

Health Care Worker Training: Preventing and Responding to Violence against Key Populations



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*Across the Continuum of HIV
Services for Key Populations*

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Module 1

Setting the Stage



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Session 1.1

Welcome and Introductions

Objective

Introduce ourselves and discuss the role of health care workers in [country]

Introductions

- Name
- Organization and role
- District/area in which you work
- One reason you are proud to be a health care worker



Session 1.2

Pre-Test

Objective

Determine baseline knowledge and attitudes

Pre-test

- Do not write your name.
- Fill out pre-test.
- When finished, place face down on your table.



Session 1.3

Learning Objectives and Agenda

Objective

Review training goal and objectives and discuss how modules will help us achieve all objectives

Training goal

To equip health care workers with the knowledge and skills they need to understand, assess, and appropriately respond to violence in key population (KP) members' lives, including through improving KP members' access to HIV and other violence response services and supporting violence prevention efforts.

Key populations are

- Men who have sex with men
- Sex workers
- People who inject drugs
- Transgender (trans) people

Training objectives

- Explore the underlying causes of stigma, discrimination, and violence against KP members and the connection with HIV
- Identify interaction with health care workers as a key entry point into violence response services
- Learn to create an environment in which disclosure of violence can safely occur
- Build skills for asking about violence and providing first-line support
- Understand the range of health, social, and justice/legal services KP victims may need and make appropriate referrals
- Discuss best practices for safe data collection and management

Discussion: Expectations

What do you want to get out of the training?

Agenda review

- Module 1: Setting the Stage
- Module 2: Building Core Knowledge
- Module 3: Applying Principles and Building Skills
- Module 4: Using What We Have Learned and Closing



Session 1.4

Group Norms

Objective

Develop and agree upon norms to guide the training

Module 2

Building Core Knowledge



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SESSION 2.1

The HIV Epidemic in [Country]

Objectives

- Review the HIV epidemic in [country], including HIV prevalence levels among key populations
- Review national strategic plan (e.g., from the Ministry of Health) to understand KP programs' goals and approaches

HIV epidemic in [country]

[Country team to add data on the HIV epidemic in their country. Key population-specific data should be included on a later slide.]

Key populations and HIV globally

- HIV prevalence among sex workers is **10 times** greater than among the general population.¹
- Men who have sex with men are **24 times** more likely to be living with HIV than the general population.¹
- Trans women are **49 times** more likely to be living with HIV than other adults of reproductive age.²
- People who inject drugs are **28 times** more likely to be living with HIV than the general population.³

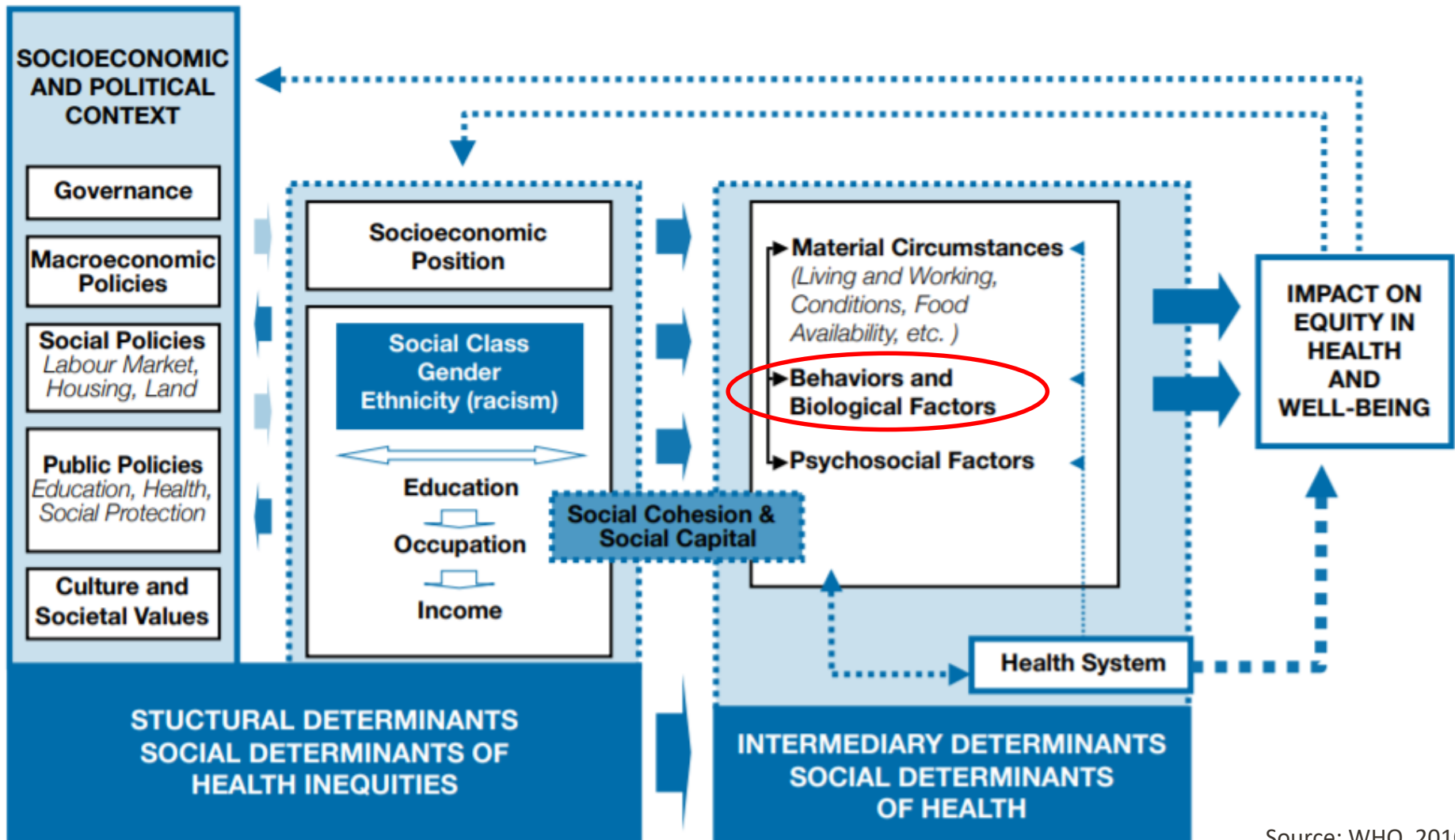
HIV among key populations in [country]

Specify which KP groups—men who have sex with men, people who inject drugs, sex workers, trans people—are the focus of the national HIV/AIDS strategy in [country].

Insert country-specific information/statistics about HIV among these KP groups in [country]. You may also wish to include size estimation data.

Consider carefully whether data is safe to share; for example, it is likely inappropriate to share mapping data that names specific hot spots as this may result in increased chance of arrest.

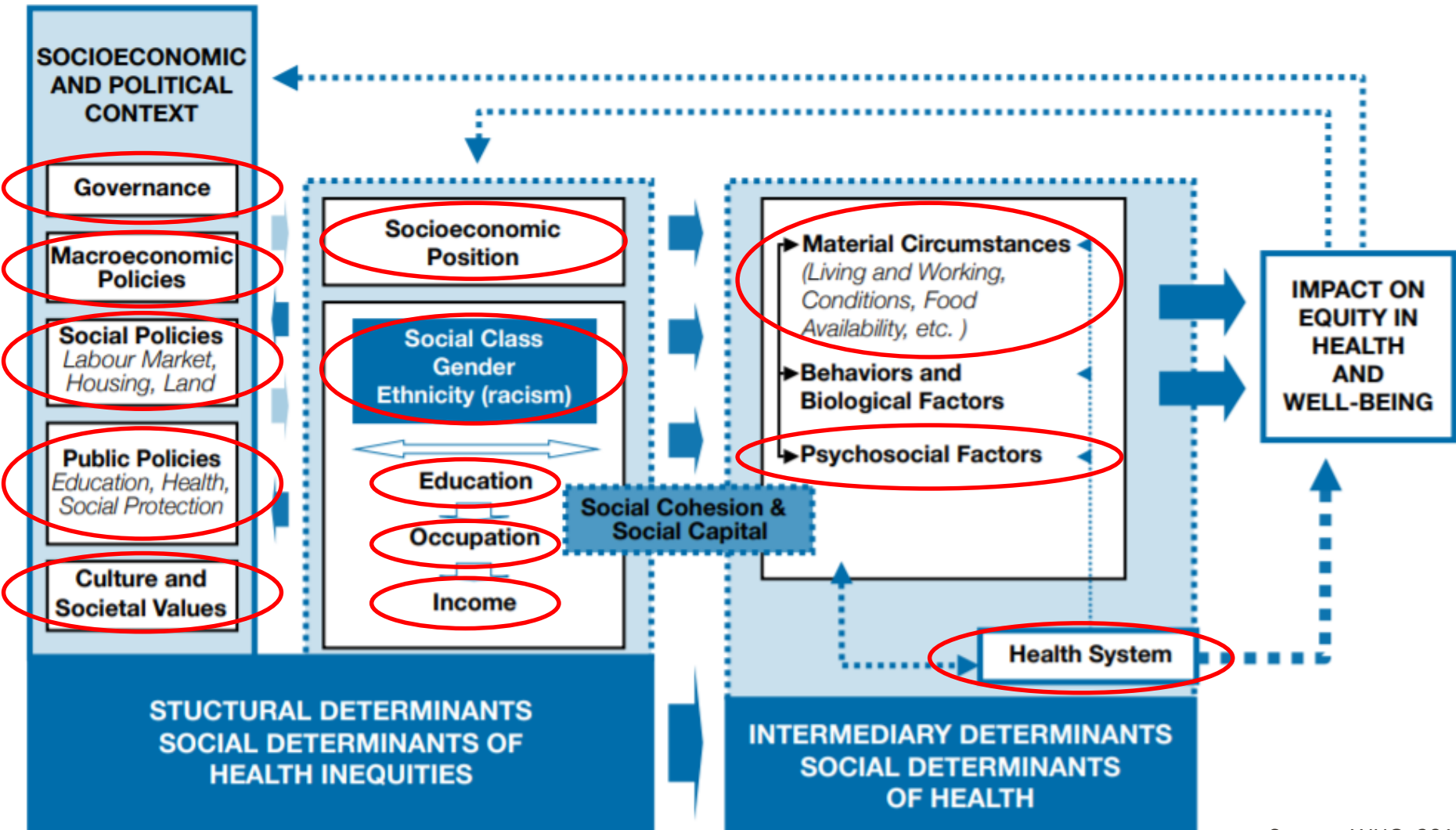
What influences people's health, including their vulnerability to HIV?



