



# INTERLEAVE

AN INTERVENTION TOOLKIT TO DEAL WITH WOMEN DRUG USERS VICTIOM OF GENDER-BASED VIOLENCE



European  
Commission

Justice  
Programme

# INTRODUCTION

## **Title:**

an INTERvention tooLkit to deal with women drug users victims of gEnder bAsed  
Violence

**Starting Date:** 01/11/2020 - **Duration:** 24 months

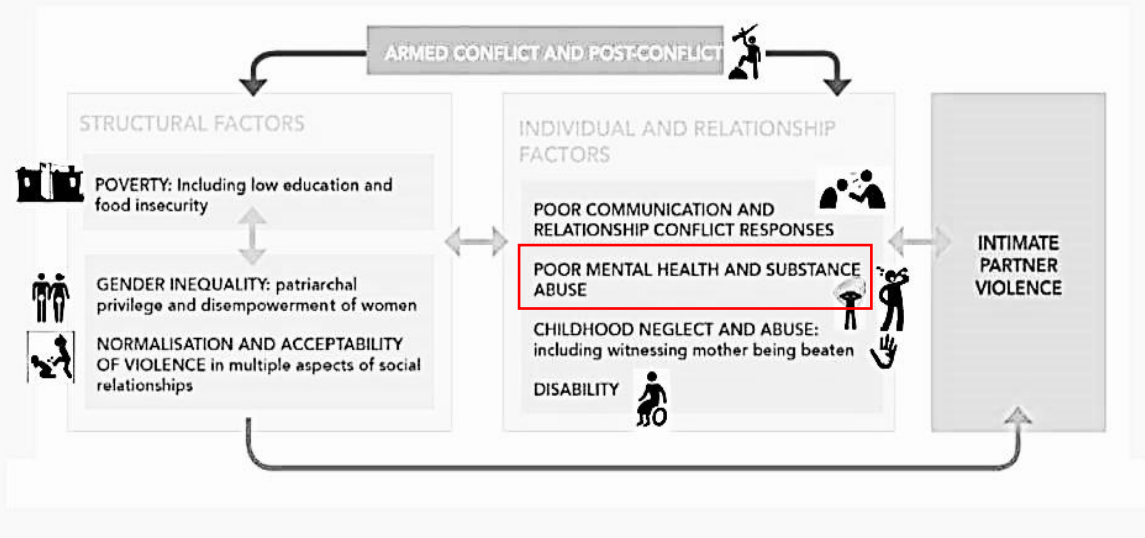
## **Topic:**

JUST-2019-AG-DRUGS

Supporting Initiatives in the Field of Drugs Policy

# PROJECT SUMMARY

## DRIVERS OF GENDER-BASED VIOLENCE (GIBBS, ET AL., 2020)



STATISTICS DATA FROM THE  
EUROPEAN DRUG REPORT  
2021: STATISTICS AND  
DEVELOPMENT

Women make up approximately a quarter of all people with serious drug problems and around one-fifth of all entrants to drug treatment in Europe. Among them, a high percentage are victims of GBV. Despite the increasing efforts and initiatives at local and international level to tackle this problem, too little is still being done to provide effective prevention and protection to reduce the vulnerability of women.

This project aims to evaluate GBV experienced by the addicted women in the participating countries, as well as the best prevention and intervention practices, including an analysis of the existing shelter homes, in order to produce a model of intervention (a toolkit) that takes into account and optimize the already existing measures put in place.

More specifically, the project will foresee an overall assessment of specific local initiatives performed by participating countries through literature review, structured questionnaires and focus groups to assess current tools for the active prevention of crime in favor of the empowerment of the affected women and identify best practices.

The project will aim at producing a toolkit of intervention that will be first tested in the countries participating in the Project, meant to support the civil society organizations by reinforcing their advocacy function, capacity to make a difference at the local level, best practice sharing methods.

# CONSORTIUM



COMUVE  
ITALY



EU-OPEN  
ITALY



THERAPIEVERBUND



VEREIN  
AUSTRIA

## **Comunità di Venezia**

is a social-services cooperative that operates in the Venice area helping people recover from addictions through both therapy facilities dedicated to assistance, rehabilitation and social reintegration of drug or alcohol addicts, and through research and training activities.

## **Eu-Open**

is a company that provides consulting, planning, management and training activities on European institutions, in particular on the programs of the European Commission, to increase the competitiveness of Italian companies.

## **Therapieverbund Ludwigsmuehle, Germany**

provides one of the five special services for drug addicted woman. It cooperates in a regional network with many facilities like women's shelters and Gender Based Violence- counselling services.

## **Therapiesalon im Wald, Austria**

is a non-profit health organization in the field of prevention and residential treatment of psychosomatic diseases.

# CONSORTIUM



FUNDACIÓN  
SALUD Y COMUNIDAD  
FOUNDATION HEALTH AND COMMUNITY  
FONDATION SANTÉ ET COMMUNAUTÉ

FSC  
SPAIN

## **The Fundación Salud y Comunidad, Spain:**

is a non-profit organization, engaged in actions at national and European level. It has a broad experience in the promotion and management of services concerning several social-related issues. It has been leader in defining models of action in violence against women and drug addiction and their interactions.



