



ევროკავშირი
საქართველოსთვის

The European Union for Georgia

STIGMA, DISCRIMINATION AND FORMS OF VIOLENCE AMONG WOMEN WHO USE DRUGS AND FEMALE SEX WORKERS

QUALITATIVE RESEARCH REPORT

This research was carried out within the
project “Empowering Vulnerable Women
to End discrimination” financed by the
European Union

2018



ALTERNATIVE
GEORGIA



This report has been prepared by non-governmental organizations Center For Information and Counseling on Reproductive Health - Tanadgoma and Addiction Research Center - Alternative Georgia

This research has been prepared with support from the EU. Its contents are the sole responsibility of organizations Center for Information and Counseling on Reproductive Health - Tanadgoma and Alternative Georgia and can in no way be taken to reflect the views of the European Union

Stigma, discrimination and forms of violence among women who use drugs and female sex workers

Qualitative research report

This research was carried out within the project “Empowering Vulnerable Women to End discrimination” financed by the European Union

TABLE OF CONTENTS

Acknowledgements_____3

Acronyms_____4

Rationale_____5

Women who use drugs_____5

Female sex workers_____6

Goals and Objectives_____7

Geographic scope_____8

Criteria for selection of respondents_____8

Ethical issues_____8

Qualitative research of stigma, discrimination and forms of violence among women who use drugs_____9

Results_____11

Conclusion_____25

Qualitative research of stigma, discrimination and forms of violence among FSWs_____27

Key findings_____27

Analysis of the information_____29

Conclusions_____42

Recommendations_____44

Bibliography_____45

Annexes_____48

ACKNOWLEDGEMENTS

The Center for Information and Counseling on Reproductive Health – Tanadgoma and the Addiction Research Center - Alternative Georgia would like to acknowledge the financial support provided by the European Union for the research “Stigma, discrimination and forms of violence among women who use drugs and female sex workers” under the project “Empowering Vulnerable Women to End Discrimination”, which made this study possible. We would like to also acknowledge all beneficiaries that found time and agreed to participate in this research.

The report was prepared by:

- Lela Kurdghelashvili, Center for Information and Counseling on Reproductive Health – Tanadgoma
- Irma Kirtadze, Addiction Research Center - Alternative Georgia

The authors would like to especially acknowledge **the high level of professionalism demonstrated by the following employees of the Center for Information and Counseling – Tanadgoma in the process of recruiting and interviewing participants of the research:**

- Project coordinator: Khatuna Khajomia
- Social bureau managers: Maka Ioseliani and Natia Kharati,
- Case managers: Archil Rekhviashvili, Irina Bregvadze, Ketevan Jibladze, Maia Kontselidze, Khatuna Megineishvili-Siradze, Ekaterine Javakhia,
- Interviewers: Maia Jibuti, Tea Chakhrakia, Kakhaber Akhvlediani, Rati Tsintsadze, Eka Oragvelidze, Shota Makharadze, Irma Berdzenadze, Irakli Machavariani

The authors would like to also acknowledge **the high level of professionalism demonstrated by the following employees of the Addiction Research Center - Alternative Georgia:**

- Project coordinator: Lika Kirtadze
- Interviewers: Ada Beselia (Master of Addiction Research Candidate) and Tamar Mghebrishvili (Master of Addiction Research Candidate)

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
FSW	Female Sex Worker
FGD	Focus Group Discussions
HIV	Human Immunodeficiency Virus
MST	Methadone Substitution Therapy
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PWUD	Persons Who Use Drugs
SW	Sex Worker
STIs	Sexually Transmitted Infections
WHO	World Health Organization

RATIONALE

There are many groups in Georgia that are vulnerable to violence and stigma or discrimination. Generally, the situation of violence against women is grave as evidenced by numerous studies, reports or other sources. However, within the female population there are several especially vulnerable groups including FSWs and women who use drugs. This is somewhat due to negative public attitudes towards these groups because of their lifestyle, work and the problem of dependence.

There was only one research conducted in Georgia in 2011-2012 for studying forms of stigma, discrimination and violence experienced by the population of women who use drugs. The issue has not been examined fundamentally since then, which is why it is important to conduct such research. The research will allow to collect strategically important information about current situation with regard to stigma, discrimination and violence against women who use drugs, which is certainly crucial for planning and implementing preventive, treatment or other types of programs tailored to women’s needs.

There are several categories of SWs in Georgia in terms of their compensation, workplace and social/demographic characteristics. SWs that make up the least compensated and the most vulnerable groups include women who work in the streets, bars, saunas, cheap hotels and restaurants, and they are most exposed to violence, degrading treatment, stigma, discrimination and abuse. Women who exchange sex for money encounter abusive treatment in their workplace as well as by their families, different institutions and public. It was important to conduct an in-depth research of these issues and a comprehensive assessment of effects of different forms of violence, stigma and discrimination on women, their self-defense abilities and capacities. Research results will significantly contribute to improvement of services that are available to FSWs (who charge sex for money) and assist in planning and implementation of programs tailored to their needs and skills.

The present report provides an account of research conducted for both groups of vulnerable women – FSWs and women who use drugs. The report allows comparing key findings and recommendations. All of this will serve as a foundation of programs against violence, stigma and discrimination.

Women who use drugs

Women who use drugs are one of the most vulnerable and stigmatized groups in Georgia. Among factors that hinder their participation in services, existing punitive drug policy (Otiashvili et al. 2016), stigma and discrimination are the most important. Strong social stigma and discriminatory attitudes towards women who use drugs, coupled with self-stigmatization eventually creates a powerful obstacle and causes these women to experience double stigmatization, leading to their low level of participation in services (treatment of drug dependence, harm reduction) (David Otiashvili et al., 2013; Kirtadze et al., 2013, 2015).

Currently the number of women that participate in harm reduction services and more specifically,

in NSP is no more than 12% of total beneficiaries, and women that access treatment for drug dependence (aided by medication or detoxification) is no more than 2% of total beneficiaries (Bergen-Cico et al. 2016). These numbers are generally lower than numbers of Asian and Eastern European countries (Pinkham & Malinowska-Sempruch, 2008).

There was only one research conducted in Georgia in 2011-2012 for studying forms of stigma, discrimination and violence experienced by the population of women who use drugs. The issue has not been examined fundamentally since then, however service providers have studied the situation of rights of women who use drugs on a number of occasions (ACESO, 2016; K.Sikharulidze, 2017) and have submitted a shadow report to the UN Human Rights Council (Coalition Report 2015). These reports or scientific publications reveal the high level of stigma that exists in Georgia against women who use drugs and instances of discrimination. The stigmatizing environment creates favorable conditions for barriers that prevent women from accessing services and for other accompanying problems. In this regard, it is crucial to tailor social, preventive, treatment or other types of programs and assistance intended for the vulnerable population to their needs, and introduce and provide adequate services.

Female sex workers

Behavior surveillance survey “HIV risk and prevention behaviors among sex workers” was conducted in 2017 in Tbilisi and Batumi. One of the issues addressed by the research was study of violence among SWs.

The survey found small proportion of FSWs who are victims of physical violence (beating, smothering, etc.) in both cities (17.5% in Tbilisi and 14% in Batumi). Most cases in Tbilisi (66.7%) and half of the cases in Batumi (52.6%) are related to client violence. A small proportion of FSWs in Tbilisi (8%) and in Batumi (5.3%) reported that had experience sexual violence also involving their clients. A very small proportion of respondents (0.5% in Tbilisi and 2% in Batumi) claimed that they were forced for sexual intercourse/raped.

Overall the survey found that 21% of FSWs in Tbilisi and 16.7% of FSWs in Batumi have been victims of some type of violence during last year. As to economic violence, 95% of respondents in Tbilisi and 8.0% of respondents in Batumi report that they have experienced such violence, mostly from their clients. When respondent were asked about discrimination in different environments during the last 12 months, only very small proportion of FSWs in both cities reported cases of discrimination in medical institutions (1.5% in Tbilisi and 1.3% in Batumi). However, higher proportion of respondents reported that they were denied employment (8.5% in Tbilisi and 3.3% in Batumi) and even higher proportion stated that the police refused to help them (9.6% in Tbilisi and 4% in Batumi). In both cities about half of FSWs have been verbally insulted due to their work (54% in Tbilisi and 49.3% in Batumi). Overall 57% of FSWs in Tbilisi and 49.3% of FSWs in Batumi have experienced some type of stigma and discrimination. While a considerably high proportion of respondents reported instances of discrimination and/or violation of rights, only 15.8% of FSWs in Tbilisi and 10.8% of FSWs in Batumi have filed police reports. This was mostly due to their expectation that the police wouldn't take any adequate actions in response (56.4% in Tbilisi and 66.7% in Batumi), while some were embarrassed to disclose their FSW status (9.6% in Tbilisi and 22.7% in Batumi).

Focus group discussions held in 2016 indicated that often police tends to impose administrative fines on sex workers. The study also showed that due to their lack of awareness about their rights and mechanisms for protection, FSWs are especially vulnerable to different types of violence (physical assault, blackmail, etc.).¹

In view of the materials that are available, comprehensive analysis of different forms of violence that exist against FSWs, their self-defense abilities and capacities is important, in order to introduce and implement programs that match their needs and skills.

Goals and Objectives

It is the goal of the research to study different cases of violence, stigma, discrimination and other abuse of human rights against women who use drugs and FSWs, and evaluate opportunities available to them for protecting their rights.

Objectives

1. Study different cases of violence, stigma, discrimination and other abuse of human rights against women who use drugs and FSWs, involving their families and intimate partners;
2. Study different cases of violence, stigma, discrimination and other abuse of human rights against women who use drugs and FSWs, involving different structures (law enforcement agencies, religious groups, legal institutions, etc.);
3. Study different cases of violence, stigma, discrimination and other abuse of human rights against women who use drugs and FSWs, involving clients and the work environment;
4. Study different cases of violence, stigma, discrimination and other abuse of human rights against women who use drugs and FSWs, in the process of receiving healthcare and medical services;
5. Evaluate opportunities that are available to women who use drugs and FSWs for protecting their rights.

¹ Consultation Report – GEORGIA “SMALL GROUP DISCUSSIONS AMONG YOUNG KEY POPULATIONS AT HIGHER RISK OF HIV INFECTION ON ACCESS TO AND AVAILABILITY OF SRH/HIV SERVICES”, UNFPA, 2016

Geographic scope

The qualitative research was conducted in the following three cities of Georgia: Tbilisi, Kutaisi and Batumi.

6 FGDs and 6 in-depth interviews were conducted among FSWs.

5 FGDs and 12 in-depth interviews were conducted among women who use drugs.

Criteria for selection of respondents

We selected respondents that are:

- 18 years or older;
- A female commercial sex worker
- females who use drugs;
- females that work/live in one of the following cities: Batumi, Tbilisi, Kutaisi;
- willing to participate in the research on voluntary basis;
- have experienced some type of violence in the last 3 years;
- gave informed consent for participation in the research.

Ethical issues

During planning of the research we created a research protocol, screening form (to determine eligibility), facilitator guidelines for individual interviews and focus groups and participant consent forms. These materials were submitted to the Institutional Review Board of the Health Research Union (IRB00009520 Health Research Union IRB) registered with the Office for Human Research Protections (OHRP) in the U.S.² The IRB reviewed the methods proposed for this research and found them to be compliant with all applicable criteria ([Annex 1](#)).

Voice recording of FGDs and individual in-depth interviews was done using a digital voice recorder. Consent for recording the conversations was obtained in advance from all female participants by having them sign/put their initials on consent forms, in abidance by all rules of confidentiality.

² <https://ohrp.cit.nih.gov/search/irbsearch.aspx?styp=bsc>

QUALITATIVE RESEARCH OF STIGMA, DISCRIMINATION AND FORMS OF VIOLENCE AMONG WOMEN WHO USE DRUGS

The research began in March 2017 by preparing all document needed for the protocol and the research (consent forms, tools, ethics issues).

Collection of data began in June and lasted through September, while analysis of the data was performed in October and November.

We chose qualitative approach for the research: focus group discussions and individual in-depth interviews. The research was conducted in 3 cities of Georgia (Tbilisi, Kutaisi, Batumi). For recruitment of participants we used snowball sampling and relied on resources of field workers of services available to women who use drugs in the target cities – we used their contacts with representatives of the population. With participation of 37 women, we held 5 FGDs and 12 in-depth individual interviews. The interviews and the focus groups were led by interviewers that recorded the interviews and discussions on a digital voice recorder.

Research method

We used non-probability, convenience sampling for the research. This entails attracting respondents with the help of social workers and participants themselves (snowball sampling). Sampling size for the qualitative research was not based on any specific calculation; we focused on receiving the kind of information from focus groups and individual interviews that was sufficient for drawing conclusions. In consideration of the existing experience in qualitative research with participation of this particular population, we found that number of FGDs and in-depth interviews conducted was quite enough for drawing conclusions and preparing subsequent recommendations.

Determining eligibility of each potential participant using the screening instrument ([Annex 2](#)) was a necessary precondition for participation in the focus groups and individual interviews.

Individuals, who wished to participate in the research on a voluntary basis, recruited by a social worker or by beneficiaries of a service provider, visited the office of the service provider to participate in the research. Interviewer introduced all potential participants to the purpose of the research and the consent form. We designed two different consent forms for focus group participants and individual in-depth interviews. Interviewers introduced potential respondents to possible risks of participating in the research, possible discomfort caused by some unwanted questions contained by the questionnaire and meeting other participants of the research by chance. They also received information about protection of confidentiality and anonymity of the research participants. Potential participants that understood all terms and conditions and expressed their verbal consent for participation in the research were screened by interviewers for eligibility. Those who met all eligibility criteria were asked to sign written consent forms. All participants had the right to withdraw from or refuse to take part in the research at any time. Individuals that did not meet the criteria or refused to participate in the research, or refused to continue participating in the research, continued and will continue to receive assistance from

the service provider. Their decisions will not effect provisions of assistance by the service provider. After obtaining signatures on the consent form (Annex 3), the interviewer began forming a discussion group or conducted in-depth interview in a comfortable environment, in an isolated room, in observance of all confidentiality requirements.

Research tool (Annex 4) – guideline for focus groups and individual interviews – comprise of introduction, three main parts and final questions. Each part contains additional questions for obtaining more detailed, more specific information or expanding the focus-group discussions. The main three parts of the questionnaire covered topics that include: Part I The role of women in Georgian society; Part II Use of tobacco, alcohol and drug substances (mostly with the aim of obtaining more detailed information about use of drugs by respondents); Part III Stigma, discrimination and violence. At the end of the questionnaire, the interviewer summed up the results followed by any questions that participants had.

Data Analysis

Detailed transcripts in MS Word format were prepared based on audio recordings of focus group discussions and individual interviews. For analyzing qualitative data, the transcripts were imported in a special qualitative data analysis computer software package Nvivo 10 and the approach of thematic and content analysis was used, alongside deductive and inductive methods of analysis. In the beginning codes were prepared in consideration of questions relevant to the research. Structure of the codes was hierarchic, which made it possible to add new codes as new transcripts were introduced. Coding was performed by two separate interviewers, independently and the degree to which coders agreed on codes (intercoder reliability) was assessed (Hruschka DJ. et all. 2004; Fleiss JL. 1971). Using the open coding method, codes that corresponded to new issues identified in the coding process were added to the first hierarchical set, which helped improve the coding process. The final project prepared by two independent coders was compared to calculate Cohen’s kappa coefficient (Cohen’s κ), the most widely recognized tool for measuring inter-rater agreement. The calculation was used in every final stage of the coding process where two independent raters periodically compared their set of codes, reasoning and conclusions until the consensus was reached. The minimum value that indicated agreement was set at 0.61, since Landis and Koch (1977) characterize $\kappa = 0.61 - 0.80$ as “substantial agreement”. However, in consideration of the specific nature of Nvivo software package³, the present report features only those codes where $\kappa > 0.75$ signifying the level of a very good agreement between the two raters.