Activity: What is behind high HIV prevalence rates for some populations?

- Divide into five groups.
- Review the two experiences given to your group.
- Decide which of the experiences is a barrier to good health and which one facilitates good health. Consider HIV prevention specifically.
- Be prepared to share and explain your response.

What influences people's health, including their vulnerability to HIV?



National strategic plan

Share information here about the national strategic plan to address KP members' needs. This is an opportunity to share information on what the program looks like on the ground so that health care workers at the training are aware of the activities that are sanctioned/supported by ministries (such as outreach and peer education/commodity delivery).

Questions and reflections



SESSION 2.2

Sex, Gender, Gender Identity,
Gender Expression, Sexual
Orientation: Understanding
Ourselves and Each Other

Objectives

- Understand the difference between sex and gender
- Understand the differences between gender identity, gender expression, and sexual orientation
- Explain how gender norms and other societal norms affect us all and contribute to stigma and discrimination against key populations

Activity: Sex and gender: What's the difference? (Part 1)

- Divide into groups (about six to eight per group).
- Each group selects an artist.
- The artist, taking directions from the group, will draw either a woman or a man, as assigned by the facilitator.
- Add details that distinguish the figure as a woman or man. Consider using: body shape, clothing, make-up, hair style, objects being held, and anything else you can think of.

Biological sex

A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex.

Biological sex is on a continuum. Intersex refers to a person born with reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male.



Gender

Gender is a culturally defined set of economic, social, and political roles, responsibilities, rights, entitlements, and obligations associated with being female and male. It is also reflected in the power relations between and among women and men, and boys and girls.

Gender identity

A person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.

When one's gender identity does not correspond with sex assigned at birth, a person may identify as:

- **Transgender:** gender identity is different from sex assigned at birth
- **Trans woman:** assigned male at birth and identifies as female
- **Trans man:** assigned female at birth and identifies as male



Gender expression

Gender expression is the external display of one's gender identity through:

- Appearance
- Disposition
- Social behavior

A person's gender expression may or may not be consistent with socially prescribed gender norms.



Activity: Sex and gender: What's the difference? (Part 2)

- Refer back to the group drawings.
- Circle those attributes that show gender expression in one color and those that show biological sex in another color.

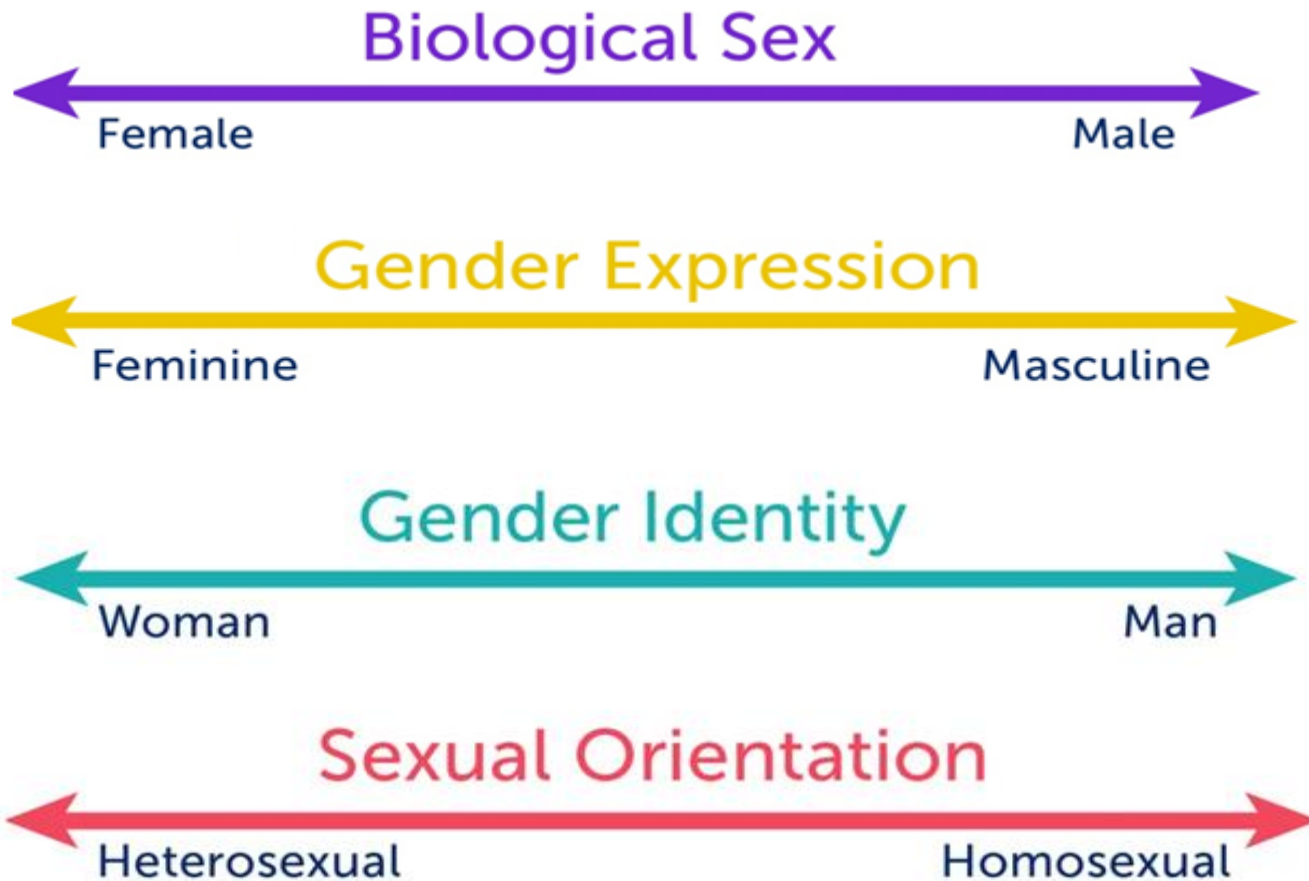
Sexual orientation

An enduring emotional, romantic, or sexual attraction to another person of a different sex or gender, the same sex or gender, or to both sexes and more than one gender.

Terms often used to describe sexual orientation

- Attraction to members of one's own sex or gender (homosexual)
- Attraction to members of the opposite sex or gender (heterosexual)





Discussion: Gender norms

What are the rules for boys/men and girls/women?

- What kinds of toys are boys/girls expected to play with?
- What kinds of emotions are acceptable for men/women?
- What kinds of professions are considered most appropriate for women? What about for men?
- What are women expected to contribute to their families? What about men?

Discussion: Gender norms (debrief)

Gender norms refer to a set of expectations or rules assigned by our society and culture that tell us how to act, look, and feel as men/boys and women/girls.

How do we learn these gender norms?

Discussion: Effects of gender norms

How do gender norms affect all of us?

- Men may be kept from being caring parents because that role is seen as being a woman's
- Men may not ask for help when it's needed
- Men may take risks to prove their masculinity
- Women/girls may do all the (unpaid) work in the home, limiting time for education or skills building
- Women may be encouraged to submit to their husbands, even when abuse occurs
- Women may have few options for occupations outside the home, limiting their ability to earn money and live independently

Discussion: Effects of gender norms (continued)

What happens when someone is perceived as nonconforming to “rules” about gender?

