

JOINT SUBMISSION

On the situation of Women who use drugs, Women sex workers and Women placed in penitentiary institutions in the Republic of Moldova

Submitted by The Union for HIV Prevention and Harm Reduction (UORN) and Promo-LEX Organization (consultative status to ECOSOC granted by the Decision 2014/212)

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The Union for HIV Prevention and Harm Reduction (UORN)¹ is an umbrella structure that brings together public associations implementing the Harm Reduction Strategy of the Republic of Moldova.

Promo-LEX Association² is a non-governmental organization that aims to advance democracy in the Republic of Moldova, including in the Transnistrian region, by promoting and defending human rights, monitoring the democratic processes, and strengthening civil society.

¹ More info about UORN, <http://uorn.md/despre-noi/>

² More info about Promo-LEX, <https://promolex.md/misiune/?lang=en>

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LIST OF ABBREVIATIONS

BIM	Birou of International Migration
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
HIV	human immunodeficiency virus
IDU	Injecting Drugs Users
IPV	Intimate Partner Violence
MDA	Republic of Moldova
SRHS	Sexual and reproductive health services

INTRODUCTION

1. Female sex workers and women who use drugs are a significant, but extraordinarily marginalized and invisible community in the Republic of Moldova. They are highly vulnerable to HIV/AIDS, human trafficking, harassment and violence due to multiple factors, including discrimination, social stigma and exclusion, criminalization. Despite their particular vulnerability, their specific needs are continually ignored by State, and they face systematic barriers in the realization of their fundamental rights, including the right to the highest attainable standard of health, reproductive and sexual rights, the right to decent treatment, free of humiliation and violence, right to justice.
2. Female sex workers and women who use drugs remain the most often discriminated categories in the Republic of Moldova. Based on our consultation results of the Women who use drugs, Women sex workers and Women placed in penitentiary institutions, we propose the most relevant issues for the evaluation of the Republic of Moldova, as follows in the next part of this report.
3. The report is based on researches based on our consultation, cases documented within the harm reduction services implemented in Republic of Moldova and official sources of information. The report includes information about discrimination of a marginalized group of women who use drugs, women sex workers, women placed in penitentiary institutions, such as brutality from the state institutions – law enforcement agencies and medical institutions, status disclosure. Thus, this report will examine the implementation of concluding observations in regards to the abovementioned groups of women who face multiple forms of discrimination.
4. We consider that in the Sixth periodic report, also in the replies of the Republic of Moldova to the list of issues concerning its sixth periodic report, the state does not pay enough attention to the issues mentioned in this report.
5. From the onset of this report, we would like to express a great concern that the issue of systematic discrimination of women in detention in Moldova has neither been covered as part of periodic reports of the Republic of Moldova nor has it been addressed by CEDAW previous.

PART I. Commentary on the State Response to the Concerns and Recommendations identified in the Concluding Observations of the CEDAW Committee, 2013

6. In the last review of Moldova, CEDAW expressed concern over *the lack of information on existing mechanisms for the protection of the rights of women in prostitution under the current legal framework, and on the measures are taken to suppress the exploitation of the prostitution of women and ask to provide the information regarding this issue (§14)*³; *the lack of statistical data, disaggregated by sex and age, on the situation of disadvantaged groups of women (§1)*.⁴
7. CEDAW further provided 2 specific recommendations to Moldova (mentioned below):⁵
8. Since its last review by CEDAW, Moldova has taken some steps toward combating violence against women in fulfilment of its obligations under the Convention and implement some of the recommendation stated below (to see §192 from the Government report CEDAW/C/MDA/6). Still, the problem that concerns the most vulnerable groups of women as female sex workers and women who use drugs remain unsolved and without attention from the Government sight.
 - a) ***To review its laws on prostitution to ensure that women in prostitution are not discriminated or penalized by administrative fines; step up its efforts to support women who wish to leave prostitution; and implement measures to decrease demand for prostitution, including the potential introduction of sanctions for sex buyers.***
9. On 19 March 2013, Moldova was asked to provide information on existing mechanisms for the protection of the rights of women in prostitution under the current legal framework, and on the measures taken to suppress the exploitation of the prostitution of women (§14).⁶ Unfortunately, the Government didn't cover in its report this issue. Moldova's current legal framework didn't provide any mechanism for the protection of the rights of women in prostitution, and there are no measures taken by the Government to suppress the exploitation of the prostitution of women.
10. In its sixth periodic report,⁷ submitted by the Republic of Moldova under article 18 of the Convention, due in 2017, the information provided in paragraph 190 - 192 of the State Report is not consistent with the Committee concerns, nor appears to be specifically relevant to the above recommendations. The additional information, presented by the Government in its replies to the list of issues concerning its sixth periodic report §51 - 52, was not consistent with the findings of the civil society report⁸ and with §12 of the suggested List of issue of the Committee.⁹
11. Discriminatory practices of sanctioning the sex work the consume of sex services continue. In Moldova, the current provision of Article 89 of the Contravention Code was amended on December 9 2018.¹⁰ Amendments include the definition of the prostitution, as well as a new element regarding the punishment of the beneficiary who purchased paid sex services, maintaining the punishment for the person who provides such services. Compared with women

