FRONTLINE AIDS

TACKLING GENDER-BASED VIOLENCE AMONG WOMEN WHO USE DRUGS IN INDIA

RESULTS AND LESSONS FROM THE WINGS PROJECT

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ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.7 million people were infected with HIV in 2019 and 690,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

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Front cover: A beneficiary of the WINGS programme, in Delhi, India. © Frontline AIDS/Gemma Taylor/2018

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INTRODUCTION

Women Initiating New Goals for Safety (WINGS) was a project aiming to reduce gender-based violence and the risk of contracting HIV among women who use drugs in India. The programme began in June 2018, over the following 18 months it reached 200 women who use drugs. Managed by the India HIV/AIDS Alliance the programme was implemented by three community-based organisations (CBOs): Sahara Aalhad in Pune, Ganga Social Foundation in New Delhi and Nirvana Foundation in Imphal, Manipur.

WINGS helps women who use drugs and are also at risk of gender-based violence. Designed around their specific needs, it supports women to assess their lives and develop personal safety plans to reduce gender-based violence. It also connects each participant to other services they need - from harm reduction, HIV testing and treatment and sexual and reproductive health and rights (SRHR) to legal services.

This publication presents the WINGS model and how it was implemented in India, the results of the project, and lessons learned about how to address gender-based violence among women who use drugs.

WOMEN, DRUGS AND VIOLENCE

Worldwide, women account for a third of all people who use drugs and around 20% of people who inject drugs.[1] Yet, harm reduction services are frequently gender-blind or male-focused, as Pemu Bhutia from India HIV/AIDS Alliance explains:

"If she can get away from the house without being questioned or accompanied, and she can get across to the building without neighbours seeing, and she can pass through the crowd of guys in the doorway, she then has to sit in an intimidating male environment until she is seen."

Women who use drugs have unequal power in their relationships. This limits their access to services, restricts their ability to negotiate condom use and puts them under pressure to share needles. They are also extremely vulnerable to gender-based violence, particularly trans women and those who exchange sex for money, food and/or drugs. Gender-based and intimate partner violence are estimated to be two to five times higher among women who use drugs than those who do not. Yet, only one out of 20 women who uses drugs and experiences intimate partner violence ever receives any related services.[2]

When intimate partner violence is not addressed, women who use drugs are more likely to continue using drugs, have difficulties in accessing harm reduction and drug rehabilitation services and face negative physical and mental health outcomes.[3] Societies judge women harshly for drug use; it is often seen as incompatible with their roles as mothers and carers. For example, in the state of Manipur in India, women who use drugs face many types of harassment – they have been forced to shave their heads by local people, experience violence from the police and discrimination from healthcare workers.[4]

"My family sees me as a bad woman, a woman who disrespects her husband and uses drugs. They do not say anything to my husband, when he uses. Almost all the people in my family advised me to stay with my husband and they think it is normal if he hits me and my daughter. My husband once told me that children who have mothers like me, follow their mothers and ruin their life. If I would not have met WINGS counsellor, I would have never mustered courage to leave, stand against my husband and tell him to stop."

Sarita, 32, Delhi

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ABOUT WINGS

THE WINGS MODEL

The WINGS model was designed by the Social Intervention Group at the Columbia University School of Social Work.[5] Guided by Social Cognitive Theory,[6] it is a highly adaptable, evidence-based tool that has been implemented in six countries in a wide range of settings including domestic violence programmes, substance abuse treatment and primary care clinics.

It takes a non-judgmental approach to meet women where they are with respect to their intimate relationships. It supports them with the aim that they should be safe in their relationships and plan for their future, whether they wish to stay with their partner or not.

Women are recruited to the programme through a 'snowball referral' method where a small number of service beneficiaries already known to the CBO refer their peers to participate. Women are screened to assess their age, drug use patterns, HIV risk behaviours, healthcare uptake and experiences of gender-based violence.

A screening tool is used to identify women who use drugs and are at risk of some form of gender-based violence. During the intervention, counsellors talk to the participants using motivational interviewing skills to empower them to:

- Increase their awareness of the risks that they face
- Enhance their motivation to address gender-based violence and relationship conflict
- Develop self-efficacy
- Enable safety planning and the setting of goals to reduce risk
- Strengthen social support to address conflict.

