

MONTENEGRO

SHADOW REPORT, NGO JUVENTAS

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Methodology and general conclusions

Montenegro is highly patriarchal country, especially when it comes to decision makings and family life. Juventas' survey from 2016 showed that only in 10% of households men and women are stating shared responsibilities related to cooking (8%) and hygiene (11%)¹. In 7 out of 10 households woman are primarily responsible for non-paid domestic work. Montenegrins mostly agree that a father should be the greatest authority in a family. Even 89% of citizens agrees on this, as well as the fact that tradition should not be questioned². However general population perceives that woman can be successful in businesses as well as leaders of the team, but nevertheless, pay gap exists³. Women do not have equal position on the labour market as men, they are less protected, less organized and their economic security is more prone to manipulation of political actors. In one survey 15% of citizens stated that if they were employers they would not employ pregnant women⁴. Women are much less than a man present in the positions of power, in parliament and in politics, while current affirmative actions are giving only limited results.

Juventas works with women from vulnerable populations and HIV key affected populations. Juventas exists from 1996 and provides services to LGBT women and men, women and men who use/inject drugs, women and men in prison, female, male and trans sex workers, Roma and most recently developing program for asylum seekers.

Data presented are collected through outreach work, surveys, policy and advocacy work.

Female sex workers, women who use drugs, women in conflict with the law and trans women are not visible to services almost at all, while situation is not much better when lesbian and bisexual (LB) women are concerned. All this populations are exposed to violence, domestic and non-domestic, very often also sexual. Services tailored according their needs are provided almost only by NGOs and are lacking sustainability. Women from these populations are reporting exposure to violence, lack of trust in institutions, sometimes being discriminated by the police, health services, social services and child protection services.

We are representing in this report some characteristics and patterns related to position and unequal treatment of selected group of women in Montenegro, with recommendations.

Country overview

Montenegro is the smallest Western Balkan Country that regained its independence in 2006. Montenegro is EU candidate country and member of NATO. According to the Population Census from 2011 there are 625,266 people living in Montenegro and 187,085 of them live in Podgorica- the Capital. Women comprise 50.6% of the total population and 49.4% are men. By Montenegrin Law a child is classified as 0-18 and a young person is classified as 15-30 years old. There are 145,126 children aged up to 18 years, living in Montenegro, who account for 23,4% of total

¹ATTITUDES TOWARDS LGBT POPULATION, Juventas and Queer Montenegro, Survey implemented by IPSOS, September 2016.

²ATTITUDES TOWARDS LGBT POPULATION, Juventas and Queer Montenegro, Survey implemented by IPSOS, September 2016.

³A. Gligorovic et al, Women on labor market , Juventas and SOS telephone for women and children victims of violence, Podgorica, 2015

⁴Citizens' opinion on health, education, social protection and employment, Juventas and SOS telephone for women and children victims of violence, Podgorica, 2015

population. Also, there are 214,696 people under 25 years old, making up 34.3% of total population and 48,7% of people are aged under 35 years⁵.

Sex workers:

Institutions in charge: Ministry of Health, Ministry of Internal Affairs, Ministry of Labour and Social Welfare, Ombudsman, Ministry of Human and Minority Rights

Montenegro is a patriarchal country in which prostitution is not spoken about either often neither openly.

Prostitution is not criminalized in Montenegro, nor legalized, it is penalized. Law on Public Peace and Order proscribe prostitution as misdemeanour, and anyone who sells sex or urges prostitution is going to be fined 200 to 1000 euros, or imprisoned up to 30 days.⁶ At the same time, a legal entity which encourages or in any other way mediates in prostitution, will be fined 500 € to 5000 €. Further, an entrepreneur who commits the aforementioned offence shall be punished by a fine of 300 € to 2,000 €. A responsible person in the legal entity who committed this offence shall be punished by a fine of 300 € to 2,000 €. A citizen will be punished by a fine ranging from 300 € to 1,500 € or by imprisonment up to 30 days.⁷

On the other hand, Criminal Law proscribes: "Anyone who mediates in or urges someone else in prostitution or mediates in delivery of a person to someone else for the act of prostitution or who advertises and propagates prostitution in media and similar means, will be fined or incarcerated for up to 1 year. If any of the aforementioned above is executed with a minor involved, perpetrator will be incarcerated for 2 to 10 years, as well as someone who uses sexual services provided by a minor."⁸

Although police is not repressive towards sex workers, they are not legally recognized in our society. The same situation is with strategic framework, where sex workers are recognized as vulnerable or marginalized persons, only by National AIDS Strategy with complementary action plans.