³https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMDA%2fQ%2f4-5&Lang=en

⁴https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMDA%2fQ%2f4-5&Lang=en

⁵ <http://antitrafic.gov.md/libview.php?l=en&idc=101&id=296&t=/Transparency/Concluding-observations-on-the-combined-fourth-and-fifth-periodic-reports-of-the-Republic-of-Moldova>

⁶https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMDA%2fQ%2f4-5&Lang=en

⁷https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMDA%2f6&Lang=en

⁸https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCEDAW%2fICO%2fMDA%2f35132&Lang=en

⁹https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2fC%2fMDA%2fQ%2f6&Lang=en

¹⁰ http://www.legis.md/cautare/getResults?doc_id=108267&lang=ro#

sex workers, penalties for their client are lower. For example, the law of several countries prohibits the purchase of sexual services, but the law does not punish sex workers, but their clients. This is because it is not reasonable to punish people who offer sexual services, but on the contrary, they should be helped to give up this way of life.

12. Regarding the Committee's recommendation, according to which the Government should *step up its efforts to support women who wish to leave prostitution, nothing was done*. In §49 from the replies of the Republic of Moldova to the list of issues concerning its sixth periodic report (6 December 2019),¹¹ the Government responds that: *"The proposal to increase the conventional units for the practice of prostitution (regulated in the Civil Code¹² Of art. 89, paragraph (1)) was argued by the author of the initiative (MJ) by the fact that these new regulations will prevent the committing of further contraventions"*. Thus, the only solution found by the Government to "support" women who wish to leave prostitution, was to increase the amend for those who practice prostitution and not for sex buyers, as it was recommended. From our point of view, the authorities appear to have misunderstood or misinterpreted the recommendations mentioned above made by the Committee.
 13. Moreover, the State does not analyze the factors that cause some women to engage in prostitution to prevent and to support women who wish to leave this activity. According to a study and the data provided by its authors,¹³ regarding the level of education of women sex workers in 2016, the percentage of those with low level of education (primary or incomplete) is higher - 36.8%, compared to 26,1% in 2009, and considerably lower the percentage of respondents with higher education - (5.7% compared to 21.1% in 2009). Such trends have been observed previously in the case of IDU populations. Of the sample of women sex workers indicated in the study, 66.5% are not employed, and the prostitution is the primary source of income (...).
 14. When we talk about women sex workers, it is essential first to establish some of the factors that lead to the beginning of this activity. For the most part, the women sex workers started their activity rather early, before having financial autonomy. The three general factors that lead to the start of the activity are school dropout, poverty pressure and a difficult family situation.
 15. If we analyze the statistical data provided by the National Bureau of Statistics, we see that the youth is quite vulnerable, given that the Republic of Moldova has a high level of poverty.¹⁴
 16. Thus, according to official statistics, every fifth young 18-24 left school early, mainly those in rural areas, representing 19.4% in 2017. About 3 in 10 young people are employed, and 6 in 10 are inactive. Every third youth aged 15-29 does not work or study. Almost one-third of the young population aged 15-29 (29.3%) is neither included in the education process nor employment.
 17. The value of this indicator for women is higher than for men (respectively, 35.4% for women and 23.1% for men). The unemployment rate (in 2017) among young people (15-34 years, according to BIM definition) is higher compared to other age groups or the average at the country level. A low and medium level of education leads to a higher unemployment rate. The number of HIV cases for young people has increased. For 100 thousand young people aged 15-19, there are 9 cases, 26 cases for the 20-24 age group, 34 cases for the 25-29 age group and 35 cases for the 30-34 age group.¹⁵
 18. Regarding the Committee's recommendation, according to which the Government should *implement measures to decrease demand for prostitution, including the potential introduction of sanctions for sex buyers*, no information is available in the Government reports. No action has been taken in this regard.
- b) To collect comprehensive statistical data, disaggregated by sex and age, on the situation of disadvantaged groups of women (...) in all areas covered by the Convention.**

¹¹https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCEDAW%2fRLI%2fMDA%2f40811&Lang=en

¹²To read Contraventional Cod. It is a technical mistake made by the author.

