



WFAD Webinar: Orange Day (November 25th 2020)

25th of November marked Orange Day where we highlighted the urgency to eliminate violence against Drugs. In the light of this important day, WFAD its gender working group organised a webinar for its members with four incredible speakers to focus on the issue. This document will be the summary of the webinar.

Globally, 1 in 3 women above the age of 15 years have experienced physical and/or sexual abuse from an intimate partner. The problem is so widespread that it has been classified as a Global Health Problem by the WHO. During the COVID-19 pandemic, violence against women has risen and is also known as the shadow pandemic. One group that is particular vulnerable for violence, not only by their partners but also by others, are women living with addiction in research and advocacy. Therefore, the importance to raising awareness on this issue. With the increase of drugs and alcohol during the pandemic, it is almost evident that there will be an increase of violence at the same time.

Lotten Sunna – The realities of Violence against Women and Addiction amidst COVID-19

The organisation #utanskyddsnät [without safety net] was created on November 22, 2017 and is founded and supported by people with experience in drug problems, trading sex, mental illness homelessness, and criminal lifestyle. They published a manifest/appeal on December 10, 2017 in all Swedish newspapers, which resulted in 10 million readings in a country of 10 million people. One member of the group created a drawing to show the world what women affected by violence really look and feel like, to oppose the stereotypical portrait of a women in high heels, swinging purse, etc.

The members of #utanskyddsnät is united by having experienced in or is experiencing sexual and structural violence. The group decided not to involve discussion around politics, religion, different treatment methods, or other things to not create any division in the group. This group wants to include women that have experienced violence against them by people outside their close circle since many good projects are focussed on the issue of violence by intimate partners.

A hidden private Facebook is created where women can share their painful stories in a save space. The following statistics were made after reading through the shared stories. 29% had their first sexual abuse before their 12th birthday, 30% were between 12 and 15, and 18% were between 15 and 18. Which gives a total of 77% children having experienced sexual abuse while they were still a minor. These statistics are likely to be higher since information was given on own initiative and not specifically asked for. Therefore, it is important to find the children that are primarily at risk for sexual abuse or when they have been a subject to it since many problems later in life are rooted in early sexual abuse experience. Also, 61% says that they have been raped one or several times and 71% says that they were subject to violence during rape. 25% says that they were drugged against their will or without their knowledge. Besides this, generally, those under influence of drugs alcohol are vulnerable to sexual assault.

Many women do not report sexual abuse since they are aware of the long-lasting process in court and do not believe that they will gain anything that way. Especially since addicts are often not believed and experience a secondary trauma where they are not believed or getting help by police, social services, health care, or treatment centres. Even though, the rate of sexual assault experienced in this group is really high. A report showed that the majority of women that died due to violence were addicts themselves are have been killed by men that were addicts. Sadly, most of these women have been in touch with social service shortly before they got killed. Unfortunately, the structural violence against these [addicted] women is accepted by society since there is a perception that this group has brought the violence onto themselves.





#utanskyddsnät has identified needs in three areas: children and youth; girls, women, and transpersons in ongoing vulnerability; Girls, women, and transpersons who left vulnerability. The organisation wants to see a national plan of action; resources for implementation; referral body for issues involving their group. The organisation is also active in society, panels, debates, manifestations, etc.; they are active on social and traditional media with their perspective; they want to execute pressure on politicians and authorities; they will be a continued support for their members and peers; and they received a big state contribution to put together care packages for women that live in homelessness during COVID that includes personal protection, hygiene products, tickets to swimming halls to take showers and stay save.

Antonio Jésus Molina Fernández – The Impact of Drug Addiction on Violence against Women

Gender violence is a public health problem and has a different impact and affects people differently compared to other health problems and people. Mistakes are easily made when responding to people that are suffering from violence. Therefore, it is important to look at the different factors that are involved in the increased risk and kind of violence for women. We have to try to avoid violence and create a right response. Even though the problem is often generally identified, it is necessary to include the social, psychological, and economical factors that can increase the severity of the problem.

