Briefing paper on Violence against Women who use Drugs and Access to Domestic Violence Shelters

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Introduction

Violence against women remains endemic worldwide. Certain groups of women are particularly vulnerable to violence yet their specific needs are continually ignored. This is evident when looking at violence against women who use drugs.

Women who use drugs suffer structural violence resulting from punitive drug enforcement that increases harms associated with drug dependency. Research also indicates that intimate partner violence is more commonly experienced by women who inject drugs than women in the general population.¹

Despite their heightened vulnerability to diverse forms of violence and abuse, the majority of women who use drugs are unable to access shelters. The failure to uphold the rights of vulnerable women who are dependent on drugs to shelter and support results from a range of structural inequalities: from the denial of access by shelter managers, to state policies that systematically ignore the needs of women who use drugs.

Violence against Women Who Use Drugs

Violence against women can both instigate substance use and have a significant impact on the development of patterns of problematic drug use.²

Many women who use drugs suffer violence and abuse at the hands of their partners, the low social status of these vulnerable women increasing the risk of such abuse.³ A study of women who use drugs in Pakistan reported that violence against women who use drugs was rife, one interviewee stating that ‘violence and abuse is our fate. We are beaten by our spouses, brothers, children…’.⁴

Recent research from Georgia found that over 80% of women who use drugs have suffered violence in their homes.⁵ A study from the United States reported on abusive partners coercing women into using illicit substances as part of the pattern of violence, in an effort to render women more dependent on them and exert greater control in the relationship.⁶

According to European Monitoring Center for Drugs and Drug Addiction (EMCDDA), social, physical and psychological factors can predispose women to influence and exploitation by male partners. They also report that drug dependency can lead to women engaging in sex work as a source of income,⁷ which in turn can increase their vulnerability to violence.

Access to Shelters for Women who use Drugs

It is widely recognised that women survivors of violence need services specialised on the issue of violence.⁸ Practice from different countries shows that general services such as social services or general shelters are not adequately provisioned to comprehensively support women who experience violence. Furthermore, shelters lack the specialised services that are necessary for specific health problems.⁹

Women who use drugs often experience barriers to accessing health services and very few services are tailored towards them. In most countries, women make up a smaller proportion of people who use drugs than men and services are often designed with male clientele in mind. Research shows that often women’s experience of violence is not addressed in substance use
treatment services, which are generally mixed gender. In such settings, women may be confronted with the same structures of power, violence and dependency, leading to treatment drop-out. At the same time, shelters for women experiencing domestic violence are not able to address substance use problems and, in most of them, women may not be accepted if they are suspected to be using drugs.\textsuperscript{x}

At the same time, women who use drugs are frequently excluded from shelters and other support services. This protection gap forces women who use drugs to remain in violent relationships or face potential homelessness, compromising their safety and violating their right to live free from violence.\textsuperscript{xi}

Failure to access domestic violence shelters and other services results from a range of societal, legal, and structural factors. Often fear and the threat of violence act as a deterrent against women accessing services.\textsuperscript{xi} In addition, women who use drugs fear that accessing services will result in them being placed on national drug registers, an act that can result in loss of parental rights\textsuperscript{xiii} and in some countries being able to get a job.\textsuperscript{xiv}

The most significant barriers, however, are structural. The Network of Women Against Violence in Europe (WAVE) reported that in Spain both native and migrant women who are dependent on drugs are restricted from accessing shelters\textsuperscript{XV} while only one women’s shelter in Slovenia provides support for women who use drugs who have suffered violence.\textsuperscript{XVI} Similarly in Hungary only NGOs provide residential support and harm reduction services to women who use drugs and experience violence,\textsuperscript{xvii} hence no state support exist. Furthermore, reports from the National Health Service of the United Kingdom note that women who use drugs are commonly excluded from shelters\textsuperscript{xviii} while studies of domestic violence services in the United States of America have shown that women who use drugs have historically been denied access to shelters and other services.\textsuperscript{xix}

State responsibility to provide shelters for women in need of special support has been considered by the Committee on the Elimination of Discrimination against Women. In the case of A.T v. Hungary the Committee noted that the complainant rights under articles 5 (a) and 16 of the CEDAW Convention were violated due to the fact that ‘she was unable to flee to a shelter because none are equipped to accept her together with her children, one of whom is fully disabled.’\textsuperscript{XX} By recognizing the need for shelters to accommodate women with particular needs (in this case relating to disability) the Committee once again highlighted the need for shelters to be accessible to all women who experience violence. The Committee noted that absence of such arrangements in domestic violence shelters, ‘constitute[s] a violation of the applicant’s human rights and fundamental freedoms, particularly her right to security of person.’\textsuperscript{xxi}

The UN Special Rapporteur on Violence against Women and Its Causes and Consequences (UN SRVAW) also addressed the issue of the availability of specialist services within shelters. In relation to Sweden, in 2006, UN SRVAW went further to uphold the rights of women who use drugs and stated: ‘women with severe alcohol or drug problems are usually not given access to existing shelters if they face violence. Unless they agree to enter an addiction rehabilitation programme (and actually find a place), they face a protection gap.’\textsuperscript{xxii}