Report of the integrated bio-behavioural study among the groups at high risk of HIV infection in the Republic of Moldova
<https://www.pas.md/ro/PAS/Studies/Download/72>

¹⁴<https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6086>

¹⁵<https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6086> (2017) ;
<https://statistica.gov.md/newsview.php?l=ro&idc=168&id=6431> (2018).

19. In 2013, CEDAW recommended collecting comprehensive statistical data, disaggregated by sex and age, on the situation of disadvantaged groups of women (...) in all areas covered by the Convention. Since 2013 until nowadays, there is no centralized system of collecting disaggregated statistical data on the situation of these disadvantaged groups of women. Unfortunately, the state does not collect statistical data, but also, it does not disaggregate the data according to several indicators to have a clearer picture on the situation of disadvantaged groups of women and what is to be done to improve the life of this group and to defend their rights.
20. In the Republic of Moldova, sex work is illegal, and sex workers are a hidden population. Intimate partner violence (IPV) is a reality in many IDU partnerships in Moldova. Official statistic on the number of sex workers and female drug users in Moldova is unavailable. According to the Union for HIV Prevention and Risk Reduction in 2013, about 70% of women drug users were subject of violence within the family.¹⁶
21. The lack of reliable data hinders this debate as it keeps the prostitution market opaque. The question of whether prostitution is delivered as a sex service or under conditions of coercion or force is qualified as the criterion to distinguish between prostitution and sexual exploitation. While some argue that the number of those entering the prostitution business deliberately is higher than assumed, it is mostly supposed that women would avoid the abuse of their bodies **if they had a valid alternative. In this sense, poverty and bad economic and employment situations are seen as strong push-factors forcing women into prostitution, and which call into question whether their consent can be assumed to have been voluntarily given.**¹⁷
22. So, the lack of statistical data on the situation of disadvantaged groups of women as sex workers, makes it more difficult to detect the most pressing problems that this group of women faces and makes it more difficult to draw more attention to the issues raised. When prostitution is illegal, sex workers are far more reluctant to report coercion, abusive pimps, and underage women sex workers for fear of being arrested themselves. This makes actual sex trafficking more difficult to discover.
23. Regretfully, the Republic of Moldova does not carry the quantitative evidence of drug-using women and women sex worker subjected to violence. In general, there is very little research into female sex work and drug use in Moldova, partly because of the stigma related to the sale of sexual and use of drugs. **Absence of statistic and systematic monitoring women sex workers and drug users' human rights status caused barriers for an understanding of the real situation and neglecting of direct human rights issues of these categories in national human rights reports.**
24. At the moment, it is practically impossible to appreciate the actual state of affairs in this area, as the official statistics reflect only the information on the cases reached by the police. As a result, nobody has a real statistic on the extent of the phenomenon in question, which are the problems and needs of this vulnerable group of women.

RECOMMENDATIONS:

In connection with the non-implementation of some of the recommendations made previously to the Republic of Moldova by CEDAW and given their importance, we consider that some of them have to be submitted to the Government again.

- * To review the legal framework to ensure that women sex workers are not discriminated against or penalized by administrative fines;
- * To step up its efforts to support women who wish to leave prostitution;
- * To implement measures to decrease demand for prostitution;
- * The Government should create an efficient mechanism for collecting the statistical data concerning the situation of disadvantaged groups of women (female sex workers and women who use the drug) in all areas covered by the Convention. The organization providing services for sex workers and women who use drugs, as the representatives

¹⁶<http://uorn.md/70-din-femeile-consumatoare-de-droguri-sunt-supuse-violentelor-in-cadrul-familiei/>

¹⁷ Sexual exploitation and prostitution and its impact on gender equality

[http://www.europarl.europa.eu/RegData/etudes/etudes/join/2014/493040/IPOL-FEMM_ET\(2014\)493040_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/etudes/join/2014/493040/IPOL-FEMM_ET(2014)493040_EN.pdf)

of these two communities can be involved in data collecting and the process of monitoring and reporting of the situation of the human right violation;

- * Violence against women sex workers and women who use drugs should be regularly monitored and reported;
- * To develop and implement policies to ensure everyone's access to social and health services, education and employment, social security, a decent life, so that the commercialization of sex is no longer the source of harms and survival of the people involved in the commercial sex due to poverty.