Gender violence is a structural problem. Therefore, it is important to not only help and support the person that is suffering, but also try to change the structural issue. The interventions should not only look at the aftermaths of the violence, but also look at the factors that have been build up beforehand. We have to understand that we find a problem that has ups and down and is multifactorial.

Overall, Women in recovery are dependent on the treatment place and account for 10% to 20% of the total in recovery centres. This shows a unbalanced average of gender, which could be a problem. 90% of these women have suffered from gender violence. When experienced gender violence was analysed among women in treatment centres, we analysed several kinds of violence: emotional, physical, and sexual violence. These categories are not excluded and women can have experienced several kinds of violence simultaneously. There is a strong correlation between addiction and having suffered violence. A comparative research in recovery centres has been made to identify the suffering by both men and women of different kinds of violence. 39.5% of men and 58.1% of women have experienced emotional abuse. 20% of men and 46.6% of women have reported physical abuse. Lastly, 2.7% of men and 23.3% of women have faced sexual abuse. Due to similar results in several researches, these numbers show that the different kind of violence is a structural problem and is integrated in our social structures. It needs a deeper response.

Women in treatment are already stigmatised, but in case of experienced gender violence, they face a double stigma. This causes a bigger problem. Overall, stigma is created by different stakeholders and, therefore, these different stakeholders [such as family, society, professionals, mass media, and social media] need to be taken into account when wanting to dissolve a stigma. This correlates with the problem of facing high dropout rates in recovery treatment centres by women. By facing the double stigma, women might think that they have done something to deserve the violence, for example. That is why violence against women needs to be carefully integrated into programmes. Currently, this trauma is not being properly integrated to help these women. By helping women in recovery, many different factors need to be included, such as helping to face the trauma, to recover, and to be able to reintegrate into society.





<u>Christogonus C. Ibe – Violence against Women (SUDs) and response approach by</u> <u>Law Enforcement</u>

The declaration on the elimination of violence against women in 1993 makes us understand that violence against women is a global issue of pandemic proportions, since it goes across and includes different factors, and has an impact on all societies. It violates the rights and fundamental freedoms of victims. Such violence can have a devastating effect on the lives of victims, their families, and communities. We have to understand the endemic nature of the issue and especially in Africa, it has been a challenge. Many women face sexually, physically, and economically abuse.

Gender-based violence is enacted under many different manifestations, from its most widespread form, intimate partner violence, to acts of violence carried out in online spaces. These different forms are not mutually exclusive and multiple incidences of violence can be happening at once and reinforcing each other. Inequalities experienced by a person related to their race, (dis)ability, age, social class, religion, sexuality can also drive acts of violence. This means that while women face violence and discrimination based on gender, some women experience multiple and interlocking forms of violence. In Africa multiple problems can be caused du to existing poverty, problematic human rights and a lack of respect for women.

Violence against women can cause long-term physical and mental health problems and this does not affect just the women involved but also their children, families, and communities. These effects include harm to an individual's health, possibly long-term harm to children, and harm to communities such as lost work and homelessness. Women play a cardinal role in the peace of their home and community. When facing violence, this can be disrupted.

Law enforcement are the first line of response globally. And often, the law enforcement is a well-known and highly visible community authority and intervene. In Africa, most women do not call the law enforcements due to cultural believes/issues. This creates a challenge. Different approaches can be created within law enforcement to respond to violence against women, such as: establishment of help lines and information sharing system; funding shelters and other safe accommodation for survivors; establishment of access to services for the survivors; limiting risk factors associated with violence; and modification of family laws and justice system to accommodate the rights of the women. Unfortunately, laws in Africa are not favourable for women. Therefore, we must advocate for the modification of laws; arresting and prosecuting the offender.

However, discrimination and limitations on women's presence and roles in the security sector exists. There are discriminatory socio-cultural norms and gender stereotypes. There is a poor communication and collaboration between security actors and other sectors. There is a lack of investment and women experience a lack of finances to sustain after violence. Therefore, we need to create a national action plan for violence prevention and implement, and monitor it. There is also need to monitor the international signed treaty. We do not know how many women are violated. Therefore, we need to enhance capacity for collecting data on violence.

