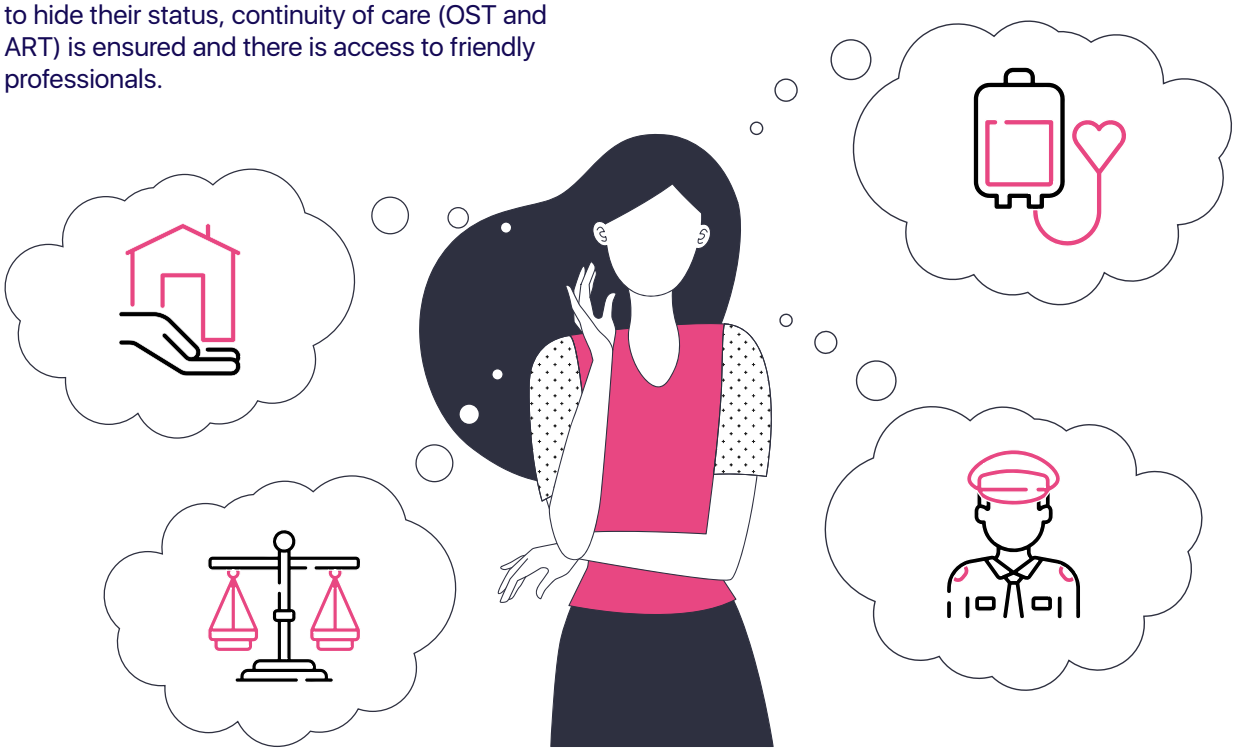


Table 3. Actions and tools to provide comprehensive assistance for women who use drugs in situations of gender-based violence.

Actions	Tools	Points to consider
1. Inform the services and organisations that help women who use drugs about a situation of violence (case detection).	1. 1. Help lines; 1. 2. Information from law enforcement agencies; 1. 3. Information from a paralegal, case manager or peer consultant.	1. 1. **Important:** help line staff know where to refer a woman who has experienced gender-based violence or contact the service provider themselves. Help line staff do not discriminate against women in situations of gender-based violence. 1. 2. **Important:** build partnerships with law enforcement officials. Joint outreach in case of domestic violence. 1. 3. **Important:** establish a system for the rapid exchange of information and crisis counselling based on these services.
2. Ensure the safety of women in situations of gender-based violence.	2. 1. Issue a temporary order to remove the perpetrator from the woman's home (if allowed by the country's current legislation); 2. 2. Provide accommodation in a shelter/refuge/social housing (social services, case manager, paralegal, social worker); 2. 3. Actions according to the prepared safety plan (social services, case manager, paralegal, social worker).	2. 1. **Important:** rapid assessment of situation and risks so as not to cause harm to the woman or complicate her situation further. 2. 2. **Important:** establish preventive links with shelters, refuges and social housing. 2. 3. **Important:** find out if the woman has a safety plan.
3. Health care services.	3. 1. First aid treatment; 3. 2. Sexual assault examination and care. Post-exposure prophylaxis (PEP), emergency contraception (if necessary); 3. 3. Mental health assessment and care (if post-trauma problems arise).	**Important:** ask the woman whether she takes ART and/or OST, and make sure that she has a sufficient amount of medication. **Important:** take action to educate the health care workers about non-discriminatory treatment of women who use drugs, HIV-positive women and sex workers.