There are several forms of sex work in Montenegro ("street sex work", illegal brothels, online, escort and yachting), but prostitution is often connected in public with the poorest and less educated society levels, and mainly street sex work. That is one of the multiple reasons that sex workers are still highly stigmatized and discriminated in our society, even within justice and systems of health care and social welfare. When prostitution is prohibited (considered a criminal or act of misdemeanour) sex workers do not turn to the authorities for help, especially in cases when it comes to immigrants, because they would run the risk of being deported from the country. For now, the legalization is only sporadically mentioned, but there have not been taken serious steps in this regard yet. Maximum efforts stem from the non-governmental sector, which most intensely deals with this social problem.

⁵Census of citizens, Statistical Office of Montenegro, 2011

⁶Law on Public Peace and Order, „Official Gazette of Montenegro, 64/2011.“, Article 27.

⁷Law on Public Peace and Order, op. cit. Article 28.

⁸Criminal law, „Official Gazette of Montenegro, 58/2015“, Article 210.

Service provision

Juventas is the only NGO that recognize and provide services, through specifically tailored programs, to sex workers. Juventas' program "Street Health" started in 2006 and till July 2015, provided services to up to 300 sex workers per year, both working in street and brothels. Program was designed to provide health care and psycho-social support, as well to refer and accompany sex workers to state administration services and support them in obtaining their rights. Unfortunately, foreign donors draw back from Montenegro, and state did not support these kinds of activities in past 2 years, which shows lack of sensibility towards sex workers, as well as lack of system response to their needs.

Everyday challenges in lives of sex workers in Montenegro

As previously mentioned, sex workers are still highly stigmatized in Montenegrin society.

Institute for Public Health of Montenegro in partnership with Juventas implemented 4 national bio-behavioural studies (2008⁹, 2010¹⁰, 2012¹¹ and 2014¹²) with sex female workers in Montenegro.

In 2014 data showed that 35,4% of 209 participants were under 24 years, while other 35,4% were under 34 years.

Years	2010	2012	2014
18-24	26,1%	36%	35,4%
25-34	48,3%	42,5%	35,4%
35-44	13,6%	15%	20,1%
45+	11,6%	6,5%	9,1%

Within the last survey, more than half of them were without any kind of education:

Level of education	2010	2012	2014
Without school	30,45%	45,5%	53,5%
Primary school	29,5%	19%	15,8%
Secondary school	33,9%	32%	25,4%
Faculty	5,7%	3,5%	5,3%

⁹Laušević D, Mugoša B, Terzić N, Vratnica Z: HIV i rizična ponašanja među komercijalnim seksualnim radnicima u Crnoj Gori. Institut za javno zdravlje, Podgorica, 2008.

¹⁰Laušević D, Mugoša B, Vratnica Z, Terzić N, Labović I, Strahinja R: Istraživanje o rizičnom ponašanju u vezi sa HIV/AIDS-om i seroprevalenci HIV infekcije među seksualnim radnicima u Crnoj Gori. Institut za javno zdravlje, Podgorica, 2010.

¹¹Laušević D, Mugoša B, Vratnica Z, Terzić N, Čičić A, Begić S, Strahinja R, Labović I: HIV i rizična ponašanja među seksualnim radnicima u Crnoj Gori u 2012. Institut za javno zdravlje, Podgorica, 2012.

¹²Laušević D, Mugoša B, Vratnica Z, Terzić N, Zekovic, Z Labović I: Rizična ponašanja i prevalencija HIV-a među seksualnim radnicima u Podgorici i ostalim gradovima Crne Gore u 2015. godini, Institut za javno zdravlje, Podgorica, 2015.

While almost all of them (96,6%) were unemployed:

Employment status	2010	2012	2014
Permanent	8%	2%	1,9%
Temporary	17%	10%	1,4%
Unemployed	75%	88%	96,6%

Data, collected by a representative study, showed that majority of sex workers are younger, poorly educated and population that was severely affected by the economic crisis.