Limitations

Information obtained through the research may not fully reflect the situation nationwide, which is why it is difficult to generalize the results; however, information received from 37 women living in three different cities of Georgia, who have experienced violence, stigma and discrimination, may somewhat allow to make inferences about the situation in other cities. It should also be underlined that FGDs are not an optimum choice for talking about sensitive issues, as participants of group discussion may be reluctant to discuss very sensitive issues

openly and candidly, which may have prevented discussion of certain issues in more detail and therefore, very important information may have been left outside the scope of the discussions. On the other hand, in-depth interviews that were held in a very comfortable and completely confidential environment were quite helpful in uncovering sensitive matters.

RESULTS

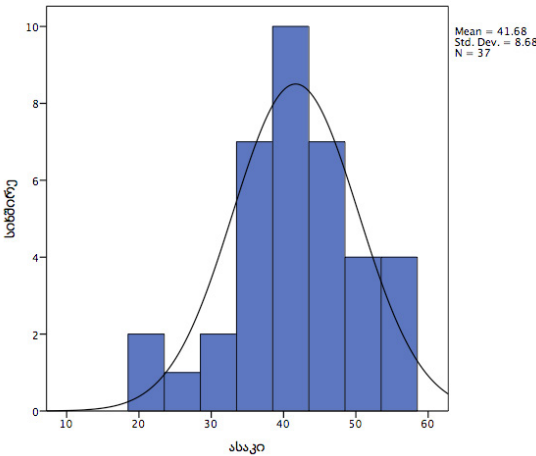
Participants of the research:

Individual interviews and focus-group discussions with women who use drugs were held in three cities of Georgia. 41 women were recruited for the research, two of them refused to participate while two were found ineligible. Final sample consists of 37 respondents, 13 from Batumi, 10 from Kutaisi and remaining 14 from Tbilisi with mean age of 42 (min. 21, max. 56 and SD 8.68 years of age) – See the diagram 1. Mean years of education of all respondents was 14, with minimum 9 and maximum 20 years of schooling. One-fourth of respondents had completed secondary education and remaining respondents had higher education (complete or incomplete), while 1 respondent had completed nine years of schooling.

56% (n 21) of respondents report injection drug use at the time of the research, while remaining 43% (n 16) reported use of injection drugs in the past and use of non-injection drugs at the time of the research, mostly psychotropic medication (Diazepam or similar drugs). Mean years of drug use is 12. 35% of respondents report up to five years of history of drug use, 24% report 6-10 years of history of drug use, an remaining respondents - 10 years or more, with maximum of up to 35 years.

Some respondents have experienced overdosing on drugs by mixing different types of drugs especially with alcohol. However, majority of respondents unanimously prefer use of drugs over alcohol.

Diagram 1. Age distribution of respondents



3 http://help-nv11.qsrinternational.com/desktop/procedures/run_a_coding_comparison_query.htm#MiniTOCBookMark2

Majority of respondents are divorced, live mostly on rent together with friends or relatives. One respondent lives in a shelter at the moment of the research. Most respondents state that their husbands were drug users and ones that are divorced cite the husband's drug use as one of the reasons for ending their marriage. Absolute majority (except 1 respondent) has children (two on average).

- *"My sister gave me a place to live and now I live at her place, another sister is not talking to me because of drugs."*
- *"...Then I lived with my mother, then they opened those camps and I started living there, when they took those camps down, I [started living] in Lilo shelter and have been there since..."*

Employment and problems related to employment:

Most (23 respondents) are unemployment, only a few have some sort of working experience but those convicted for drug use have given up searching for a job because the job market is quite harsh towards such people. Even though a person may not be using drugs at the moment of starting a job, previous history of drug use especially coupled by conviction or probation makes her extremely undesirable even for employers that know her.

- *"Everyone wants to see the record of criminal history, there is no chance in public [sector] unless your conviction is removed from record... as to private [sector], I went there and they didn't ask to see the record of my criminal history but questions that they were asking, I had to answer "no" to all of them, can you travel for the job and I said no because I am on probation and I can't go, I didn't write that I was on probation, but I wrote that I can't do this and I can't do that, if you can't do anything good luck, they'll hire someone else... There're too many obstacles... When my relative offered me a job, I was still tense because now I have to tell him on Monday that I need to slip out for probation [department] and when you're in this program [the MST program], you can imagine, right..."*
- *"I've been told directly that they won't hire me because I've been in prison."*

Public attitudes towards women who use drugs:

According to respondents, women who use drugs are unacceptable to the society and unwanted even by their own families, often they are excluded. A large part of the society believes that a woman's place is in the kitchen and her job is to take care of the house and the children, all of which is not expected from women who depend on drugs. We should also note men who are members of the PWD community and their stigmatizing attitudes towards the women.

- *"Georgian mentality is that nobody loves men and especially women who use drugs, they are excluded from the society. This is true for any woman, no matter who she is, myself included."*
- *"How can my child be friends with her [here she means the child of a woman who uses drugs], how can they be friends?"*

- *"He may do it with you but then laugh at you in five minutes: come on, I'm a man and I'm doing it, aren't you ashamed? You're a woman, why are you doing it? You're a mother and you've got a family, have you no conscience? And stuff like that."*
- *"There are a lot of other women who you don't know about, and many don't know that she's taking drugs because she's using them secretly, she is afraid, she's scared of the society, she can't trust anyone. She may have two-three close friends, a group that she gets the drugs from and uses them with."*
- *"I'm not even talking about friendship, even though almost all of my friends are drug users, but a while ago I used to have normal friends and they have cut all their ties with me."*
- *"My child forgave me [for drug use] but my parents and one of my sisters couldn't, my other sister forgave me. She accepted me and my child is taking care of me now."*
- *"My mother-in-law doesn't know about it, my parents do but they've rejected me, I'm dead to them, they see the children sometimes. I don't have any problems with my children, I only have problems with my parents. Even my brother has rejected me."*
- *"... At this moment, I've quit but I still have the stigma from my mother, your every step, who you talk to, you know, the people know about your past, that you used to be a user... I have experienced plenty of stigma and discrimination from the society, relatives and neighbors, no matter if you're paying attention to it or not, it still affects your mental state."*

Respondents talk about negative attitudes of clergymen towards women who use drugs and vice versa - women who use drugs have clearly negative feelings towards clergy. When asked if participation of clergymen in treatment and rehabilitation would be acceptable, they unanimously said no.

- *"This happened right before my eyes, she was a girl like an angel and she was taking jeff, she had mental problems because of the drug. A priest told her that she was crazy, he told her mother to commit her to an institution. The girl was shaking and I hugged her, a total stranger, she said that her mother didn't need to hear this because she was already telling her that she was mental. Those girls don't need education but people that [drug users] count on do. Even in those non-governmental [organizations], that priest in the church, they need adequate education to control their behavior and their words. I can't tell anyone, come, they'll help you, because I don't know what they're gonna say to her, what if she jumps off a cliff because of something they said. This is what it's like in Georgia, they may tell you one thing but in their hearts they'll be thinking "ew, drug user". People need education, those priests and doctors need it."*
- *"It depends on a priest, I can't tell everyone about it [i.e. about her drug dependence]. When a priest tells you to leave, to go away, go to hell and disappear, will you go back there again? A priest who's wearing a cross and saying these things."*
- *"No, participation of priests in the treatment process is completely unacceptable to me."*
- *"I'm very far away from these things... As much as they're helping you, they're*

*condemning you as well. I went to a priest asking for help and you know what he said? If I let you in and sit here with you in the refectory, my parishioners won't come inside, because you are vile, this is exactly what he said to my face. F*** you and f*** your church, I responded and left."*

- *"I went to see a priest once and when he found out that I'm HIV positive, he told me: when you decide to leave [the prison], I'll meet you dressed like a monk and you should also put on a monk's clothes and come with me to the church, or you'll destroy others as well. This is not the way priests should treat their parishioners."*

Use of and access to services

Respondents talked about their negative experiences with service providers but they also described some positive experiences as well, especially with regard to services that are provided with involvement of representatives of the community itself, or with regard to medical service providers, when dealing with someone "they know" and they are "close with", someone who can express empathy. Such services are referred to as most trustworthy and desirable. Lack of awareness of medical personnel about certain issues related to drug use was highlighted (e.g. managing neonatal abstinence syndrome in newborns), as well as brazen attitudes towards issues of medical ethics and confidentiality.

"A close friend of mine was doing drugs for 9 months and when the child was born he was going cold turkey. She kept calling me, asking to bring her some or I'm dying, I can't stay here (at the maternity home), I don't want the child, I don't want anything, and I was bringing it to her, so that she would nurse the child and the child would stop going through the withdrawal. Maybe they don't know how to do that (i.e. doctor's don't know how to manage the NAS) but the child was going through a full-blown withdrawal. Adults can't handle it and can you imagine how an infant would react? She took it, nursed the child and the child would calm down."

- *"They see you not as a patient but as someone that they don't give a damn about and they want to get rid of you. I personally had to deal with [a doctor] who refused to give me drugs even though my hand was hurting. Those who are addicted to jeff, taking Coaxil and some pills, sometimes they can't move their hands, then they experience pain and when they go to a doctor, go, go, go and he just got rid of me like that, he didn't prescribe a painkiller, and she was crying, they treat us with disrespect. I went to see that doctor, I told him, what kind of oath did you take when you finished the med school? It is your duty to help the patient, even if it is your enemy. Not everyone has someone who will stand by them and help."*
- *"Why do you think that Tbilisi is a special place? I used to visit friendly doctors there for [hepatitis] C and I didn't experience it but there were women on the line, even boys. They were treated rudely, they are ostracized, like they are carriers of infection and nothing more."*
- *"A medical worker won't protect your anonymity unless he or she is a friend..."*

In addition to lack of service provider's awareness and violation of confidentiality by the personnel, forms of providing and delivering service were also critical to respondents, which

sometimes is done in a demeaning and unfriendly manner, without letting women keep their identity confidential. As a result, most women decide to avoid those services entirely that may expose their drug use or infection or may lead to non-empathetic (disrespectful) attitudes towards them.

- *"I told her before she tested me that I had hepatitis C and B, and she put on 10 pairs of gloves. Now we have this new elimination program and you know how the girls visit the doctor there? They walk in like this (the respondent is imitating a silent walk, secrecy), they sit in the corridor pretending to be visiting a dentist and as soon as there's no one in the foyer, they rush to the room, take a test and leave."*
- *"I'll go to a clinic where they have awareness about drug use, about AIDS and I won't feel that they [the personnel] are disgusted by me, I feel supported. I'll go there [name of the city has been intentionally replaced by a pronoun], I don't have a problem with that, main thing is that they don't treat me with disrespect – [like] "come on, she's a drug user"."*
- *"I had fluid in my lungs, you know the DOTS program, you can either visit them to get the drug or they'll deliver it to you. I preferred the latter, so they delivered it to me. Their employee, a nurse would leave a week's supply and I would then take it. I had only 2-3 months left. My neighbors saw it and someone said about my children at school, not to go to the house of tuberculars. My child came back crying; she didn't understand what tubercular meant. That nurse shouldn't have said anything. Well, how did those neighbors find out then?"*

Access to services can be evaluated in two ways: financial access and availability of female-oriented services. It turns out that the community of women who use drugs is unaware of free OST introduced in Georgia during the time of this research. Despite this barrier, there is still a financial problem related to OST design (arrangement of treatment), including medical certificates required for enrolling in the OST program, setting up the OST center itself, daily visits to the clinic (travel costs) are an additional financial barrier. However, according to respondents services that women need the most are scarce. Services that are provided to women through free consultations are not viewed as critical by these women. Respondents cannot afford to pay for more important services like additional tests (blood, smear, urine, etc.) and the service of free consultations is not enough.

- *"How is it (i.e. dependence treatment program) accessible when you can't go there because your husband's friend may come and see you; no, it's not accessible, when a person can't go there, how can you say that it is accessible."*
- *"I couldn't go and I didn't go because I know the entire city now, it has only one entrance (here she means the OST center) and you go to one window and you have to stand there, among so many men, there is a line there. Even if there's no line, what difference does it make, you still have to go there on a daily basis, I don't know..."*
- *"They told me to bring Form 100, which costs 10 laris and I couldn't go, so I'm here..."*
- *"It's not free (here she means OST) and you have to go there every day. Travel alone..."*

how can you travel every day, and then you have to pay (here she means cost of OST treatment] every day.”

- *Like I said, these programs cost money. Even if someone wanted to start, to switch to methadone, if she has money to pay [she will] and if she doesn't, I don't know. I don't know if they accept people for free.”*
- *“They don't refuse services to us, to the contrary, they even referred us to a psychologist, they referred me to a gynecologist. She provided consultation and dismissed me, I said thank you. Maybe I need an examination, maybe I need an ultrasound, not everything can be done verbally, and everyone else will want it, because it is very basic. Our town is very small, I can visit a gynecologist who is my friend and she'll provide consultation [for free], it's not a problem. Can't they just add more free things? Whether it's an ultrasound or a complete blood count, whatever tests are necessary.”*

Here we must highlight the objective self-criticism of female drug users with experience of drug dependence treatment abroad. They talk about lack of information in the community of women, lack of recognition and realization of the problem.

- *“When a person doesn't know, she's not doing it on purpose. Before starting the program and before I knew about the therapy, I used to say – I don't have a problem and I can quit whenever I want. My therapists kept telling me that this wasn't true, you have to learn many things about you first, who you are, what you want, what drove you to this. I needed a year and two months to realize where my problem was coming from and what was the empty space that [drug use] filled. When someone is unaware, she continues to say that she doesn't have a problem and she can quit today if she wants to. Someone who is knowledgeable about these things needs to provide you [with information].”*

We must also note OST-related myths and misconceptions. To a certain extent, OST patients themselves contribute to their dissemination.

- *“You have one foot in the grave when you're in the program”*
- *“Everyone is telling us that it is much, much, much better to run outside than to be enrolled in the methadone program”*
- *“You know what they say? That they lose their manhood; they have one foot in the grave. Don't remind me, I don't want to remember any of that.”*
- *“You become swollen and they give you more sleeping pills, look what she [name is hidden on purpose] looks like now.”*

Cases of stigma and discrimination

Some respondents don't know what stigma and discrimination means but as soon as they hear explanation, they provide examples of such practice from their personal lives. Such lack of knowledge is mostly found among respondents that avoid receiving services, so they are not involved in services. However, respondents that do receive services talk about different personal experiences and causes of stigma by citing examples from their personal lives: causes include fear and distrust; fear is predominantly caused by lack of information in the society and low

level of awareness, while distrust is caused by social misconceptions about “drug addicts.”