Actions	Tools	Points to consider
4. Legal, administrative and human rights services.	4. 1. Help recover identity documents, medical records (if those are necessary to enter OST); 4. 2. Offer primary, secondary legal aid, and if that is not possible, contact a friendly human rights organisation; 4. 3. Representation in court; 4. 4. Help from paralegals, street lawyers and peer support.	**Important:** take action to build partnerships with primary and secondary legal aid centres, legal advice centres, friendly solicitors and lawyers. **Important:** have a list of telephone numbers of friendly lawyers and advocates. **Important:** develop document recovery procedures for female paralegals who use drugs or case managers.
5. Psycho-social services and case management at a shelter or non-governmental organisation that provides such services.	5. 1. Psycho-social support and counselling at all stages: help with finding social housing, help with registration and recovery of documents, help with applying for social benefits and with finding a job; 5. 2. Services for children affected by violence; 5. 3. Female-oriented support.	**Important:** listen and respond to the needs of each woman. **Important:** direct efforts towards female empowerment to help women gain confidence and self-sufficiency. **Important:** let a woman choose which services she wants to receive.

6.3. Recommendations on advocacy for changes to the legal and regulatory framework (information gathering and documentation, strategic case management, regulatory changes)

Table 4. Actions and key partners in advocacy for changes to the legal and regulatory framework.

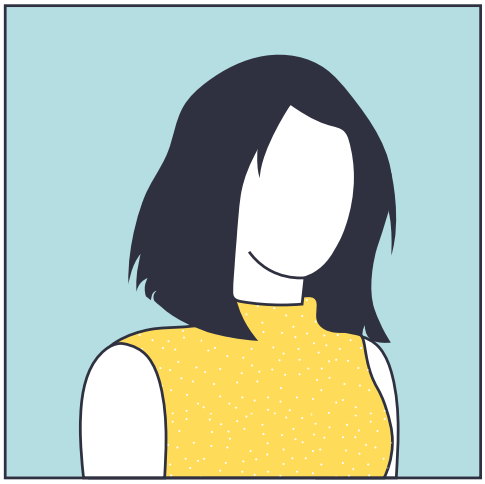
Actions	Taken by	Tools
Document gender-based violence against women who use drugs.	> Case managers; > Paralegals; > Outreach workers; > In some countries, this can be done by health care professionals (when treating a patient suspected of having suffered physical or sexual violence). Health care professionals are obliged to document the abuse; this data is necessary for further action, such as pre-trial/ judicial proceedings, etc.	> Collect information on cases of gender-based violence against women who use drugs. > Enter information into an existing database of human rights violations, for example the REAct database[33]. > Enter information into the national database (if one exists).
Analyse documented cases of gender-based violence against women who use drugs (frequency and forms). Examine difficulties and barriers that hamper the response to cases of gender-based violence along with internal and external factors influencing the process. Put forward recommendations for addressing the barriers.	> Organisation managers; > Case managers; > Paralegals.	Analysis of documented cases is an advocacy tool which is used at all levels of executive / legislative / judicial power, as well by partners and allies in order to bolster and broaden support to advocacy campaigns, etc.