In 2014, Juventas conducted an independent survey among 200 sex workers. Data shows that 53% are not citizens of Montenegro, while 40% do not have any kind of identification documents, and almost half (49%) don't any kind of health insurance. This data forewarn us that every second sex worker in Montenegro is living and working here illegally, with no right to health and social care, and in everyday fear of police, the ones that could protect them from violence, extortion and possible trafficking.

Although 80% of them stated that they live in family, more than 2/3 of them are the only member of household that works, while only 1/3 of them is officially registered as job seekers within National Employment Agency.

One (1) out of 5 sex workers stated that they were discriminated within justice and systems of health and social care.

Almost half of them (48%) stated that they experienced domestic violence in past, respectively 44% physical and 6% sexual violence. 16% of study participants stated that they experienced any kind of domestic violence during childhood. At the other hand, 18% reported that they experienced violence from clients in past 12 months, while 12% were forced to sexual intercourse. Sadly, only 1/3 of those who have been victims of violence reported it to police. At the same time 17% of sex workers stated that they were maltreated by police in the past, 16% that they suffered maltreatment within police station, while 19% were asked for free of charge sex from police officer.

During 2010, 2012 and 2014, Juventas conducted a survey of the socio-demographic causes of this phenomenon in the National Studies on Women Selling Sex. During all three surveys, data showed that approximately half of the respondents had Montenegrin citizenship (50% in 2010, 53% in 2012 and 53.9% in 2014). However, the data show a negative trend compared to the indicator that shows whether the respondents have personal documents and whether they are health-conscious. Thus, 82% of the respondents were in possession of IDs in 2010, and only 59% in 2014 (58% in 2012). On the other hand, while 73% of respondents in 2010 had health insurance, this percentage dropped to 51% both in 2012 and 2014. Another indicator showing a negative trend is official registration as job seekers within National Employment Agency. Data show that 36% of respondents were registered in 2010, whereas this percentage fell to 31% in 2014 (30% in 2012). As for personal security, the worrisome data show that in 2010, 28% of respondents said they suffered domestic violence **in early childhood**, and still upsetting 16% of those surveyed both in 2012 and in 2014. Domestic violence, most commonly carried out by father or partner, was

experienced by 45% of those surveyed in 2010, 48% both in 2012 and in 2014. About 84% of respondents reported suffering some kind of domestic violence in 2010, while 44% in 2014 (43% in 2012). Sexual violence in the family has suffered by 10% of those surveyed in 2010, 6% both in 2012 and 2014. In contrast to this data, only 29% of respondents of those suffering violence, reported it to police in 2010, 16% in 2012, and 31% in 2014. In describing the factors of social vulnerability and full social exclusion of this category of women it is necessary to mention that only 31% of the total number of respondents in 2014 contacted Centres for Social Work for some kind of assistance, while 40% of those received help at the end. However, although 67% of respondents live with minors (on average 6.8 children per respondent), only 4% of the total number of respondents used family assistance by state. In the end, not much encouraging data say that 73% of sex selling in 2010 were due to unfavourable financial situation and 21% due to drug dependence, while in 2012, 80% of respondents mentioned economic situation as the main reason and 20% of the drug dependence. In 2014, 87% of respondents said they sell sex due to economic situation (for money) and 13% named substance dependence as their primary reason.

Ignoring the existence of sex work and its prohibition puts sex workers in an unprotected and a very vulnerable position, invisible for services of support: health, social, police, prosecutors, NGOs, education, child protection services. Sex workers are exposed to unreported and untreated violence and human rights violation.

Disregarding the way of selling sex, sex workers can be divided in several sub-groups that are with specific challenges in their everyday life:

- **Sex workers who use drugs** are make around 75% of street sex workers. With no adequate access to health and social care their vulnerability is even increased, especially if we consider that females who use drugs in general have poorer access to care due stigma and discrimination towards them
- **Internally displaced/Refugee/ Stateless sex workers** are coming from ex-war zones of Western Balkans, mostly from Kosovo. Many of the small number of IDPs in Montenegro that still do not have legally recognized status (foreign citizens with temporary or permanent permit), are people who use drugs and/or sell sex. With no legal permit to stay in Montenegro, they are not visible to law, and are recognized only as persons who can be provided with emergency medical care. Their illegal staying in Montenegro brings them in further isolation and underground, which consequently expose them to further violence and maltreatment.
- **Roma sex workers**, mostly coming from community of IDPs, are very young, even underage, mainly uneducated. Additional problem is constant treats of underage marriage, often in fact human trafficking, which is still perceived by social services and police authorities in Balkans as part of “Roma tradition” of selling daughters for marriage. Special attention should be given to this issue, emphasizing that some underage Roma girls were sold for marriage to Roma men in Kosovo.
- **Trans and gay sex workers** are one of the most stigmatized sex workers in Montenegro, not only by society, but from LGBT and sex workers community as well, which can leave them out of already poor support network.
- **Migrant sex workers** are selling sex in Montenegro during summer season and mostly are lacking support network. They are frequently exposed to violence, extortion and risk of human trafficking.

- **Asylum seeking sex workers** are relatively new and not enough understood phenomena for Montenegro.

All this bring us to conclusion that sex workers in Montenegro are highly discriminated and stigmatized and living on the margins of our society, and as such are exposed to the constant and continuous violence that is being committed against them and to the direct threat of life. The social exclusion that stems from the stigmatization of sexual workers leads to the disabling of access to health care, the provision of housing, alternative forms of work, and at the same time the isolation and separation of their children.

European commission has stated within the Country report on Montenegro for 2016 that “on health inequalities, access to health protection must be improved for people with disabilities, people living with HIV, children and adults who use drugs, prisoners, women in prostitution, LGBTI people, internally displaced persons and Roma.”

This was the first time that sex workers (women in prostitution) are mentioned in Montenegrin country reports prepared by European Commission.

Conclusion

Society imposes "identity" and a "social role" on sexual workers, and this role is not limited only to the knowledge that they use their bodies and minds as an individual economic resource by which they make money. The "identity" and "social role" may define them as “innocent beings”, a “threat to morality, to public and social order”; labelling them as sinners, criminals or victims - a stigma that separates them from "good" and "honest" citizens and the rest of society. This stigma leads to the fact that people only see them in a negative stereotypical way - meaning that their identities struggled and needs become invisible. To protect and secure their place in the society (as a part of a group of sex workers or to protect their other work/roles), many women accept social stigmatization and deprivation living in the fear of being disclosed. For this reason, many sex workers accept the abuse they are exposed to. The social exclusion that stems from the stigmatization of sex workers leads to limited access to police protection, health care, the provision of housing, alternative forms of work, and at the same time leading to the isolation of their and separation from their children.

Recommendations:

1. State should ensure improved access to health, social and child protection services to sex workers and their children.
2. State should ensure improved sensibility of police and prosecutors and judges to ensure equal access to justice and protection from violence. Conduct trainings in relation to respect for the rights of sex workers and reducing discrimination and violence;
3. State should ensure sustainability of outreach work with sex workers and expand it to whole Montenegro, through implementation of state funded social contracting mechanism;
4. Availability and accessibility of services of counseling and testing for HIV and other blood and sexually transmitted infections to sex workers should be improved, particularly the introduction of these services in Drop-in centres and in the outreach work, as stated in National AIDS Strategy;

5. State should ensure provision of preventive care and support to sex workers who are not citizens of Montenegro;
6. State should provide on-going sensitization trainings for service providers in the field of social and health care;
7. State should ensure improved access to services for children of sex workers, especially related to social protection, health protection and education;
8. Campaigns to reduce violence, stigma and discrimination directed at sex workers should be implemented;
9. Sex work should be decriminalized.

Women who use drugs

Institutions in charge: Ministry of health, Ministry of internal affairs, Ministry of labour and social welfare, Ombudsman, Ministry of human and minority rights

National Biodiversity Studies with people who inject drugs (PWID), for the needs of the Institute of Public Health of Montenegro and the activities of the National Strategy for AIDS, were implemented in 2008¹³, 2010¹⁴ and 2013¹⁵. Juventas have implemented data collection. Latest data showed that among 387 persons who inject drugs, of which every tenth was a female, 47% were 18 to 30 years of age. Majority, 78% of respondents were in conflict with the law, while slightly more than half (52%) served prison sentence at least once. Most respondents started using drugs in the age of 19 to 25 (4%), while every tenth person involved in the research started using drugs in the age range of 16 to 18 years. Data from the study show that treatment programs never included more than 51% of drug users in Montenegro.