- Made fun of
- Rejected
- Abused physically and sexually (including murdered)
- Develops low self-esteem/depression
- Does harm to themselves or commits suicide
- Denied services (including health, social, and legal/justice services that could help protect him/her from violence or provide support if violence occurs)

Discussion: Effects of gender norms (continued)

How do gender norms increase HIV vulnerability among...

- Men who have sex with men?
- Female sex workers?
- Women who inject drugs?
- Transgender women?

What is stigma?

- Stigma is shame or disgrace directed at someone perceived as socially unacceptable or not conforming to norms.
- Stigma refers to the strong *negative feelings or disapproval* that is linked to a specific person, group, or trait.

What is discrimination?

Discrimination occurs when a person or group of individuals are *treated* unjustly or unfairly because of a specific trait they possess.

Stigmatization process

DISTINGUISHING AND LABELING DIFFERENCES

(HIV status)

ASSOCIATING NEGATIVE ATTRIBUTES

(immoral, promiscuous)

SEPARATING “US” FROM “THEM”

(isolate physically and socially)

STATUS LOSS AND DISCRIMINATION

(denial of family support, denial of health care, violence)

Stigmatization process with gender norms

**DISTINGUISHING AND LABELING
DIFFERENCES using gender norms**

(HIV-status) (she doesn't "act like a lady")

ASSOCIATING NEGATIVE ATTRIBUTES

(immoral, promiscuous)

SEPARATING "US" FROM "THEM"

(isolate physically and socially)

STATUS LOSS AND DISCRIMINATION

(denial of family support, denial of health care,
violence)

Gender-based violence (GBV)

Any form of violence that is directed at an individual based on their biological sex, gender identity or expression, or their perceived adherence to socially defined expectations of what it means to be a man or woman, boy or girl. GBV is rooted in gender-related power differences, including social, economic, and political inequalities.

What might this look like among health care workers?

- **Belief:** A health care worker believes that men who have sex with other men are not following the “rules.”
- **Impact:** A service user will not get the STI treatment he needs, which could ultimately result in death or other harms. The service user is unlikely to ever seek services from that clinic again and may tell others to avoid the clinic. This will affect the clinic and its health care workers’ ability to improve the health status of the communities they serve.

Discussion: What characteristics may affect services received?

- Biological sex
- Gender identity/expression
- Sexual orientation
- Sexual behavior
- Age
- Race/ethnicity/tribe
- Disability
- HIV status
- Socioeconomic class
- Drug use
- Religion
- Occupation
- Education/literacy
- Nationality/citizenship

Activity: The last post-exposure prophylaxis (PEP)

- PEP is a drug that can prevent HIV infection. It must be initiated within 72 hours after the potential exposure.
- Imagine you are the health care worker in charge at your health facility. There are five service users who all entered at the same time. Read about each of them, and in your small group, decide which one will be given PEP. Be prepared to share and explain your response.
- There is no one right answer. But this activity can help you identify any biases that you may have. Ask yourself how you made your decision. Did you consider who was most likely to have been exposed to HIV or **something else**?

Activity: The last PEP (debrief)

Knowing that we have our own values and biases, how can we ensure that all service users are able to benefit from our commitment to serve others?

Questions and reflections



SESSION 2.3

Understanding Violence against
Key Populations (Characteristics,
Perpetrators, Causes,
Consequences)

Objectives

- Describe how stigma and discrimination based on gender can result in violence
- Identify common types of violence experienced by KP members and perpetrators of that violence
- Explain the link between violence and HIV

Types of violence

- **Emotional:** humiliation, threats, making someone feel worthless or afraid
- **Physical:** hitting, kicking, choking, use of a weapon
- **Sexual:** unwanted groping, forced sex (including sex without a condom)
- **Economic:** theft, not paying someone what is due to them, refusing to pay for a child's basic needs
- **Other human rights violations:** refusing services to someone, taking their condoms/injecting equipment, arbitrarily detaining them

Activity: Amanda's story

- Read Amanda's story together.
- In small groups, answer your group's question on a large piece of paper.
- Select one person to present your answers back to the group.



Amanda when
she is free to
be herself



Amanda when
she cannot be
herself

Questions (one question per group)

Question 1: Describe at least three times that violence increased Amanda's vulnerability to HIV infection. Describe at least three times that violence affected her access to HIV treatment.

Question 2: Describe the violence that Amanda experienced, giving at least two examples of each type: emotional, sexual, physical, economic, and other human rights violations.

Question 3: List all the perpetrators of violence. Decide which perpetrator had the most dramatic negative impact on Amanda's life and explain your answer.

Question 4: Think about all the consequences of the violence Amanda experienced. Make a list of the consequences of each form of violence.

Amanda when she cannot be herself



Amanda when she is free to be herself



Amanda's story along the cascade of HIV services

Event: Emotional abuse at home and school
HIV-related outcomes: exchanging sex for shelter, limited knowledge of HIV transmission based on fear of seeking information and public violence

Event: Emotional, economic, and sexual abuse from her intimate partner
HIV-related outcomes: unprotected sex to avoid losing shelter, avoid HIV testing for fear of partner's reaction

Event: Emotional, economic, and sexual abuse from her intimate partner
HIV-related outcomes: avoid enrolling in care for fear that her partner would find out

Event: Emotional, economic, and sexual abuse from her intimate partner
HIV-related outcomes: poor ART adherence as medication had to be hidden, missed visits because of fear/depression

Event: Economic, physical, and sexual assault from her partner and clients; arrest and rape in prison; employment discrimination
HIV-related outcomes: lack of access to medication during homelessness

Event: Sexual, emotional, physical, and economic violence; emotional abuse by health care worker
HIV-related outcomes: repeat STI infections, fear of health care worker disapproval, missed visits


Identify


Reach


Key populations know status


Enroll in care


Initiate ART

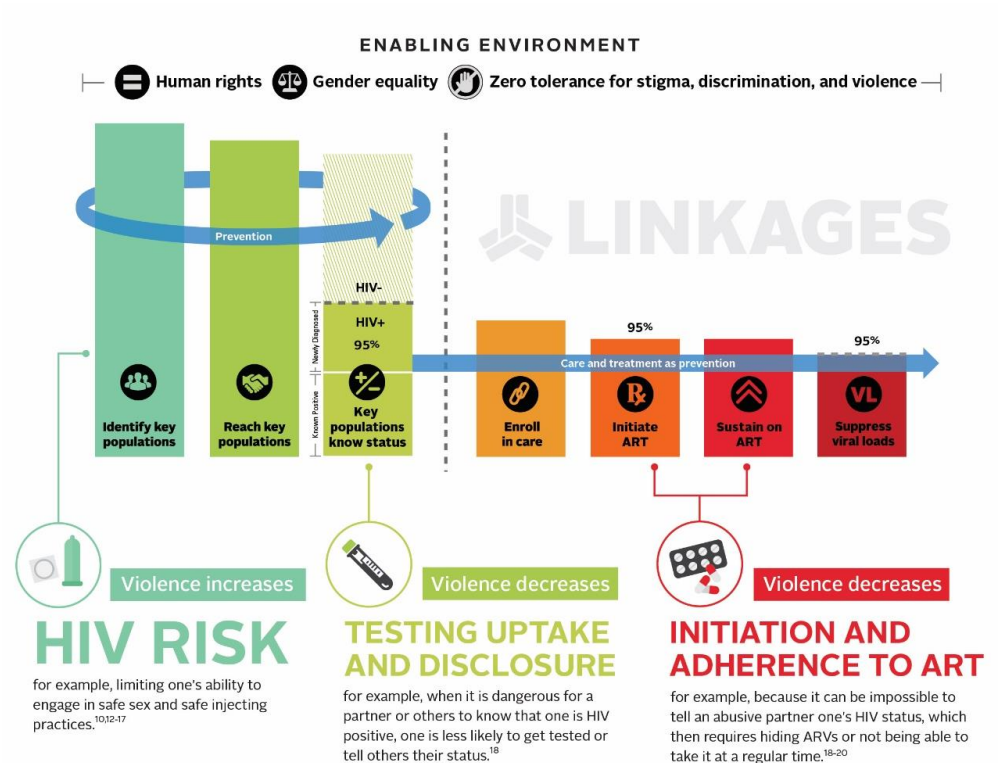

Sustain on ART


Suppress viral load

Violence affects the HIV epidemic

Violence:

- Increases HIV vulnerability¹⁻⁸
- Decreases testing uptake and disclosure⁹
- Decreases adherence to ART⁹⁻¹²
- Causes a host of other health issues¹³



Sources: 1. Beattie et al., 2015. 2. Decker et al., 2013. 3. Decker et al., 2015. 4. Decker et al., 2016. 5. Dunkle & Decker, 2013. 6. Guadamuz et al., 2011. 7. Lunze et al., 2016. 8. Wheeler et al., 2014. 9. Schafer et al., 2012. 10. Machtinger et al., 2012. 11. Mendoza et al., 2017. 12. Zullinger et al., 2015. 13. World Health Organization (WHO), 2013.