IREFREA  
PORTUGAL

## **IREFREA, Portugal:**

an NGO doing research in projects related to family and recreational contexts, It has been developing professional partnerships with national and European experts in the field of peer education, drug prevention and drug demand reduction.



ZAJEDNICA SUSRET

## **Zajednica Susret, Croatia:**

an humanitarian organization that has been operating in the Republic of Croatia for almost three decades now. Its co-reactivity is prevention and out-of-hospital treatment of addiction to drugs, alcohol, gambling, and other forms of addiction

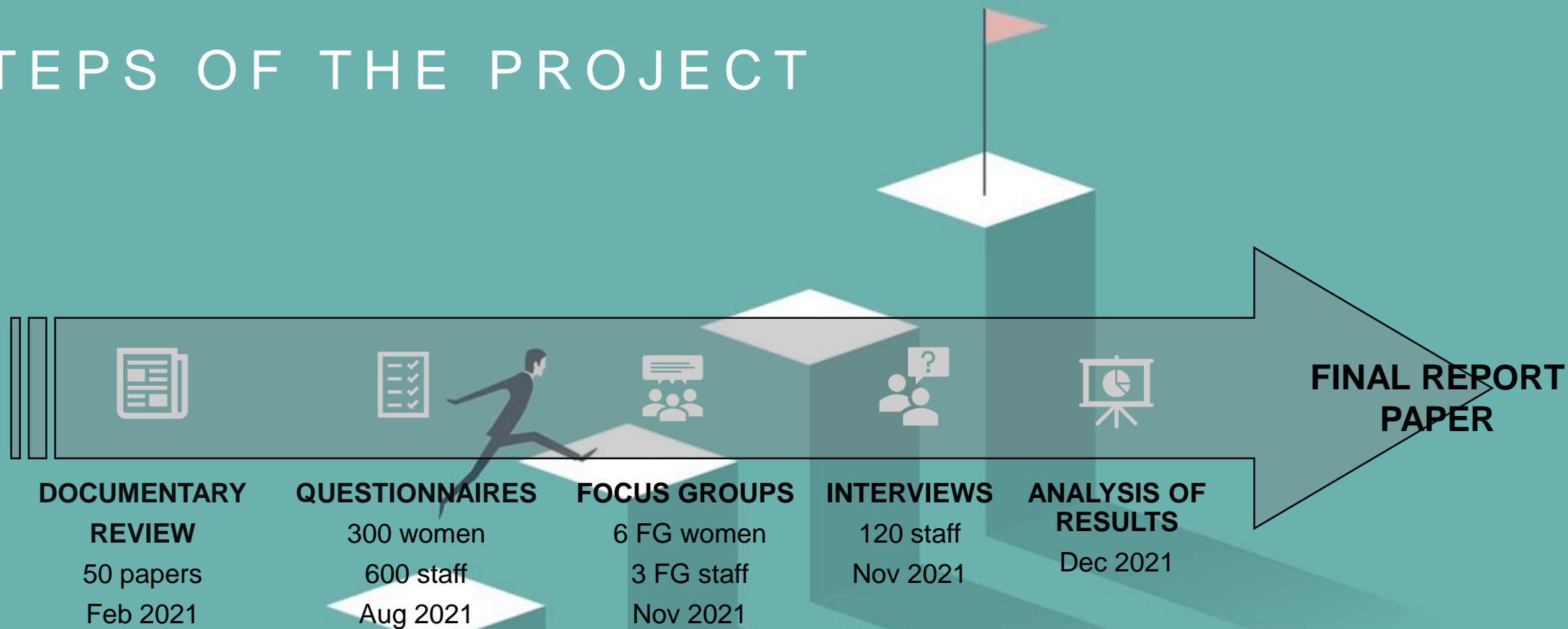


ENSA  
ITALY

## **ENSA - European network of Social Authorities:**

its aim is to promote international cooperation in the social field particularly in five subject areas of intervention each lead by a different Local Authority: elderly (Rotterdam), youth and Family (Veneto Region), child issues (Flanders), disability (Conseil Départemental du Val de Marne) and social inclusion transversal to all groups.

# STEPS OF THE PROJECT



## DOCUMENTARY

### REVIEW

50 papers

Feb 2021

## QUESTIONNAIRES

300 women

600 staff

Aug 2021

## FOCUS GROUPS

6 FG women

3 FG staff

Nov 2021

## INTERVIEWS

120 staff

Nov 2021

## ANALYSIS OF RESULTS

Dec 2021



# MEANS OF RESEARCH

The **Specific Objectives** are to analyze the types and characteristics of gender-based violence experienced by women drug users in the international arena and to develop a toolkit of prevention and intervention.

## **QUESTIONNAIRES**

Two questionnaire have been designed: one aimed at women drug users facing Gender-Based Violence, and a second one aimed at country staff linked to the subject of the project.

Regarding the first questionnaire, information will be collected about the types and characteristics of Gender-Based Violence faced by women drug users: physical, psychological, sexual, economic, obstetric, institutional, and/or symbolic violence.

The second questionnaire will investigate the prevention and intervention practices to address the issue, such as prevention and advocacy campaigns, local protocols of action in coordination with the agents of the territory, specific characteristics of the shelter homes, etc.