Violence is not inevitable but we can do much to address and prevent it. The individuals, families, and communities whose lives are shattered by it each year can be safeguarded and the root causes of violence can be tackled to produce a healthier society for all. The world has not yet fully measured the size of this task and does not yet have all the tools to carry it out. Yet, the global knowledge base is growing and much useful experience has already been gained. Meanwhile, if we all work together, irrespective of the colour or religion, we will win and our women will be safe in our communities.





<u>Anna Nabulya – Gender and Drug Abuse among Adolescent Girls and Young</u> Women in Rural Areas of Uganda

UYDEL has implemented the DREAMS [Determined, Resilient, Empowered, Aids-free; Mentored, Safe] project in 7 rural districts of Uganda. Which aims to prevent and reduce HIV among adolescent girls and young women aged 10-24. Since UYDEL has implemented the project in 2018, they have reached 59,290 girls. Out of the 52,290 girls, 30,700 were using alcohol and/or drugs, which is about 52%. UYDEL also works with girls that are trafficked in the urban setting. Out of the 155 adolescent girls that have been trafficked, majorly from Burundi, of those that where using drugs and substances, a percentage of 54.4% were using alcohol and 26.3% were using aviation fuel. 19.2% were using Khat. Some of the reasons that they gave for using alcohol and drugs are: enhance/suppress feelings when having sex with multiple partners and strangers; impacts of COVID-19 pandemic; helps building self-confidence to approach clients; helps to stay awake at night; helps to forget problems and kills boredom; help to feel better when depressed; boosts one's energy to work harder; supports bonding with other peers and clients; helps coping with problems and situations, such as gender based violence.

Factors that have been identified to use drugs and alcohol are: peers and friends, male sexual partners, availability of alcohol and drugs, family members that are already on drugs and alcohol, and the environment (such as slums, bars, lodges, sex work).

Within the 52,290 girls that have been reached out to, there is an increase in sexually transmitted infections. 62% experience sexually transmitted infections. 30% of those had children. Only 0.29% were HIV positive. which is interesting, since there is an increase of the sexually transmitted diseases.

Gender based violence cases among the 52,290 girls, 14.1% have been reported that had been affected by different types and times. Police forces in Uganda published a report in June 2020 and resulted that 16.242 cases of sexual gender based violence were reported in 2020, which is almost the same number as the full 2019. The average of a total of 2,707 cases of sexual gender based violence were reported to the police per month. Within domestic violence, by the end of June 2020, a total of 8,065 cases were reported to the police. Domestic violence has mainly been caused by disputes over family property, failure to provide for the family, drug and alcohol abuse, and cases of infidelity. A total of 523 cases were taken to court, out of which 96 cases secured convictions, 13 cases were dismissed, and 414 cases were still pending in court, while 3580 cases were still under investigations. This concludes that there is still a lot of work left to be done.

Lessons learnt from rehabilitating survivors of GBV: male sexual partners are the number one perpetrators; it becomes very difficult to follow up cases when family is involved; corruption and bribery exists at the policy when it comes to prosecuting the culprits; diversion and settlement of cases of GBV at local level and thus cases don't get to be reported to the police; distorted evidence to support investigations because victims were under the influence of alcohol and drugs.

Initiatives undertaken to address GBV and drug abuse: created safe spaces where girls feel safe to share their experiences and influence their resilience; engage male sexual partners in awareness sessions to address GBV cases in the communities; mobilised communities to inspire social change through community dialogues and norms change sessions using SASA Model; created a peer support network through the creation of girl engagement forums for social support and counselling; stakeholder involvements through the establishment and use of district GBV Action centres to follow-up and report GBV cases in the communities; formed child protection committees to support of the AGYWs in the communities.







1) How do we address the CRC towards the evidence-based family issue of drug use and domestic violence in relation to psycho-social and cognitive development?

Antonio: The trauma is not assessed and the family structure and support is connected with the increase of risk of suffered gender violence. It is correct that it is difficult to treat different topics when talking about gender violence among women with addictive behaviours. Currently, the focus is mostly on evidence based practice for family. For example, we normally recommend interventions that are more task-oriented and focussing on solutions and then continue to solve the previous situation and create an analysis of the previous trauma. However, in this case, we recommend a task oriented approach where we talk about the right here and right now. The analysis of the trauma of sexual aggression or physical violence is done individually by a professional in the treatment centre. A family analysis of the previous trauma should be made even if the persona has suffered physical, sexual, and domestic violence. We have to be aware that, even us that are totally committed and involved in the topic, have our biases and limitations. Hence, the treatment also got these limitations inserted.