PART II. Commentary on the State's progress report on the CEDAW articles (issues raised, observations and concerns, recommendations provided)

TOPIC: ARTICLE 1-5 (*Issues raised, observations and concerns, recommendations*)

LACK OF STATE POLICIES

25. The Republic of Moldova does not yet have a coherent and consistent policy on the promotion and protection of rights of female sex workers and female who use drugs. The policy framework for the elimination of discrimination towards the women promoted by the State it is inexistent for female sex workers and female who use drugs.
26. Specific activities focused on the improvement of life quality of female sex worker and who use drugs, are not included in the National Strategy for Preventing and Combating Violence against Women and Domestic Violence in the years 2018-2023.
27. Besides the provision on the prohibition of discrimination, the State is obliged to take positive steps to ensure that any preventive measures are specifically aimed and take into account the needs of women belonging to vulnerable groups.
28. Sex workers are a group of informal economy workers who are highly exposed to the risk of contamination. Although commercial sex is a universal phenomenon, it is illegal in most societies. Among sex workers and their clients, rates of HIV infection were much higher than in other population groups. Many research projects have shown that sex workers respond favourably to prevention programs, for example, by promoting condom use. The problem is often customer reluctance. Programs that help sex workers should insist on condom use, as well as programs that provide training and income-generating alternatives.
29. So, there is a high prevalence of injecting drug use among women who engage in street-level sex work, with studies estimating that between 22-82% of sex workers are also IDU. Estimates of female IDU involved in sex work range between 20-50% in Eastern Europe. When examining the extent of sex work and injecting drug use, it is essential to note that women may transition in and out of sex work, that sex work may be hidden or covert, and that women who engage in both injecting drug use and sex work may experience significantly higher marginalization than both non-injecting sex worker and non-sex worker female injectors.¹⁸ Therefore, in this context, a State policy must fulfil the State positive obligation to protect these vulnerable categories of potential victims of discrimination.
30. The Republic of Moldova does not have a national strategy in the field of preventing and combating illicit drug consumption and trafficking. The national anti-drug strategy for 2011-2018 has expired, and a new policy document has not yet been approved.¹⁹ The first national anti-drug strategy²⁰ to reduce the consumption of all types of drugs and to mitigate the potential risk and damage that can arise in the lives of all consumers (and also for consumer women) ended in 2018 without many results, as there were not enough financial means to implement it.²¹ Moreover, the old National Strategy overlooked the issues of women sex worker and women who use drugs and did not contain specific activities focused on improving the quality of life of these women.
31. Currently, to reduce consumption of all types of drugs and reduce the potential risk and damage that may occur in the lives of women drug users, it is necessary to develop a new national drug strategy containing the specific activities focused on the improvement of life quality of women engaged to sex work and who use drugs.

¹⁸ https://www.unodc.org/documents/hiv-aids/Women_who_inject_drugs.pdf

¹⁹ <https://mai.gov.md/ro/news/o-noua-sedinta-comisiei-nationale-antidrog-0>

²⁰ <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=337243>

²¹ <http://sanatateinfo.md/News/Item/7783>

RECOMMENDATIONS:

- * To approve a policy document that contributes to the promotion of equal rights without discrimination to female sex workers and women who use drugs.
- * The Government should modify current laws and policies to ensure addressing the need for direct assistance, capacity building, and awareness-raising concerning violence against most marginalized women, including women drug users and sex workers.
- * Approval of the National Anti-Drug Strategy 2020-2027 and the Action Plan with the inclusion of the specific activities focused on the promotion of equal rights without discrimination to female sex workers, women who use drugs; the improvement of life quality of women engaged in sex work and/or who use drugs and activities that respond to the particular needs of the community of this vulnerable group.
- * The financial coverage of all actions planned in the National Anti-Drug Strategy 2020-2027 and its Action Plan for Implementation.
- * The Moldavian Government should strength effective national machinery, institutions and procedures, at a high level of Government, and with adequate resources, commitment and authority to monitor the situation of most vulnerable women, including female sex workers and drug users;