Violence against key populations in [Country]

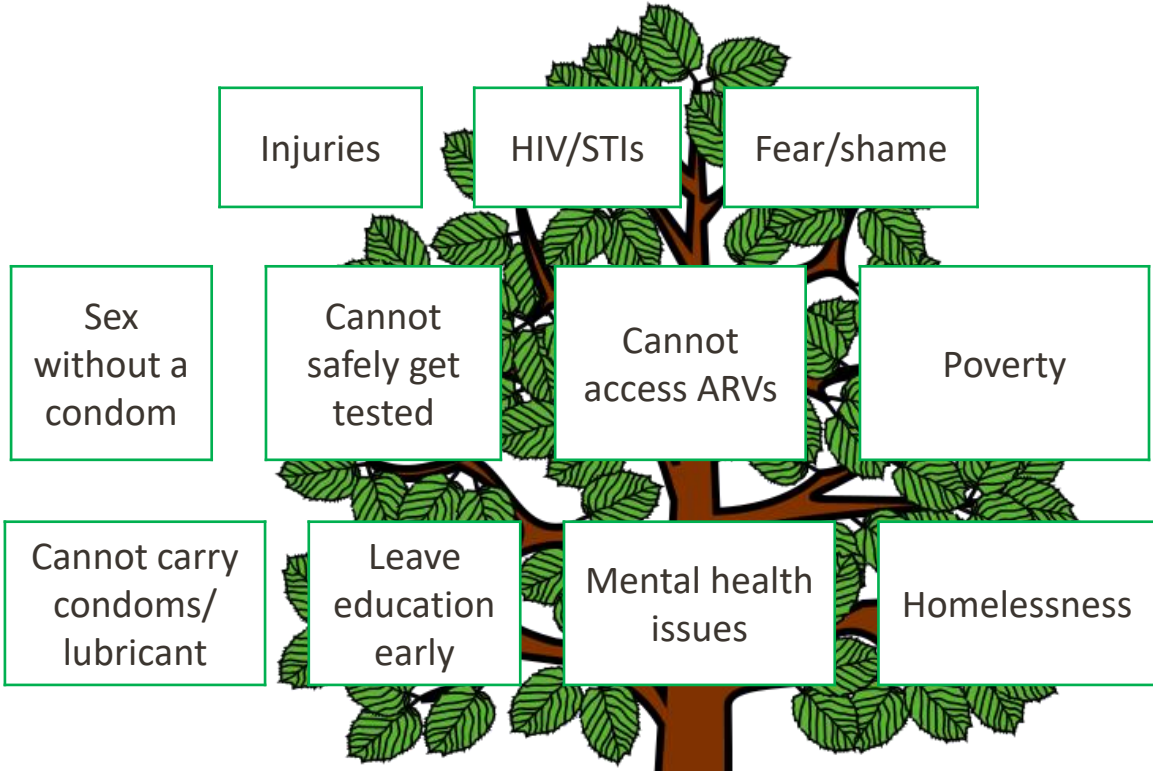
Insert country-specific information/statistics about violence against key populations in [country].

Example slide from Malawi training:

- Many men who have sex with men in Malawi face increased levels of stigma and violence.
 - A 2010 study found that 4 percent of men who have sex with men were denied health care service based on sexuality, 1 percent were blackmailed because of sexuality, and 19 percent experienced a discrimination event.
 - Another study in 2013 study found that over 20 percent of men who have sex with men had experienced some form of stigma and 11.4 percent had experienced homophobic violence.
- Stigma and violence experienced among men who have sex with men can be responsible for difficulties in going for an HIV test, seeking HIV services, and disclosing HIV status.

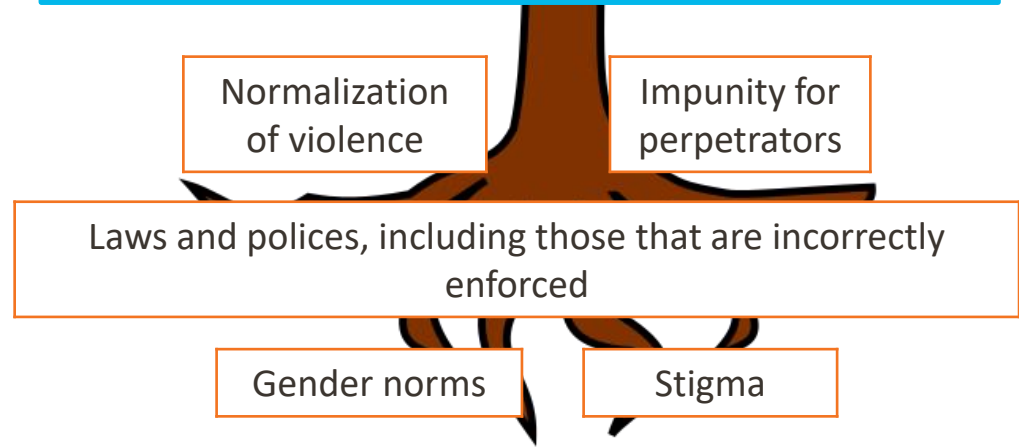
Questions and reflections

Consequences →



Violence :
physical, sexual, emotional, economic, and other human rights violations

Causes →





Session 2.4

Focus on Intimate Partner Violence

Objectives

- Recognize the ways in which intimate partner violence (IPV) can evolve over time
- Discuss the importance of responding to all victims of IPV in a nonjudgmental way
- Discuss IPV among KP members and identify additional barriers to support that they may face when experiencing IPV

Intimate partner violence in [Country]

- IPV is ongoing or past violence by an intimate partner or ex-partner. It is common in the general population and among key populations.¹⁻⁵
- Here is what we know about IPV in [country].
- [Country team to add data on IPV in their country including both general population and key population figures as available. If this was covered in session 2.4, do not repeat the statistics here; rather, review the definition of IPV before moving to the next case study.]

Index testing

- The index testing approach, also called partner notification, involves asking a person who is HIV positive (the “index” service user) to provide the names and contact information of their sexual and needle-sharing partners.
- One required step is asking the index service user about violence from any of those partners.
- Information about violence should be used to determine which partner notification approach is most appropriate or whether to proceed with partner notification at all. The ultimate decision lies with the service user.

Activity: Thandi's story

Thandi is a young woman from [a local city]. She is intelligent, funny, kind, and beautiful. She has a supportive family and is good at her job. She has a lot of friends, especially colleagues from work. They respect her and know she will go on to do great things.

She meets John and they fall in love. They get married and move in together. This blank flip chart paper represents Thandi, her autonomy (ability to act on her own), her self-esteem, and the wide range of possibilities she feels her life holds. Watch and listen as we describe what happens next between Thandi and John.


Activity: Thandi's story (debrief)

1. What kind of support would Thandi benefit from? Why?
2. What would happen if Thandi got up the courage to report John to the police, and an officer responded, "It was just a small slap! Why are you making such a big deal of this?"
3. Sometimes people reading about others experiences of IPV say, "I would leave the first time someone was violent toward me."
 - When did John actually "become violent" in this story?
 - Why might it be difficult for Thandi to seek help by the time he used physical violence?
 - What might happen if Thandi tries to leave?

Discussion: What about in the case of key populations?

- IPV is a complex and difficult issue for anyone.
- In some ways Thandi is more likely to receive support than a member of a key population.
 - She began with more resources, self-esteem, and support than many members of key populations would.
 - She would be considered a “sympathetic victim” by many authorities who are accustomed to stories like Thandi’s.
 - Laws about IPV may only apply to women in heterosexual relationships, excluding some members of key populations.

Questions and reflections



SESSION 2.5

Legal and Policy Obligations, Opportunities, and Barriers in the Local Context

Objectives

- Understand policies and protocols that describe the health sector's obligation to and processes for providing care to victims of violence, including members of key populations
- Identify the legal opportunities and barriers to support faced by KP members who are victims of violence

The slides used here will be provided by a local lawyer

Overall, the lawyer's presentation should cover:

1. What forms of violence are criminalized in [Country]?
2. What are the obligations of the health system in addressing violence?
3. What are legal barriers to addressing violence in the health system?
4. What national or subnational policies and plans are there for a multisectoral or a health system specific response to violence?
5. What violence response services are specified in the essential package of health services?

The slides used here will be provided by a local lawyer

Laws and regulations

- Are there criminal law provisions related to violence against KP members (for example, in the penal code of the country)?
- Are there laws protecting KP members from intimate partner or domestic or family violence?
- Are there laws related to sexual violence including rape and child sexual abuse?