## ***FOCUS GROUPS AND INTERVIEWS***

The idea is to depth into some issues appearing in the surveys in order to better understand its nature and dynamics. And this is a specific research in the intersection among drug use and dependance on one hand gender based violence on the other.

## Staff Focus Groups – TOPICS ADDRESSED

- *Violence* ↔ *Addiction*: Gender-based violence can lead to drug or alcohol use and, conversely, drug or alcohol use can lead to GBV. These may be also parallel processes. From your experience, which is more common?
- Do you think the relationship between GBV and drug use has always been understood this way? Do you think that being read as a woman drug or alcohol user exposes to more violence and criminalisation than a woman not user?
- *Discrimination Factors*: Do you think LTbQ+ women who use drugs experience the same violence as cis/heterosexual women who use drugs? What about racialized women who use drugs? What about poor women who use drugs? What about women with mental disorders who use drugs?
- *Violence, emotional relationships and addiction*: In general, do you think that having a sex-affective partner who also uses drugs expose women to more violence?
- *Type of drugs*: Do you think that the use of certain drugs or alcohol promotes the practice of GBV?





## Woman Focus Groups - Topics

### 1) *Drug use and GBV*

- In general, do you think that women who use drugs experience violence as much or more than women who do not use drugs? What kind of violence?
- Do you think that the relationship between drug use and violence experienced by women has always been taken into account?
- What is usually the gender of the perpetrator? Do you think violence is gendered? Why?
- Does using drugs + being crossed by another axis of discrimination (gender identity, ethnicity, poverty, mental health...) expose you to more violence? In what way?
- Do you think that the use of certain drugs is the cause of GBV?

### 2) *Experiences and improvements in care services*

- In the preliminary results, it has been observed that, in general, women feel more judged in general care services (especially health, social, child protection and police services) than in services for people who use drugs/GBV care. Why do you think this happens? How can care for women who use drugs in general care services be improved?
- Do you think it is common for women to avoid drug/homeless services for fear of encountering perpetrators? Is it common for women to be assaulted by other clients in these services, and by professionals? How can care for women who use drugs in drug/GBV services be improved?