DRUGS USE CRIMINALIZATION

32. Moldovan drug laws that criminalize possession of small amounts of drugs fuel violence against women who use drugs. Women who use drugs are systematically subjected to moral and sometimes physical abuse from law enforcement agencies responsible for drug law implementation. Laws prohibiting drug use and possession of drugs for personal use put women who use drugs outside the law, treating them as criminals rather than as people who need health, social and other services.
33. According to a recent study published by Promo-LEX Association²² the amounts set out in the List of Narcotic, Psychotropic Substances and Plants containing such substances found in illicit trafficking and their quantities are low. This leads to the prevailing criminal liability of drug users and diminishes the effectiveness of the fight against drug trafficking and traffickers.
34. The rate of recognition of guilt at the stage of criminal investigation was increasing compared to 2015 when the defendants recognized the guilt in about 79.2% of cases. In 2017, this figure rose to 85%. The prospects of receiving a non-custodial sentence and a relatively light punishment, in addition to the particular vulnerability of offence subjects, could determine a large number of cases, in which they acknowledge the imputed facts.
35. In the vast majority of cases (94%), the courts condemn the accused. The conviction rate is closely related to the specifics of illegal drug trafficking cases, legislative and practical issues that concern them and, subsequently, the recognition of guilt in most cases. No case of acquittals has been identified.
36. Courts practically do not apply sanctions providing for support and rehabilitation, which reveals the existence of punitive practices concerning drug users, being less oriented towards their support and correction.

RECOMMENDATIONS:

- * The Government has to amend the Government Decision no. 79 of 23.01.2006 approving the List of narcotics, psychotropic substances and plants containing such elements found in illicit trafficking and their quantities by increasing the amounts of drugs and psychoactive substances and plants containing such elements, taking into account the practice of other states.
- * The Government has to develop national policies aimed at supporting and rehabilitating drug users and subjects (especially, women and girls) of drug trafficking offences through implementing alternative measures.
- * The Prosecutor General's Office and the Ministry of Internal Affairs are to develop methodological instructions for police officers and prosecutors to streamline criminal investigations into the cases of illegal drug trafficking. In particular, they will pay attention to avoiding the profiling of drug users, verifying the guilt of individuals by eloquent means of evidence, and avoiding indictments mostly based on self-denunciation statements.
- * The Supreme Court of Justice is to streamline the judicial practice of examining cases of illegal drug trafficking as follows: a) by issuing recommendations to the courts on the application of measures for support and rehabilitation; b) by issuing recommendations on the use of alternative preventive measures in cases of illicit drug trafficking not intended for alienation, such as conditional release or release based on personal guarantees or the guarantee of an organization; c) by issuing recommendations on the uniformity of judicial practice on the storage or destruction of corpus delicti in drug-related criminal cases.

²²https://promolex.md/wp-content/uploads/2019/06/A4_Practica-Judiciara_sumar_Eng.pdf

ELIMINATION OF STEREOTYPES AND PREJUDICE

37. *Discriminatory attitudes of the police officers towards women who use drugs, it is more commonly reported by female IDU:* in the reference period, especially in 2014, according to a Study,²³ it was found that about 70% of the police officers questioned thought that drug users are soon offenders than victims, 63% associate drug users with criminals, 40% consider that most crimes committed in their towns are related to consumers of drugs. 1/3 of the police officers questioned were given the opinion that most drug-using women are commercial sex workers. According to statements of our beneficiaries of these groups, even today the situation is not better in this respect.
38. *Discriminatory practices of sanctioning the sex work the consume of sex services.* In Moldova, the current provision of Article 89 of the Contravention Code was amended on December 9 2018.²⁴ Amendments include the definition of the prostitution, as well as a new element regarding the punishment of the beneficiary who purchased paid sex services, maintaining the punishment for the person who provides such services. Compared with women sex workers, penalties for their client are lower.