The slides used here will be provided by a local lawyer

Laws and regulations

- Are there court orders and regulations that protect women subjected to the violence from violent partners or stalkers? What about men?
- Are there regulatory or policy barriers that limit access to emergency contraception for women subjected to sexual assault/rape?
- Are there laws related to sexual violence and sexual harassment in the work place? Do they apply to men and women? Are there any special protections for KP members such as transgender people or men who have sex with men?

The slides used here will be provided by a local lawyer

Legal obligations of health care workers in relation to addressing violence

- Do laws specify provision of health care to survivors of IPV or sexual assault/rape?
- Do laws or regulations mandate reporting individual cases of sexual assault/rape or IPV to the police?
- Do laws mandate reporting data/statistics on violence to health or other authorities?
- Which providers are authorized to perform forensic exams and provide testimony in court in cases of sexual assault/rape?

“How can I promise confidentiality if the law says I have to report to the police?”

If your law requires you to report violence to the police, you must tell the victim this before they are asked to talk about their experiences of violence. You can say, for example, “What you tell me is confidential, that means I won’t tell anyone else about what you share with me. The only exception to this is...”

Assure the victim that, outside of this required reporting, you will not tell anyone else without their permission.

Remember

- **Everyone has the right to receive medical care and treatment, regardless of their decisions about whether to file a report with law enforcement.**
- Health care workers should emphasize that service users do not have to agree to file a report to receive medical care and treatment.
- Health care workers should inform victims of their legal rights and offer to report to the police, should the victim want this support.

Questions and reflections



SESSION 2.6

Panel Discussion with Key Population Members

Objectives

- Get to know the issues of violence affecting KP members
- Understand KP members' perspectives and hopes regarding their interactions with health care workers

Panel discussion

- What do you think is important for health care workers to know about your community?
- What are the common types of violence against KP members? Who perpetrates this violence?
- What do you wish health care workers would do to help and support your community when you experience violence?

Thank you!

Module 3

Applying Principles and Building Skills



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SESSION 3.1

Fundamental Principles of Violence Prevention and Response

Objective

Describe each of the fundamental principles of violence prevention and response service provision and explain their importance, particularly when working with KP members

Fundamental principles of violence prevention and response

1. Do no harm.
2. Promote the full protection of all people's human rights.
3. Respect all people's right to self-determination and the right of all victims of violence to the full range of recommended services.
4. Ensure privacy, confidentiality, and informed consent.

Principle 1: Do no harm

- Those working with victims of violence are ethically obligated to consider whether their actions could cause harm and actively avoid this outcome.
- This principle dictates:
 - Avoid causing harm to KP members, or causing further harm to those who have experienced violence
 - Act in accordance with the wishes and choices of all victims
 - Provide services without judgment and that respect the confidentiality of the victim
 - Consider victim safety in every decision
 - Get informed consent before providing services or making referrals

Discussion: How to avoid harm

Robert is HIV positive and a health care worker is asking him about his partners as part of index testing. He discloses that his boyfriend has threatened to kill him in the past. Which of the following actions by the health care worker could cause Robert harm?

- A. Requiring Robert to report to the police in order to get services
- B. Sharing Robert's sexual orientation with other health care workers
- C. Telling Robert that this is his fault
- D. Calling Robert's partner to inform him that one of his sexual partners is HIV positive

Principle 2: Promote human rights

Promoting the full protection of key populations' human rights means:

- Providing services to KP members who are victims of violence without stigma or discrimination
- Rejecting the idea that KP members must be rescued from themselves (e.g., forcing gay men to enter into reparative therapy, forcing sex workers to stop working, forcing people who use drugs into “treatment centers”)

Discussion: How to promote human rights

Mary is a sex worker. She meets a new client and negotiates a price. They agree that he will use a condom. The client takes her to his hotel room. Three other men are there. They tell Mary that they will kill her if she does not have sex with all of them. They do not wear condoms. Mary goes to a clinic to seek emergency contraception and PEP. Which of these actions, by the health care worker, does not promote Mary's human rights?

- A. Telling Mary that it is her fault she was raped
- B. Refusing to help Mary
- C. Giving Mary emergency contraception and PEP only if she agrees to leave sex work

Principle 3: Self-determination and access to all services

- All victims of violence, including KP members, must be able to decide which services, if any, they wish to access.
- All services recommended to victims of violence should also be available to KP members.
- A victim-centered approach allows each person who reports violence to understand what is available and then make choices that meet their personal needs.
 - Effectively supporting victims of violence requires returning their power and control to them (not making decisions on their behalf)

Discussion: How to ensure self-determination

Olivia is a trans woman. She goes to the health facility to get injuries treated after being raped. The provider on duty listens to her kindly and tells her that she must get an HIV test so that she can begin PEP as soon as possible. Which of these actions did not ensure Olivia's self-determination?

A. The provider listens to her kindly

B. The provider tells her she must get an HIV test

C. The provider tells her she must begin PEP

Principle 4: Privacy, confidentiality, and informed consent

Privacy and confidentiality must be assured before a victim talks about violence

- Use a private consultation space (victim cannot be seen or heard outside the room).
- Speak to victims alone. No one older than age 2 should overhear your conversation.
- Safely secure and store all victim's records.
- Have clear policies on information sharing communicated to the victim. For example:
 - Explain what will happen to the information they share before they share it, including any limits regarding confidentiality (such as mandatory reporting)
 - Obtain informed consent before information is shared
 - Note: victims should not be made to repeat their stories to multiple providers, especially not to those not directly involved
- Train providers and staff on these procedures.

Activity: Privacy and confidentiality

- Take out your cell phone and unlock it.
- Give it to the person on your left.

What do we mean by confidentiality?

Keeping all *information related to a victim* secret and sharing it only with *others who need to know* in order to provide assistance, as requested and agreed to by the victim of violence.

What do we mean by consent?

When a person agrees...

- To do something
- To participate in an activity
- For something to occur

What is informed consent?

Informed consent means that a person agrees to participate in an activity or for something to occur *after* they have knowledge of or have received all the information about the activity.

Discussion: Which of these statements would lead to informed consent?

A. If you take PEP, it can lower your chances of getting HIV.

B. If you take PEP, it can lower your chances of getting HIV. You may experience side effects such as nausea, fatigue, and headaches.

Discussion: Environmental factors

- We all work within and are affected by our environments (e.g., the health facility where you work)
- What about your environment could make it more difficult for you to uphold these fundamental principles?
- What could be changed about your environment to make it easier to uphold these fundamental principles?

Questions and reflections



SESSION 3.2

Barriers to Disclosing Violence

Objective

Recognize the barriers to disclosing violence for KP members, including victim blaming, and recognize victim blaming as counterproductive to health care's mission

Activity: Standing in her shoes

- Nine volunteers
- Stand in a line
- Volunteer 1 reads their card to each person one at a time, and each person responds by reading their card

Activity: Standing in her shoes (debrief)

- Observations from the participants in the drama
- Observations from the group

The importance of your response

“A victim is often in a heightened state of awareness and very emotional after an assault due to circulating stress hormones; events may be recalled in dramatic detail. **Many survivors of sexual assault have described the kindness of the treating personnel as being beneficial to their recovery. Conversely, many describe comments made by police, doctors, counsellors and other persons with whom they have had contact as a result of the assault that have haunted them for years.** For this reason, health workers must choose their words with great care when dealing with sexual assault patients and take care not to contribute in any way to revictimization of the patient.”

What happens when we blame victims?

- We discourage people from disclosing violence and seeking help.
- We harm the mental health of victims of violence.
- We place the entire solution to the problem on the shoulders of the person who has been victimized.
- We do not place responsibility on the actual perpetrators (excusing behavior and creating impunity).

Discussion: Questions that blame

- Why were you alone? Why were you walking in that neighborhood?
- Why were you wearing such revealing clothes?
- What did you do to make him angry?
- If you were really afraid, why didn't you run or scream?
- Why do you choose to put yourself in risky situations?

Our response to one victim affects others

- Blaming any victim also makes others' disclosures less likely.
- One of the predictors for whether someone will come forward to disclose violence is what they have seen happen to others upon disclosure.
- This is a phenomena called “social proof.”¹
- As a health care worker, each time you respond appropriately to a victim of violence and support them, you make it more likely that others will also come forward.

Discussion: Why do we blame victims?

- Gender and other societal norms and myths that make violence the fault of women and individuals who are seen as nonconforming to gender norms¹⁻³
- To feel safe ourselves⁴
- To feel that the world is just^{5,6}
- In an effort to be helpful

Questions and reflections



SESSION 3.3

The Importance of Health Care Workers in Violence Prevention and Response

Objective

Explain why it is important for health care workers to be part of violence prevention and response, especially to support KP members

Why health care workers?