Following the intervention, the women are supported to access additional services that they need. The approach is holistic, looking at the different aspects of each participant's life and health and linking them to services that are relevant to them including SRHR, HIV prevention, testing and treatment, substance use treatment and harm reduction.

HOW THE WINGS MODEL WAS USED IN INDIA

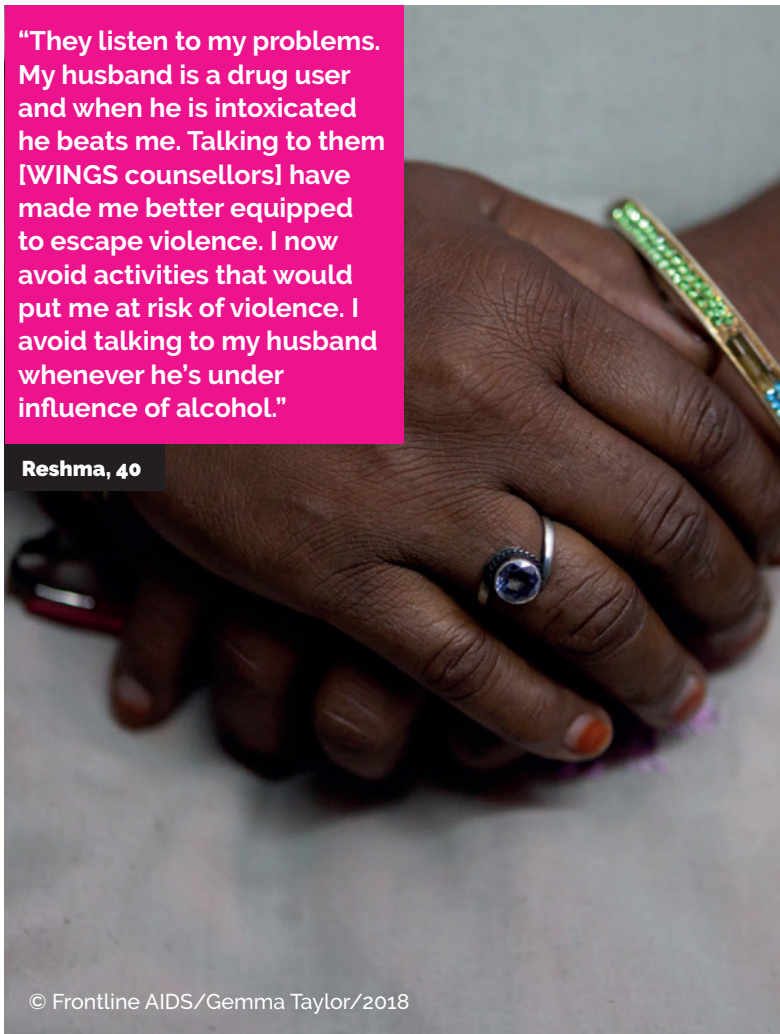
With financial support from the Frontline AIDS Innovations Fund, the WINGS programme began in India in June 2018. During the initial six-month pilot, the assessment and intervention tools were translated into local languages and tested with a small target group. The tools were then adapted to use more culturally appropriate language, making them easier for participants to understand. Monitoring systems were strengthened to include home visits to check on the women and support them to update their safety plans. The pilot also identified a need for ongoing technical assistance to be provided to the implementing CBOs.

Peer support

From the outset, the WINGS programme in India was designed to incorporate peer support. All the women recruited to deliver the programme had their own lived experience of drug use. They were trained in the WINGS methodology so that they could conduct the interventions. These peer counsellors helped participants to feel comfortable during their one-to-one sessions and able to talk, free from judgement.

"They listen to my problems. My husband is a drug user and when he is intoxicated he beats me. Talking to them [WINGS counsellors] have made me better equipped to escape violence. I now avoid activities that would put me at risk of violence. I avoid talking to my husband whenever he's under influence of alcohol."