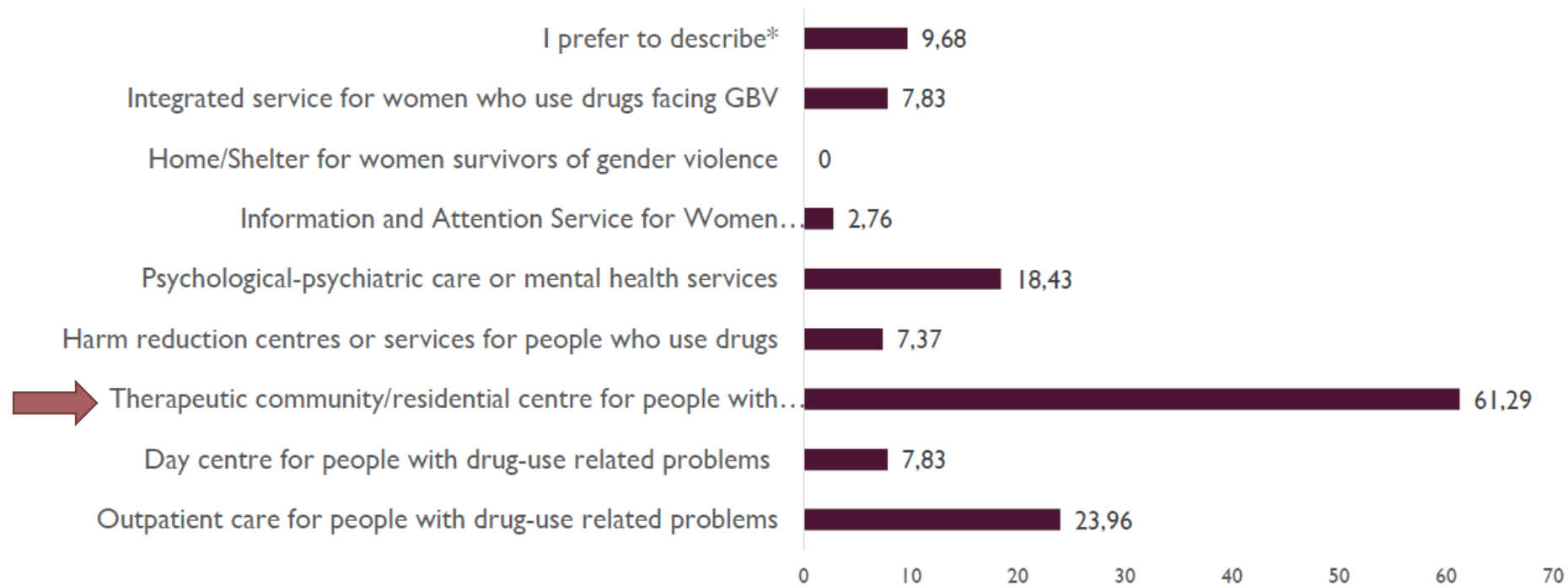


# DATA

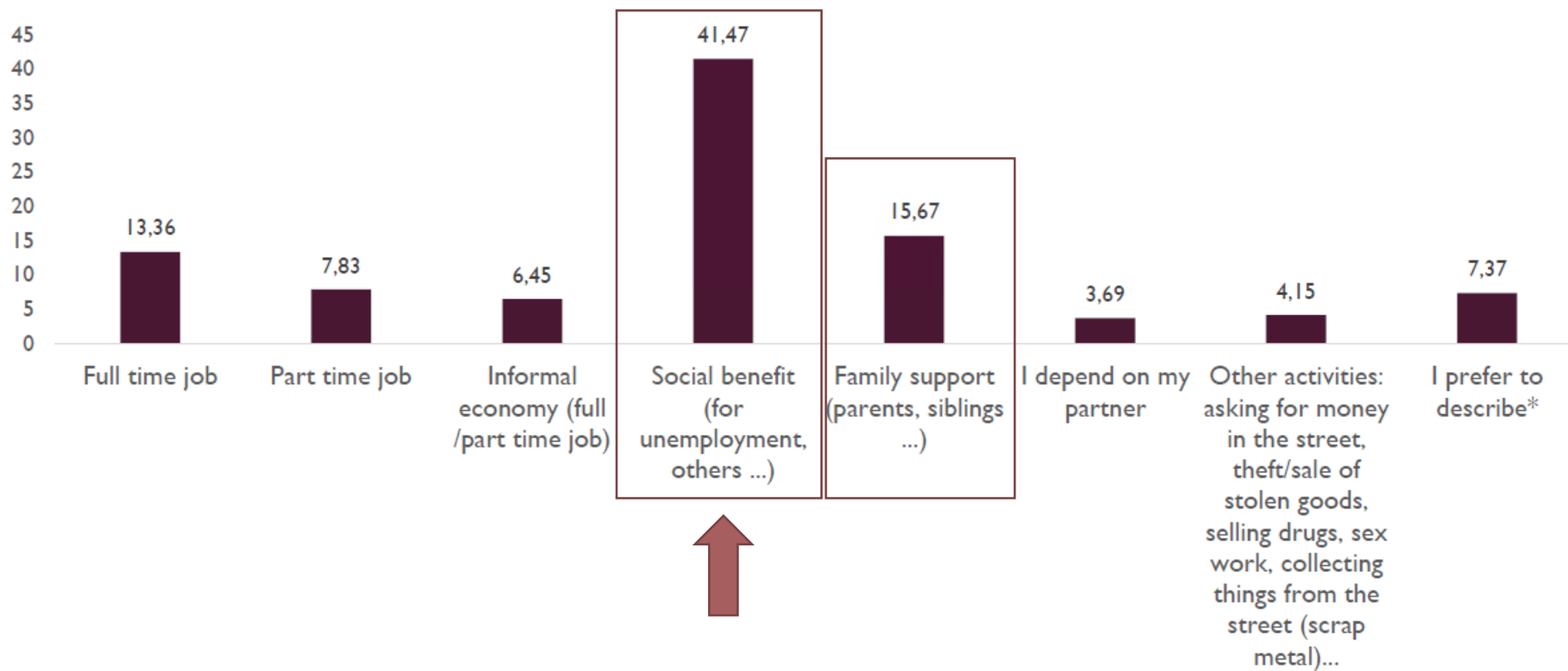
# RESULTS

Preliminary results of the 70% sample of the surveys

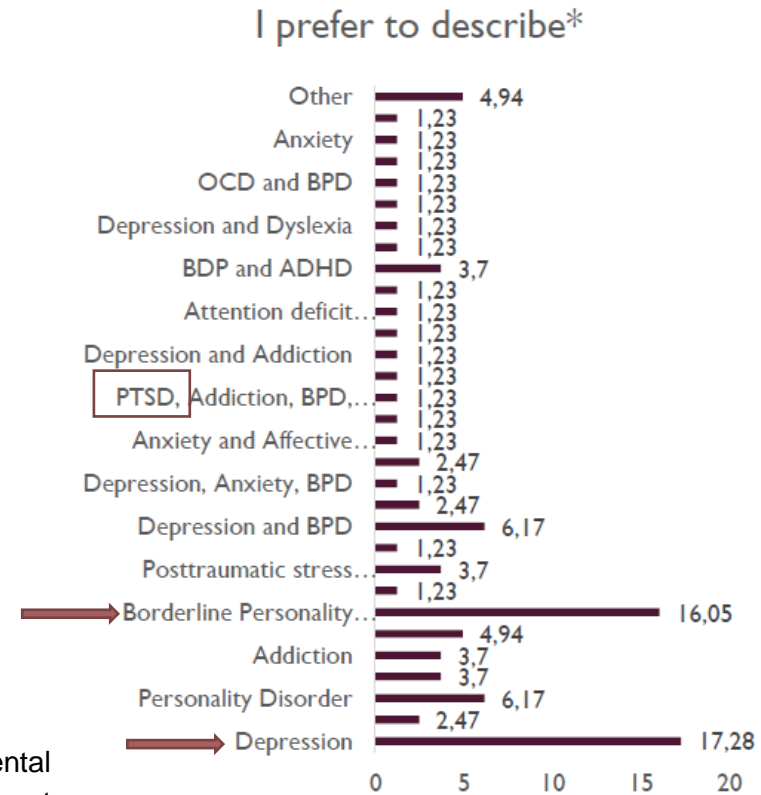
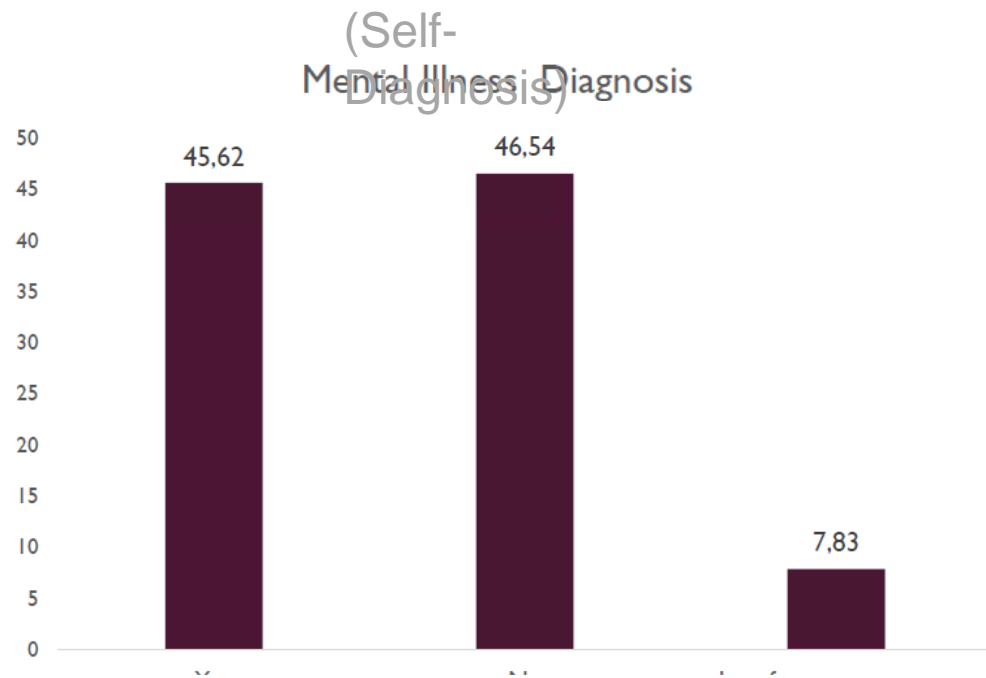