- Health care workers are often respected, objective arbiters; victims (especially KP members) may fear law enforcement
- Health care workers interact with KP members who experience violence and have an unmet need for services
- KP victims of violence report a desire for health care workers to ask them about violence in their lives (with the caveat that they must first be trained to respond appropriately)
- Health care interactions are an opportunity to link victims to support if an appropriate approach is taken

Health care worker roles

- Ask KP members about violence
- Provide first-line support to KP members who disclose violence
- Engage in conversations to enhance safety
- Provide/refer to violence response services including health, social, and justice/legal services
- Tailor health services to acknowledge the impact of past or present violence

Activity: What would you think?

- A woman who injects drugs shows up late for appointments and regularly fails to pick up her ARVs.
- A male sex worker tells his doctor that he always asks his clients to use condoms but he tests positive for chlamydia.
- A trans woman screams at a nurse when the nurse tells her she will have to wait one hour.

Activity: What would you think? (continued)

- A woman who injects drugs **whose controlling partner does not allow her to go to the clinic** shows up late for appointments and regularly fails to pick up her ARVs.
- A male sex worker tells his doctor that he always asks his clients to use condoms but he tests positive for chlamydia **because a violent client forced him to have sex without a condom.**
- A trans woman **who was just kicked out of her home and has not slept for two nights** screams at a nurse when the nurse tells her she will have to wait one hour.

Questions and reflections



Session 3.4

Asking about and Responding to Violence

Objectives

- Describe the goal and steps of asking about violence, particularly for members of key populations
- Identify and practice skills to provide first-line support (LIVES) to individuals who disclose violence, particularly members of key populations

An important note on asking about violence

- The end goal is NOT simply to tick a box.
- **Asking about violence is an intervention.**
- We ask about violence to educate on the topic and let KP members know about available services and that they are not alone.
- If someone discloses, we can better plan and provide them with information about critical services.
- **BUT if someone does not disclose violence, asking about violence is NOT a wasted exercise.**
- No one should ever be pressed to disclose violence.

Asking about violence in health care settings (continued)

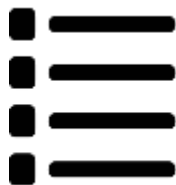
It is recommended that health care workers provide all KP members reached through HIV programs with the opportunity to disclose by asking about violence.

Minimum requirements must be in place before health care workers can ask about violence.

Minimum requirements to ask about violence



Written protocol/
SOP for the
provision of
violence
response
services is in
place



Standard set of
questions are
used to
facilitate
documentation,
and safe storage
mechanisms are
in place



Providers are
trained on
how to ask
about and
respond to
violence



Providers
offer first-line
support
(LIVES)



Providers only
ask about
violence in a
private
setting,
confidentiality
ensured



System for
referrals to
violence
response
services is in
place

Steps for asking about and responding to violence

- Explain types of violence and the relevance of violence to service users' health. Ask service user if they would be willing to answer questions about violence.
- If yes, ask service user about:
 - The types of violence they have experienced
 - The most recent time violence happened
 - Whether there are injuries related to the violence
 - * **For sexual violence, explain medical options and timelines**
- If violence is disclosed, provide first-line support (LIVES):
 - Listen close with empathy and no judgment
 - Inquire about their needs and concerns
 - Validate their experiences
 - Enhance their safety
 - Support them to connect with additional services

What asking about violence can look like

Initial Contact (first time meeting a service user)

- Many people tell me they have been emotionally, physically, or sexually harmed, including forced to have sex without a condom. Some have been threatened, robbed, denied money that is due to them, made to pay money to avoid arrest, or denied services.
- Since violence and abuse can cause health problems, I'd like to ask you about your experiences. Is that okay?
- **In the past [number] months have you experienced any of these types of violence or abuse?**

Follow-up Contacts: Last time, I asked you about violence and abuse. **Has anything new happened since we met?**

Direct questions on IPV

- Are you afraid of your partner?
- Has your partner or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when has it happened?
- Does your partner bully or insult you?
- Does your partner try to control you, for example, not letting you have money or go out of the house?
- Has your partner forced you into sex or forced you to have any sexual contact you did not want?
- Has your partner threatened to kill you?

Source: WHO, 2016.



Partner notification (also called voluntary partner referral or index testing) requires asking about IPV. When considering **partner-delivered self-testing** IPV must also be assessed. Disclosures of violence should be responded to with first-line support. Disclosures of violence should also help inform decision-making about the appropriateness of partner notification or partner-delivered self-testing; ultimate decisions rest with the service user.

Source: WHO, 2014.

How a health care worker could respond to a service user who discloses violence: first-line support

Task	Explanation
Listen	Listen closely with empathy and no judgment
Inquire about needs and concerns	Assess and respond to various needs and concerns—emotional, physical, social, safety
Validate their experiences	Show you believe and understand, assure victim that they are not to blame
Enhance safety	Discuss a plan to protect the victim from further harm if violence occurs again
Support	Support the victim to connect with additional services

Listen closely with empathy and no judgment

Purpose

Give the victim a chance to share their experiences in a safe and private place to a caring person who wants to help.

Activity: Skills of a good listener

- You've had a bad day. Your sister is ill, and her children are staying with you. You are working an extra job to help with her medical costs. You are exhausted, and your work has suffered. You also had to pay late fees on your phone bill today because your payment was overdue.
- In pairs, discuss:
 - Who would you talk to about your day?
 - Why would you choose this person?

Activity: Brainstorm listener do's and don'ts

Things you want the listener to do	Things you don't want the listener to do
<ul style="list-style-type: none">• Be patient and calm• Let you know that they're listening (nod head, make eye contact, etc.)• Acknowledge how you're feeling• Let you tell the story at your own pace• Encourage you to share• Give you time to think• Stay focused on you• Respect your wishes	<ul style="list-style-type: none">• Pressure you• Look at their watch or seem distracted• Judge you• Rush you• Assume they know best• Interrupt• Finish your thoughts for you• Tell you their own troubles or someone else's• Think and act as if they can solve your problems

Discussion: Demonstrating listening skills

How do we show that we're good listeners?

- Nodding and saying “uh huh”
- Leaning closer
- Making eye contact
- Avoiding distractions (watch, phone, computer)
- Giving the person time to tell their story at their own pace
- Being comfortable with silence and pauses (not interrupting, giving person time to think)
- Asking open-ended questions (“Would you like to tell me more?”)

Inquire about needs and concerns

Purpose

Learn what is most important for the victim. Respect their wishes and respond to their needs.

Techniques to inquire about needs and concerns

Technique	Example
Phrase your questions as invitations to speak	What would you like to talk about?
Ask open-ended questions that encourage the victim to talk	How do you feel about that?
Verify your understanding by restating what the victim says	You mentioned that you feel very frustrated.
Reflect back the feelings the victim expresses	It sounds as if you are feeling angry about that.
Explore as needed	Could you tell me more about that?
Ask for clarification if you don't understand	Can you explain that again, please?
Help the victim identify and express needs and concerns	Is there anything that you need or are concerned about?
Summarize what the victim expressed	You seem to be saying that...

Activity: Inquire about needs and concerns

Victim statement #1: “Ever since they raped me I don’t want to eat or talk to anybody. I just want to sleep and stay in bed.”

Technique: Reflect back the feelings the victim expresses

“It sounds like you’re in a lot of emotional pain.”

Activity: Inquire about needs and concerns (continued)

Victim statement #2: “My partner threatens to beat me at any little thing lately. I try to do things the way he likes them, but he only gets angrier. I don’t know what he will do next.”

Principle: Help the victim identify and express needs and concerns

“It sounds like you’re worried about your safety. Is there anywhere that you feel safe?”

Validate

Purpose

Let the victim know that their feelings are common, that it is safe to express them, and that everyone has a right to live without violence.

Validate: Messages to use

- “Thank you for sharing that with me.”
- “I’m sorry that happened to you.”
- “Many people experience violence, and even though they may be blamed for what happened, it is never their fault.”
- “Everyone has the right to live free from violence.”
- “I am here to support you and explain your options.”
- “It’s not your fault.”
- “This was a violation of your rights, and you did not deserve to be treated this way.”
- “You are brave to talk me about it.”

Validate: Messages to avoid

Avoid statements that

- Place blame on the victim
- Say anything that judges what the victim has done or will do
- Question the victim's story (doubting) or interrogate the victim
- Say anything that minimizes how the victim feels
- Lecture, command, or advise
- Recommend that they change their profession, sexual orientation, or gender identity to avoid violence

Avoid questions that suggest fault

- Why were you wearing such revealing clothes?
- What did you do to make the perpetrator angry?
- If you were really afraid, why didn't you run or scream?
- Why do you choose to put yourself in risky situations?

Activity: Revisit standing in her shoes

Repeat standing in her shoes activity. This time, instead of rejecting the victim, deliver a validating message.

Enhance safety

Purpose

Help assess the victim's situation and make a plan for their future safety.

Ask about safety

Do you have any concerns about your safety or the safety of your children (if relevant)?