Fear:

There is a low level of awareness about HIV-AIDS, hepatitis C, tuberculosis and other blood-borne diseases in the society in general, including among medical personnel. Lack of awareness creates stigma that leads to discrimination. The deficit of knowledge among medical personal, which sometimes turns into iatrogenesis (any effects that are directly or indirectly caused by actions of healthcare professionals. The manner in which a doctor works with a patient may be wrong) is especially important.

- *“They are scared, when they hear drug user, that you are a drug user or have hepatitis C and you tell them about it, they become so scared that they go into a panic mode: what, you have hepatitis C? Even if you give them a glass of water, they'll refuse to drink it, and the way that they're looking at you is something, and I'm not talking about drug users, even if you only have hepatitis C they are scared of you. And if they hear that you're a drug user and a woman, they'll go crazy.”*
- *“I called an ambulance because my child had a fever. I told them that I work [as a sex worker], [I told them] where we take tests on [hepatitis] C, B, syphilis, HIV, and the way that woman reacted, she became very scared ... we offered her hot chocolate but the doctor was telling the nurse, giving her a hint not to drink it. When a doctor like her responds to a call and finds a patient infected with HIV, and I'm not talking about [hepatitis] C or B, can you imagine what will happen to her?”*
- *“When I had surgery and they couldn't find my veins, the nurse told me: look at your hands, and the way she said that and the way she looked when she said that, I didn't know where to hide. She said it with a very bad tone and I didn't like it.”*
- *“Several doctors told me that the child that I would give birth to would be sick and a retard, but all three of my children are angels.”*

Distrust:

If an employer is aware of a woman's drug use, she becomes undesirable especially if she has a record of conviction. Unfortunately, employers draw their conclusions based on examples and myths that are prevalent in the society and is convinced that a drug user will not be able to create something productive. Therefore, employers are trying to avoid any relationship with drug users at all costs.

- *“They won't hire you, if they hear that you are or you used to be a drug user, they won't even let you do a cleaning work fearing that you'll steal something”*
- *“One employer told me – I'll hire you and give you a job, because he knew that my son is in prison and I have thousands of problems, but he said he wouldn't hire me because of my husband, who is a drug user and he may visit me at work, bring his boys and stuff like that. I explained that my husband is not that kind of person, he won't be visiting me at work, but the employer's just looking for a reason and that's it.”*

Incidents of violence:

To most respondents violence is associated with an act of physical, sexual or psychological assault, however their personal experience indicates that they have been subjected to misappropriation of property (possessions, apartment, house, shares) by coercion, blackmail or other ways. Psychological pressure, emotional abuse turned out to be the type of violence that respondents find most difficult to deal with and more painful than psychological violence. Perpetrators of such abuse are their partners, husbands, family members, the law enforcement, etc. When incidents of violence involve their partner or husband, most women find it difficult to take a legal action. Because of their drug use that may “come up” as the case progresses and be used against them in the course of legal proceedings, respondents find that it is dangerous to deal with the police. They also fear to stay in the state of withdrawal, because their partner or husband is usually the one that supplies them with drugs.

- *“If I go and say that my husband is subjecting me to violence, they’ll respond – why did you marry him if you didn’t want to, why did you do drugs, why didn’t you come here before.”*
- *“Fearing that she’ll stay in the state of withdrawal with no one by their side, she can’t have him [the partner] arrested, because if he is arrested, she’ll stay alone and die from cold turkey. You feel very helpless in moments like that and you can’t see the bigger picture.”*
- *“I have thought about it but I couldn’t take that step [i.e. file a complaint] because he’s the father of my child and I can’t do it to him.”*
- *“Physical [violence] happens once, psychological happens every minute, physical may happen once a month but psychological abuse is the biggest nightmare.”*
- *“There have been many cases when the law enforcement tried to plant drugs in my car, they’ve said so many times to me, we’ll catch you while you’re high and we’ll throw you in prison. This is psychological [abuse], I don’t think it’s physical, such psychological threats, they’ve always been around.”*
- *“A friend [i.e. boyfriend, partner] may beat you but the police has now gone from physical to psychological abuse. They’re kind of fearful. One of my friends who was on probation, he used to go to the probation [agency] and every time he left they would meet him outside and take him to drug a testing facility and they did it for 6 months. She was scared and she’s been scared ever since, she only goes to a store if someone accompanies her. She fears that they’ll pick her up and throw her in prison.”*
- *“Sexual violence against women who use drugs? No! Police may be sexually abusive but otherwise, they humiliate you and subject you to psychological and emotional violence.”*
- *“It can be physical violence as well and psychological certainly, psychological abuse is everywhere, wherever you go, wherever a woman who uses drugs goes, starting from family. It can also be physical, from the society or from the husband, the family or someone you know, a neighbor, a relative or the police.”*

- *“It is both physical and sexual. Physical [abuse] by husband and psychological by parents.”*
- *“Women are victims of men who use drugs. I am saying this based on the example of Ajara. When you are a woman who uses drugs, no one pays any attention to you, some man is forcing you to bring him drugs from Turkey and you have to do that because there’s no other way.”*
- *“They forced me to bring drugs across the border and I found myself in prison, my father was able to help.”*

Respondents point out that the society often “justifies” the perpetrator’s behavior when the victim of violence is a woman who uses drugs. Often such victims are portrayed as provokers because of their drug use, who deserves what they got. In such cases, women who use drugs are absolutely ignored by the society as well as by law enforcement authorities.

- *“When she called [to report violence] they told her – your husband was beating you for a good reason, they mock you and ... I don’t think they take you seriously.”*

Women who use drugs don’t have any information about mechanisms available to them in cases of violence. These mechanisms will help them escape problems caused by violence. They don’t know how and if they can protect their rights using legal tools. They demonstrate nihilistic attitudes and complete distrust towards the law enforcement. They don’t expect any help from professional psychologists. Only two out of 37 respondents had experience with shelters but other respondents had a lot to say about problems and the unpleasant situation in shelters.

- *“No one’s doing anything and I understand this because making symbolic calls so that someone can say that they’re working is ridiculous. All these hotlines, coldlines, warmlines, all of it is ridiculous. Let’s say I made a call and then what? What are they going to do? If someone says that they’ll take some action if I call, an action that will bring some result... I just can’t imagine it, what can they do to achieve any result, how can someone else ensure my rehabilitation if I make a call or file a complaint, this is just ridiculous. There will be no point unless they change the entire environment. Otherwise, it’s just talk and nothing else.”*
- *“I haven’t yet escaped from the first violence, which is why I tasted drugs. It was rape. Then I start thinking about drugs, which makes me forget about anything else, there is no escape.”*
- *“It’s difficult, how can I explain. They may or may not be rehabilitated, most probably can’t be rehabilitated, or if they can [be rehabilitated], someone needs to be by their side. You can’t overcome this barrier alone because it’s very difficult. It’s not like you fell down and you got up. There are thousand, million things that you can’t deal with alone.”*
- *“How are they taking care of themselves? Like, basically, if there’s someone or some organization that gives them a job, treatment is necessary in the very beginning, you need a psychologist first of all and then a treatment and then a job.”*
- *“There are much better conditions in prison, much better environment than in the shelter.”*

- “There were a few women with us [in prison] who left but because they had no shelter, they started stealing again and were put back in prison.”

Visualization of results:

Visualization of results was performed using a software for analyzing qualitative information, which allowed us to see 100 most frequently used words in interviews and FGDs (figure 1). The more frequent the word is used the larger and the bolder it appears in the word cloud. Since Nvivo is available in English and it has built-in Sylfaen font, we can read transcripts in Georgian and conduct the coding process in Georgian. However, Georgian software does not allow use of additional filters, meaning that conjunctions, prepositions, pronouns, etc. were excluded from the process of analysis. Consequently, results in Georgian are unfiltered.

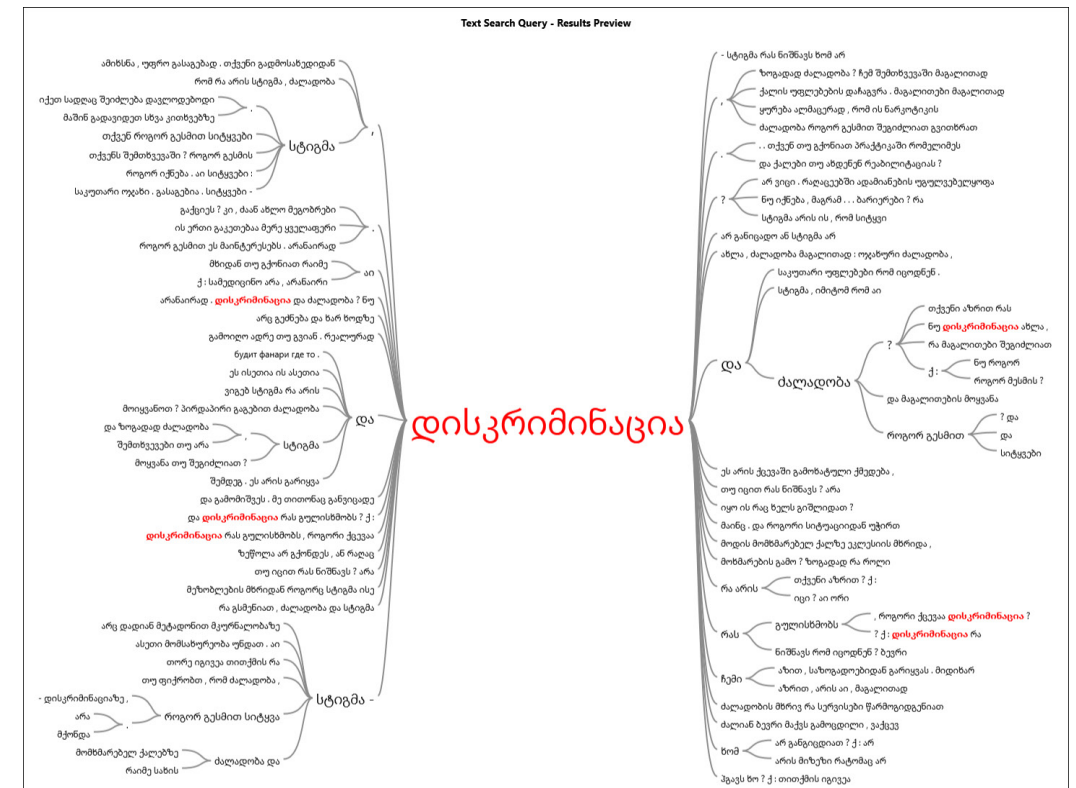
Figure 1. The cloud of most frequently used words



The following words are clearly visible in the upper section of the cloud: violence, user, psychological, problem, discrimination, dependent, drug, medical, which is indicative of significance of these words in discussions and interviews.

The function of “Word Query” allows us to see positioning of words of our choice in sentences, which gives us an idea about meaning of individual words in the material obtained through this research and their positioning. Using the said function we explored the use of the following words: “discrimination”, “stigma” and “violence” (figures 2 and 3) and their positioning in sentences and codes.

Figure 2. Word “discrimination” represented in sentences in the Word Tree



[illegible]

ძალადობა - Results Preview

We use cluster analysis to calculate similarity index values for codes, topics and words used in interviews and focus groups. Cluster analysis uses Pearson correlation coefficient, Jaccard's coefficient and Soersen's coefficient⁴ and hierarchical cluster algorithm to represent hierarchical distribution of sources (interviews and discussions) in the diagram. The more often the search words are used, the bigger and the bolder the cluster appears in the upper section of the diagram. Analysis of search words indicates (Diagram 2) that stigma, discrimination and violence are most frequently used in an individual interview in Kutaisi, followed by a focus group in Batumi, and so on. These words are least represented in one of the individual interviews in Tbilisi, located in the right corner, at the very bottom of the diagram. However, overall it is safe to say that these words were most frequently mentioned in Batumi than in Kutaisi and they were least frequently used in Tbilisi.

23

Diagram 2. Cluster analysis map: sources clustered by word similarities: stigma, discrimination and violence



The cluster diagram evaluates similarities of source coding by clustering together the sources coded with similar codes (interviews and focus group discussions) and indicates that sources of Batumi and Kutaisi are quite similar (diagram 3) unlike the information of Tbilisi, which is positioned separately, in the left area on the bottom of the diagram. Similarity is indicated by spatial distribution (closeness) and color (similar colors) – see the diagram 4.

Diagram 3. Sources clustered by coding similarity

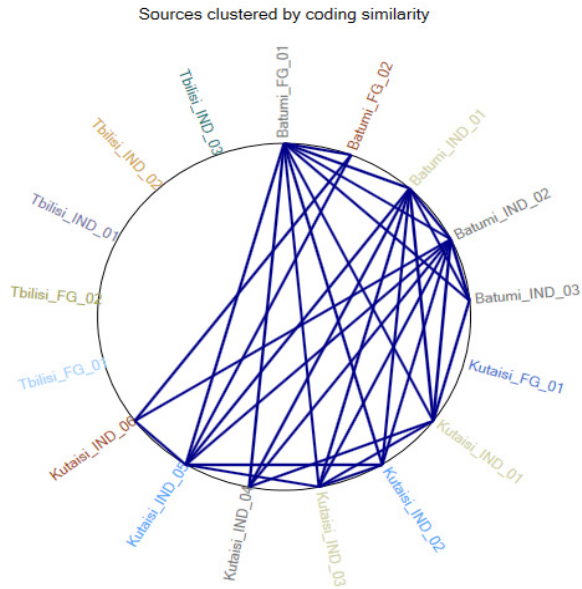
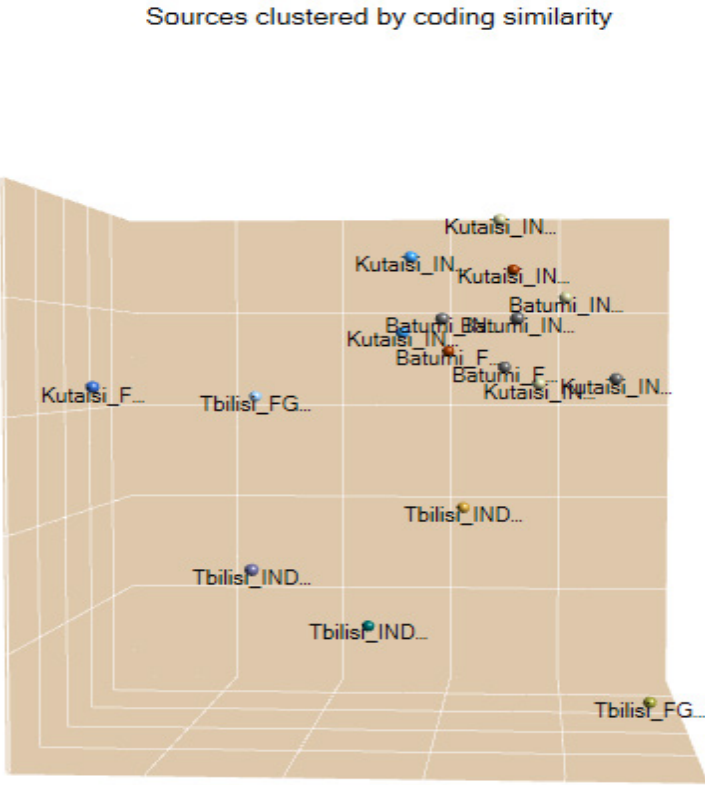


Diagram 4. 3D cluster diagram of sources clustered by coding similarity



CONCLUSION

37 female PWDs from Tbilisi, Kutaisi and Batumi participated in the research. At the time of this research, 65% reported use of injection drugs, while others reported use of psychotropic medication without prescription, however all of them indicated injection drug use in the past. Mean age of respondents was 42, mean years of schooling – 14 and mean years of experience of using drugs – 12. Unfortunately, evidence-based information about the number of women who use drugs in Georgia is not available, which is why often estimation of the scale of drug use by women is mostly based on the so-called indirect calculations. In 2015, share of women among those undergoing treatment for drug use was 1-3% (Alavidze et al., 2016).