33 Rights – Evidence – ACTion (REAct). Frontline AIDS. https://frontlineaids.org/our-work-includes/react/

Actions	Taken by	Tools
Litigate cases of gender-based violence perpetrated against women who use drugs.	> Friendly solicitors; > Human rights campaigners.	Representation in court.
> Include information on violations of the rights of women who use drugs, including gender-based violence and response gaps and in shadow reports submitted to UN treaty bodies; present shadow reports at relevant UN treaty body hearings; > Include information on violations of the rights of women who use drugs, including gender-based violence, in the annual report of the human rights ombudsman; > Add to country reports on the situation of women and girls, including reports on gender-based violence, barriers to gender equality and prevention/response to gender-based violence against women who use drugs.	> Human rights campaigners; > Human rights campaigners from the ranks of women who use drugs.	> Shadow report to the UN Committee on the Elimination of Discrimination against Women. > Shadow Report to the UN Committee on Economic, Social and Cultural Rights. > Shadow Report to the UN Committee on the Rights of the Child. > Address to the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. > Address to the UN Special Rapporteur on violence against women, its causes and consequences.
Advocate for amendments to legislation based on recommendations received or court judgements.	> Advocacy experts; > Lawyers; > Activists from the ranks of women who use drugs; > Communication experts.	> Preparation of draft amendments to legislation. > Advocacy campaign targeting decision makers. > Street advocacy campaigns. > Communication campaigns.

Below are examples of how the procedures for helping women who use drugs actually work. The stories are based on real cases provided by paralegals and case managers who help women who use drugs in countries of the EECA region.

Example 1



Maria, 31, a street drug user, lives with her partner, Andrey, 40, who is an OST patient. They have two children. Maria does not attend a harm reduction clinic because Andrey doesn't want everyone to know that his wife is a "drug addict". Andrey admits that sometimes, as he himself puts it, he "disciplines" his wife and children (i.e. beats them). Maria, at Andrey's bidding, engages in sex work "on the highway". Sometimes she meets an outreach worker there who gives her condoms, lubricant, clean syringes and information kits. Once, among the leaflets, there was a booklet describing types of abuse. It made Maria think about her situation and she realised that she was experiencing physical, emotional and economic violence.

After yet another beating, Maria waited for Andrey to go out and then called a gender-based violence help line. The counsellor listened to Maria and then suggested that she make a safety plan and contact a paralegal from a local harm reduction programme. Maria called the paralegal and they arranged to meet "on the highway".

The paralegal helped Maria to devise a safety plan, while also establishing that she, her cohabitant and her children were living in a flat that belonged to Maria's mother. The paralegal explained to Maria that in order to evict Andrey, she'd have to go to the police. The paralegal also explained the risks involved: if Maria went to the police while under the influence of street drugs, instead of receiving protection she would be prosecuted for trafficking and use of illegal substances. With Maria's permission, the paralegal contacted a case manager from the harm reduction programme. Together, they negotiated with a drug treatment clinic and arranged for a doctor to see Maria at a time that was convenient for her and to enrol her on an OST programme. The case manager then negotiated with the staff at the OST site and arranged for Maria to receive her medication in the afternoon (after the bulk of patients, including Maria's partner, had already gone).

In line with her safety plan, Maria was also to be introduced to a lawyer/solicitor who was to accompany her when she went to the police. The paralegal explained to her what documents had to be collected in order to sign a contract for free primary and secondary legal aid. Once the documents were collected, with the help of the case manager, Maria met with the lawyer and signed the contract.

One day, after Andrey attempted to assault Maria and her children again, she called the police, the paralegal and the case manager. They, in turn, contacted the lawyer Maria had signed the contract with and together they went to her home. By then, the police had also arrived.

The lawyer insisted that the police issue a protection notice and remove Andrey from the premises where Maria and her children lived. Accompanied by the case manager, Maria then went to a health care clinic to document the beatings and then, with her lawyer, to the police station to file a domestic violence report. She demanded that a restraining order be issued by a court to bar her partner from living in her flat.

The paralegal suggested that Maria attend peer-to-peer self-help groups at a harm reduction organisation before the trial, accompanied by the case manager, to ensure the safety of Maria and her children.

Example 2

Rosa, 35, lives with her husband, Murad, 36. Both use drugs. They have a daughter, aged 10. One day the neighbours heard the couple fighting and called the police. A response team arrived and took the entire family to the police station. A representative from Child Welfare Services was also summoned. While waiting in the corridor, Rosa saw a leaflet on the information board with the telephone number of an abuse help line. She asked permission to go to the toilet and called the number.