Montenegro is a country where the rate of drug use is high and that the sale of sex is to some extent present, and in particular, related to drug use. Women who use drugs need psychosocial support and specially tailored programs. This is why we believe that the implementation programs reducing drug related harm are of major importance for the empowerment of women who use drugs and especially in the context of social inclusion.

Stigma, discrimination, inhuman treatment, mistrust towards institutions, lead directly to the abolition and marginalization of a particular social group. Women who use drugs and / or sell sexual services in Montenegro are highly discriminated and stigmatized, are at the very social margins and are exposed to constant and continuous violence that is being handed to them and to direct life threatening.

Recommendation:

1. Develop a specific protocol and application guidelines for opioid substitution treatment with methadone and buprenorphine in pregnant women and women that gave birth.

¹³» Laušević D, Mugoša B, Vratnica Z, Terzić N, Strahinja R, Labović I.: Istraživanje o rizičnom ponašanju u vezi sa HIV/AIDS-om, seroprevalence HIV-a, HBV i HCV među intravenskim korisnicima droga u Crnoj Gori. Institut za javno zdravlje, Podgorica, 2008.

¹⁴Laušević D, Mugoša B, Vratnica Z et al. Istraživanje o rozičnom ponašanju u vezi sa HIV/AIDSom, seroprevalencom HIV-a, HBV, HCV među intravenskim korisnicima droga u Crnoj Gori u 2011. godini. Institut za javno zdravlje. Podgorica, 2011.

¹⁵Laušević D, Mugoša B, Vratnica Z, Terzić N, Begić, S, Labović I.: Istraživanje o rizičnom ponašanju u vezi sa HIV/AIDS-om, seroprevalence HIV-a, HBV i HCV među intravenskim korisnicima droga u Crnoj Gori u 2013. Institut za javno zdravlje, Podgorica, 2014.

2. State should ensure equal treatment of man and women who use drugs and improve conditions for treatment of people who use drugs in Montenegro.

Lesbian, bisexual and trans women

Institutions in charge: Ministry of health, Ministry of internal affairs, Ministry of labour and social welfare, Ombudsman, Ministry of human and minority rights

Homophobia and transphobia are deeply rooted in Montenegro. Almost three-quarters of citizens consider homosexuality, bisexuality and transgender a disease. Despite perceiving homosexuality as a disease, more than half of citizens of Montenegro find that it's impossible to alter somebody's sexuality during life, i.e. that it's something that can't be "cured". Accordingly, an opinion that homosexuality is unnatural is prevalent. Montenegrins mostly disagree with punishing LGBT population, but they believe that LGBT population would be more acceptable if they would not express their sexual orientation in public. High percentage of respondents based their own opinion on whether homosexuality is natural and normal on the opinions of their religious community. A significant majority of Montenegrin population don't believe that violence against LGBT people on the grounds of their sexual orientation is acceptable, while 60% of them would be ready to report such violence to the police. However, taking into account that a negative response to this question is socially desirable, the fact that 13% of them openly argues that this kind of violence is acceptable is worrying.¹⁶

Montenegro has adopted Strategy for improvement of quality of life of LGBT people 2013-2017, but haven't fully funded it. NGOs Institute for law studies, Juventas and Queer Montenegro has developed two Draft laws: Law on civil partnership and Law on gender and sexual identity. It is expected by Ministry of human and minority rights to develop official Draft laws based on those recommended by NGOs.

In Montenegro, trans women are still facing high degree of discrimination and stigma, due to the strict binary gender roles which are rooted in the patriarchy, as well as high level of misogyny, homophobia and transphobia that are present in the society. Social discrimination that trans women face, as well as their noticeable less visibility, is a strong indicator that they are the most sensitive group within Montenegrin transgender community. Unlike trans men, who are much more socially accepted, trans women are much more exposed to violence and discrimination, due to their gender expression and perceived gender, which in many cases makes Montenegrin society an unsafe place for them. Violence against trans women is often not reported, due to the fear of further disposing of their identity which could lead to further discrimination in the society.

In Montenegro, in order to achieve legal gender recognition and change sex marker in legal documents, it is still in practice require for a trans person to go through sterilization¹⁷, which leaves many trans persons in a legal gap with documents which don't correspond to their gender identity. This results in many problems with accessing social services, such as health care, social protection, bank accounts, post office, etc.