Exclusions from accessing shelters are rarely required by law. In most cases women who use drugs are refused access to domestic violence services due to decisions of care workers\textsuperscript{xxiii} or policies of individual shelters.\textsuperscript{xxiv} Many domestic violence services may feel they have
insufficient training and resources to address the specific needs and requirements of women who use drugs. At the same time, social care services which provide treatment and support for women who use drugs may not also be equipped with the knowledge and capacity to deal with the domestic violence cases of their clients. This reflects a wider protection gap: just as women who use drugs are frequently refused access to domestic violence services, women who are victims of domestic violence are often refused access to drug treatment facilities as they are not geared up to address the issue of domestic violence.

However, in some states there is a central policy to deny access to shelters to women who use drugs. In Turkey the Government’s shelter regulation explicitly stipulates that women who use drugs are to be denied access. In other cases the relevant regulations are at local level. In Switzerland, access to shelters is regulated by Cantonal laws rather than national legislation; these laws commonly deny access to women who use drugs. In addition, it is reported that in Latvia, access to shelters is legislated at the municipal level and there are some municipalities without a crisis centre for women victims of violence. Women are evicted from shelters [in Latvia] in case of use of alcohol or illicit drugs.

In Kazakhstan, there are no specific provisions on access to domestic violence services, and victims of domestic violence are not included in the list of groups or individuals who can be granted free legal aid. Furthermore, there is no single coordinating body addressing victims of domestic violence and there are no provisions to ensure women who use drugs have access to services. In contrast, the laws of Macedonia ensure support for victims of violence including access to shelters. However, local NGOs report that there were no specific services for women who use drugs, and that attempts to find shelter or accommodation for women who use drugs and other vulnerable women were rarely successful.

This protection gap is also reflected in Russia in which women who use drugs are denied access to shelters and other support services. Indeed, a 2012 report by the Eurasian Harm Reduction Network found that women who use drugs, especially those accompanied by children, are denied access to shelters throughout Eastern Europe and the Caucasus.

Although some countries offer alternative services for women who use drugs, they are often insufficient for addressing violence against them. A communication from the Icelandic Centre for Gender Equality reported that the one women’s shelter in Iceland does not permit women who use drugs. Instead, these women can enter the drug rehabilitation centre at the hospital.

**Conclusions**

Across the UN system, an increasing recognition of the interrelated nature of discrimination and gender-based violence against women has led to the adoption of a range of resolutions, standards, and statements that address specific features of women’s rights.

General Recommendation 19 of the CEDAW Committee on ‘Violence Against Women’ explicitly affirms its applicability to all women victims of violence when it states: ‘States parties should ensure that laws against family violence and abuse, rape, sexual assault and other gender-based violence give adequate protection to all women, and respect their integrity and dignity.’
The CEDAW Committee also noted that ‘states may be responsible for private acts if they fail to act with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensation.’ Moreover, the Committee on Economic Social and Cultural Rights in its strongest statement yet on this issue, urged the government of Mauritius to ‘remove restrictions on access to residential shelters for women who use drugs’.

Alongside human rights committees, the SRVAW has advocated for universal access to domestic violence services. In her follow-up report to Tajikistan the Special Rapporteur called on the state to ‘ensure that adequate funding for crisis centres is provided, and increase the number of shelters, bearing in mind geographical coverage’. In recognition of this failure the Rapporteur called on the state to support domestic violence services, noting that ‘particular attention should be paid to the protection requirements of women with special needs, including women with substance-abuse problems’.

Harm Reduction International believes that actions need to be taken to address the issues related to access to shelters for women who use drugs and experience violence, in line with international standards.

We urge all states to ensure that shelters are available for all women who experience violence, and that, in co-operation with those shelters, special provisions for women with drug and alcohol problems are developed in order to close a clear protection gap.

About Harm Reduction International

Harm Reduction International is one of the leading international non-governmental organisations promoting policies and practices that reduce the health and social harms associated with drug use and the negative social, health, economic and criminal impacts of drug laws and policies on individuals, communities and society.

Our vision is a world in which individuals and communities benefit from drug laws, policies and practices that promote health, dignity and human rights.

We work to reduce drug-related harms by promoting evidence-based public health policy and practices and human-rights-based approaches to drug policy through an integrated programme of research, analysis, advocacy and civil society strengthening.

About Harm Reduction International’s Human Rights Programme

Harm Reduction International’s human rights programme aims to promote a human-rights-based approach to international drug policy. We advocate for an international legal and policy environment that is conducive to the expansion of harm reduction policies and services and to the realisation of the human rights of people who use drugs and those who are affected by drug use, drug policies and the drug trade.

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\(^1\) Women who inject drugs: A review of their risks, experiences and needs, Anna Roberts, Bradley Mathers, Louisa Degenhardt, on behalf of the Reference Group to the United Nations on HIV and Injecting Drug Use, 2010, p. 52

\(^2\) Ibid, p. 72-74

\(^3\) Ibid