## CURRENT SERVICE



# INCOME SOURCE

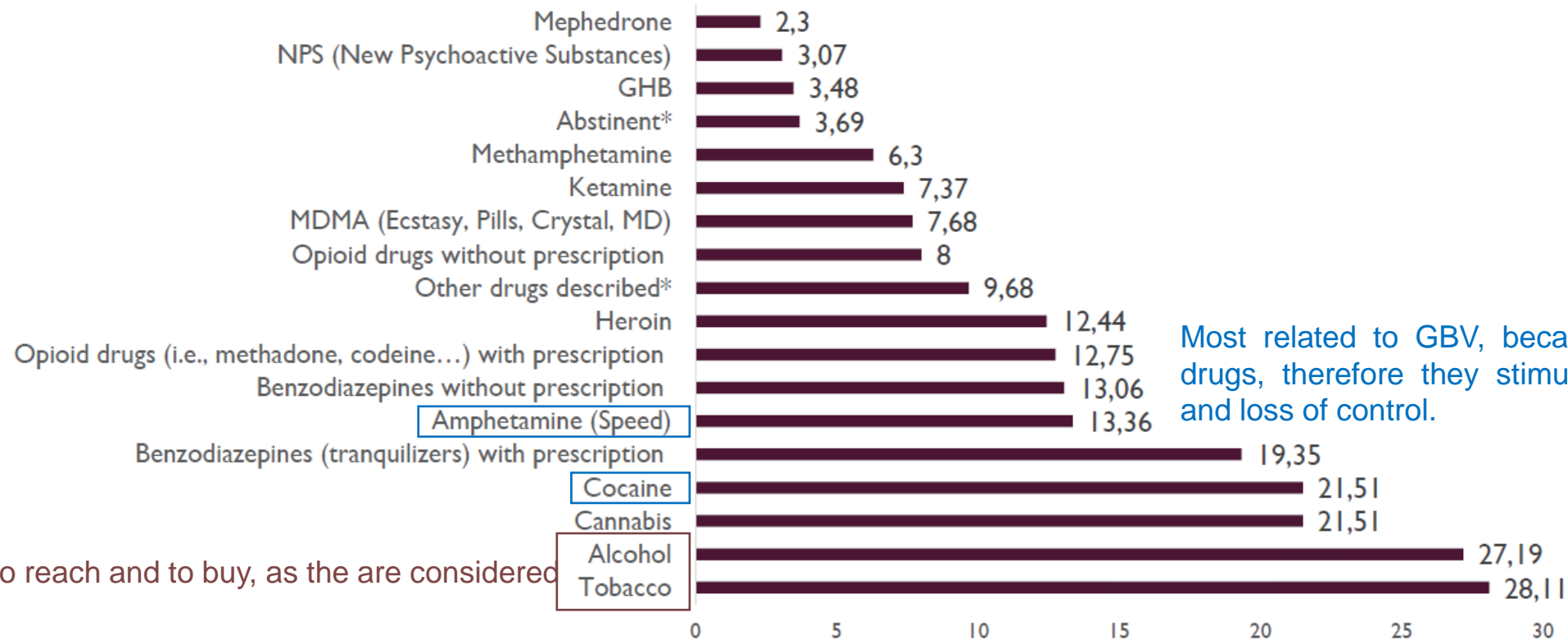


# MENTAL ILLNESS



**focus:** we can see that there is a correlation between GBV, addictions and mental illness; Many women declared not to suffer from mental illness, but we want to point out that this is a self-diagnosis. We can say that most of them fail to recognise that they suffer from those ailments; in fact the data collected from the professionals are different and for example the PTSD is one of the main illness faced in the clients.