Lack of understanding for problems faced by trans people, especially women, is seen also among institutions. Recently (2017), Ministry of internal affairs has denied access to change of first name to a trans women, manipulating her into choosing gender neutral name, even doe Law on personal

¹⁶ATTITUDES TOWARDS LGBT POPULATION, Juventas and Queer Montenegro, Survey implemented by IPSOS, September 2016.

¹⁷Interview with representative of Queer Montenegro, June 2017.

name is providing a right to all persons to choose their first name without any restrictions. In this case, Queer Montenegro filed a complaint to Ombudsman, and is now waiting for a decision whether the Ministry has violated the mentioned Law and denied access to human rights to this trans person.

Lack of adequate legal gender recognition leads to less possibility for employment, which puts many trans women in situation to be involved in sex work. Multiple discrimination toward trans sex workers has made them almost completely invisible in the trans community and with that very hard to reach and provide social services, education and support.

Regarding capacity building of trans women inside the trans community, NGO Spectra and Queer Montenegro are implementing different activities. Social services such as self-support groups, peer to peer counselling, pro bono psychological and legal counselling played a huge role in empowering trans women.

Recommendations:

1. State should ensure the implementation of specific measures for protection against violence, especially family violence regarding LBT women.
2. State should provide legal gender recognition based on self-determination for all transgender persons.
3. State should develop bylaws on gender reassignment surgery that would explicitly not require sterilization.
4. Sustainability of social support services for LBT women should be provided by the state.
5. State should provide specific health care services to LBT women, especially in regards to HIV prevention.
6. State should provide equal opportunities for education and employment for LBT women.
7. State should adopt Law on registered partnership that will include same sex partnerships.
8. The state should abort the practice of immediate gender assignment of intersex people.

Women in prison¹⁸

Institutions in charge: Ministry of justice, Ministry of health, Ministry of internal affairs, Ministry of labour and social welfare, Ombudsman, Ministry of human and minority rights

Within the penal system, women have long been marginalized, their situation and needs ignored, while the conditions, programs, standards and norms created in respect to the entire prison population, principally taking into account the male population of convicted persons.

The United Nations launched an initiative and defined the rules of the UN on women prisoner's treatment and non-custodial measures for women offenders, the so-called Bangkok rules (Resolution no. 65/229, December 21st 2010)¹⁹, aiming at a holistic and comprehensive approach to women serving a prison sentence. Specific provisions of Bangkok rules will be referred to later on during the presentation of the research results.

¹⁸Based on the article „The conditions and treatment in female prison in Montenegro”, author ItanaKovačević, Juventas,

¹⁹<http://www.un.org/en/ecosoc/docs/2010/res%202010-16.pdf>

On this subject, the research "The conditions and treatment in prison," (Juventas and Action for Human Rights from March 2014), included a separate section on women who are serving prison sentences in Montenegro, whose aim was to determine how female prisoners see the conditions and treatment in prison and ways to improve current state of affairs.

There is one prison in Montenegro in which women are situated, and this prison is located within the Criminal Correctional Facility in Podgorica. Here are located all women serving a sentence, regardless of its length or criminal act. Research on the conditions and treatment in prison was carried out in March 2014, when the prison for women housed 12 prisoners, which at that point, constituted 1.9% of the total prison population. The research included 8 out of 12 women. In relation to the number of female prisoners who participated in the survey, the results will be presented in narrative with depictions of the data in the form of frequencies, along with the reference on Bangkok rules.

Selected topics of concern:

Education level:

The situation regarding the education level also shows heterogeneity - one respondent hasn't completed elementary school, one finished elementary school, one of the women hasn't completed high school, two of the respondents finished high school, one of which said to have a beautician's course, and finally one of the respondents said to have a university degree. Two research participants did not respond to this question. **It is necessary to be noted that literacy program should be provided regardless of the number of women who are functionally illiterate, as well as their formal education. Furthermore, it is important for women in prison to be provided with vocational programs, which would enable them more effective reintegration into the society.**

Family situation:

We should not ignore that the rule number 4 implies that placement of women should be in institutions that are not significantly distant from their families' and children's place of residence, which is not currently possible due to the centralization of the institution and the existence of only one prison in Montenegro.