Based on the most recent global statistics, 1 person who injects drugs is infected with HIV in every 4 minutes (UNAIDS, 2017). This alarming trend indicates that population of people who inject drugs is critical for public health and even more so when it comes to the sub-population of women drug users. Women are facing important problems like pregnancy and use of drugs, sexually transmitted infections and infections transmitted from mother to baby, violence from

their partners, which later affects their choice of having protected sex and safe injection practice (Bell et al., 2008).

Due to stereotypes, stigmas and intolerant attitudes prevalent in the society, women who use drugs become victims of a vicious circle and two times more vulnerable to discrimination and violence. In addition, as a result of the harsh drug policy they often experience police violence and mistreatment (Ataiaints, Merkinaite, & Ocheret, 2012). Gender discrimination and violence prevents women who use drugs from applying for services they need, despite availability of services tailored to their needs, because they already fear that they will be insulted just for entering such facility (UNODC 2017). On the other hand, clearly services for women drug users in Georgia are gender insensitive. The form of provision of medical or non-medical services is unacceptable for women and in some cases humiliating, the environment is often unfriendly and hostile and protection of confidentiality is not ensured. The issue of confidentiality is especially critical in provision of medical services like treatment of drug dependence and treatment of tuberculosis or HIV infection. Often women fall victims to unprofessional advice or intervention, including advice to terminate pregnancy for use of drugs, ignorance about identification of neonatal abstinence syndrome and subsequent failure to manage it in newborns. Overall, there is a low awareness about HIV infection and other infections among medical professionals in the region, which serves as a source of stigmatization and discrimination.

Lack of financial access to services is a significant barrier for women. Since women even with past conviction for use of drugs are left unemployed by the labor market and they have to depend on others, naturally, costs for travelling to and from an MST center can also be a problem, in addition to costs of examination and treatment of other health-related problems. This is coupled by lack of information and myths about MST centers prevalent in the community, that participation in MST program is “a step taken towards death”.

Community of women who use drugs lack awareness about their rights and mechanisms of protection. They don't know where to seek help and they are reluctant to take legal action in an event of violence by a partner or a husband, due to attitudes of the police towards women drug users and patriarchal sentiments. Women who use drugs are often coerced by their partners into smuggling drugs across the border, when women feel completely helpless and unprotected. They find it especially hard to deal with psychological abuse, which they manage to escape without help of professionals, mostly with help of their friends and relatives. In such cases, level of trust towards professional assistance is quite low. They would welcome professional assistance provided on equal basis with others.

The community is unaware about acceptance of women who use drugs by shelters. They don't believe they can too have access to such service, they don't believe that they can get the help they need by consulting with a lawyer. Some are reluctant to trust due to their experience with services. They would welcome effective services that are tailored to their needs, rather than consultations and superficial advice.

Respondents are against participation of clergy in treatment processes as they consider them to be ignorant of the special needs that women have due to their use of drugs or different infections, violence and stigma. They would be much more acceptive of their equal, a role model, who had to go through the same problems and can demonstrate empathy and provide assistance.

QUALITATIVE RESEARCH OF STIGMA, DISCRIMINATION AND FORMS OF VIOLENCE AMONG FSWs

The research began in March 2017 by preparing all document needed for the protocol and the research (consent forms, tools, ethics issues). Collection of data began in June and lasted through September, while analysis of the data was performed in December 2017 and January 2018.

Qualitative research (6 FGDs and 9 in-depth interviews) was conducted in a peaceful environment. Although discussions involved sensitive issues, respondents talked openly about their experience and freely expressed their attitudes about topics of discussion. Anonymity and confidentiality of respondents was protected during the research.

Research methodology

We used methods of qualitative research – FGDs and in-depth interviews with commercial female sex workers. In each city (Batumi, Kutaisi and Tbilisi) focus group discussions and in-depth interviews were facilitated and co-facilitated by employees of regional offices of the Center for Information and Counseling – Tanadgoma.

KEY FINDINGS

Study of violence, stigma, discrimination and other abuse of human rights against FSWs, involving their families and intimate partners

- Majority of respondents have experienced different types of violence by members of their family and/or intimate partners. Forms of violence perpetrated by family members include: physical (bodily injuries, inflicting pain), psychological (insults, harassment and intimidation), involvement in prostitution – economic violence. Usually every story involves a combination of different types of violence: beating, threats, control of behavior, degrading treatment, intimidation, creating a threat to one's life, persecution, etc.

Study of violence, stigma, discrimination and other abuse of human rights against FSWs, involving different structures (law enforcement structures, religious groups, legal institutions, etc.)

- Most respondents have experienced degrading treatment, physical and verbal abuse by the law enforcement. Conflict situations between female sex workers and the police resulting from demands to leave the work site are frequent.
- The research indicates that sometimes police officers demand free services from female sex workers by intimidating and harassing them. They demand false witnessing and/or cooperation from FSWs in exchange for letting them stay on their work site.
- Research participants realize that adequate/fair approach of the law enforcement is important for protection of their safety and rights. They believe that negative attitudes of

the law enforcement as demonstrated by their harsh and degrading treatment of FSWs encourages others to express their aggression about female sex workers and physically abuse them.

- The research indicates that sometimes when FSWs try to protect their rights and dignity, they end up being victimized. They encounter degrading treatment by representatives of the law enforcement and the judiciary, experience psychological abuse and often they find themselves in the defendant's chair.
- According to respondents, police officers are driving FSWs from their working places and arresting them for blocking traffic or resisting police. Eventually FSWs end up with fines and/or in pre-trial detention isolators. We have found instances of FSWs were mistreated, their families were informed and their right to counsel was violated.
- The research indicates that FSWs experience life-threatening treatment, intimidation and blackmail committed by the law enforcement.
- Even though majority of respondents report degrading treatment, physical and/or sexual abuse by law enforcement officers, a small proportion of research participants still report adequate fulfillment of official duties by the law enforcement, which FSWs certainly welcome.

Study of violence, stigma, discrimination and other abuse of human rights against FSWs, involving clients and the work environment

- Discussions about violence against FSWs by clients and the work environment indicate that due to a number of problems FSWs are under constant pressure and stress. Work environment is a place where they are most exposed to violence. Their rights are violated not only by clients but also by people that are passing by and often by representatives of the law enforcement. Different forms of physical and psychological abuse is part of their working conditions and environment (degrading treatment, threats, beating, refusing to pay, blackmail, rape, etc.)
- Often FSWs are physically abused when they refuse a certain form of sexual relationship and/or when client can't perform.

Study of violence, stigma, discrimination and other abuse of human rights against FSWs in the process of receiving healthcare and medical services

- According to respondents, if medical personnel identify them as sex workers they are treated with indifference, confidentiality of their personal information is not safeguarded and they experience degrading treatment.
- The research indicates that medical personnel treat patients with indifference and fail to perform their duties (they fail to report violence to the law enforcement) if the patient (a sex worker) is a victim of violence by police officers.
- According to the research participants, the only medical facility that treats them well despite their status of a sex worker is "Healthy Cabinets".⁵

⁵ Healthy Cabinets are specialized clinics created for SWs within the HIV prevention program, where the target population can access diagnostic and treatment services for STDs. Healthy Cabinets operate in the following five cities of Georgia – Tbilisi, Kutaisi, Batumi, Zugdidi and Telavi.

Evaluation of opportunities available to female sex workers for protecting their rights

- Most participants believe that no one will protect their rights and they have given up on fighting for their rights. Fear, feeling of vulnerability and lack of support prevents them from fighting for their rights.
- According to respondents mutual support is the only way they can protect themselves and they use it often. As a group they are a force to be reckoned with. They often have to respond to violence with violence in order to survive.
- Most participants stated that due to the following reasons they are reluctant to turn to the police for help when dealing with violence:
 1. Fear of being insulted
 2. Belief that it will be futile and the perpetrator will not be punished
 3. Belief that they will be blamed for provoking the conflict
 4. Fear of revenge by the perpetrator

According to respondents, underlying causes of violence and vulnerability of SWs include negative public attitudes and impunity. They find it hard to talk about problems of FSWs or to provide names of any organization that work to protect rights of FSWs. Majority of respondents named "Tanadgoma" and only a few named GYLA (Georgian Young Lawyers' Association), ACESO (organization that protects rights of women who use drugs). Some have heard about the shelter but they cannot provide names of concrete organizations and/or are misinformed about them. Respondents mentioned General Inspection as means for protecting themselves from violence by police officers but similar to the police they are also reluctant to seek help from the General Inspection due to their lack of positive experience.

Analysis of the information

Study of violence, stigma, discrimination and other abuse of human rights against FSWs, involving their families and intimate partners

Majority of respondents have experienced different types of violence by members of their family and/or intimate partners. Forms of violence perpetrated by family members include: physical (bodily injuries, inflicting pain), psychological (insults, harassment and intimidation), involvement in prostitution – economic violence. Usually every story involves a combination of different types of violence: beating, threats, control of behavior, degrading treatment, intimidation, creating a threat to one's life, persecution, etc.

Moderator: almost all of you have experienced violence committed by intimate partners. Can you please talk about this in more detail, what type of violence was it?

Respondent 2: for example, he beat me when he was drunk

Moderator: why did he beat you?

Respondent 2: I don't know, I didn't do or say something that he wanted me to, he's laid a hand on me because I didn't dance to his tune. Once he was jealous of another person and he beat me

with a wooden hanger, I had bruises all over my face and body.

Moderator: what about you?

Respondent 3: I was drunk and I didn't do as he said, so he beat me (FGD no.1, Kutaisi)

Respondent 2: I was psychologically abused by my brother. He told me that he had learned the truth about me – I won't kill you, I won't go to prison because of you, but I'll cause you to become an invalid, I'll cause you to become chained to a wheelchair!...

Moderator: why did he act violently?

Respondent 2: it was a sexual issue, if I see you on that road?!... He is a little suspicious... (FGD no.2, Batumi)

Moderator: can you tell me how and under what circumstances did your mother take money away from you?

Respondent 8: my mother was taking money from my clients. When a client followed me, she told him – money first, and when the client took the money out of his pocket, she would grab it and then get in a car.

Moderator: did your mother follow you to work?

Respondent 8: yes, she was my pimp. That's what she told everyone (FGD no.1, Tbilisi)

Respondent 5: yes, I was ... by my brother.

Moderator: what type of violence was that?

Respondent 5: he would come after me with a knife, with whatever he could get his hands on.

Moderator: was it because of your work?

Respondent 5: yes, he accidentally learned about it, his friend saw me coming out of a hotel room and told him about it.

Moderator: how long have these facts been going on?

Respondent 5: for the last 3 years (FGD no.2, Tbilisi)

Study of violence, stigma, discrimination and other abuse of human rights against FSWs, involving different structures (law enforcement structures, religious groups, legal institutions, etc.)

Most respondents have experienced degrading treatment, physical and verbal abuse by the law enforcement. Conflict situations between female sex workers and police officers resulting from demands to leave the work site are frequent.

Moderator: what do you think, what is the cause of police violence?

Respondent 1: everyone who's got time for it is spitting at us, especially the police. They should be protecting us but they're doing a complete opposite.

Respondent 3: because they think of me as a streetwalker, they think I like standing in the street, they think of us as whores, streetwalkers.

Respondent 2: they've kicked me many times before and they've spoken to me with obscene language in front of other people

Moderator: when did it happen?

Respondent 2: in 2014 (FGD no.1, Tbilisi)

Respondent 6: when this government came into power, I remember police patrol visited us all of a sudden at (...), they told us to leave but I didn't obey, so one of them got out of the car and gave me a kick. Often in winter they throw cold water at us at (...)

Respondent 1: and gasoline water. I've been soaked with gasoline water many times before (FGD no.1, Tbilisi)

Moderator: can you tell me more about it?

Respondent 6: I was approached by police officers at my usual site, they were yelling, curing at us, they even touched us. Us girls were standing there and they were yelling at us to leave. Where can I go - I responded - will you be taking care of me then, or what? Whenever a police patrol car approaches us, they call us names first and when I start yelling and cursing, they turn on their cameras and it looks like I was the one who started the fight while they protect order and pretend to calm me down. They call me a "citizen" only when the camera is on (FGD no.1, Tbilisi)

- The research indicates that sometimes police officers demand free services from female sex workers by intimidating and harassing them. They demand false witnessing and/or cooperation from female sex workers in exchange for letting them stay on their work site.

Moderator: I have one question, do police officers come to you directly demanding your services or do they demand it in exchange for resolving a conflict?

Respondent 6: you know what's going on? They know that we're working women and they think that they have the right to treat us any way they please. They get drunk, sloshed and start being brazen, rude, they even touch us, you know who I am, I am a police officer, what do you mean you're not gonna come and serve me.

Respondent 7: if you say no, they'll tell you that they won't let you stand there, what do you mean you won't come, you need to leave then. They tell you - you'll need us, that we may need their help in the future, and stuff like that.

Moderator: does this happen often?

Everyone agrees: yes, it does.

Respondent 8: one day they took her and I, when they "did it" and it was time to pay up, they showed us their badges and told us that they're useful people, they'll always protect us, we had to leave without getting paid (FGD no.1, Kutaisi)

Respondent 3: Let me tell you my story. There was a fight outside a bar, I don't know, I didn't see it. A police officer came up to me and asked – was there a fight? I said yes, I heard something. Then he responded – now you're gonna write a statement saying that you saw everything. ... They are abusing their power, forcing us to testify against someone and say whatever they tell us to, if we want to stay and continue working. I'm not gonna say anything about something that I saw of course I won't say anything something that I didn't see!... (FGD no.2, Batumi)

Respondent 2: there was an incident three days ago – a police officer came to us and told us to cooperate, if we see someone carrying a weapon or anything...

Moderator: is this a recent thing?

Respondent 2: it has always been like that!... They did it covertly before but now they are openly suggesting [cooperation]

Respondent 1: they tell us – if you cooperate, you'll get your cut, some money

Moderator: so there's an interest?

Respondent 1: yes.

Respondent 2: they forced the girls to leave our hangout; they let only 2 of them to stay. [They said] – they're working for us and you won't have any problems if you work for us too... (FGD no.2, Batumi)

- Research participants realize that adequate/fair approach of the law enforcement is important for protection of their safety and rights. They believe that negative attitudes of the law enforcement as demonstrated by their harsh and degrading treatment of FSWs encourages others to express their aggression about female sex workers and physically abuse them.

Respondent 1: I don't have any hopes about police help, even if we report our problem, or say that clients are mistreating us, they'll belittle us instead [of helping].

Moderator: do you think that anything will change if clients knew that you have that option [i.e. going to the police]?

Respondent 1: I don't think they'll mistreat us anymore, because of fear

Moderator: are you saying that they're not afraid because they know that you won't go to the police?