Reshma, 40



How it works

WINGS meets women where they're at and addresses the intersecting issues around their drug dependence. The intervention follows these key steps:

1

Women are screened for eligibility before they are enrolled in the programme.

2

Participants are asked questions about themselves, their drug use, experiences of gender-based violence and their coping mechanisms. This survey provides a baseline to measure change through the programme.

3

An individual hour-long session is held with each participant to support her to identify her own safety goals and make practical plans based on her needs and whether she wishes to stay with or leave her partner.

4

20-30 days after the first meeting, a second hour-long session takes place to review progress and, if the woman's situation has changed, revise the safety goals and plan.

5

An exit survey is conducted, running through the same questions the women were asked when they entered the programme, to assess the impact of their involvement in WINGS.

"For 10 years, I was so scared of my husband. He tortured me physically and mentally. He forced me to sleep with his drug peddlers. Over the years, I had four abortions [...] I wanted to leave drugs, my husband and run away. Then I got in touch with the WINGS team, they linked me to treatment, got me tested for HIV, hepatitis C, STIs, TB and I slowly got confidence to stand against my husband. Now, I want all my friends to take charge of their lives, as I did. No one should wait for 10 years."
Roopa, 27, Delhi

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OBJECTIVES OF THE WINGS PROJECT IN INDIA

- **To identify women who use drugs and help them to assess their risk of gender-based violence – supporting 50 women in New Delhi, 50 in Pune and 100 in Imphal.**
- **To develop personal goals and individual safety plans for women who use drugs to reduce and / or prevent their exposure to violence.**
- **To provide referral services to women who use drugs for HIV testing and treatment, as well as other SRHR services, treatment for TB and STIs and drug and alcohol support services.**
- **To develop site-specific strategies to meet the needs of women who use drugs in each location.**
- **To build the capacity of staff within three NGOs (Sahara Aalhad, Ganga Social Foundation and Nirvana Foundation).**

THE SERVICES AVAILABLE TO WINGS PARTICIPANTS IN INDIA INCLUDED:

- **Provision of clean injecting equipment**
- **Condoms**
- **HIV testing and treatment**
- **SRHR advice and referrals**
- **Health referrals for Hepatitis C, STIs and TB testing and treatment**
- **Counselling**
- **24 hours support for emergency, including overdose**
- **Referrals for opioid substitution therapy (OST)**

Additional services

Individual interventions with participants are at the core of WINGS but the programme in India went beyond this, connecting participants to a whole set of additional services.

In each location, the implementing CBO developed a package of support specifically tailored to the needs of the women they work with. Services were provided either on site (including HIV testing), through drop-in centres, home visits, by phone or where necessary participants were referred to other service providers such as district legal authorities.

In addition, crisis response teams responded to violent incidents as they occurred, providing counselling and enabling the women involved to access psychological and medical support. Participants received a phone number they could use at any time, connecting them to their local crisis team that included community leaders, peer counsellors, social workers and the police.

The WINGS programme also included an element of capacity building. Throughout the programme capacity and skills building workshops were held for the implementing CBOs. Topics included understanding women-centred harm reduction programming; integrating sexual and reproductive health and gender-based violence prevention; drug policy advocacy; and hepatitis C service referrals for women. Regular meetings took place at the implementing sites and the national level to review progress, assess needs and provide technical support.

WHAT WINGS ACHIEVED

Surveys were undertaken with participants at the beginning of the WINGS programme in India, six months later and at the end of the programme. The results below are drawn from these surveys, data from monthly project reports and input from participants during their individual interventions.[7]

REDUCTIONS IN GENDER-BASED VIOLENCE

94% of WINGS participants said they experienced at least one incidence of physical violence in the six months before the intervention began. The programme review shows it has helped reduce gender-based violence.

