

NUMBER 3

NEWSLETTER

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AT STAKE

Stopping gender violence against women drug users



"Women belong in all places where decisions are being made"- Ruth Bader Ginsburg



1.INTRODUCTION

by Paolo Stocco, Comunità di Venezia

Welcome to the third newsletter of the INTERLEAVE project! The aim of the project is to provide effective prevention and protection strategies and tools to reduce the vulnerability of women victims drug users victims of GBV.

The project aims 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, their capacity to make a difference at the local level, their best practice sharing methods.

In this phase of the project we focus on understanding gender based violence against women and on mapping good and bad intervention practices with a research carried out by Fundacion Salud y Comunidad from Barcelona. Another action has been a staff exchange held in Vienna hosted by Therapiesalon im Wald with the different participating partners' countries (Italy, Portugal, Croatia, Spain, Austria and Germany).

That has been a specific and fruitful moment for exchange of knowledge targeting interventions, which have been proven successful, necessities generally not met as well as the definition of specific competences and soft skills professionals should have when treating women drug user victims of GBV.

Finally, we would like to promote the next transnational meeting of the project with an invitation for the exchange of best practices, capacity building and the development of an interventional toolkit. The event will take place in Lisbon on June 29 2022 with the support of the European Observatory on Drugs.



Paolo Stocco, Comunità di Venezia



2.FLASH: INTERLEAVE RESEARCH "WOMEN DRUG USERS FACING GBV"

by Fundacion Salud y Comunidad, Barcelona

At the **core of the INTERLEAVE project** lies the present analysis by Fundacion Salud y Comunidad of the final results of women's and staff questionnaires that were aimed at examining the types and characteristics of gender-based violence experienced by women drug users and to investigate prevention and intervention practices to address the issue.

The **womens' questionnaire** has been carried out taking into account factors such as age, sexual orientation, nationality, education, income, housing situation, children, sex affective situation, self-reported mental health and illnesses, drug use, types and context of violence, including institutional violence. The legal framework and scientific litterature have been considered as basis for the research and disseminated through the 6 countries of the partnership.

The **staff questionnaire** has considered factors such as country of residence, type of service, professional role or financial treatment sources. Criteria such as the service approach, the most desirable treatment option have been taken into account.

Besides, **15 focus groups** with women who use drugs and staff and **120 interviews** with key informants have been carried out.

In addition, a scientific and grey literature review of more than 80 papers was conducted.

Get ready, the full results of the reseach will be available on the projects website, will serve as basis for the intervention toolkit and will be presented at the final event of the project scheduled for September / October 2022 in Venice.



3.ON THE SPOTLIGHT: VIENNA STAFF EXCHANGE, GBV, QUALITY STANDARDS AND DRUG STRATEGY

Interview with Dr. Thomas Legl from Therapiesalon im Wald, Austria and Dr. Dirk Kratz from Thearapieverbund Ludwigsmühle, Germany.

Due to the COVID-19 situation, the Staff Exchange in Vienna was the first meeting where the project partners met in person since the beginning of the project in November 2020.

What was the objective of this seminar?

The main goal was an intense exchange of knowledge with fruitful outputs.

Regarding the topic of gender-based violence against women drug users, why do you think gender makes difference, according to the results of the seminar?

Many drug services are male oriented. Women are facing specific difficulties in stigma, socio-economic burdens, social support. In addition, their partners are often drug users and these women have the responsibility to raise children. Compared with men, women who use drugs are more likely to have experienced sexual and physical assault and abuse as children or as adults and to be exposed to intimate partner violence. Post-traumatic stress disorders and other mental health problems, such as anxiety and depression (as a possible result) are more common among women drug users.

Comparing and investigating the EMCDDA and UNODC manuals, what remarks can you make?

The EMCDDA Manuel showed that the words women, gender, violence, pregnant, children, girls etc. are indicated only a few times. So, there is even less information or actually no explicit mentioning of the project topic. The UNODC Manual showed more results regarding the keywords. There are more women orientated and sensitive results sometimes in connection with violence but likewise does not has any information in particular regarding women facing GBV.



Could you give some examples of interventions that proved to be successful?