RECOMMENDATIONS:

- * The Government should work toward decriminalization of sex work and drug possession, and elimination of the unjust application of non-criminal laws and regulations against sex workers and drug users.
- * To take measure to encourage sex workers and women who use drugs to report acts of violence; the Government should ensure safe mechanisms for them to do so without fear of repercussions, humiliation, or breach of confidentiality.
- * To provide mandatory training for police officers, prosecutors, judges to combat and eliminate judicial stereotypes against sex workers and women who use drugs and to assure the access to justice for all.²⁵

²³https://soros.md/files/publications/documents/Studiu%20_Perceptii%20Consumatori%20de%20Droguri%20Injectabile.pdf

²⁴ http://www.legis.md/cautare/getResults?doc_id=108267&lang=ro#

²⁵ *Eliminating Judicial Stereotyping: Equal Access to Justice for Women in Gender-based Violence Cases” (2014 OHCR)* – is a tool to help eradicate judicial stereotyping. It seeks to raise awareness of, and encourage advocacy related to, judicial stereotyping in gender-based violence cases. This tool can help authorities to promote a dialogue on judicial stereotyping and contribute to improved justice outcomes for women victims and survivors of violence. https://eige.europa.eu/library/resource/EIGE_Grey_LiteratureJUSTICE11

ACCESS TO SHELTERS

39. *Lack of adequate protection of potential victims of discrimination as female sex workers and women who use drugs.* Victims face challenges accessing services, including legal aid, shelters, and social services, and government funding for such services remains inadequate. Female sex workers and women who use drugs still live in domestic violence cycle. They have difficulties for seeking protection from Government because there is no access to domestic violence shelters. The odds of intimate partner aggression are three times greater when drug use and drug abuse are implicated. The failure to uphold the rights of vulnerable women who are dependent on drugs to shelter and support results from a range of structural inequalities: from the denial of access by shelter managers, to state policies that systematically ignore the needs of women who use drugs.
40. According to art.6 p.5,) the Regulation on the organization and functioning of the Pro-Femina maternal Center, coordinated with the Ministry of Social Protection and Family of the Republic of Moldova, the mothers/youths **who are addicted on drugs (...) are not admitted to the Center (...)**.²⁶ At the same time, according to the Government Decision no.1019 of 02.09.2008 for the approval of the Minimum Quality Standards regarding social services rendered in the maternity centres: p.31) the mother-child couples that may harm other centre beneficiaries due to venereal, acute infectious diseases and/or tuberculosis, psychiatric disorders, alcoholism, and **who use drug**, are not entitled to the services of the Center.²⁷
41. According to the Government Decision no.1200 from 23.12.2010 for the approval of the Minimum Quality Standards on social services provided to victims of domestic violence: section 2, art 28,) people intoxicated with alcohol or drugs are not admitted to the Center. People who use alcohol or **drugs** within the centre will not receive assistance.²⁸ At the same time, specially targeted centres for female sex workers/women drug users, victims of domestic violence, or who are in other challenging situations, are not created. The state rehabilitation centres to help former sex workers are inexistent in Moldova also. The State does not undertake measures to rehabilitate psychologically, economically and socially these women. The State should ensure that adequate funding for crisis centres is provided, and increase the number of shelters, bearing in mind geographical coverage. To support domestic violence services, noting that 'particular attention should be paid to the protection requirements of women with special needs, including women with substance-abuse problems/sex workers.

RECOMMENDATIONS:

- * The Government should address the issues related to access to shelters for women who use drugs and sex workers and who experience violence, in line with international standards. Shelters must be available for all women who experience violence, and special provisions should be developed to cover the gap and to ensure clear protection for women with drug addiction.

²⁶ <https://hincesti.md/wp-content/uploads/2017/01/15.01.pdf>

²⁷ <http://lex.justice.md/viewdoc.php?action=view&view=doc&id=333826&lang=1&fbclid=IwAR2YBKC7pb7vj9wiDg4oGVA1FEvhi8liKBXf6sk6NKyrf6C1dOZFzE026Z0>