- The number of women who experienced four or more instances of physical violence during a period of six months reduced from 33% at the beginning of the intervention to 19% at the end.
- Sexual violence reduced. During the programme, the number of women experiencing four or more instances of sexual violence halved from 22% to 11%.
- At the same time, increasing numbers of women did not experience sexual violence at all. Before the programme began participants were asked if they had experienced any sexual violence in the previous six months. 36% of the women said they had not, by the end of the programme this number had risen to 47%.
- There were minor reductions in economic violence by the end of the programme. Further research has shown that episodes of economic violence decreased most after women began managing their economic statuses independently.[8]

IMPROVED COPING SKILLS AND SELF-EFFICACY TO ADDRESS VIOLENCE

WINGS participants became more resilient. Following the intervention, women were more likely to believe in their own abilities to identify potentially threatening situations. The women's responses show that, following their participation in WINGS, they felt better supported and more able to cope using these mechanisms.

INCREASE IN UPTAKE OF HEALTH SERVICES INCLUDING HIV AND HEPATITIS C TESTING

The programme increased the number of women accessing health services.

- In the six months directly before their involvement in WINGS, 50% of the women had been tested for HIV, one year later they had all had an HIV test, except for one woman who did not consent.
- There was also a significant increase in hepatitis C testing, from 23% at the beginning to 33% at the end. All women who tested positive for HIV and/or hepatitis C were linked to treatment and accompanied to the testing site.
- As a result, seven women began antiretroviral treatment and 12 started treatment for hepatitis C.
- Women also received other forms of support to help them access health services, for example, obtaining the necessary identification documents.

Hepatitis C testing increased from 23% to

33%

12

women started treatment for hepatitis C

DECLINE IN DRUG-RELATED RISKS

As a result of the programme drug-related risks were reduced.

- The number of women injecting drugs dropped from 97 at the start of the programme to 78 at the end. Some of these switched to non-injecting (e.g. oral) drug consumption.
- There is also evidence that unsafe injecting practices decreased over the course of the WINGS implementation.
- At the start of the programme, 15% of the participants were sharing needles and syringes. Six months later, this figure had reduced to 11%.

"Both of them meet me regularly. I never used condoms before. I did not know that condoms could avoid us getting infected. Now, I use condoms as well as distribute to my friends if they need one. I decline any service to my client if they refuse to use condoms. It is really helpful when people like them are there for women like us. They have shown us the risks involved in our work and our drug use."
Gunnu, 28

HARM REDUCTION AND ADDITIONAL SERVICES

The women who participated in WINGS had access to a wide range of harm reduction, health and social support services.

- 25% of the participants accessed approximately five different services during the programme.
- Between April and December 2019: 30 women started Opioid Substitution Therapy (OST) and 39 women voluntarily began drug treatment
- 227 women received sexual and reproductive health treatment or abscess management.
- 59 women had a TB test.
- Contraceptive and family planning services were in particularly high demand.

"I worked as a sales girl in Kolkata. There my husband got me hooked to drugs. But, once I got an abscess on my left leg, I could not work. My husband brought me a train ticket for Manipur and I came back. For three months, I was living with my brother and taking home remedies. But my brother used to abuse me constantly, so I left his house and moved in with my boyfriend. Initially he took care of me and took me to a hospital, but then he started beating me up regularly. I had nowhere to go. Then one of my friends linked me up with the WINGS team and now my leg is also better and I am trying to work out things with my boyfriend."
Mary, Manipur, 28

LIFE SKILLS

The programme helped improve women's life skills.

- 64 women who faced violence received counselling and legal support through the crisis responses system.
- 52 women took part in legal literacy sessions during the programme and as a result were referred to district legal authorities to access legal aid.
- The main reasons given for women accessing legal aid were: to get custody of their children who had often been taken away due to their substance use; to obtain a marriage certificate needed to initiate formal divorce proceedings; and to claim a share of their husband's finances.

"I don't have any words to describe the support I have got from them. It's a familiar space now. I come here regularly even though it's a bit far from the place where I stay. They are also helping me find a safe job for me."
Kajal, 31

LESSONS LEARNED

Targeted interventions that combine gender-based violence services with harm reduction achieve improved outcomes. Women who use drugs have a complex mix of risks and needs and the services they require span multiple sectors. Collaboration and coordination across all sectors including health, social, economic and legal are essential to provide the comprehensive services they need. WINGS was a one-stop-shop where women were made aware of the services available to them and referred to the relevant service providers according to their needs.