Respondent 7: yes, I am.

Respondent 2: they know that no one's protecting us

Respondent 1: the law is not protecting us (FGD no.1, Batumi)

- The research indicates that sometimes when FSWs try to protect their rights and dignity, they end up being victimized. They encounter degrading treatment by representatives of the law enforcement and the judiciary, experience psychological abuse and often they find themselves in the defendant's chair.

Respondent 7: Judge (...) who still works as a judge in City Court in Dighomi, told me straight

to my face – you are “whores” who should be gunned down and burned, there is no law for you in Georgia ... (FGD no.1, Tbilisi)

Respondent 1: one year ago, when I was on my way back from a birthday in village (...), some guy sexually assaulted me, raped me. My husband knew him, he lived in our neighborhood. I told him that I would file a complaint, that I wouldn't let him walk unpunished, but he laughed and said that no one at the police would believe me. It turned out that he was a friend of a police officer.

Moderator: who did you ask for help?

Respondent 1: when I got home, I told my mom about it. My mom, my stepfather and I went to the police department, I filed a complaint, then they let my mom and my stepfather leave but they made me stay there for one and a half days. They were calling me horrible names.

Moderator: why?

Respondent 1: they wanted me to change my statement. They said they didn't believe that a young man did such thing. There were three men, one of them turned out to be [the perpetrator's] relative. The chief told me – if I hit you now, no one would be able to find out who did it. After one and a half days they had me sign some document, I didn't even read it. They pointed at someone and said that this was my lawyer and that I shouldn't be afraid because the lawyer had also signed it. When I went to court, they sentenced me to two years of probation for giving false testimony (FGD no.1, Tbilisi).

- According to respondents, police officers are driving FSWs from their working places and arresting them for blocking traffic or resisting police. Eventually FSWs end up with fines and/or in pre-trial detention isolators. We have found instances of FSWs were mistreated, their families were informed and their right to counsel was violated.

Moderator: how long did they keep you in the pre-trial detention isolator?

Respondent 3: I spent the night there, next day I was taken to court and of course they found in favor of the police and I was found guilty. I was ordered to pay a fine of 500 laris.

Moderator: did you represent yourself in court or did you have a lawyer?

Respondent 3: what lawyer? They didn't even allow me to call someone to tell them that I was [in police custody]. When they took me to the police station, they removed battery from my phone and threw it at me.

Moderator: what was the court's decision?

Respondent 2: they usually [charge you] for blocking traffic.

Respondent 3: I have the court's decision saying that I was blocking traffic and I put up resistance, even though there is a video of me standing on a bus station waiting for a bus (FGD no.1, Tbilisi)

Interviewer: what is that sanction of 400 laris about?

Respondent: they can't issue a fine for what they are supposed to issue it for, so they issue it for disobedience.

Interviewer: do they issue it for police disobedience?

Respondent: ... disobedience, their sole purpose is to fine you and make you miserable, I don't know what this is about, I can't understand what kind of grudge they have against us (in-depth interview no.2, Tbilisi)

Moderator: why did the police take you?

Respondent 7: not just me, 6 other girls too.

Moderator: did they fine all of you?

Respondent 7: yes, they did

Respondent: the budget received [a revenue of] 600 laris (FGD no.2, Batumi)

- The research indicates that FSWs experience life-threatening treatment, intimidation and blackmail perpetrated by the law enforcement.

Moderator: do you experience violence by the same police officer?

Respondent: there are 9 police officers working three different shifts. All of them treat us the same way and insult us. They have a black SUV, they've come at us in that SUV so many times before to scare us, pushing us girls against the wall (FGD no.1, Tbilisi)

Respondent 3: they raided us once when I was standing at (...) and took me to the police station, ... At the police station they told us that they'd bring a camera crew of Rustavi 2 to show our faces to our parents. This is intimidation, stress, you become nervous thinking that they may really do it, this can really happen and my brother or my husband or my child will see me, [you start thinking about] what's gonna happen and you become quiet, you become quiet even though you shouldn't, but you'd rather be quiet because they are bigger than you and they'll overpower you in any way (FGD no.2, Tbilisi)

- Even though majority of respondents report degrading treatment, physical and/or sexual abuse by law enforcement officers, a small proportion of research participants still report adequate fulfillment of official duties by the law enforcement, which FSWs certainly welcome.

Respondent 2: let me tell you my story, I followed my client (...) home, in his own apartment, I had money in my purse. In the morning when I woke up I realized that I had been robbed, I was missing my money and my passport. I called the police, three young man arrived, we went to see him, I knew where he worked and they arrested him right then and there. What I'm trying to say is that the police stood by me. I got my money back (FGD no.1, Tbilisi)

Violence involving clients and the work environment

Violence, stigma, discrimination and other abuse of human rights against FSWs, involving clients and the work environment

- Discussions about violence against FSWs involving clients and the work environment indicates that due to a number of problems FSWs are under constant pressure and stress. Work environment is a place where they are most exposed to violence. Their rights

are violated not only by clients but also by people that are passing by and often by representatives of the law enforcement. Different forms of physical and psychological abuse is part of their working conditions and environment (degrading treatment, threats, beating, refusing to pay, blackmail, rape, etc.)

- Physical violence and degrading treatment by pimps

Moderator: (...) why did your mother who is also your pimp abuse you physically?

Respondent 8: I don't know, it's always been like that. She always fought with me when I was little; she treated me like a step-daughter. Sometimes I think that I'm not her child. She pushed me to the streets to make money off of me. She kept reminding me and telling me that streetwalkers have no right to be mothers, act properly or you'll lose your children [she said].

... When other girls came to me, asking some things, I didn't want to talk to them because she fought with me afterwards, telling me no to talk to them. Once she even poured a hot coffee over me because of this, go ahead, gobble it down [she said], and threw the coffee at me. Then she told me, you should be working here, you're not here to talk (FGD no.1, Tbilisi).

- Degrading treatment, physical and verbal assault by passers-by

Moderator: how often do you experience violence at your work place by clients, passers-by and pimps?

Respondent 2: when they walk past us, they throw half-eaten apples at us or banana skins, they've even thrown eggs at us, sometimes they spit at us and curse at us.

Respondent 6: last year two boys came to us while we were on the riverside, they were under the influence of drugs and they beat me severely, they kicked me and beat me with rods in my stomach. I was being attacked for half hour. Other girls were standing there looking very scared and when they came to their senses they called the police. I was pregnant and I started bleeding. Had they not called an ambulance, I would have probably died (FGD no.1, Tbilisi).

Respondent 2: the day before yesterday some man was passing by and called us "sluts"! ... You pay 50 laris and you end up with gonorrhea [he said] (FGD no.2, Batumi)

Respondent 7: it happened that day, small children found rotten eggs somewhere and started throwing them at us

Moderator: were they boys? Why did they do it?

Respondent 7: for no reason; we just stood there and they started yelling – we didn't respond. We walked away and they followed us

Moderator: how old were those children?

Respondent 7: 13-14 years, probably

Moderator: did they want your services?

Respondent 7: no, it was a joke for them (FGD no.2, Batumi)

Moderator: I know there have been similar stories involving clients, what about passers-by, the environment and problems there?

Respondent: they've called us sluts and bastards from their cars (FGD no.2, Tbilisi)

- Verbal and physical abuse by clients

Respondent 4: they've hit us, called us extremely obscene words

Moderator: you mean clients?

Respondent: yes, clients (FGD no.1, Batumi)

Interviewer: how often do you experience violence at workplace?

Respondent: you mean from co-workers?

Interviewer: generally, including from co-workers and clients

Respondent: almost on a daily basis. They come at us, inebriated, calling us names, calling us obscene words, harassing us, breaking things, humiliating us (in-depth interview no.1, Batumi)

Respondent 5: the worst thing is that you enter a room with a strange man and you're alone there, then when you're done and you need to leave, sometimes he hides the keys, locks the room and refuses to let you go. He abuses you verbally, it is horrible (FGD no.1, Batumi)

- Clients forcing FSWs to provide sexual services using physical violence and/or blackmail

Respondent 2: once a client took me to a hotel for exactly one hour. When I left the room, he found me at the bar and demanded that I give him back the money; he even argued with the hotel owner and took back the money that he had paid for the room. He threatened to call the police and media. I couldn't do anything so I returned his money (FGD no.2, Batumi).

Respondent 4: I followed him to the hotel and then he demanded that I give him back the money. I refused, so he hit me. I responded - I followed you grudgingly and now you're asking for your money back? So he hit me. Such violence happens often (FGD no.1, Batumi)

- Rape

Moderator: where did you meet this person?

Respondent 5: at the bar and then we went to the hotel. It was almost like I had a premonition so we took a taxi of someone I knew, so he could pick me up later from the hotel. We got to the hotel, everything went fine, when my time was up I came out and I couldn't find the keys, my clothes had also been hidden. I don't know what happened, he threw me on the bed and then it happened.

Moderator: what do you mean?

Respondent 5: he forced himself on me and raped me (FGD no.1, Batumi)

- Theft by clients

Respondent 5: it happened 3-4 years ago, a client stole my money. I went to the bathroom, took a shower and when I came out, the money was gone. Similar thing happened to me about 10 days ago (FGD no.1, Batumi)

- Often FSWs are physically abused when they refuse a certain form of sexual relationship and/or a client can't perform or doesn't get what he wants.

Respondent 1: he demanded oral sex. I refused, so he beat me (FGD no.1, Kutaisi)

Respondent 4: there have been many cases like that. Sorry but I can't perform, what can I do about it, your time is up and you need to leave.

Moderator: what do you do when something like that happens? How does it end?

Respondent 4: he comes at you to hit you, if you prevail or someone helps you, you're good, if not – he'll hit you.

Moderator: when was the last time something like that happened to you?

Respondent: 4 days ago (FGD no.1, Batumi)

Violence, stigma, discrimination and other abuse of human rights against FSWs in the process of receiving healthcare and medical services

- According to respondents, if medical personnel identify them as sex workers they are treated with indifference, confidentiality of their personal information is not safeguarded and they experience degrading treatment.

Moderator: girls, can you tell me about attitudes of medical personnel towards you, if they are aware that you are sex workers and you charge money for sexual services?

Respondent 8: if they've been called and they know that one of us needs help in the street, they make us wait for hours. Then, when they take us to some hospital, they say - we brought her from (...), which means that they're not gonna give a damn about you because they don't think we're humans because we're streetwalkers.

Respondent 7: especially in (...) in the hospital and (...)

Respondent 4: that's the way it is everywhere, they treat us like that because we work in the street. If I visit some place where they don't know what I do for a living, e.g. a polyclinic, I am admitted the usual way, but if I go there as a woman that earns money by doing it, everything changes and they treat me with disregard and humiliation.

Respondent 3: an ambulance took me to a hospital from the railway station area. A doctor asked where I was from, when they responded that I was from the railway station area, no one paid any attention to me for two hours (FGD no.1, Tbilisi)

Respondent 4: doctors should be the same way as pastors; they should not disclose whatever disease you have. I was in Dubai a few years ago, the most important thing was to save money so I could leave soon, and so we had sex with or without condoms... Red spots appeared on my hands, when I came back they told me that it was some stage of syphilis. I went to a doctor for tests, the doctor told everyone that I had syphilis; he didn't have the right to do it... He knew that I had recently come back from Dubai and he realized what type of business I could've been doing there.

Moderator: so you're saying that a doctor at a medical institution violated confidentiality?

Respondent 4: yes, he did (FGD no.2, Tbilisi)

- The research indicates that medical personnel treat patients with indifference and fail to perform their duties (they fail to report violence to the law enforcement) if the patient (a sex worker) is a victim of violence by the police.

A respondent named Maka: I was saved by (...) two times this winter. There's this one "dog" (a Georgian slang for police) in Chugureti Police Department that holds the biggest grudge against me. Once he snuck up on me from behind and hit me with a water bottle on my head. My head became swollen, I became very sick. (...) called an ambulance. I told the ambulance that I'd been hit by a police officer; they should have taken some actions, right? But they didn't. As soon as they learn that it was a police officer, they get rid of you or start talking about something else. They don't want any trouble (FGD no.1, Tbilisi).

According to respondents, the reason why they experience negligent and degrading treatment by medical personnel is because they are commercial sex workers.

Moderator: girls, what can you tell me about reasons why doctors treat you that way?

Respondent 4: because of what we do. As soon as they learn or someone tells them that the girl works in the street, everything changes. Nobody cares about streetwalkers (FGD no.1, Tbilisi)

- According to the research participants, the only medical facility that treats them well despite their status of a sex worker is "Healthy Cabinets".⁶

Moderator: can you tell me about clinics that offer friendly services to commercial sex workers?

Respondent 8: I've been at Health Cabinet, other girls also go there, they treat us well, they don't care who you are; you feel normal (FGD no.1, Tbilisi)

Moderator: do you know or have you visited any other institutions like clinics for instance for testing or treatment of STDs?

Respondent: no, there aren't any and I haven't heard about one either. We take those tests at [the medical facility] that's close to where we are now.

Moderator: you probably mean the Healthy Cabinets. Are you happy with attitudes and services of their medical personnel?

Respondent 6: yes, they definitely treat me well.

Moderator: do others know about Healthy Cabinets?

Everyone says that they do.

Moderator: you for instance, are you happy with their services and attitudes?

Respondent 2: yes, I've been there many times; they definitely pay attention. I needed treatment and they even gave me the medication (FGD no.2, Kutaisi)

Evaluation of opportunities available to female sex workers for protecting their rights

⁶ Healthy Cabinets are specialized clinics created for SWs within the HIV prevention program, where the target population can access diagnostic and treatment services for STDs. Healthy Cabinets operate in the following five cities of Georgia – Tbilisi, Kutaisi, Batumi, Zugdidi and Telavi.

- Most participants believe that no one will protect their rights and they have given up on fighting for their rights. Fear, feeling of vulnerability and lack of support prevents them from fighting for their rights.

Moderator: did you seek anyone's help when you experienced violence from your mother?

Respondent 8: no, I didn't.

Moderator: why didn't you?

Respondent 8: who would have helped me? Also, this would have made my mother even angrier and I didn't have the nerve, it would've intimidated her more and I was scared of her (FGD no.1, Tbilisi)

Moderator: why didn't you report it to the police?

Respondent 4: why didn't you file a report? Why didn't you go to the police immediately?

Respondent 5: because she is scared.

Respondent 5: women like us, when we are in trouble, no one cares. As soon as the police see that we work in the street, they treat us with disrespect, justice is never on our side. Even if it's somebody else's fault, as soon as they learn what we do, they make us out to be criminals (FGD no.1, Tbilisi)

- According to respondents mutual support is the only way they can protect themselves and they use it often. As a group they are a force to be reckoned with. They often have to respond to violence with violence in order to survive.

Respondent 1: there's this one girl who works with us, her mother brought her to the railway station area. We saw that she'd been seriously beaten, we approached her and asked: do you need help? What happened? We're here if you need us. Suddenly I saw that her mother grabbed 50 laris from her, threw her into the car and tried to beat her. She took this huge bat and tried to hit her on her head. (...) immediately opened the door and recognized the stepfather, you're (...), right? What do you want from this girl? I am a driver and her mother has brought her here to work – he responded. How dare you pimp her out? – she asked the mother. The mother responded: she has two children to take care of, who's gonna take care of them? Other girls also gathered around the car, so the man started the car and they drove off immediately, before (...) grabbed that woman with a neck (FGD no.1, Tbilisi)

Moderator: how did you protect yourself?