²⁸ <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=337208>

ACCESS TO HEALTHCARE

42. Even where female sex workers and woman who use drugs are not explicitly excluded from utilizing SRH services in the Republic of Moldova, pervasive structural barriers such as the administrative punishment, stigma/auto stigma and discrimination impede their access to comprehensive, rights-based care. Female Sex workers and women who use drugs, including those living with HIV, are entitled to the same SRH care as everyone else. However, sex workers attest to widespread inadequacies in SRH coverage and treatment, resulting in violations of their human rights.
43. Sex workers and women who use drugs do not have access to adequate contraception in many regions, except condoms. There are no enough mobile units or specialized centres where these persons can receive assistance (except harm reduction services in 5 cities of the country); access to medical aid is strictly connected to a person's residency, and if the person is from a village, the access to medical services is cumbersome; also, there are persons who lose their residency, and in this case, the medical institution that is supposed to deal with it cannot be identified; *Stigma and Discrimination*. There are no sexual and reproductive services that provide non-judgmental and compassionate care women sex workers.²⁹ Moreover, women who use drugs. Lack of tolerance towards procedures like abortion, contraception. These women also reported pervasive stigma associated with their status as sex workers – as well as provider-based discrimination – as additional obstacles to accessing SRH services. Sex workers are facing multiple levels of marginalization, especially those who use drugs, and/or are living with HIV; these women encounter even higher levels of stigma and discrimination.
44. The direct and indirect administrative punishment of female sex work remains one of the most significant barriers to sex workers' SRH access, as well as a structural determinant of violence, discrimination, and HIV transmission.
45. *Documentation and Health Insurance*. Since most of the SRH services that are available to sex workers and female drug users are offered within public health care systems, the requirement of possessing official residence and valid national health insurance (ensured for those that are officially employed) further reduces access to SRH. As the sex work is not an official job, many of the sex worker women are not medically ensured, not to mention that women who use drugs, can't find a job, because of the health problem with addiction, which means they also are not medically ensured. When these women access SRH services for the general population, they often encounter stigma and discrimination, breaches of confidentiality, and inequitable treatment. As a result, many sex workers and women who use drugs only seek SRH care in cases of emergency.
46. There are no maternal and child health services specific to female sex workers and their children. There is not a single public or municipal rehabilitation centre in Moldova to offer programs, which meet the needs of drug-using women. For example, there is not an only such centre allowing women to attend a drug rehabilitation program together with their children. Moreover, drug addiction is considered a legitimate ground for termination of parental rights, according to art. 67, letter f). Thus, women's access to drug treatment and rehabilitation is greatly hindered by the providers' failure to meet women's particular needs.

RECOMMENDATIONS:

- * To address the stigma and discrimination that female sex workers and women using drugs experience from mainstream SRH services. Comprehensive, training is required to make SHR services accessible and friendly. In the meantime, a complaint and redress system should be developed with the sex worker, women who use drugs communities and harm reduction organizations to address abuses effectively.

²⁹ <http://uorn.md/caz-de-discriminare-pe-statut-hiv-castigat/>

- * Increase funding and domestic support for comprehensive social and health services, including SRH services and programs designed to meet the needs of the sex workers and women who use drugs.
- * The access to confidential and affordable SRH services for sex workers and drug users has to be improved, and access to confidential and free of charge harm reduction services for female sex workers and woman drug users has to be secured by Government.
- * The State has to recognize the need for, and right to, maternal and child health services for female sex workers and their children.

VIOLENCE AGAINST WOMEN SEX WORKERS AND DRUG USERS

47. Violence against women is still an endemic problem in Moldova, being deeply rooted in the cultural norms and safe behaviours. According to the study 'Violence against Women in the Family' conducted by the National Bureau of Statistics³⁰, 63% of women experienced some form of violence (psychological, physical, sexual, and economic) from their husbands/partners during their lifetime. Rural women, older women, Romani women, women with disabilities, HIV positive women reported the highest prevalence rate of multiple forms of violence.
48. Some subgroups of women who use drugs have particular needs, most notably women who have experienced or are experiencing trauma and violence, women with comorbidity and women who are pregnant, parenting, from ethnic minorities, involved in the sex trade and/or in prison.
49. According to Women who use substances, they are more likely than men to have experienced traumatic events, such as sexual and physical assault and abuse as children and/or adults³¹ and to be currently exposed to intimate partner violence. The experience of trauma can lead to the development of post-traumatic stress disorder or other mental health problems and also can increase the risk of substance use³².
50. This group of women requires interventions delivered in physically and emotionally safe environments³³, and additional trauma-informed treatment approaches³⁴. Ongoing violence requires a multi-agency, multi-sector approach with collaborations between the health and social services and the justice sector³⁵. Female-only services may be needed for women whose male aggressors also utilize drugs services to reduce the risk of women encountering the perpetrator. Such specific services are not developed in the Republic of Moldova.
51. The Government does not have specific policies for women involved in the sex trade to provide additional efforts to support them in accessing services, such as evening opening hours and mobile outreach services. Initiatives, such as peer support, to counter the additional stigma these women may face, are not provided.
52. In Republic of Moldova, compared with men who use drugs, women: face higher levels of stigma and shame; carry more substantial socioeconomic burdens; receive less social support; are more influenced by their parental role in issues concerning drug use and recovery; have a partner who plays a role in their: drug use initiation, continuation and relapse, exposures to blood-borne infections, disclosure to violence.