Gender sensitive services must be provided in a safe environment by people women can trust. A significant number of the participants had not had an HIV or hepatitis C test in the year before the intervention – despite testing services being available to them. This is a clear reminder that services must not only be available but also acceptable and accessible. The recruitment of peer workers to deliver the intervention was critical to its success. The programme was designed to be non-judgemental, meeting women where they were with respect to their relationships and supporting them to make their own decisions.

The WINGS model can be adapted to address HIV and gender-based violence among other populations. WINGS has already been adapted to meet the needs of different marginalised communities affected by intimate partner and gender-based violence, including sex workers, refugees and homeless people.[9] Following its success, the WINGS model could be customised to support other groups facing high rates of gender-based violence and HIV, such as transgender people.

Structural change is needed alongside programmes such as WINGS. The programme supports participants to begin to address unequal power in their relationships, however programmes like WINGS are only part of the solution. Gender-based norms, including unequal power in relationships must be challenged in the wider community. Interventions to reduce stigma and discrimination against people who use drugs and people living with HIV are also critically important including sensitisation of health care workers, law enforcement officers and social support providers. Equally, interventions are needed to economically empower women, as this in turn can lead to reductions in sexual and drug risk behaviour.

Adaptability is key. The implementing CBOs received ongoing technical support. As the intervention continued, monitoring enabled the programme providers to identify areas where they needed to adapt. This included altering the intervention itself to better suit the needs of participants in specific localities and providing additional training for staff.

Sustainable funding is needed. The WINGS interventions in India were short, just six months for each participant. To achieve sustained positive health and well-being outcomes, interventions need to take place over a longer period so that women who use drugs can continue to access motivational counselling and a full package of services whenever they need them. This is only possible with sustained political and financial commitment. The WINGS programme in India has already given life-changing support to 200 women who use drugs in Pune, New Delhi and Imphal. But many more women need such support.

WHAT SHOULD A HOLISTIC PACKAGE OF SERVICES FOR WOMEN WHO USE DRUGS INCLUDE?

- **Harm reduction services** – needle and syringe programmes, OST, peer-led overdose management (including use of naloxone), abscess prevention and management, prevention, diagnosis and treatment of TB and hepatitis C
- **HIV services** – HIV prevention, testing and treatment services including AR dispensing
- **SRHR services** – condoms, contraception and family planning, menstrual hygiene, harm reduction during pregnancy, safe abortion, STI awareness and prevention
- **Gender-based violence support** – developing individual safety plans, crisis response support
- **Legal aid** – for divorce, custody of children, drug-related offences
- **Mental health support** – counselling to identify and address intimate partner and gender-based violence, night shelters, female only drop-in centres, self-help peer support groups
- **Economic interventions** – linkages to income generation projects, employment opportunities and social protection schemes

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2 WINGS End line report. December 2019. India HIV/AIDS Alliance and Frontline AIDS

3 WINGS End line report. December 2019. India HIV/AIDS Alliance and Frontline AIDS

4 WINGS Intervention - Addressing gender-based violence and minimise the risk of HIV among women who use drugs, 4 December 2018. Presentation by India HIV/AIDS Alliance.

5 **https://sig.columbia.edu/content/wings and https://projectwings.org/**

6 Social Cognitive Theory (SCT) describes the influence of individual experiences, the actions of others, and environmental factors on an individual's health behaviours. SCT provides opportunities for social support by instilling expectations, self-efficacy, and using observational learning and other reinforcements to achieve behaviour change.

7 The effectiveness of an intervention of this type would normally be assessed with two groups of participants, one receiving the intervention and the other either a placebo or the next best available treatment. In this case it would be unethical to not provide an intervention knowing that it could be valuable to a woman facing violence, so the programme instead used a delayed intervention. The first 100 women enrolled in WINGS received the intervention immediately and the next 100 received the services six months later.

8 Improving health outcomes for women who inject drugs; Case studies from India, Indonesia and Ukraine. Frontline AIDS.

9 **https://projectwings.org/**

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