She explained the situation to the operator and said she was afraid that her child would be taken away from her and that she would be prosecuted for drug use. The help line had a customer referral system and a list of partners. The operator called the number for gender-based violence against women who use drugs. A case manager answered her call, who in turn contacted a friendly lawyer, a partner of the organisation, and together they came to the police station. The lawyer helped Rosa file a domestic violence report and then, together with the case manager, persuaded the police and children's services to place Rosa and her daughter in safe accommodation.

The case manager assessed the situation as risky and offered to temporarily house Rosa and her daughter in a 'safe room' set up at her organisation. The following day, the case manager assessed Rosa's needs, offered to record the beatings and to seek counselling from a drug treatment doctor. In addition, Rosa was invited to enter an OST programme and to have counselling together with her daughter.

Example 3

Oksana is a client of a harm reduction programme. At a self-help group, case managers carried out a WINGS violence risk assessment for her. Oksana realised that she was in a situation of systemic gender-based violence and began to prepare to leave her partner. The group also suggested that she make a safety plan.

Oksana then asked a peer counsellor to help her make an appointment with a shelter in her town. The counsellor contacted the management of the shelter and was told that it was impossible to accommodate a client of an OST programme because the shelter's rules prohibited the use of drugs. The counsellor engaged a partner NGO specialising in assisting women in situations of gender-based violence, whose staff had been trained to work with the needs and problems of women who use drugs in situations of gender-based violence.

As a result, it was agreed that Oksana could stay in the shelter for one month (the shelter's rules permit a stay of up to three months) on the condition that during this period she must find a job and attend counselling sessions provided by the partner NGO.

When she learned about the shelter's decision, Oksana left home and immediately informed the peer counsellor about it. When she arrived at the shelter, it turned out that her passport was missing. Oksana said that her partner must have taken it and she was afraid he would use it to take out loans. The shelter staff suggested that Oksana report the loss of the passport to the police and offered to help her apply for a new one.

A week later, Oksana, accompanied by a peer counsellor, had an interview at an employment service. The partner NGO offered a lawyer to prepare and file a domestic violence case to the police, but Oksana declined for fear that her partner would take revenge on her. After some time, a vacancy for a documentation specialist opened at a harm reduction organisation. Oksana's qualifications enabled her to get the job.

At the same time, the organisation where she now worked, and the partner NGO, entered into negotiation with the shelter about changes to the procedures for accepting women on temporary stays and the possibility of providing a safe space for women who use drugs.

7. Safety and burnout prevention among employees handling female survivors of gender-based violence[34]

Female staff dealing with cases of gender-based violence against women can often experience physiological, behavioural and psychological problems.

Physiological problems can manifest themselves as high fatigue, muscle pain and headaches, insomnia and memory loss; behavioural problems can include isolating themselves from friends and acquaintances, workplace conflicts and absenteeism in the workplace; psychological problems may include depression, increased anxiety and repeated trauma.

Often, female staff members who tend to women in situations of gender-based violence and provide initial counselling have been through similar experiences themselves, which can significantly impact their psychological and physical well-being

Often, female staff members who tend to women in situations of gender-based violence and provide initial counselling have been through similar experiences themselves, which can significantly impact their psychological and physical well-being.

Structural and support burnout prevention strategies should be used to prevent occupational burnout. It is also important that every employee develops, and familiarise themselves with, a safety plan.

Structural strategies to prevent female staff burnout include:

- Realistic work goals;
- Fixed hours;
- Sufficient financial remuneration;
- Sufficient leave;
- Professional development plan, attending conferences, forums, professional development programmes;
- Career opportunities.

34 Amnesty International, Op.cit.

Support strategies to prevent female staff burnout include:

- More experienced female staff mentor junior employees;
- Regular team meetings to check on female staff and respond quickly to possible signs of burnout;
- A feedback mechanism for female staff that would allow them to openly and honestly voice their concerns and needs;
- A help line mechanism for female employees that would give them an opportunity to seek advice or receive psychological support;
- Employee access to the full range of services available to female clients.

Every organisation should devise a safety plan, depending on the country's legislation and the availability of police protection and medical services. **General recommendations are as follows:**

- Employees work in teams of two;
- Employees receive mandatory training to minimise the risks of sexual and physical violence in the workplace;
- Staff members meet clients in a safe "women only" space;
- Female staff have a procedure to follow in emergency situations.