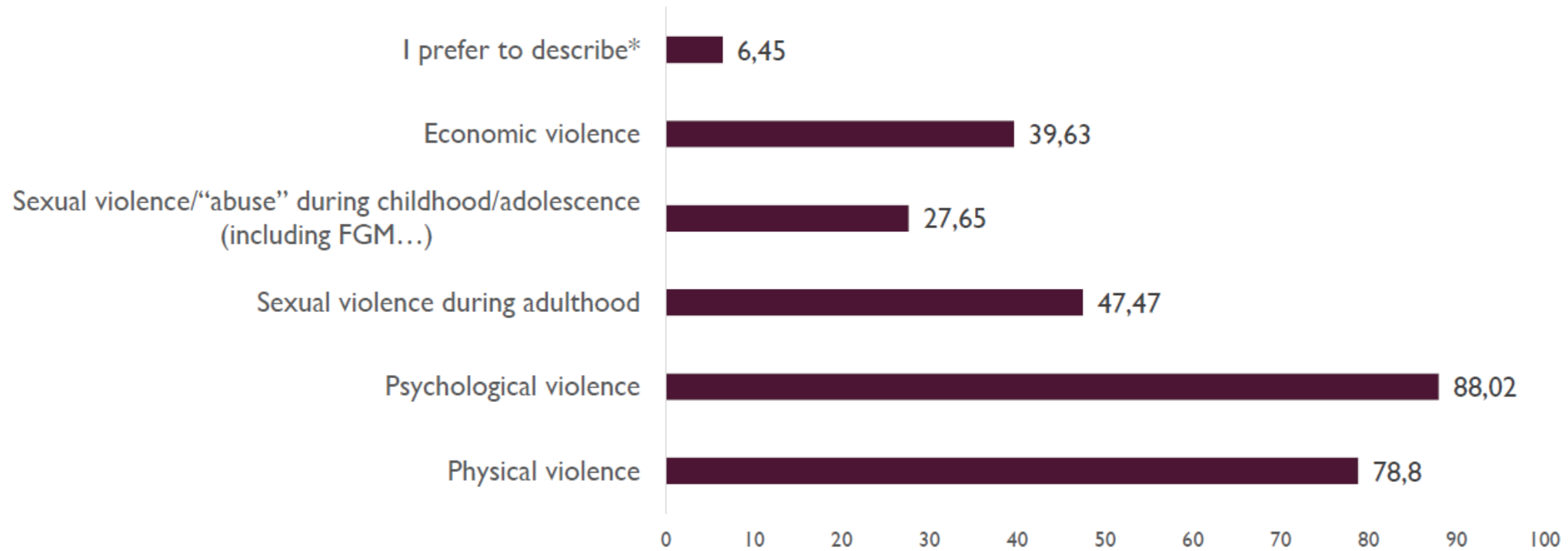
# DRUG USE



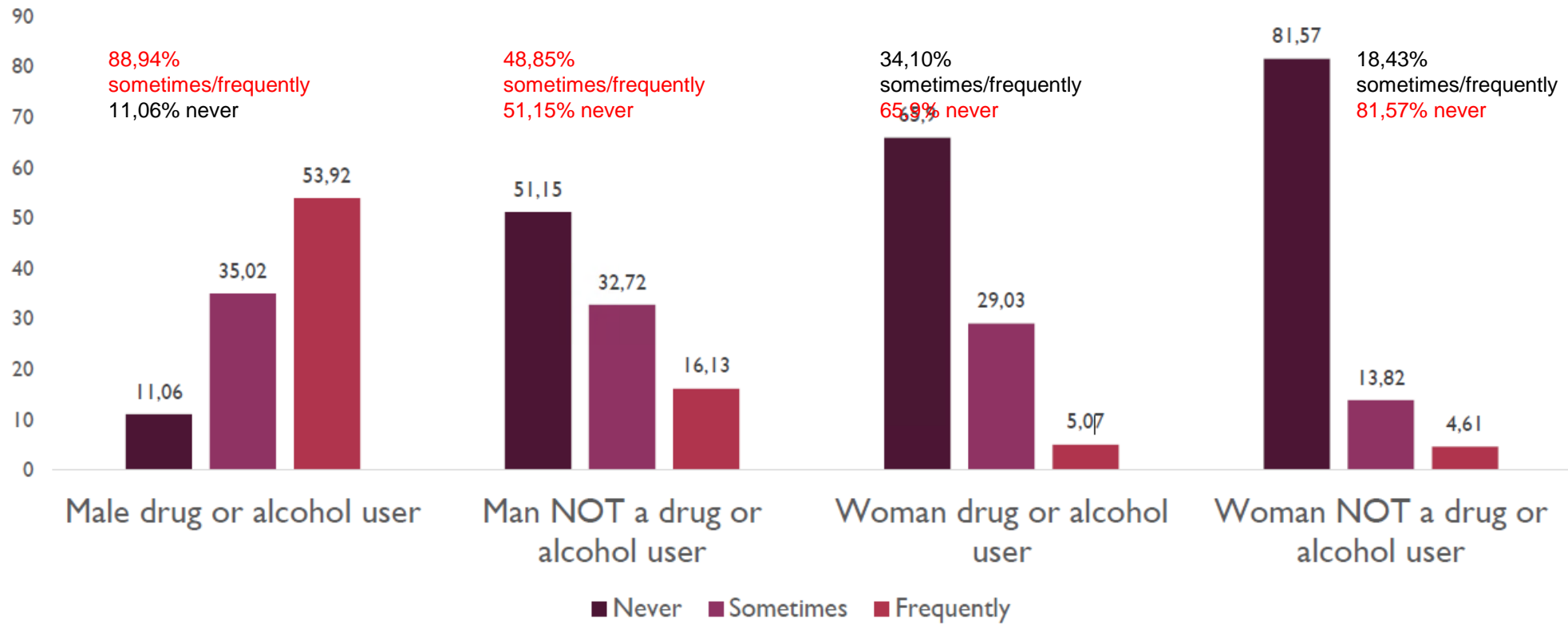
Most related to GBV, because they are exciting drugs, therefore they stimulate greater reactions and loss of control.