All research participants responded that their family will be their support upon leaving the prison. **It follows that ensuring additional support to the family is of great importance in order for them to be prepared to provide appropriate sustenance to the person who gets out of jail.**

Recidivism and sentence length:

Resocialization programs are lacking after realize from prison, while programs for treatment of drug dependence is not on a satisfying level. System of alternative sanctions is also very weak.

Employment before serving a sanction

Four female prisoners have been employed before going to prison, three of which stated not to have an employment booklet, which indicates there is a possibility that their employment was unregistered. **This fact may point to the existence of economic exploitation, which leaves consequences to the subsequent possibility of reintegration into the society as well.**

TREATMENT – WORK ENGAGEMENT, EDUCATION AND HEALTH PROTECTION

Individual programs should be additionally explored in order to determine the offer, the type and intensity of contacts with professionals.

Health care

Female prisoners should be provided with individualized, gender-sensitive, "trauma-informed" and comprehensive mental health care and rehabilitative programs (rule no. 12).

Drug use

Rule no. 15 of the Bangkok rules is related to treatment when it comes to persons using drugs, where it stressed the need for development of specialized programs for women, taking into account their possible previous victimization, as well as different social backgrounds.

All female prisoners, who participated in the research, stated that they did not use drugs before entering the prison, but also that haven't started using while being inside. Six prisoners said there are no prisoners who use drugs in prison, while two of them stated that they cannot give estimation. On the other hand, Juventas' clients' database analyze shows that many women who use drugs have history of conflict with a law. Prison is lacking in effective drug addiction treatment.

Education

Only one respondent said that she has the opportunity to educate herself in the prison, three stated they do not have such a possibility, while three prisoners reported that they were not informed about it. Two prisoners stated they were interested to be engaged in some type of education, two said they are not interested in educating themselves, whereas three of them didn't give it a thought. Prisoners who stated they were interested in further education said that they would like to be trained in using a computer, to learn English and Spanish language and be trained in sewing.

In appreciating the interest of prisoners for training and other forms of education, it is necessary to develop and offer them certified trainings, the possibility of literacy learning as well as continuance of education for prisoners who are interested in following up on their formal education. Education is necessary to be connected with the working engagement whenever possible.

NEEDS AND CONCERNS RELATED TO THE PERIOD UPON RELEASE

Although most of the prisoners said that they will feel safe/secure after being released from prison, their statements related to the perception of the environment suggest that, to a large extent, they

perceive it as discriminatory, and non-accepting which complicates effective integration. The data show that most of female prisoners that participated in the research consider that state institutions will not provide them necessary support after release, and that they will have a lifetime label of "convicts". Furthermore, they stated that if employers find out that they were in prison, it will significantly decrease their chance to be employed. On the other hand, most of them stated that in the prison they gained some new knowledge and skills that will be useful after doing their time that they will not be targeted by the police, that they will have a place to live and will try not to repeat mistakes that led them to prison.

These statements suggest the importance of comprehensive care for the reintegration of women that served a prison sentence into the society. This has also been stated in the fourth part of **Bangkok rules (rule no. 70), which indicates that it is necessary to work on raising public awareness on the issue of crimes committed by women, as well as to define the most efficient modes of response in order to provide effective reintegration of women and achieve best interests of their children.**

Recommendations:

1. Guided by the principles laid down in Bangkok rules, it is imperative to adopt a reformed approach regarding the position of women in prisons, as well as a broader framework which determines the system of serving a prison sentence as well as re-socialization of female prisoners into the society later on.
2. As for the rights of women in prison, as well as their position, especially in terms of their treatment, frequency and length of children visits, as well as the distance of prison from the place of female prisoners' families residence, there are visible obstacles in the implementation of Bangkok rules.
3. Taking into account prisoners' reliance on family support upon release from prison, it is important to organize and implement additional strengthening activities to the family, in order to be adequately prepared for the post release period of their formerly imprisoned family member.
4. It is necessary to provide psychological counselling and help and to pay special attention to mental health of female prisoners. Adequate treatment has to be provided for female prisoners who are drug users.
5. Special attention should be paid on raising public awareness around the issue of crimes committed by women, the most efficient modes of response, as well as to provision of a good quality research which would enable understanding of the causes, nature, structure and dynamics of such crimes, but also the effects of legal measures on children of women offenders (Bangkok rules no. 67 and 69) in order to develop effective preventive and penal measures.