8. Useful documents/links

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    http://www.ewna.org/wp-content/uploads/2020/11/Women-HIV-and-COVID-19_rus.pdf

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    http://www.ewna.org/wp-content/uploads/2019/05/Svitanok_WUD-Survey-Report_eng.pdf

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https://www.unodc.org/documents/pakistan/briefs%202/Tools_and_Strategies_for_Service_Providers_working_with_Women_who_Use_Drugs_and_the_Spouses_of_Men_who_Use_Drugs_opt.pdf

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Appendix 1. The principles for Essential Services for women and girls subject to violence; gaps in the essential services system in relation to women who use drugs.

Principles	Core elements	What does not work in cases of women who use drugs
A rights-based approach	> The main responsibility of the State is to respect, protect, and fulfil the rights of women and girls. > Violence against women and girls is a fundamental breach of the human rights of women and girls, particularly their right to live free from fear and violence. > Services prioritise the safety and well-being of women and girls and ensure that they are treated with dignity, respect and sensitivity. > Women and girls receive health, social, justice and policing services of the highest attainable standards – good quality, available, accessible and acceptable to them.	> States declare equality of all women and girls; however, in some cases, state service providers routinely practice violence against women who use drugs. > A rights-based approach is put into practice based on the existing legal and regulatory framework for the regulation of drug trafficking. > Women who use drugs are not safe when seeking protection and assistance from state and some non-state agencies. > Women who use drugs experience multiple stigma and discrimination from health care workers, social workers, judicial and law enforcement authorities. > Extreme poverty prevents women who use drugs from using costly services.
Advancing gender equality and women's empowerment	> Services must ensure that gender sensitive and responsive policies and practices are in place. > Services must ensure that violence against women and girls is not condoned, tolerated or perpetuated. > Services must empower women and girls and enable them to make their own decisions, including decisions to refuse essential services.	> Gender-sensitive and adaptive approaches to women who use drugs may only be developed, piloted and implemented exclusively by community-based harm reduction organisations. > Women who use drugs (including women from cross-groups) face a deeply-entrenched multiple stigma that normalises and perpetuates violence. > Women who use drugs and experience gender-based violence often lack agency and choice in making their own decisions, including the decision to refuse essential services.

Principles	Core elements	What does not work in cases of women who use drugs
Culturally, age appropriate and sensitive	> Essential services must respond to the individual circumstances and life experiences of women and girls and take into account their age, identity, culture, sexual orientation, gender identity, ethnicity and language preferences. > Essential services must respond appropriately to women and girls who face multiple forms of discrimination, not only because of their gender, but also because of their race, ethnicity, caste, sexual orientation, religion, disability, marital status, occupation or other characteristics, or because they have experienced violence.	> Essential services responding to gender-based violence against women who use drugs often overlook their individual circumstances and life experiences which, in turn, cause multiple stigmas. > Essential service providers often fail to take into account the multiple stigmas and discrimination against women who use drugs. What is more, women who use drugs face double stigma and discrimination, as women and as people who use drugs (as compared to men from the same key population). > Services for women survivors of violence do not respond to the specific needs associated with drug use, with HIV, or fail to address the national characteristics of migrant or Roma women.
Survivor-centred approach	> Service delivery is centred on the rights, needs and wishes of women and girls. > Services are tailored to the unique requirements of each individual woman and girl due to a careful prior consideration of the multiple needs of survivors, their various risks and vulnerabilities and the impact of decisions and actions. > Services should respond to the wishes of women and girls.	> The drug trafficking laws and regulations are put first. The specific needs of women who use drugs are not only ignored but condemned. > Services usually fail to respond to the needs and wishes of women who use drugs. Usually the cheapest services are provided and the package of services is limited to what harm reduction organisations, partners and state services can afford to provide.