Easier to reach and to buy, as they are considered legal

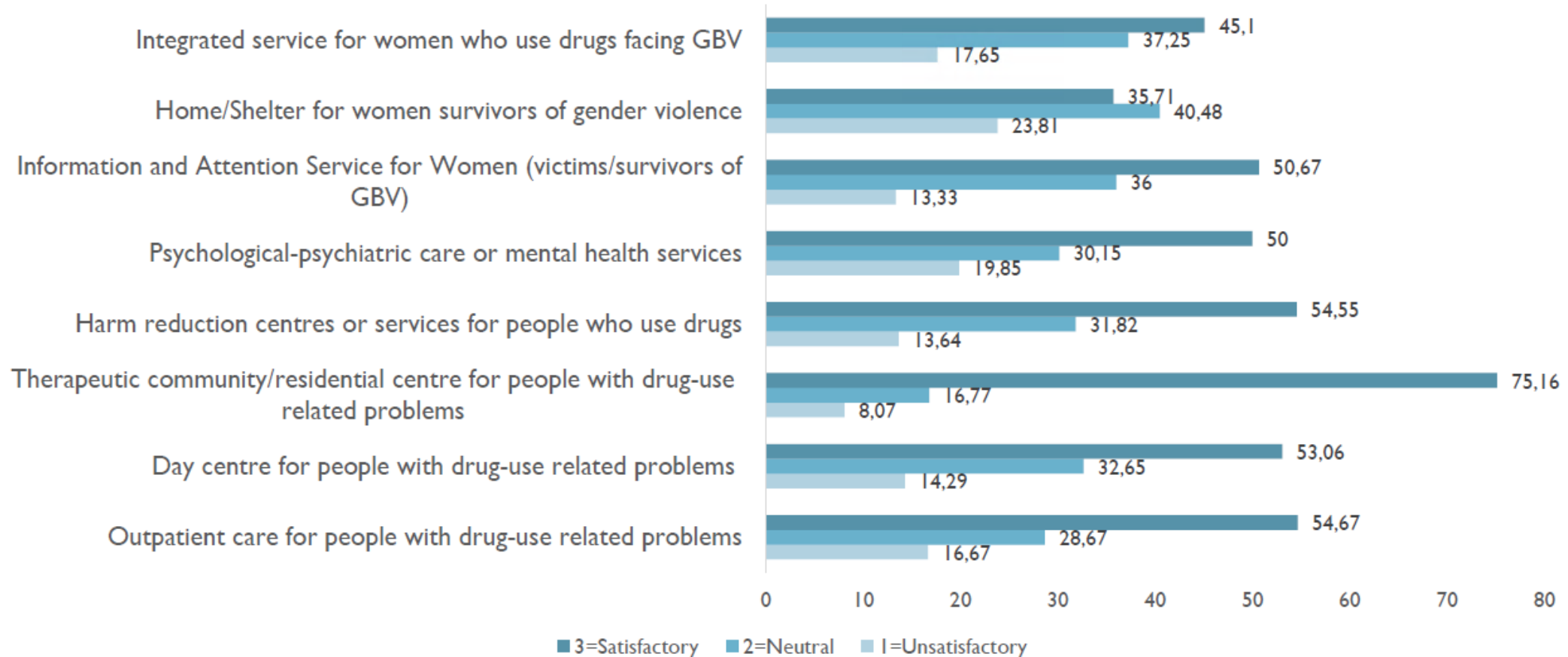
## GENDER-BASED VIOLENCE TYPES



# GENDER OF PERPETRATOR



## SATISFACTION IN SPECIALISED SERVICES



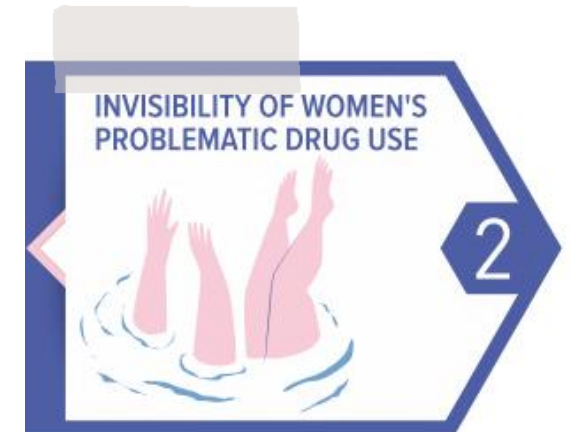


# NOTES OF REFLECTIONS



Programmes should be designed from a gender perspective, especially such areas as therapeutic activities, infrastructure, schedules a.s.o.

Greater knowledge of the characteristic of addiction in women should be promoted; and protocols and training should be adapted and improved. Lastly , sex-disaggregated data should be gathered.



It is necessary to establish effective working linkages with other service providers to provide a comprehensive assistance to women who use drugs

# NOTES OF REFLECTIONS


Gender-sensitivity awareness and training are of a critical importance for all staff-members, including sessions to question their own attitudes and beliefs regarding woman who use drugs



Violence is a contributing factor in substances use. It is therefore necessary to address both problems in a comprehensive way in order to work not only on the determinants of addiction, but also on those of violence and the relation between both.

Gender-sensitive prevention campaigns can help to reduce the stigma related to women who use drugs, improve their quality of life and access and adherence to treatment. In addition, adequate training should be provided to health care providers to reduce stigma.





We prepared some slides with few information about the situation of drug addiction and gender based violence during Covid-19 in Italy.

This is not directly part of the INTERLEAVE project.

“One out of three women worldwide experiencing violence in their lifetime”; that has been defined by the World Health Organization (WHO) as a “global public health problem of epidemic proportions”. During the current COVID-19 pandemic, the WHO and other international authorities have warned about the increased risk of GBV related to more time spent indoors, isolation from social and protective networks, and greater social and economic stress related to both the epidemic and response measures. In Italy, the most recent national data indicate that 31.5% of women between 16 and 70 years of age have experienced physical or sexual abuse at any point in their lives, with violence attributed to a current or former partner in 13.6% of cases.

We report here data from the Italian National Women’s Network Against Violence, D.i.Re. In this sample, while the monthly average of women accessing anti-violence services was relatively stable during the years 2016, 2017, and 2018 (mean value: 1306 women, 95% CI 1255 to 1357), a sharp increase was observed during March and April 2020

These findings are in keeping with data published by the Italian National Institute of Statistics (ISTAT), indicating a 59% increase in calls to a hotline for GBV victims between 1 March and 16 April 2020 compared to the same period in 2019.

There is also crucial need for a coordinated public health response to COVID-19 based on an intersectoral, human-rights centered framework, and science-driven theory and methods. Despite this, in Italy the methodology of **monitoring framework includes only 21 indicators, and none of these consider expected adverse effects of COVID-19 containment measures such as violence against women and children, mental health problems, drugs addictions or reduced or delayed access to health services.** In the absence of a comprehensive monitoring framework, whether emerging data on violence against women will actually be considered to shape future policies in Italy, or how, are still unanswered questions.

**Greater cooperation is needed as well between law enforcement, health, and social services, among others, to improve surveillance of GBV and facilitate continuity and quality of care for victims. Finally, sufficient resources must be provided for prevention and support services for GBV victims, and for data collection and research to inform effective policies.**

# ITALY: GBV AND COVID-19



## VULNERABILITY OF WOMEN WHO USE DRUGS DURING COVID-19 OUTBREAK

“We have seen an increase in domestic violence because of the physical distancing and stay at home policies during this pandemic. **So, for women who use drugs, violence has increased both at home and in the streets. COVID restrictions have also made it more challenging for women who use drugs to get drugs. This is caused by financial problems that many women are facing during the pandemic** (for example they’re lose their income like many other people in the world), combined with restricted mobility policies. **Transgender women who use drugs face even greater challenges: they are unable to work, and many cannot access basic government food support because they do not have identity documents. Women are also experiencing difficulties in accessing essential health services, because health providers restrict the number of daily patient visits. Health workers only prioritize emergency cases, and for them women who use drugs are definitely not on their priority list. This situation and the uncertainty have affected our community’s mental health. Women who use drugs became more stressed, more desperate, and more vulnerable to turn to sex work to fulfil their need for basic necessities and for drugs.** The easiest way is for them to exchange sex with the drug dealer for drugs. In the absence of economic support, some women end up trafficking or dealing drugs. Even if women are fully aware that they’re the victims, they are placed in situations where their economic independence and agency to act safely are taken away. **Not only are women who use drugs the victims of their abusive relationship with the drug dealers, police, and partners, but now they also became victims of a government unprepared for dealing with this pandemic** and protecting its most vulnerable citizens. As my closing statement, I would like to encourage all the people in the world especially women who are facing many problems during this pandemic to help each other. Our little help might be a greatest gift for the people that we helped. Also, I would like to ask all women wherever you are to speak up, the more women speak, the more people will know about the challenges we face and the greater the



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THANK YOU FOR THE ATTENTION