Activity: Safety planning

Job aid

- Break into pairs
- One person pretends to be a victim of violence
- The other is a health care worker who asks these questions

Safety planning	
Safe place to go	If you need to leave your home in a hurry, where could you go?
Planning for children	Would you go alone or take your children with you?
Transport	How will you get there?
Items to take with you	Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential?
	Can you put together items in a safe place or leave them with someone, just in case?
Financial	Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
Support of someone close by	Is there a neighbour you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?

Explore safety strategies

- Identify emergency shelters
- Carry emergency phone numbers
- Contact international funds that may be able to help with relocation or other costs



It is important that health care workers do not tell KP members how to stay safe. Safety planning is a conversation in which the provider asks questions to help KP members determine what is best for them. If specific safety strategies are mentioned, they should be brought up as questions.

What are safety tips for sex workers?

- Negotiating payment up front
- Screening clients and work locations
- Working in own space or well-known locations
- Avoiding drunk clients
- Writing down client's car registration number, color, and make
- Avoiding getting into cars with more than one person in them



Source: UK Network of Sex Work Projects, 2018.

Avoid putting victim at risk

- Talk about violence only when you and the victim are alone
- Maintain the confidentiality of the victim's health records
- If the victim lives with an abuser:
 - Discuss how the victim will explain where they have been
 - Caution the victim about taking home printed materials about violence

Support

Purpose

Connect victim with other resources for their health, social, and justice/legal needs as their needs are generally beyond what you can provide in a health facility.

Ask about immediate needs

Consider

- Physical health (including time-bound services following sexual assault)
 - PEP (72 hours)
 - Emergency contraception (120 hours)
- Mental health
- Social services
- Child protection

Provide information and make referrals to available resources

When providing information and making referrals

- Offer printed information (but remember to offer a warning in case materials could come to the attention of an abuser)
- Know specific information about referral points
- Ask victim if they want accompaniment to resources, and if so, make arrangements
- Do not pressure victim to accept a referral or to give details about an incident
- Offer yourself as a resource to access other services

Identify existing strengths and networks

- **Help KP members identify and use their existing strengths:**
 - “What helped you cope with hard times in the past?”
 - “What activities help you when you’re feeling anxious?”
 - “How could what has helped in the past be helpful now?”
- **Help KP members explore existing support networks:**
 - “When you’re not feeling well, who do you like to be with?”
 - “Who helped you in the past? Could they be helpful now?”
 - “Are there people you trust that you can talk to?”

How a health care worker could respond when a service user says they have NOT experienced violence

Task	Message
Deliver violence prevention and response messages	“If you experience violence or abuse in the future, I am here to support you. Many people have these experiences but everyone has the right to live free from violence and abuse.”
Provide information about medical options for sexual violence	“If sexual violence occurs, it is important to seek help quickly. There are medical options that can be used within three days after the assault that can reduce risk of HIV infection and within five days to reduce risk of pregnancy.”
Share resources	“I’d like to share resources in case you ever need them. Is that okay?”

Review tool to ask about and respond to violence



Questions and reflections



Session 3.5

Referring Effectively: Overview
of Recommended Health, Social,
and Justice/Legal Services and
Improving Access to Each One

Objectives

- List the services that should be offered to victims of violence and describe the importance of each
- Describe the process of referral for all available services
- Discuss which of these services KP members can safely be referred to

Discussion: Meeting victims' needs

	Services (potentially) needed	Where available	Details
Physical and mental health services	<ul style="list-style-type: none"> • Emergency injury treatment • HIV and STI testing/prophylaxis/care • Emergency contraception • Rape kits/forensic examination • Relevant vaccines • Mental health screening/treatment for depression and post-traumatic stress disorder 		
Social services	<ul style="list-style-type: none"> • Psychosocial support (support groups, crisis counseling) • Securing/replacing ID documents • Shelter * Educational assistance • Financial aid * Food assistance • Child care * Interpreters 		
Legal/ justice services	<ul style="list-style-type: none"> • Information on their rights • Information on law enforcement procedures • Support from law enforcement • Legal counsel • Ability to give a statement/document the case • Ability to seek redress when wrongly arrested • Access to ARVs even while incarcerated 		

A note about immediate clinical services

- PEP can prevent HIV infection.
 - If someone may have been exposed to HIV (for example, through rape), they need to begin PEP within 72 hours.
- Emergency contraception prevents ovulation to prevent an unplanned pregnancy.
 - If a woman is at risk for an unplanned pregnancy (for example, due to rape), EC will be effective up to five days after the incident.

[Country team to include information on the local procedure for accessing PEP and emergency contraception]

Referral process in [Country]

[Country team to add information on referral process for post-violence services if one is established.]

HEALTH SERVICES	SOCIAL SERVICES	JUSTICE/LEGAL SERVICES
[Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available:	[Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available:	[Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available:
[Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available:	[Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available:	[Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available:

Recognizing you as a resource

- Ideally someone is able to come back to you or your facility if they experience future violence.
- If appropriate, you can end conversations by saying, “Please come back if we can support you in any other way.”

Questions and reflections



Session 3.6

Putting It All Together

Objective

Practice asking about and responding to disclosures of violence appropriately

Activity: Practice responding to violence

- In groups of three, rotate so that each person is a victim, a health care worker, and an observer one time
- During the interaction, the health care worker will use their skills to ask about violence and provide first-line response, including making referrals as desired by the victim
- Once each interaction is complete, the observer provides their feedback on what went well and what could be improved

Observer Checklist

- Ask about violence
- Listen closely with empathy and no judgment
- Inquire about their needs and concerns
- Validate their experiences
- Enhance their safety
- Support them to connect with additional services

Activity: Practice responding to and documenting violence (debrief)

- How did each of these go?
 - Ask about violence
 - Listen closely with empathy and no judgment
 - Inquire about their needs and concerns
 - Validate their experiences
 - Enhance their safety
 - Support them to connect with additional services
- What worked well?
- What areas need improvement?

Questions and reflections



Session 3.7

Data Collection and Sharing

Objectives

- Discuss the importance of documenting violence against KP members
- Identify practices for safe data collection and management in cases of violence

Discussion: Why do health care workers document cases of violence?

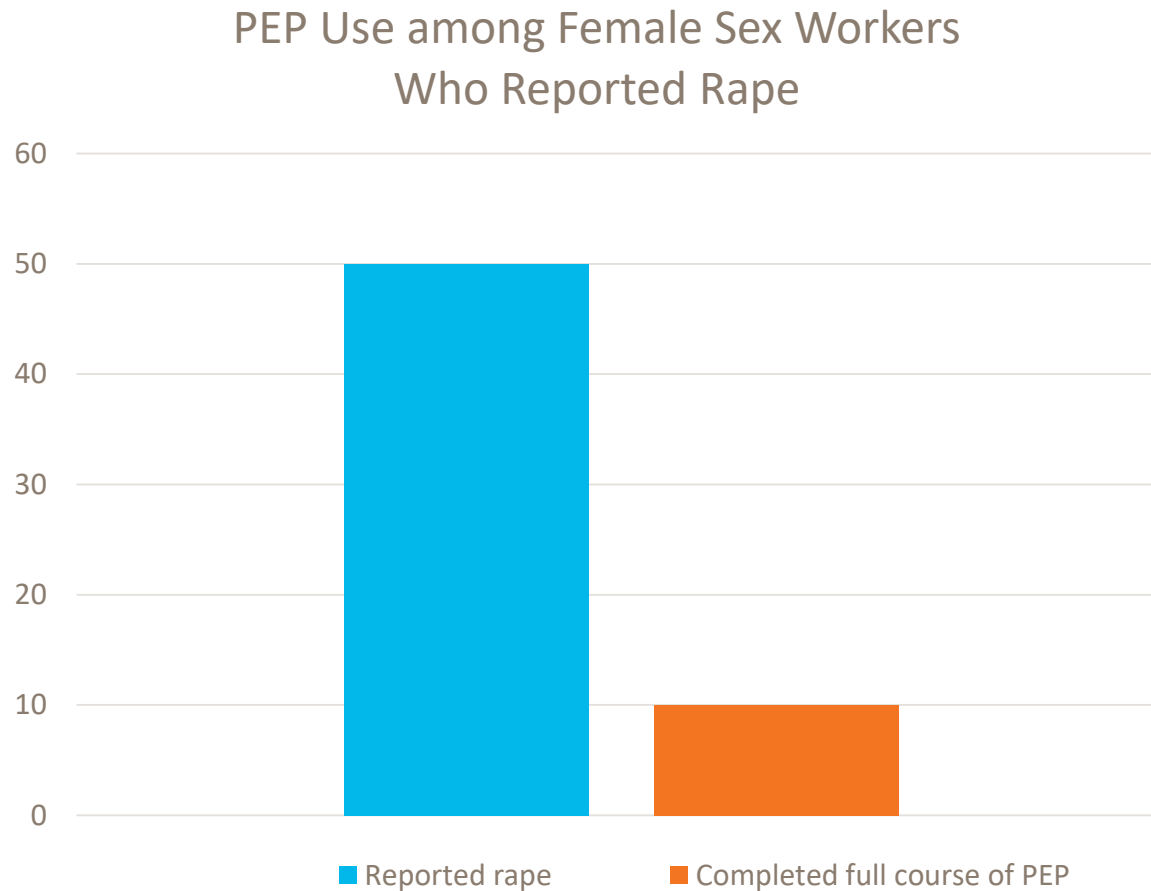
- To capture information about the violence experienced (type, perpetrator, injuries)
- So that the victim doesn't have to repeat their story to others if they decide to seek additional health services
- To record the services provided to the victim and any referrals made
- To manage the victim's health care immediately and longer term