Principles	Core elements	What does not work in cases of women who use drugs
Safety is paramount	> The safety of women and girls is the top priority in the delivery of essential quality services. > Essential services must put the safety and security of service users first and avoid causing them further harm.	> Women who use drugs who face gender-based/intimate partner violence often avoid seeking help because they do not feel safe in service centres or when contacting a rapid response service. > Women who use drugs may be put in danger and be subjected to systemic violence by service providers (e.g. police, social services, juvenile justice services).
Perpetrator accountability	> Essential services must ensure that the perpetrators can be effectively held accountable and that judicial responses are fair. > Essential services need to support and facilitate the participation of the female survivor in the justice process, promote their capacity of acting or exerting their agency. > The burden or responsibility of seeking justice is placed on the state and not the survivor of violence.	> Perpetrators of violent acts against women who use drugs often escape justice due to common discriminatory practices of blaming the survivor of the violence or normalisation of gender-based violence, as well as multiple forms of stigma and discrimination against women who use drugs. > Essential services can significantly worsen the situation of women who use drugs who are faced with gender-based violence. > Law enforcement or social services may put additional pressure on the woman. Instead of getting help and being moved to safety, a woman who uses drugs may be prosecuted for drug possession and trafficking, have her children taken into care and/or face proceedings to have her parental rights removed. > The burden or responsibility is often placed on the woman who uses drugs.

Appendix 2. Comparative table of common characteristics and guidelines for essential quality services for women experiencing violence as applied to women who use drugs.

Characteristic	Standards	Recommendations for amending the standards for essential quality services for women who use drugs
Availability	> Service delivery must be created, developed and maintained in a way that guarantees access by women and girls to comprehensive discrimination-free services in the entire territory of the State, including the most remote and isolated areas. > Services reach all populations, including the most excluded, remote, vulnerable and marginalised, without any form of discrimination, regardless of any individual circumstances and life experiences of women and girls such as age, identity, culture, sexual orientation, gender identity, ethnicity and language preferences. > Service delivery provides women and girls with guaranteed continuity of care across the network of services and over their life cycle. > Consider innovative approaches to broaden coverage of services, such as mobile health clinics, as well as the creative use of modern technologies and solutions when possible.	> Safeguards in place to ensure that women who use drugs, including cross-group women, have uninterrupted access to comprehensive services that respond to their needs. > Overcome multiple stigma and discrimination, including among service providers, that can be achieved through regular training courses on overcoming stigma and educating staff about specific approaches to women who use drugs. > Services should be made available in remote, rural and hard-to-reach areas without disclosing the problems of the client and causing even more pressure from state services; use of apartments as shelter might provide an answer. > Assistance and support programmes for women in situations of gender-based violence should address the specific needs of women by providing the following services: – provision of OST in shelters; – psychiatric and dependence counselling; – advice from lawyers or street lawyers; – counselling by a psychotherapist, including a child psychotherapist, if necessary. > Provision of a safe space / shelter / refuge for women who use drugs and their children.

Characteristic	Standards	Recommendations for amending the standards for essential quality services for women who use drugs
		> Collaboration between non-governmental organisations and state services to implement innovative approaches to services for women who use drugs. > Representatives of the community of women who use drugs are involved in the development and implementation of innovative approaches based on their interests.
Accessibility	> Women and girls are able to access services without undue financial or administrative burden. Services should be affordable, administratively easy to access and, in certain cases such as police, emergency health and social services, free of charge. > Services must be delivered to the most remote areas and be mindful of the language needs of the service user. > Information on service delivery procedures and other details about essential services are available in multiple formats (oral, written, electronic), are user-friendly and in plain language to meet the needs of different target groups.	> Women who use drugs have full access to public administrative services (e.g. recovery of lost documentation, assistance in applying for social benefits). > Training government service providers in overcoming stigma enables women who use drugs to access services guaranteed by the state. > Complaints system is in place for women who use drugs to report demands for illegal remuneration from law enforcement officials, especially in cases when the woman represents several key populations (female drug users/sex workers). > Public administrative service locations are accessible to women who use drugs; information is posted in easy-to-see places and is written in plain and understandable language.
Adaptability	> Services understand and fulfil the individual circumstances and needs of each woman who has experienced violence. > A comprehensive range of services are provided to allow women and girls to choose the services that best meet their individual needs.	> Gender-based violence service centres are sensitive to the individual circumstances of women who use drugs. > Women who use drugs have a range of options to choose from to ensure their safety. > There are crisis centres and shelters that provide a range of essential services.