Respondent 2: we also started beating them, what else could we have done?

Moderator: did you seek anyone's help when you experienced violence?

Respondent 2: like who? Whoever's supposed to protect you, they're the perpetrators of violence (FGD no.1, Tbilisi)

- Most participants stated that due to the following reasons they are reluctant to turn to police for help when dealing with violence:
 - Fear of being insulted

Interviewer: would you turn to police patrol for help?

Respondent: no, I wouldn't. I'd do anything but not that, because they may treat me with disrespect (in-depth interview no.1, Tbilisi)

Respondent 4: I personally believe that you'd rather protect yourself than be protected by the police, because you know why? When the police come, they don't ask about the client, they ask about you. Why did it happen, how did it happen, do you have any witnesses? Why didn't you neutralize it, why did you bother us?

Respondent 8: why did you drive the client to this? Why didn't you act properly? This is your fault, and stuff like that. For these reasons we prefer to protect ourselves, and so we are vulnerable (FGD no.1, Kutaisi)

- Belief that it will be in vain and the perpetrator will not be punished

Moderator: so the first thing that you do in an event of police violence is to call the General Inspection, and what happens then?

Respondent 4: usually they don't initiate a case and if they do, it will turn out that they have no witnesses, so the case will be closed (FGD no.1, Tbilisi)

Moderator: why don't you seek police help?

Respondent: I asked for their help once but nothing came of it (in-depth interview no.2, Kutaisi)

- Belief that they will be blamed for provoking the conflict

Moderator: did (...) ask for someone's help?

Respondent 4: what's the point? Is anyone protecting us? No one is. We are the ones that are accused in the end, because we work in the street. All we can do is to protect ourselves with our own means. No one is telling these stories anymore, everything's pointless (FGD no.1, Kutaisi)

- Fear of revenge by the perpetrator

Moderator: so it means that you didn't ask for police help because you were scared of revenge, right?

Respondent: of course, they'll make my life miserable. If I file a complaint against a police officer and then he gets terminated from work, he'll make my life miserable, or where would I go?

Moderator: all right, let's say that these risks are true when police officers are involved. What about violence by clients?

Respondent: it's all the same. One client dragged me with my hair, and I'm not talking about verbal abuse. He has a son of some high-ranking official. If I ruin him and file a complaint about him, his parents will make my life miserable (in-depth interview no.1, Batumi).

- According to respondents, underlying causes of violence and vulnerability of FSWs include negative public attitudes and impunity.

Moderator: in your opinion, what is the cause of violence against you?

Respondent 1: probably the fact that I'm a sex worker and public looks at us differently, like we were leprous and excluded, while there're families behind us, there're children (FGD no.1, Batumi)

Moderator: what do you think is the violence against you based on? Is it based on your gender or your profession?

Respondent: I think it's our profession, because of what we do they think that they have the right to do anything to us (in-depth interview no.2, Batumi)

- Respondents find it hard to talk about problems of FSWs or to provide names of any organizations that work to protect rights of FSWs. Majority of respondents named "Tanadgoma" and only a few of them named GYLA (Georgian Young Lawyers' Association), ACESO (organization that protects rights of women who use drugs).
- Some have heard about the shelter but they cannot provide names of concrete organizations and/or are misinformed about them. Respondents mentioned General Inspection as means for protecting themselves from violence by police officers but similar to the police they are also reluctant to seek help from the General Inspection due to their lack of positive experience.

Moderator: is there is an organization in Georgia that provides legal support to commercial female sex workers?

Respondent named Maka: no, I don't know anything about that kind of organization

Respondent 7: no, I don't know anything about it. What we know is the General Inspection which makes our life difficult instead of solving our problems if we seek their help for anything, even though it the duty of policemen to take actions against any injustice.

Moderator: is there an organization that provides shelter for FSWs in Georgia, where a sex worker can spend the night and satisfy basic needs (shelter, food, hygiene)?

Respondent 2: no, we don't know anything about it (FGD no.1, Tbilisi)

Respondent 8: Tanadgoma (everyone said "Tanadgoma")

Respondent 7: GYLA

Respondent 4: I haven't heard anything about GYLA, I know about Tanadgoma

Respondent 1: where is GYLA?

Respondent 7: on Marjanishvili, Uznadze Street (FGD no.2, Tbilisi)

Moderator: can you name organization(s) that work to protect rights of female sex workers?

Respondent: I've been in the street for 16 years and I don't know any such organization except yours

Respondent 1: yes, Tanadgoma

Respondent 3: Tanadgoma

Respondent 7: when something happens, Tanadgoma is the first thing that comes to mind. I don't know what other organizations are there that I can mention (FGD no.1, Tbilisi)

Moderator: is there an organization that works to protect your rights? You mentioned GYLA; do you know any other organizations?

Respondent 5: I didn't even know about GYLA

Respondent 1: there's ACESO, they protect rights of women who use drugs

Moderator: you mean in Batumi?

Respondent 1: no, in Tbilisi (FGD no.1, Batumi)

Moderator: do you know about any organization in Georgia that provides shelter for sex workers? Where you can freshen up, have some food, stay the night, etc.?

In unison: no we don't

Respondent 1: I don't know about any such organization but there is an organization that helps women who experience violence and other problems from their husbands, when they can no longer stay with their husbands.

Moderator: you mean, you've heard about a shelter for victims of violence?

Respondent 2: yes, we have but it's not for sex workers. I've been doing this for so long and I haven't heard about any such organization (FGD no.1, Kutaisi)

Moderator: do any of you know about other organizations that work with female sex workers? Have you heard about them by media? Which organization in addition to ours do you go to for help?

Respondent 2: no we don't know anything about any other organization!... If there were, they would have found us, like you did. Our bar has been working for 20 years and no one has come here...

Moderator: all right, do you know about any organization that protects rights of women like you, organization that you can speak to about violation of your rights?

Respondent: no, I haven't heard anything about such organization.

Moderator: what about others?

Group: no! (FGD no.1, Batumi).

Conclusions

The following conclusions can be drawn from this research:

About FSWs:

- Majority of FSWs are under the constant risk of intimidation, discrimination and violence by clients and passers-by, as well as by representatives of different institutions including

structures of law enforcement and healthcare system;

- FSWs are especially vulnerable to risks of physical and psychological abuse at their work sites (streets, bars and restaurants, sauna, etc.);
- Fear of blackmail and victim-blaming, lack of awareness about their rights, about organizations and structures that provide support and their sense of vulnerability prevents FSWs from taking steps to protect their rights;
- FSWs realize importance of protecting their own rights but they don't have access to the necessary instruments (information, knowledge and skills). They have low awareness about when and where to seek help and therefore, they lack skills for defending themselves from violence;
- Degrading and indifferent attitude that they face from the law enforcement encourages and works in favor of perpetrators and makes it easier for them to perpetrate violent actions against FSWs.

About women who use drugs:

- Due to stereotypes, stigmas and intolerant attitudes prevalent in the society, women who use drugs become victims of a vicious circle. They are two times more vulnerable to discrimination and violence. In addition, as a result of the harsh drug policy they often experience police violence and mistreatment
- Gender discrimination and violence prevents women who use drugs from applying for services they need
- Services for women drug users in Georgia are gender insensitive. In some cases the form of provision these services is humiliating, the environment is often unfriendly and hostile and protection of confidentiality is not ensured
- The issue of confidentiality is especially critical in provision of medical services like treatment of drug dependence and treatment of tuberculosis or HIV infection
- Often women fall victims to unprofessional advice or intervention, including advice to terminate pregnancy for use of drugs, ignorance about identification of neonatal abstinence syndrome and subsequent failure to manage it in newborns
- There is a low awareness about HIV infection and other infections among medical professionals in the region, which serves as a source of stigmatization and discrimination
- Lack of financial access to services is a significant barrier for women. Since women even with past conviction for use of drugs are left unemployed by the labor market and they have to depend on others, costs for travelling to and from an MST center can also be a problem
- Community of women who use drugs lack awareness about their rights and mechanisms for protecting their rights. They don't know where to seek help

- Women drug users are often coerced by their partners into smuggling drugs across the border, when women feel completely helpless and unprotected
- They find it especially hard to deal with psychological abuse
- Respondents are against participation of clergy in treatment processes as they consider them to be ignorant of special needs that women have due to their use of drugs or different infections, violence and stigma
- They would be much more acceptive of their equal, a role model, who had to go through the same problems and can demonstrate empathy and provide assistance

RECOMMENDATIONS

We have prepared the following recommendations based on findings and discussions summarized in this report:

- Human rights organizations should carry out more targeted activities for empowering female sex workers and women who use drugs (educational meetings, information materials, direct consultations). Such approach will contribute to visibility of organizations that provide support, improve the level of awareness and help FSWs develop skills for defending themselves;
- It is important to focus not only on development of skills and abilities to protect oneself using legal tools but also on less risky behaviors and safety in conflict situations;
- It is important to communicate with the law enforcement (whose direct obligation is to protect human rights) and inform them about problems and reality that FSWs are facing. This may ensure involvement of both sides in the process of elimination of flaws;
- It is important to work with medical service providers to reduce discrimination and raise awareness about professional ethics and patients' rights;
- It is important to work with representatives of medical and law enforcement structures to raise the issue of human rights violations and degrading treatment. It is equally important that human rights and freedoms, tolerance and professional ethics are highlighted more and/or integrated in educational programs of relevant educational institutions.

BIBLIOGRAPHY

1. Human Rights Situation of Women Who Use Drugs, International Organization for Women ACESO. Tbilisi 2016. https://www.womenfundgeorgia.org/Files/Aceso_WomenFundpaper_Geo.pdf
2. Ketevan Sikharulidze. Women who use drugs: access and barriers to harm reduction services. New Vector, Tbilisi 2017
3. NGO Coalition Joint Submission on Women's Human Rights, Human Rights Council UPR (Second Cycle, 23rd Session, 2015) <http://www.parliament.ge/uploads/other/75/75687.pdf>
4. Alavidze, S., Duchidze, N., Kirtadze, I., Otiashvili, D., Razmadze, M., Sturua, L., ... Javakhishvili, J. (ED.). (2016). *The Drug Situation in Georgia, Annual Report 2015*.
5. Ataiants, J., Merkinaitė, S., & Ocheret, D. (2012). IDPC Briefing Paper - Policing People Who Inject Drugs: Evidence from Eurasia. *SSRN Electronic Journal*. <http://doi.org/10.2139/ssrn.2185910>
6. Bell, R., Bailey, K., Cresswell, T., Hawthorne, G., Critchley, J., & Lewis-Barned, N. (2008). Trends in prevalence and outcomes of pregnancy in women with pre-existing type I and type II diabetes. *BJOG*, 115(4), 445–452. [http://doi.org/BJO1644\[pil\]10.1111/j.1471-0528.2007.01644.x](http://doi.org/BJO1644[pil]10.1111/j.1471-0528.2007.01644.x)
7. Bergen-Cico, D., Javakhishvili, J., Otiashvili, D., & Tabatadze, M. (2016). *THE DRUG SITUATION IN GEORGIA, ANNUAL REPORT 2014. Annual Report*. Retrieved from [http://altgeorgia.ge/2012/myfiles/Drug report ENG 2014.pdf](http://altgeorgia.ge/2012/myfiles/Drug%20report%20ENG%202014.pdf)
8. David Otiashvili, Irma Kirtadze, Kevin E. O'Grady, William Zule, Evgeny Krupitsky, Wendee M. Wechsberg, & Jones, H. E. (2013). Access to treatment for substance-using women in the Republic of Georgia: Socio-cultural and structural barriers. *International Journal of Drug Policy*. Retrieved from [http://www.ijdp.org/article/S0955-3959\(13\)00078-9/abstract](http://www.ijdp.org/article/S0955-3959(13)00078-9/abstract)
9. Dolan, K., Salimi, S., Nassirimanesh, B., Mohsenifar, S., Allsop, D., & Mokri, A. (2012). Six-month follow-up of Iranian women in methadone treatment: drug use, social functioning, crime, and HIV and HCV seroincidence. *Substance Abuse and Rehabilitation*, 3(Suppl 1), 37–43. <http://doi.org/10.2147/SAR.S21349>
10. Fleiss J.L. Measuring nominal scale agreement among many raters. *Psychol Bull*. 1971;76(5):378.
11. Hruschka DJ, Schwartz D, John DCS, Picone-Decaro E, Jenkins RA, Carey JW: Reliability in coding open-ended data: Lessons learned from HIV behavioral research. *Field Methods*. 2004; 16(3):307–331.
12. Kirtadze, I., Otiashvili, D., O'Grady, K. E., Zule, W., Krupitsky, E., Wechsberg, W. M., & Jones, H. E. (2013). Twice stigmatized: provider's perspectives on drug-using women

- in the Republic of Georgia. *Journal of Psychoactive Drugs*, 45(1), 1–9. <http://doi.org/10.1080/02791072.2013.763554>
13. Kirtadze, I., Otiashvili, D., O’Grady, K., Zule, W., Krupitsky, E., Wechsberg, W., & Jones, H. (2015). Women who inject drugs in the Republic of Georgia: In their own words. *Journal of Psychoactive Drugs*, 47(1), 71–79. <http://doi.org/10.1080/02791072.2014.990174>
 14. Landis JR, Koch GG. The measurement of observer agreement for categorical data. *Biometrics* 1977; 33:159-74.
 15. Otiashvili, D., Gambashidze, N., Kapanadze, E., Lomidze, G., & Usharidze, D. (2006). Effectiveness of needle/syringe exchange program in Tbilisi. *Georgian Med News*, (140), 62–65. Retrieved from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=17179591
 16. Otiashvili, D., Kirtadze, I., O’Grady, K. E., & Jones, H. E. (2012). Drug use and HIV risk outcomes in opioid-injecting men in the Republic of Georgia: Behavioral treatment+naltrexone compared to usual care. *Drug and Alcohol Dependence*, 120(1–3), 14–21. <http://doi.org/10.1016/j.drugalcdep.2011.06.012>
 17. Otiashvili, D., Piralishvili, G., Sikharulidze, Z., Kamkamidze, G., Poole, S., & Woody, G. E. (2013). Methadone and buprenorphine-naloxone are effective in reducing illicit buprenorphine and other opioid use, and reducing HIV risk behavior-Outcomes of a randomized trial. *Drug and Alcohol Dependence*, 133(2), 376–382. <http://doi.org/10.1016/j.drugalcdep.2013.06.024>
 18. Otiashvili, D., Tabatadze, M., Balanchivadze, N., & Kirtadze, I. (2016). Policing, massive street drug testing and poly-substance use chaos in Georgia -- a policy case study. *Substance Abuse Treatment, Prevention, and Policy*, 11(1), 1–12. <http://doi.org/10.1186/s13011-016-0049-2>
 19. Pinkham, S., & Malinowska-Sempruch, K. (2008). Women, Harm Reduction and HIV. *Reproductive Health Matters*, 16(31), 168–181. [http://doi.org/10.1016/s0968-8080\(08\)31345-7](http://doi.org/10.1016/s0968-8080(08)31345-7)
 20. The Drug Situation in Georgia, A. R. 2015. (2015). The Drug Situation in Georgia, Annual Report 2015.
 21. UNAIDS. (2017). Harm reduction saves lives | UNAIDS. Retrieved from http://www.unaids.org/sites/default/files/media_asset/harm-reduction-saves-lives_en.pdf
 22. UNODC. (2008). Women and HIV in prison settings.
 23. UNODC. (2013). HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions.
 24. UNODC. (2014). WOMEN WHO INJECT DRUGS AND HIV: ADDRESSING SPECIFIC NEEDS Women comprise a growing share of people who inject drugs.
 25. WHO, UNODC, & UNAIDS. (2012). *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users – 2012 revision*.
 26. “HIV risk and prevention behavior among Sex Workers in Two Cities of Georgia, bio-behavioral surveillance survey”, Curacio Internaitonal Foundation, Center for Information and Counseling on Reproductive Health - Tanadgoma <http://new.tanadgomaweb.ge/uploads/dfltcontent/1/146.pdf>
 27. Consultation Report – GEORGIA “SMALL GROUP DISCUSSIONS AMONG YOUNG KEY POPULATIONS AT HIGHER RISK OF HIV INFECTION ON ACCESS TO AND AVAILABILITY OF SRH/HIV SERVICES”_UNFPA, 2016

ANNEXES

Annex 1. IRB Approval Letter

Health Research Union Ethics Committee

Approval Letter

10/05/2017

Lead researchers:

Irma Kirtadze, Addiction Research Center - Alternative Georgia

4a Nutsubidze Str., Tbilisi, 0177, Georgia

Lela Kurdgelashvili

Center for Information and Counseling on Reproductive Health – Tanadgoma

21 A.Kurdiani Str., Tbilisi 0112, Georgia

Protocol no.2017-11

Title of the research: Qualitative research of forms of stigma, discrimination and violence against sex workers and women who use drugs

The Health Research Union Ethics Committee has reviewed the research protocol and has determined that rights and welfare of research participants is adequately protected.