RECOMMENDATIONS:

- * To create a mechanism to report safely and receive protection from the police in cases of domestic violence or other forms of gender-based violence against women who use drugs and sex workers.
- * The Moldavian Government should investigate effectively all the cases of domestic violence committed concerning women drug users or women sex workers.

³⁰ http://statistica.gov.md/public/files/publicatii_electronice/Violenta/Raport_violen_fem_eng.pdf

³¹ https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf

³² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860395/>

³³ https://www.researchgate.net/publication/265593365_Intimate_partner_violence_and_drug-addicted_women_From_explicative_models_to_gender-oriented_treatments

³⁴ https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_59/ECN72016_CRP4_V1601463.pdf

³⁵ https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-h-and-sc/docs/ran_hsc_policy_mawr_report_sarma_26032019_en.pdf

* The Moldavian Government should provide Trauma-informed treatment approaches for women who have experienced trauma and those currently exposed to intimate partner violence, especially women who use drugs and women sex workers.

WOMEN IN DETENTION, VICTIMS OF VIOLENCE

53. Women's prisons require a gender-specific approach and framework for health care that could pay special attention to reproductive health, mental illness, substance use problems, physical and sexual abuse, among others. However, timely access to medical services outside prison is practically not available for women in detention.
54. National prison policies often overlook the special needs of women and their health problems. Issues arising from gender-specific health care needs and family responsibilities are also frequently neglected. Based on assisted and documented cases, many women in prison have in their medical history chronic diseases and severe consequences of sexual and physical abuse, domestic violence, mental illness, and drug or alcohol addiction. Many of them have chronic and bad health conditions resulting from living in poverty, premature pregnancy, malnutrition and poor health care before detention. Drug-dependent women inmates have a higher prevalence of tuberculosis, hepatitis, toxemia, anaemia, hypertension, diabetes, obesity and other diseases than male inmates.
55. The national prison environment does not always take into account the specific needs of women. This includes the need for adequate nutrition, healthy life, fresh air and exercise for pregnant women and higher hygiene requirements such as regular showers and sanitary items. However, in national prisons, especially in prison nr.13 the possibility to shower is provided once per week, and hygienic items are not offered free of charge, in disregard of gender-specific physiological needs, such as those arising from menstruation.
56. In the NORLAM Mission study³⁶ conducted in partnership with the Center for Qualitative Research in Anthropology of the Moldova State University it was mentioned that discussions with women detained in Rusca Prison revealed the will of women – victims of domestic violence, to stop violence, the trend to protect children from abuse and the negative emotions accumulated over the years, resulted from the abuse acts on behalf of persons who a priori should be close to them, served as the triggering factor for them to commit crimes.
57. One of the study findings is that before going to prison, 129 of questioned women (43%) were victims of domestic violence. All 129 interviewed women admitted that they had been victims of domestic violence, and also revealed that their husbands/cohabiting partners and parents mistreated them in the past. Many also experienced violence in their childhood and adolescence. Because of the lack of confidence that they could benefit from real help, 35.7% of women victims of domestic violence refused to talk about this with someone. 42.6 % of women called the police. Most of the 55 women who called the police said that the aggressor was not punished or was retained only for a few days. 109 of 129 women subjected to domestic violence have been convicted for violent crimes against either their husband's/cohabiting partners or one parent, or other people.
58. Women experience post-traumatic stress, which is manifested by the permanent relieving of the intense fear, by hyper-vigilance, refuse of the support offered by someone else and the commitment of crimes. Experts found that abuses are linked directly to further violent behaviour. Abuse and exposure to the uncontrollable stress environment are precursors to the behavioural problems of female detainees. Any malfunction of the mechanisms used to overcome the stress may further worsen the harmful effects of childhood trauma and victimization.

RECOMMENDATIONS:

- * The Government should ensure that mothers detained with their babies are placed in more appropriate settings;
- * The National Prison Administration should use in practice the provisions of Bangkok Rules regarding the women in detention by reducing the causes that contribute to the imprisonment of women (for example the problem of domestic violence), it also must

³⁶ https://nettsteder.regjeringen.no/norlam/files/2017/07/Anthropological_study.pdf

consider the specific needs of women and the obligation to give priority to non-custodial sentences for women; to develop rehabilitation programs for convicted women victims of violence;

- * The Ministry of Justice and the National Prison Administration should ensure that the Government is implementing the principles and recommendations of the Kyiv Declaration on Women's Health in Prison.