The results of the group work held in Vienna showed that the relevant topics are: awareness raising, knowledge generation and trainings organization. A strategy to reach these aims can be achieved through awareness campaigns, lobbying and the development of networks of professionals. The gender perspective has to be a mission throughout the organization and a fundamental necessity is that women shelters must also be available for women drug users (even if they have children). Therefore, the services need to recognize the real needs and adapt the service. The treatment requires specific therapeutic intervention, amnestic diagnoses or participatory involvement of GBV victims as well as the knowledge of how a repressive system works. After detecting the first signals, the services need to know how to forward and address them. Since an early detection system is missing, networking and cooperation between women's shelters and treatment centres should be established. Certainly, the political narrative of prejudices against women drug users must be countered. Another necessity is scientific work: ongoing research, evaluations and good practices determine what needs to be generalized in a further step (e.g. Toolkit).

What specific competences and soft skills professionals should have when treating, supporting, counselling women drug users victims of GBV?

Specific trainings on how to deal with traumatized women should be integrated. Training on addiction, medical consultation, knowledge of substitution, and the impact of violence through GBV should be provided as part of the therapeutic treatment counselling. Furthermore, easily accessible data and the understanding of the dynamics of GBV for therapeutic staff is essential.

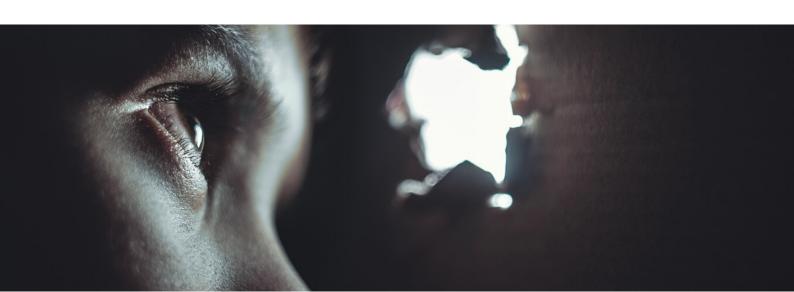
What strategies could help in favouring cross-knowledge among professionals and cooperation between institutions?

There are many ways to anchor cross-knowledge among professionals and cooperation between institutions. In general, it is about communication, scientific work, seminars and the dissemination or exchange of the results. This can be conferences, publications, connecting to existing networks, working with universities and eventually building long-term and stable cooperations.



What are the necessities for development of institutions offering integrated therapy counselling support?

First of all, institutions need to review their organizational structure, because gender perspective already starts in the structure as a part of the organization mission. Another necessary aspect is the equality of gender in leading positions. Furthermore, it can be said that changing of patriarchal and androcentric structures is necessary to implement a functioning gender perspective. Additionally, to emphasize the inclusion of team perspective, decisions should be made as a team. To go even further, all stakeholders must gain more knowledge about organizational structure, including the gender perspective. Lobbying to political parties is also essential with gender perspective as a European Quality Standard. In addition, raising awareness about the financial benefits of functional organisations with gender perspective is key. Apart from this, there are many prejudices against female drug users, which makes it difficult to collaborate with women shelters, so evidence-based knowledge against myths and stereotypes regarding female drug users is essential. To achieve a structured gender perspective in the institution, external coaching and supervision for the entire organization is desirable. A best practice example could be a "gender team group", which involves directors, managers and executive staff members.



4.EXCHANGE OF BEST PRACTICES, CAPACITY BUILDING AND A DEFINITION OF AN INTERVENTIONAL TOOLKIT, LISBON JUNE 29 2022

Thanks to IREFREA, a Portuguese NGO with specific experience in research, primary applied prevention, theoretical and scientific study of risk factors and evaluation in the field of drug prevention and drug reduction a seminar will be organised in Lisbon on June 29 2022.

You are welcome to participate at the event, supported by the European Observatory on Drugs, where there will be specific trainings for professionals. Furthermore, you are encouraged to exchange best practices.



Interested to learn more about the project?

Visit our website: http://interleave.org/home/
Write us an email: info@interleave.org

EU NEWS

1) Council of Europe: Seminar on drug-facilitated sexual assault (DFSA): a challenge to gender-based violence https://www.coe.int/en/web/presidency/italian-presidency-news/

2) International Women's Day 2022: Commission proposes EU-wide rules to combat violence against women and domestic violence https://ec.europa.eu/commission/presscorner/detail/en/ip_22_1533

GREETINGS FROM THE INTERLEAVE PARTNERSHIP!



















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