Using data to strengthen service delivery

[Country team to add how data on violence is used to strengthen service delivery at specific facility, specialty, or position. This could include:

- Adjusting planning for existing services or informing plans for expanding services
- Providing feedback to staff on the findings and discussing ways to improve quality of service delivery
- Sharing or disseminating the findings in the community and discussing how to make quality improvements with community members, community leaders, and other service providers
- Refining protocols or SOPs
- Providing additional training to health care workers
- Improving the infrastructure for service delivery and strengthening referral pathways]

Discussion: Using data to strengthen service delivery



Data collection tools

Presenting symptoms/ conditions	<input type="checkbox"/> Injuries	<input type="checkbox"/> Sexual/reproductive health conditions	<input type="checkbox"/> Mental/emotional problems	<input type="checkbox"/> Other (specify)
Type of violence	<input type="checkbox"/> Physical violence	<input type="checkbox"/> Sexual violence <input type="checkbox"/> Rape <input type="checkbox"/> Rape – arrived within 72 hours	<input type="checkbox"/> Psychological/emotional	<input type="checkbox"/> Other (specify)
Perpetrator	<input type="checkbox"/> Intimate partner	<input type="checkbox"/> Family member in household	<input type="checkbox"/> Family member/acquaintance living elsewhere	<input type="checkbox"/> Stranger
Assessments and clinical care for all survivors	<input type="checkbox"/> First-line support ¹ <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Safety assessment	<input type="checkbox"/> Injuries & wound care	<input type="checkbox"/> Tetanus prophylaxis

Discussion: What could happen if health care workers don't protect service users' data?

- Stigma and discrimination
- Retaliation by the perpetrator
- Theft of service users' health files

Privacy and confidentiality in data collection and sharing

- Who is responsible for collecting and recording information?
- Where and how is information collected and recorded?
- How is information stored?
- Who has access to the information, including what information is shared within the health facility or with referral points?
- How do health care workers obtain service users' consent before sharing any information and inform them about limits to confidentiality where applicable (e.g., mandatory reporting)?

Activity: How can we create secure records in practice and storage?

- Break into small groups
- Respond to checklist questions
 - YES or NO
 - If NO, what support is needed to address this gap?

Questions and reflections



SESSION 3.8

Recap: Minimum Requirements to Ask about Violence

Objective

Discuss the importance of the minimum requirements that must be in place before health care workers can ask about violence

Discussion: Why is it important to have the minimum requirements in place before asking about violence?



Written protocol/
SOP for the
provision of
violence
response
services is in
place



Standard set of
questions are
used to
facilitate
documentation,
and safe storage
mechanisms are
in place



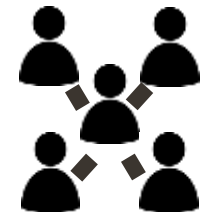
Providers are
trained on
how to ask
about and
respond to
violence



Providers
offer first-line
support
(LIVES)



Providers only
ask about
violence in a
private
setting,
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ensured

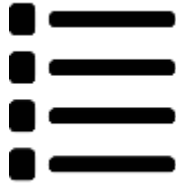


System for
referrals to
violence
response
services is in
place

Minimum requirements in this training



Written protocol/SOP for the provision of violence response services is in place



Standard set of questions are used to facilitate documentation, and safe storage mechanisms are in place



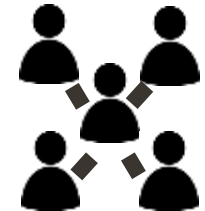
Providers are trained on how to ask about and respond to violence



Providers offer first-line support (LIVES)



Providers only ask about violence in a private setting, confidentiality ensured



System for referrals to violence response services is in place

Session 3.4:
Asking Key
Populations
about Violence

Session 3.7
Data Collection
and Sharing

Session 3.4:
Asking Key
Populations
about
Violence

Session 3.5:
Providing
First-Line
Support to
Key
Population
Members
Who Disclose
Violence

Session 3.1:
Fundamental
Principles of
Violence
Prevention and
Response

Session 3.6:
Referring
Effectively:
Overview of
Recommended
Health, Social,
and
Justice/Legal
Services and
Improving
Access to Each
One

Questions and reflections

Module 4

Using What We Have Learned




USAID
FROM THE AMERICAN PEOPLE



 **LINKAGES**
*Across the Continuum of HIV
Services for Key Populations*

fhi360
THE SCIENCE OF IMPROVING LIVES



Session 4.1

Taking Care of Ourselves: Identifying and Confronting Secondary Stigma and Stress

Objectives

- Recognize and identify ways to counter the impacts of secondary stigma on health care workers who work with members of KPs
- Identify ways to counter the impacts of work-related stress

Secondary stigma

- Stigma refers to the strong *negative feelings or disapproval* that is linked to a specific person, group, or trait.
- Secondary stigma is directed toward those who support a stigmatized group. For example, health care workers who support people living with HIV can sometimes experience stigma from their family members.

Activity: Best response game

- Being willing to stand up for and with marginalized groups takes bravery.
- Trained health care workers will also be helpful in supporting each other.
- The best response game allows you to think through scenarios of secondary stigma that could occur and come up with a response.

Self-care

Self-care is the *intentional* time taken by an individual to *nurture* themselves physically, mentally, spiritually, and emotionally on a *daily basis*.

Consequences of poor self-care

Mental health	Frustration, irritability, anxiety/fear, confusion, poor concentration, helplessness, hopelessness, depression, low morale, pessimism, compassion fatigue, guilt, etc.
Physical health	Stress-related illness (hypertension, ulcers, acid reflux/heartburn, skin rash, etc.); caregivers often experience headaches, back pain, insomnia, and arthritis
Relationships (personal and professional)	Conflict, tension, misunderstanding, anger, emotional or physical abuse
Organizational health	Increased absenteeism, diminished productivity, team conflict, turnover

Recommendations for self-care

1. Be aware of our own emotional reactions and distress when confronting others' traumatic experiences (know what traumatic material may trigger us).
2. Connect with trusted colleagues or other supportive people and talk about our reactions.
3. Maintain a balance between our professional and personal lives, with a focus on self-care (e.g., relaxation, exercise, stress management) to prevent and lessen the effects of workplace stress.

Discussion: Strategies for coping with stress

Turn to the person next to you and discuss:

- What do you do when you're feeling stressed?
- Which of these activities do you think is the most effective at helping you feel better?

Some examples of self care

- Quiet walks by yourself
- Little meditative periods (waiting for something, a cancellation of a session, a brief illness) are opportunities for a quiet, reflective, peaceful time
- Time and space for meditation
- Reading (spiritual, fiction, biographies)
- Some light exercise
- Opportunities to laugh in the company of cheerful friends
- A hobby
- Listening to music you enjoy

Activity: Stress relief

Questions and reflections



Session 4.2

Reflections on What We Have
Learned and How to Integrate It
into Our Work

Objective

Identify and discuss specific “asks” of health care workers going forward

What we are asking of each of you

Always

- Treat all people with respect.

When supporting clients living with HIV or members of key populations (especially in partner notification)

- Ask about violence in their lives (if minimum requirements are met).

When someone discloses violence


- Provide first-line support.
- Engage in conversations to enhance safety.
- Provide/refer to violence response services including health, social, and justice/legal services.
- Tailor continued health services to acknowledge the impact of past or present violence.

How we will support you

- Updates to protocols/SOPs for the provision of violence response services
- Updates to standardized questions to facilitate documentation and safe storage mechanisms
- Updates to referral system for violence response services including health, social, and justice/legal services
- Continued training or expanded training on preventing, asking about, and responding to violence for other health care workers
- Ongoing supportive supervision for health care workers

Service directory

- We invite everyone to add their name and contact information to a service directory that will be shared with members of key populations and those implementing HIV programs for key populations.
- You do not have to add your name if you do not wish to.




Session 4.3

Post-Test and Training Evaluation

Objectives

- Assess newly acquired knowledge and attitudes
- Provide feedback on the training



Session 4.4

Closing Ceremony and Final Words

Objective

Acknowledge participant effort and commitment

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