Characteristic	Standards	Recommendations for amending the standards for essential quality services for women who use drugs
Appropriateness	> Every effort is made to reduce secondary action, for example, minimise the number of times a female survivor has to relay her story and the number of people she must deal with regarding her case; trained personnel are available to deal with survivors of violence. > Women and girls are given support to make sure that they fully understand their options. > Women and girls are empowered to feel able to help themselves and to ask for help. > Decisions taken by women and girls are respected after ensuring that they fully understand the available options. > Services should be delivered in a way that responds to the needs and concerns of women and girls without intruding on their autonomy.	> Centres providing services for women experiencing gender-based violence employ professionals familiar with the needs of women who use drugs and who are able to provide care in a way that does not expose them to secondary victimisation. > Women who use drugs have several options to choose from to get competent help. > Women who use drugs can choose an option that will not intrude on their autonomy.
Prioritise safety	> Services use risk assessment and management tools specifically developed for responding to intimate partner violence and non-partner sexual violence. > Services regularly and consistently evaluate the individual risks for each woman and girl. > Services use a range of risk management options, solutions and safety measures to ensure the safety of women and girls. > Service providers should ensure that women and girls receive an individual plan based on their own strengths that also includes risk management strategies.	> Safety services for women who use drugs assess possible risks associated with response measures. > Women who use drugs are given a choice of options to ensure their safety based on their specific situation. > Cross-sectional experts coordinate their efforts when dealing with women who use drugs to avoid making a woman's situation worse and to prevent structural violence by service providers.

Characteristic	Standards	Recommendations for amending the standards for essential quality services for women who use drugs
	> Services should be delivered in a way that responds to the needs and concerns of women and girls without intruding on their autonomy.	
Informed consent and confidentiality	> Services follow a code of ethics for the exchange of information (in compliance with existing legislation), including what information to share, how to share it and with whom. > Service providers working directly with women and girls are aware of, and comply with, the code of ethics. > Information relating to individual women and girls is considered confidential and is stored securely. > Women and girls receive support to fully understand their options and the implications of disclosure when receiving services. > Service providers understand and comply with their responsibilities with respect to confidentiality.	> Services for women who use drugs put their lives and safety first. > Service providers adopt a non-discriminatory approach and follow the code of ethics for women who use drugs.
Effective communication and participation by stakeholders in the design, implementation and assessment of services	> Service providers do not judge, they empathise and support. > Women and girls have the opportunity to tell their stories, be listened to, and have their stories accurately recorded. > The woman experiencing violence must also be able to express her needs and concerns according to her abilities, age, intellectual maturity and capacity.	> Service providers employ female professionals familiar with the needs of women who use drugs, who are aware of their needs in a crisis situation. > When catering for women who use drugs, service providers do not make judgements or give advice about substance use. > Women who use drugs are free to express their needs and voice concerns without fear of being judged by the representative(s) of the service provider.

Characteristic	Standards	Recommendations for amending the standards for essential quality services for women who use drugs
	> Service providers validate the concerns and experiences of women and girls by taking what they say seriously, without blaming or judging them. > Service providers must offer information and counselling that helps women and girls to make their own decisions.	
Data collection and information management	> Ensure there is a documented and secure system for the collection, recording and storing of all information and data. > All information about women and girls accessing services (such as client files, legal and medical reports, safety plans) is stored securely. > Ensure accurate data collection by supporting staff to understand and use the data collection system(s), and by providing them adequate time to enter data in data collection systems. > Data are only shared between organisations using agreed protocols. > Timely analysis of collected data helps understand the prevalence of violence, trends in using the essential services, helps evaluate existing services and informs prevention measures.	> Data collection on women who use drugs evaluates the risks associated with disclosing information about their drug dependence or other confidential information, including medical diagnoses. > Data on women who use drugs are stored securely and cannot be used to incriminate them by law enforcement and judicial authorities.

Characteristic	Standards	Recommendations for amending the standards for essential quality services for women who use drugs
Linking with other sectors and agencies through coordination	> Information sharing and referral procedures are consistent between services, are known to agency staff, and are communicated clearly to women and girls using such services. > Services have mechanisms for coordinating and monitoring the effectiveness of the referral process. > Services refer to child-specific services as required and when appropriate.	> Procedures for cooperation between information sharing and referral services aim to establish a system of comprehensive assistance to women who use drugs in situations of gender-based violence. > Collaboration between services aims to develop the best procedures for helping women who use drugs, rather than perpetuating a punitive approach towards drug use.

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