2) Given the known relationship between Substance misuse and GBV and specifically against women. what advice can the panellist provide to those of us who focus primarily on Primary Prevention practices and spotlighting the connection of these co-occurring challenges?

<u>Lotten</u>: One experience that many in the group have is that people working with addicted women do not pick up on signals that there is violence in their life's. It also sometimes happens that when there is help offered, it comes with conditions that is hard to live up with. Addiction and violence need to be seen and addressed parallel to each other. It is hard to get clean or move on in life if you live with violence.

<u>Anna:</u> The human capital needs to have adequate knowledge and skills to deal with the cocurrent incidents of alcohol, gender based violence, and other issues with underlying factors. If you do not have the human capital that is aware and competent enough to deal with these issues within your prevention programme, it will be very difficult for you to address prevention. We see that issues on gender based violence, alcohol and drug abuse are increasing. We need to have a strong primary prevention programme that actually starts before a person hits adolescents. Only then we will be able to deal with the prevention aspects.

3) Is it really possible to reduce gender based violence? If so, what is the single most important intervention that really helps? Finally why are cases of GBV taking long in courts?

Antonio: I believe it is possible to decrease GBV. There is not a single intervention or a single factor that can be the key factor to decrease gender violence. We have to connect and make to interact several factors. We have to identify how the individual factors influence aggressive behaviour. We have to ask ourselves why it the very aggressive and impulsive stereotype of a man with a lot of capacities, skills, and abilities is still accepted since there is no connection between this. Yet, in our mind we still have the stereotype of a men that looks aggressive, tough, and hard. We have to identify several factors, including cultural aspects, and see how they interact to decrease GBV.

<u>Anna:</u> The reason cases are delaying in court is because we do not have adequate evidence and which is sometimes already distorted by the fact that victims or people are reporting the case are already under the influence of alcohol. So the legal system might not be so supportive in terms of prosecutions. However, sometimes we do not have the adequate men power in the prosecution system to support dealing with cases on GBV. I think its more of a commitment to give this issue the attention it deserves. Because if we were committed then we would have quite a lot of prosecutions in court and we would have dedicated charges that would be





passing judgement earlier. We need to invest in building capacity to equip courts, prosecutors and judges to deal with and prioritise GBV issues. When dealt with frequently, the processes could be taken faster to court and not be delayed in the process. We continue to delay them and evidence is being distorted. Without evidence there is no case. We need to have a prosecution led investigation where the prosecutor leads the investigation site to know what kind of evidence to look for to have a winning case. We also need governance commitment of course.

<u>Lotten:</u> I agree with the previous speakers. There is not one thing that is going to fix the problem. I also believe that things can change. It is about how the legal system, including courts, deal with violence and how evidence is judged and sentenced into trials. Also, unfortunately, it has a greater effect when men speak to other men about the issue rather than when women talk about it. We should stop accepting the encouragement of aggressive behaviour through speech or action. I do not believe that we are born this way and that it will be like this forever.

4) Have police been successfully sued for failure to investigate satisfactorily and for disappearance of evidence?

<u>Antonio</u>: When we include the security and the forces in the topic of gender violence, it is because they have failed on many levels previously. The police should receive more training on addictive behaviours, gender perspective, and violence against women. This should help to get more specific information on how, what, why to do things, and how and why to protect and inform women. We have to increase the level of security to decrease violence. All the legal structure, besides the police, needs to have training on the gender perspective as well as the gender violence.

<u>Anna:</u> It is very difficult to actually prosecute the police or sue the police for not providing enough evidence since you will need evidence to sue them. It is not a practice that we have had in Africa, or not even anywhere, where a police officer has been sued for not providing enough evidence. Maybe it is something we need to explore and it can be one of the ways for quick dealing with cases in courts.