Level of review: full

Date of review: 05/05/2017

Based on the above determination, the approval for the research shall be effective from 10 May 2017 to 10 May 2018.

- Please, notify the Ethics Committee immediately if any unforeseeable problems or negative events arise.
- Please, notify the Ethics Committee immediately before making any changes in the research methodology, protocol, data collection tools and/or consent form.
- Continuing review is required for extension of the term of the approval.

For additional information, please contact the Health Research Union Ethics Committee Administration at: 2144447 or info@hru.ge.

Signed by Giorgi Abashidze, MD, PhD

Chairman of the Ethics Committee

IRB00009520; IORG0005619

Annex 2. Screening Document

Screening tool for women who use drugs

“Qualitative research of forms of stigma, discrimination and violence against women who use drugs and female commercial sex workers:

Screening Tool

Initials. #: _____ Date: _____ City: _____

Please, read: Hello! My name is _____ I work at Alternative Georgia and I am currently conducting a qualitative research for studying forms of stigma, discrimination and violence experienced by women who use drugs in the following three cities of Georgia: Kutaisi, Tbilisi and Batumi. To collect information we plan to conduct focus-groups discussions and individual interviews in your community, in order to understand your experiences, impressions and views. This will help us plan preventive, treatment or other programs based on your needs and prepare relevant recommendations. We conduct qualitative research in several cities of Georgia and we would like to ask you a few questions. We will need about 5 minutes to determine your eligibility for participation in our research. Your answers are confidential and you are not required to introduce yourself, i.e. provide your name and surname. Do you think we can start asking questions now? (If the answer is no, say thank you and finish the screener).

1. Your age|_|_| 18 years or older
2. Sex: Female ☐
3. Years of education:.....
4. Are you fluent in written and spoken Georgian?
 1. Yes
 2. No
5. Which city do you currently live in:
 1. Tbilisi
 2. Kutaisi
 3. Batumi
 4. Other (please, specify)
6. Do you have any experience using injection or non-injection drugs?
 - 1.....Yes, and I continue to use them
 - 2.....Yes, I was using before but I stopped using _____
 - 3.....No, I don’t use them (finish the screening and say goodbye)

7. How long have you been using? _____
8. Have you experienced any type of violence, discrimination over the last 3 years?

1. Yes 2. No
9. Would you like to participate in the research? 1. Yes 2. No

Screening tool for FSWs:

Qualitative research of forms of stigma, discrimination and violence against women who use drugs and female sex workers

Screening Tool

Social and demographic characteristics of respondents

Geographic scope of the research

Tbilisi - - - - -

Batumi - - - - -

Kutaisi - - - - -

Participant’s pseudonym - - - - - (Participants write down their pseudonyms on name tags)

Respondent’s age - - - - -

Respondent’s education

Incomplete secondary - - - -

Secondary - - - - -

Vocational - - - - -

Incomplete higher - - - - -

Higher - - - - -

Respondent’s marital status

Married - - - - -

Single - - - - -

Widower - - - - -

Divorced - - - - -

Co-habitation - - - - -

Annex 3

Consent form for women who use drugs:

Qualitative research of forms of stigma, discrimination and violence against women who use drugs and female commercial sex workers

Consent form for research participants

Introduction: You are being asked to participate in the research that studies cases of stigma and discrimination among women who use drugs. Studying these cases is important to identify intolerance and violence experienced by women who use drugs and determine the type of assistance that we can offer. The research is carried out by non-governmental organizations Alternative and Tanadgoma. You are eligible to join this focus group due to the following reasons: (a) you speak fluent Georgian; (2) you can provide informed consent; (3) you are 18 years or older; (4) you are a female living in Kutaisi, Tbilisi or Batumi; (7) you use injection or non-injection drugs; (6) you have experienced violence (abusive treatment) over the last two years.

What you are required to do: if you agree to participate in this research, we will ask you questions during an individual interview. These questions concern discrimination and stigmatization experienced by women who use drugs and you will be asked to share your opinions and experiences in order to help us prepare recommendations for service providers. Duration of our conversation will be about 60 minutes.

Benefits of participating in the research: as a personal benefit, upon completing today’s interview you will receive 30 laris as a compensation for your time and efforts. As a public benefit, your participation in the research will help us understand the needs faced by women that experience stigma, discrimination and abusive treatment.

Possible risks and discomfort: participation in this research has the following risks – some topics may bring out the feeling of discomfort and some questions may remind you of your painful past. The likelihood that individuals that do not participate in the research will have access to information provided by you is very small. You may refuse to answer some questions, at your discretion. In addition, you may request a break or refuse to take part in this research at any time.

Confidentiality and privacy: Information received during this research is strictly confidential. Only the interviewer will know you answers. In addition, research personnel and research managers have signed an agreement that obligates them to protect confidentiality of information received during this research and not to disclose it to individuals that are not involved in the research. We will not be collecting any information about identity of participants, meaning that it will be impossible to identify an individual based on information received through the research. Responses will be kept confidential (they cannot be traced back to participants). Today’s interview will be recorded using a voice recorded. The voice recording will be destroyed as soon as it is transcribed, and information obtained by transcript analysis will be generalized and aggregated for use.

Participation and right to withdraw: participation in the research is voluntary. You decide whether you'd like to participate in the research or not. If you decide to participate in the research, you may withdraw at any moment without any penalties. In addition, you have the right not to talk about topics that you do not want to talk about. However, please remember that due to insufficient interaction or incorrect behavior (e.g. threats or attempt of violence), you may be excluded from the research.

Rights of research participants: you may refuse to participate in the research at any time. If you have any questions about your rights as a research participant, or if you believe that the research procedures have caused you a harm or have resulted in violation of your rights, you may contact the Biomedical Research Ethics Committee at the Health Research Union that conducted ethical review of this research. The Committee (registration no. IRB00009520) is located at the following address: 7 Tashkenti Str., Tbilisi; phone: (+995 32) 2144447, fax: (+995 32) 2392803. If you have any questions or concerns about the research, please contact Dr. Irma Kirtadze at: 14a Nutsbidze Str., ap.t2, Tbilisi, Georgia 0177. Phone: (+995) 599538171, e-mail: irmakirtadze@gmail.com.

Consent: your signature below indicates that substance of this research has been described to you and you have been asked to participate in the research, you have been able to ask question and you are providing you voluntary consent to participate in the research. Please, indicate your consent or refusal in the table below:

Consent	Refusal	
		I agree to participate in the research. Substance of the research has been thoroughly described to me and I agree to be interviewed individually
		I agree to sound recording of today’s interview.

Initials of participant

Date

Signature of witness

Date

Participation consent form

Annex 5. Research tool for women who use drugs

Annex 6. Research tool for female sex workers

Informed consent for FSWs

Qualitative research of forms of stigma, discrimination and violence against women who use drugs and female commercial sex workers

Oral informed consent

Hello, my name is _____ I am a researcher at NGO Tanadgoma and I am currently conducting a research to study cases of violence, stigma, discrimination and other abuse of human rights against female sex workers and to evaluate opportunities available to such women for protecting their rights. The research carried out within the project “Empowering Vulnerable Women to End discrimination” financed by the European Union.

If you give us your consent, we will invite you to our organization located at (indicate name and address of the organization). The meeting will be held in a comfortable environment and by strict observance of anonymity and confidentiality. Duration of the meeting will be 1-1,5hrs.

Before you decide whether to participate in the research, I'd like to highlight several important points:

Voluntary participation

Participation in this research is voluntary. You are not obligated to participate and you can withdraw at any moment. Refusal to participate in the survey will not have any negative effects on provision of services that you receive at our organization or at any other organization. If you decide to participate, you can refuse to answer any question or stop the interview at any time.

Anonymity and confidentiality

Your anonymity and confidentiality of information that you share will be protected. I will not share anything from what you tell us. We will not disclose your name or information about any of the answers that you provided. We plan to record our conversation on a voice recorder, in order to later analyze the information. Material obtained through the research will be used exclusively for scientific analysis and generalization. Your participation in the research will remain anonymous: during our conversation we will address you with the name of your choice.

Applicable national legislation guarantees confidentiality of your information.

Risks of participation in the research

Similar to other researches, there are certain risks associated with participation. Namely, interviews may bring up certain feelings and memories in you. This may lead you to experience negative emotions. You can refuse to answer any question that causes you to experience any feelings of discomfort.

Compensation

You will receive a financial compensation amounting to 30 laris for participation in the research.

If you are interested in details of the research, I am ready to answer your questions.

You can contact us if you have any questions or concerns after you finishing the interview. We will provide you with contact details.

Do you agree to participate in our research?

Voluntary Consent

If you understand what you are requested to do for purposes of this research, the person that described goals of the research will read the following paragraph to you and ask you to sign this form.

“I’ve read and explained this form of informed consent to the individual that agreed to participate in the research. I believe she has a good understanding of activities to be carried out within the research. She has declared her oral consent to participate in the research and she has not been coerced to do so.”

Date

Signature of witness

Annex 4 Research tool

Research tool for women who use drugs

Guidelines/tool for individual interviews/focus groups

Put down separately the information that will help you easily identify focus groups or individual interviews that have been conducted, including: participation ID, interviewer, date conducted, number of participants, time when interview/focus group began and ended.

Introduction [read it out loud]

You are here today because you agreed to participate in a personal interview (discussion – in case of a focus group) that will be held today. Before we begin let me remind you that we will be talking about sensitive issues like violence, stigma and discrimination, as well as use of alcohol and drugs, treatment of drug dependence. Our conversation will be conducted as an interview, not as a survey where you have to mark wrong or wright answers. This means that your answers will always be “right” as long as you remain open and sincere. You may refuse to answer a question or participate in a discussion about a concrete issue if you feel uncomfortable. In addition, upon your request I’ll try to explain questions, so you understand them more clearly. You have the right to stop the interview at any moment. I appreciate the time that you are willing to spend on today’s discussion and we have taken all necessary arrangements to ensure that the interview does not last more than 1 hour.

When you gave us your consent, we explained to you that we have an audio recorder here to record our discussions. We are doing this because I don’t want to miss anything from what you say. Please, be careful not to provide your names during the interview. I don’t need any kind of information from you that will make it possible to identify you on the recording. Your names will not be indicated in notes prepared during this interview.

- Do you understand what we are planning to do today? Do you have any questions?

[After answering all questions, you should ask participants once more if they have any more questions before you say “let’s begin!” If there are no more questions, ask them if they’d like to hear about anything else.]

Instructions for the moderator: if the respondent is speaking openly about drug use, stigma and discrimination, ask questions directly, without any hints or mentioning a third person.

I will now turn on the voice recorder to record our conversation and any and all important opinions that you have to share with us. Before we begin, I’d like to ask you a few questions to get to know you better. **[Turn on the audio recorder]**

- _ What is your marital status now? If you are single, have you been married before?
- _ Who are you living with? (E.g. do you live with your parents? Your partner, etc.?)
- _ Do you have any children? How many? Do you live with your children now?
- _ Are you currently employed? Is it a full-time or a part-time job? How long have you been working in this position?

- _ How many dependents do you have (in terms of food and shelter), how many people are you taking care of?

Part 1. The role of women in Georgian society

- _ How are women treated in Georgian society? Are women and men treated differently in Georgia? How? (Education, treatment, etc.)
- _ Are there any different expectations about boys and girls in Georgian society? Are families more concerned with providing education to boys (girls don't need education)?
- _ At what age do girls realize that men and women are treated differently in Georgian society?

Part II. Use of tobacco, alcohol and drug substances

- _ Do you smoke? At what age did you start smoking? How?
- _ Are women that only use tobacco different from women that only use alcohol? How?
- _ When do women start taking alcohol? Drugs? What is the first drug that women start using?
- _ Are women that only use alcohol different from women that only use drugs? How?
- _ When do women start using injection drugs? Which drug did you start with? Which drug are you using now?
- _ Can you describe a typical woman who uses drugs? (E.g. how old is she? What about her family, children, work? What three adjectives would you use to characterize a woman who uses drugs?)

Part III. Stigma, discrimination and violence

- _ How do you understand the word "stigma"? "Discrimination" and "Violence"? Provide examples
- _ Do you think that women who use drugs are targeted by stigma, discrimination and violence?
 - By whom? What about family members? How is a woman who uses drugs treated by family members (e.g. mother, father, grandparents, siblings)? Which problems does a woman encounter after confessing to her family and friends about drug use? How does a woman hide her use of drugs from her family, her husband and children, co-workers and friends?
 - What about the community where she uses drugs?
 - What about in employment, at her workplace? What kind of barriers do women who use drugs encounter when they try to find a job?
 - How does the police view women who use drugs? Possible violence by the law enforcement (police or prison);
 - What about medical and other services?