Lesbian, bisexual and trans* women in prison²⁰

There are no known official cases on trans* women serving sentence in Montenegrin prison, but recent research of Queer Montenegro and Juventas suggest that Montenegrin prison is not quite

²⁰Jovan Ulicević, Report on position of LGBT people in Montenegrin prison, Juventas, CeMI, Queer Montenegro, June 2017.

prepared for such a possibility. On the positive side, Montenegrin prison authorities showed political will to address this topic in future. Position of lesbians and bisexual women in prison are also not covered by real cases from practice, but it is clear from analyzing of the legal and institutional framework that it is unequal with heterosexual man and woman.

Recommendations:

Based on research, Queer Montenegro and Juventas have developed following recommendations:

1. State should enable **LBT prisoners** access to protection from discrimination and violence by other prisoners in a way that will most effectively guarantee their safety without restriction of their rights and smooth implementation of activities within the prison. The protection of LGBT people can be enabled through the creation of a clear protocol to treat human rights and treatment of LGBT people in prison.
2. State should enable **LBT women issues** related trainings for employees within the treatment service, as well as ones implementing psycho-social support programs.
3. State should provide continuous sensitization of prisoners in relation to human rights and treatment of **LBT women** in prison.
4. State should provide health care services to LBT women in prison, equivalent in quality to health care services available in the community. Special emphasis should be placed on the continuous implementation of prevention of blood transmitted diseases (such as HIV and Hepatitis C), by distributing free condoms and continuous training to prisoners on ways these infections are transmitted. It is necessary to provide access to adequate and continuous trans-specific health care for trans prisoners, which includes psychological evaluation and treatment, hormone therapy, as well as smooth referral to treatment outside Montenegro, in cases of surgical gender reassignment interventions.
5. State should enable safe accommodation of **LBT women prisoners** to protect them from further discrimination and violence. When placing **LBT women prisoners** special attention should be paid for these persons not to be accommodated with prisoners showing an increased risk of violent behaviour in relation to sexual orientation or gender identity of a person. In determining accommodation for transgender people, their gender identity should be taken into account as a basis for classification, as well as the very wishes of the person in accordance with the risk of experiencing violence and discrimination. Placement of transgender persons according to gender (especially trans women in a male prison) can lead to situations of higher risk of discrimination, physical and/or sexual violence. Placement of transgender prisoners has to be seen exclusively individually and in accordance with the needs and wishes of prisoners, given the complexity of the issues. This is particularly important, due to the fact that not all trans people undergo gender reassignment surgeries, while their appearance depending on the transition itself can correlate to varying degrees with the social perception of their gender identity. Therefore, some trans people will look completely in line with gender identity, rather than biological sex, while some may seem unconventional, which leaves them more vulnerable to violence and discrimination. Furthermore, it is important that in the issues of accommodation there is no discrimination based on sexual orientation and gender identity.
6. State should provide transgender prisoners the choice of gender the officer performing the search belongs to in order to minimally disturb personal dignity. Strictly prohibit strip search of transgender prisoners for the purpose of establishing identity.
7. State should allow visit to female same-sex partners in prison in the same way and in the same quantity as to female heterosexual prisoners.

Women living with HIV

Institutions in charge: Ministry of health, Ombudsman, Ministry of human and minority rights

HIV was diagnosed for the first time in Montenegro at 1989. By January 2017 there were 228 cases of people living with HIV, 106 of them diagnosed with AIDS. Gender ratio is 4,5:1,2 (man: woman). Overall HIV prevalence is 0,03%. Assessment is that in of total population age from 15-49 that 463 people is living with HIV. Testing rate on HIV is quite low and it is 0,91% people (in2016). Dominant transmitting path is sexual, where almost half of the population are men who have sex with man (49%).²¹

In 2016 there was a strong increase of number of new cases due to the lack of preventive activities. Among 34 new cases, 3 were women. Montenegrin HIV Foundation is reporting discrimination of women living with HIV in health services and limited access to some health services, especially related to sexual and reproductive health.²²

Recommendations:

1. State should ensure equal treatment of women who live with HIV/AIDS in Montenegrin health system.

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²¹Source: Institute for public health, presentation at the National HIV/AIDS Conference, March 2017.

²²Interview with representative of Montenegrin HIV Foundation , June 2017.

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