- What about religionists or clergymen?
- What can you tell me about types of violence (e.g. psychological, physical or sexual abuse) experienced by women who use drugs?
 - Are they different from violence experienced by women who don't use drugs (e.g. based on frequency or type of violence)?
 - Generally, what kind of problems do women who use drugs have (e.g. problems related to home, financial, medical problems, problems related to teeth, violence (what type of violence – moral, sexual, physical))? Is it safe to say that drug use exposes women to violence? Why? Under what circumstances?
 - What is the most difficult violence-related situation for women who use drugs to deal with?
 - How do women who use drugs rehabilitate/take care of themselves following violence?
 - Do they seek medical assistance of a doctor? (E.g. does victim or a person that provides medical assistance to the victim report the perpetrator to the police? If yes, what happens next? If no, why?)
- What can you tell me about attitudes of doctors or any other medical personnel towards women who use drugs?
 - What happens when a doctor finds out that his/her patient is a woman who uses drugs?
 - What is the likely scenario after a woman who uses drugs becomes pregnant? (E.g. does she visit a doctor for prenatal care? Do OBGYNs often suggest to women who use drugs to terminate their pregnancy? Why do they suggest terminating pregnancy? Do women who use drugs receive quality postnatal care?)
 - What types of treatment are there for drug dependence for women who use drugs (e.g. detox, methadone, naltrexone, in-patient, without medication)?
 - What prompts women who use drugs to seek help for drug dependence in a treatment facility? What prompts them to refrain from seeking such help? Have you used assistance services?
- How do women who use drugs learn about services including treatment, rehabilitation of victims of violence, harm reduction, etc. (e.g. from other persons who use drugs, doctors/health facilities, family members)?
- What other types of services do women who use drugs need the most? Do such services exist in your community? If they do, are they accessible to women who use drugs or are they denied such services?
- What about the church? Do you think that church needs to be involved in treatment processes? What role do pastors and the church play in life of women who use drugs?
- What advice would you give to women who use drugs – who1 can they avoid or reduce

risk of violence?

- What do you think is the best way to inform women who use drugs about violence, stigma and discrimination? About their rights and how to protect them?
 - How can we reach women who use drugs in order to involve them in services? What do you think is the best way to attract/involve women who use drugs in treatment course and services? In research? How can we motivate them?
 - What can we do to motivate women who use drugs to talk to us? To gain their trust?

Final questions

Our time is almost up. You have really provided us with in-depth information in this short period of time. We would like to thank you for your time and for coming here! We highly appreciate your help.

Wrap-up (2-3 minutes) should focus on key questions asked during the discussions and newly discovered interesting ideas.

- Do you agree that this is an adequate evaluation of events that we talked about today? Do you have any questions? Would you like to express your comments? Have we missed something during our conversation? [The end]

RESEARCH TOOL FOR FSWs

TOOL OF QUALITATIVE RESEARCH

INTRODUCTION

Interviewer (facilitator): “Hello, my name is (state your name) and I represent a non-governmental organization Center for Counseling and Information on Reproductive Health –Tanadgoma. First of all, I’d like to thank you for agreeing to participate in this research, for finding time to come here. Before we start our conversation, I’d like to quickly introduce you to the purpose of our meeting. The research is carried out within the project “Empowering Vulnerable Women to End discrimination” financed by the European Union”.

It is not the aim of today’s meeting to evaluate your knowledge about any particular issue. There are no right or wrong answers to our questions. It is important that you share your personal experience, views and attitudes about female sex workers and the reality that they are in, including violence that they experience, ways to protect themselves and protect their rights; what the situation is in Georgia in terms of availability of services for female commercial sex workers. The more actively you participate in the conversation, the higher the quality of the research will be. *(In an event of an FGD, the facilitator should state the following: “opinions of participants may differ, which is actually good. The more different your opinions will be and the more actively you participate in the discussions, the more interesting and fruitful this meeting will be).* During the meeting you can talk about your personal, intimate experience and if you feel uncomfortable in any way you can refuse to answer a question and stop talking. Our conversation will be confidential.

With your permission, my colleague (name, surname) will attend the meeting and record our conversation on a voice recorder. This will help us ensure that we don’t lose any important information and analyze the data that we obtain through this meeting in a comprehensive manner. Let’s start our today’s meeting:

1. Study different cases of violence, stigma, discrimination and other abuse of human rights against FSWs, involving their families and intimate partners;

- **Have you ever experienced violence by a family member/your intimate partner** (intimate partner, i.e. a person that you live with, your sexual partner)? *If yes,*
- Which member of your family perpetrated such violence (parent, siblings, spouse, son/daughter, intimate partner)?
- Can you tell us more details about the incident?
- What type of violence was that? (If respondent finds it hard to answer the question)
- Did you experience physical violence? (Explain the meaning of physical violence)
- Did you experience sexual violence? (Explain the meaning of sexual violence)
- Did you experience psychological abuse? (Explain the meaning of psychological abuse)
- Were your rights abused in any way (extortion of money, food or restricting access to the necessities; forcing to use drugs or alcohol; restricting access to healthcare, etc.)
- **What do you think was the cause of violence that you experienced?**
- Was it gender-based (i.e. because you’re a woman)?
- Was it because of what you do?
- Was it because your rights as a female sexual-worker are not legally protected?
- Any other reason?
- **Did you protect yourself against violence by a family member/intimate partner?**
If yes,

- Can you provide more details about how you protected yourself against violence by a family member/intimate partner?
- What measures did you take when your family member/intimate partner subjected you to violence?
- Did you seek someone's help when your family member/intimate partner subjected you to violence? If yes:
- Where did you seek assistance when your family member/intimate partner subjected you to violence?
- Did you ask anyone in particular for help (relative, neighbor, friend, other)?
- Did you seek help with an organization (non-governmental, governmental, international)? If yes,
- What type of organization did you ask for help?
- Can you provide name of the organization that you asked for help?
- Did that person/organization provide help? If yes,
- What type of help did that person/organization provide?
- What were the results of their intervention?
- Generally, was it easy for you to find help?
- How long did it take you to find help?
- How long did it take you to receive help?

If the respondent didn't ask for anyone's help:

- Why didn't you ask for anyone's help?
- Was it because you were scared of reprisal from the perpetrator?
- Was it because you were scared of blackmail?
- Was it because you didn't know who to ask for help?
- Is there a reason why you decided not to seek help?
- **How often do you experience violence by family members or an intimate partner?**
- How do you usually deal with violence by a family member/intimate partner?
- What measures do you take to protect yourself from violence by a family member/intimate partner?

If, according to respondent, she has never experienced violence by a family member/intimate partner, interviewer should ask questions in third person (e.g. have you heard about your colleague experiencing violence by a family member/intimate partner? Can you elaborate more on that?)

2. Study different cases of violence, stigma, discrimination and other abuse of human rights against FSWs, involving different structures (law enforcement agencies, religious groups, legal institutions, etc.)

- Have you ever experienced domestic violence by any of the structures (e.g. the police, religious groups, court)? If yes,
- Which structure perpetrated the violence?
- Can you provide more details?
- What type of violence was perpetrated?
- Did you experience physical violence?
- Did you experience sexual violence?
- Did you experience psychological violence?
- Did they abuse your rights?
- **What do you think was the cause of violence that you experienced?**
- Was it gender-based (i.e. because you're a woman)?
- Was it because of what you do?
- Was it because your rights as a female sexual-worker are not legally protected?
- Any other reason?
- **Did you protect yourself against violence by representative(s) of the structure? If yes,**
- Can you provide more details about how you protected yourself against violence by representative(s) of the structure?
- What measures did you take when representative(s) of the structure subjected you to violence?
- Did you seek someone's help when representative(s) of the structure subjected you to violence? If yes:
- Where did you seek assistance when representative(s) of the structure subjected you to violence?
- Did you ask anyone in particular for help (relative, neighbor, friend, other)?
- Did you seek help with an organization (non-governmental, governmental, international)? If yes,
- What type of organization did you ask for help?
- Can you provide name of the organization that you asked for help?
- Did that person/organization provide help? If yes,
- What type of help did that person/organization provide?

- What were the results of their intervention?
- Generally, was it easy for you to find help?
- How long did it take you to find help?
- How long did it take you to receive help?

If the respondent didn't ask for anyone's help:

- Why didn't you ask for anyone's help?
- Was it because you were scared of reprisal from the perpetrator?
- Was it because you were scared of blackmail?
- Was it because you didn't know who to ask for help?
- Is there a reason why you decided not to seek help?
- How often do you experience violence by representative(s) of different structures?
- How do you usually deal with violence by representative(s) of different structures?
- What measures do you take to protect yourself from violence by representative(s) of different structures?

If, according to respondent, she has never experienced violence by representative(s) of different structures, interviewer should ask questions in third person (e.g. have you heard about your colleague experiencing violence by representative(s) of any of the structures? Can you elaborate more on that?...)

3. Study different cases of violence, stigma, discrimination and other abuse of human rights against FSWs, involving clients and the work environment

- How often do you experience violence at your work site?
- Who is the perpetrator of violence that you experience at your work site? (Client, passers-by, pimp, police, etc.)
- How do you usually deal with such violence
- What measures do you usually take to protect yourself from violence at the work site?
- **Have you experienced violence at your work site by clients?** If yes,
- Can you provide more details?
- What type of violence it?
- Did you experience physical violence?
- Did you experience sexual violence?
- Did you experience psychological violence?
- Did they abuse your rights?

- **What do you think was the cause of violence that you experienced?**
- Was it gender-based (i.e. because you're a woman)?
- Was it because of what you do?
- Was it because your rights as a female sexual-worker are not legally protected?
- Any other reason?
- **Did you protect yourself against violence by a client?** If yes,
- Can you provide more details about how you protected yourself in a concrete situation?
- What measures did you take when a client subjected you to violence?
- Did you seek someone's help when a client subjected you to violence? If yes:
- Where did you seek assistance?
- Did you ask anyone in particular for help (a woman who works next to you, your pimp, police patrol, passers-by, etc.)?
- Did you seek help with an organization (non-governmental, governmental, international)? If yes,
- What type of organization did you ask for help?
- Can you provide name of the organization that you asked for help?
- Did that person/organization provide help? If yes,
- What type of help did that person/organization provide?
- What were the results of their intervention?
- Generally, was it easy for you to find help?
- How long did it take you to find help?
- How long did it take you to receive help?

If the respondent didn't ask for anyone's help:

- Why didn't you ask for anyone's help?
- Was it because you were scared of reprisal from the perpetrator?
- Was it because you were scared of blackmail?
- Was it because you didn't know who to ask for help?
- Is there a reason why you decided not to seek help?

If, according to respondent, she has never experienced violence by at the work site, interviewer should ask questions in third person (e.g. have you heard about your colleague experiencing violence at the work site? Can you elaborate more on that?...)

4. Study different cases of violence, stigma, discrimination and other abuse of human rights against FSWs, in the process of receiving healthcare and medical services;

- Have you ever visited a medical facility for testing or treatment of sexually transmitted infections and informed doctors that you frequently change sexual partners because of what you do for a living? If yes,
- What was their attitude toward you?
- How did you feel after disclosing the information about your job to a doctor?
- Do you think the doctor's attitude toward you changed after you told him/her about your risk behavior that places you at risk of STIs?
- How would you evaluate the services provided to you by the medical personnel after you openly talked about your risk behavior that places you at risk of STIs? *If positively,*
- Can you explain why you evaluate positively the services provided to you by the medical personnel after you openly talked about your risk behavior that places you at risk of STIs?
- Did you like the services provided to you by the medical personnel because they treated you with attention and benevolence?
- Did you like the services provided to you by the medical personnel because they gave you detailed information about procedures and ways of treatment?
- Did you like the services provided to you by the medical personnel because they considered which procedures and medication you can afford when prescribing treatment?
- Other

If the respondent negatively evaluates the services provided by the medical personnel after she openly talked about her risk behavior that places her at risk of STIs:

- Can you explain why you evaluate negatively the services provided to you by the medical personnel after you openly talked about your risk behavior that places you at risk of STIs?
- What did you dislike in the services provided by the medical personnel?
- Did you dislike attitudes of the medical personnel towards you? If yes,
- What did you dislike in particular?
- Did you dislike their lack of attention and benevolence? If yes,
- Can you elaborate more on their lack of attention?
- Did they fail to provide you with adequate information about medical procedures and treatment methods?
- Did they treat you aggressively? If yes:

- Can you elaborate more on the medical personnel's aggressive attitudes toward you?
- Did they treat you cynically? If yes:
- Can you elaborate more on cynical attitudes of the medical personnel toward you?
- Other.
- **Can you provide names of clinics that offer services to female commercial sex workers in a friendly way?**
- Are friendly medical services available to you as a female commercial sex worker?
- Is there a place where you can get medical services as a female commercial sex worker? If yes,
- Can you provide names of those facilities? (To the interviewer: if the respondent doesn't remember names of the facilities, ask her where they are located)

5. Evaluation of opportunities available to FSWs for protecting their rights.

(To the interviewer: if protection of their own rights by FSWs has not been discussed yet or has been insufficiently discussed, start talking about the fifth objective of the research by stating the following: "We have touched upon the issue of protection of your own rights but I'd like to ask you a few more questions about it, more specifically")

- We have talked about violence that you experienced and concrete steps that you made to protect yourselves and your rights. To sum up, are you familiar with organizations working to provide support to female sex workers?
- Are there any organizations in Georgia that provide services to female sex workers? If yes,
- Can you provide names of these organizations?
- **Are there organization(s) working to provide health services to female commercial sex workers?** If yes,
- Can you provide name(s) of organization(s) working to provide health services to female commercial sex workers?
- What exactly do these organizations do to provide healthcare to female commercial sex workers?
- How do you benefit from these organizations?
- Have you used any of their services? If yes,
- Which service(s) did you use?
- Are you satisfied with their services? If yes,
- What are you satisfied with in particular?

If the respondent is not satisfied with services of a health organization(s):

- What are you not satisfied with?

- What exactly did you dislike in their services?
- **Are there organization(s) working to protect rights of FSWs?** If yes,
- Can you provide name(s) of organization(s) working to protect rights of FSWs?
- What exactly do these organizations do to protect rights of FSWs?
- How do you benefit from these organizations?
- Have you used any of their services? If yes,
- Which service(s) did you use?
- Are you satisfied with their services? If yes,
- What are you satisfied with in particular?

If the respondent is not satisfied with services of a health organization(s):

- What are you not satisfied with?
- What exactly did you dislike in their services?
- **Are there any organizations in Georgia that provide shelter for FSWs, where a sex worker can spend the night and satisfy basic needs (shelter, food, hygiene)?**
- Can you provide name(s) of organization(s) that provide shelter to FSWs?
- Have you used any of their services? If yes,
- Which service(s) did you use?
- Are you satisfied with their services? If yes,
- What are you satisfied with in particular?

If the respondent is not satisfied with services of a health organization(s):

- What are you not satisfied with?
- What exactly did you dislike in their services?
- **Are there any organizations in Georgia that provide legal support to FSWs?** (Renewing identity documents, inheritance rights, arbitrary arrest, etc.)? If yes,
- Can you provide name(s) of organization(s) that provide legal support to FSWs?
- How do you benefit from these organizations?
- Have you used any of their services? If yes,
- Which service(s) did you use?
- Are you satisfied with their services? If yes,
- What are you satisfied with in particular?

If the respondent is not satisfied with services of a health organization(s):

- What are you not satisfied with?
- What exactly did you dislike in their services?
- **Are there any other organizations that are accessible to FSWs that we haven't discussed yet?** If yes,
- Can you provide name(s) of organization(s) that provide legal support to FSWs?
- Have you used any of their services? If yes,
- Which service(s) did you use?
- Are you satisfied with their services? If yes,
- What are you satisfied with in particular?

If the respondent is not satisfied with services of a health organization(s):

- What are you not satisfied with?
- What exactly did you dislike in their services?

Our meeting has come to its end. Are there any other important issues that we didn't discuss during our conversation? I'd be happy to hear about them. *If respondents have nothing more to add:* Thank you for your time and for coming here to share your personal experiences. I wish you success.

